



THE REVIEW

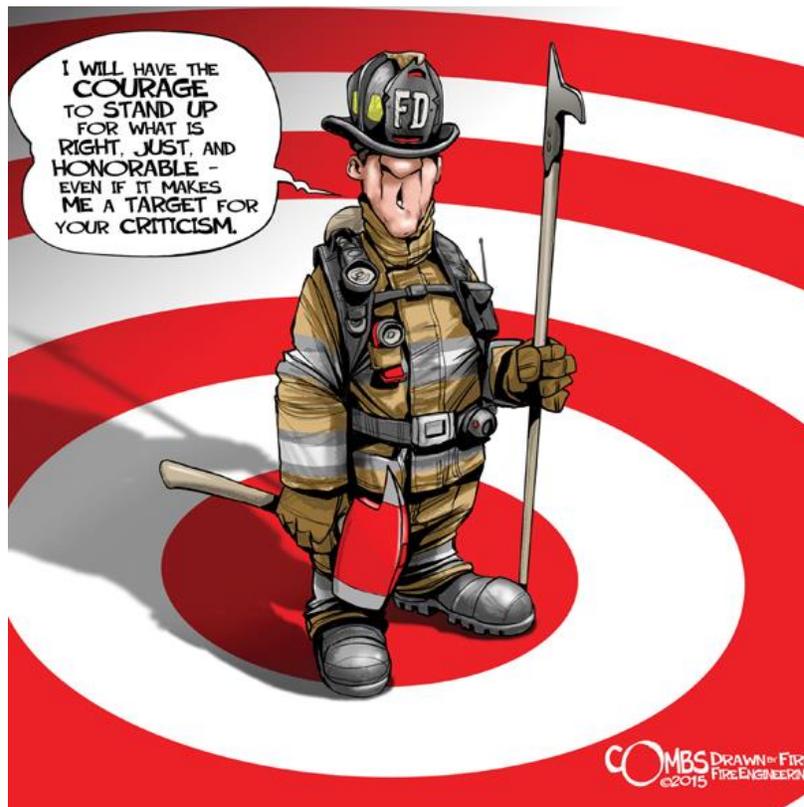
Central Arizona Fire and Medical - 8603 E. Eastridge Dr., Prescott Valley, AZ 86314 – **Oct 29, 2021**

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"Whining shows a lack of character. If you don't like the way something is, do something to change it!"

– Somebody said it....



The Chief's Desk

This week, rather than write the Chief's Desk as an article of sorts, I am going to answer some of the questions we've been asked on social media regarding ambulance transport. As you will see below, the answers really do not fit the format of Facebook, Twitter, or Instagram, i.e. they are too long and detailed. So, I am providing the responses in this format. Additionally, EMS Chief Doug Niemynski and I cover this material on the CAFMA Connect podcast this week. The podcast is more interactive and includes radio traffic that helps paint a better picture of the challenges we are facing. I hope this proves helpful for CAFMA personnel as well, given most of you are not involved in contract talks with outside third parties, etc.

Before we get into the question and answer portion of this week's sharing of knowledge, I'd like to thank Representative Nyguen for agreeing to champion CON reform legislation in this upcoming session. We should be opening a bill folder in the coming days, and start working with legislative counsel on wording. This is the long game, now we need folks to focus on calling the Governor's office as he is the only one that can take immediate action regarding temporary authority and our CON application. For good measure, it is time to start calling **Arizona Attorney General Mark Brnovich's office** requesting he look into Department of Health Services Bureau of EMS and their relationship with AMR. Here is the contact information for his office **2005 N Central Ave, Phoenix, AZ 85004-2926 (602) 542-5025**.

- **Has CAFMA considered entering into an agreement with AMR / Life Line Ambulance?**
 - Historically, AMR has not abided by their written agreements regarding response times. Rather than provide the promised resources, they typically choose to pay the associated fines. This defeats the intent of the contract, which is to provide lifesaving emergency services to our community.
 - AMR walked away from over \$1 million in fines assessed for failure to perform in the City of Scottsdale. There was an out of court settlement, and AMR is no longer their transport provider.
 - AMR has lost nearly all contracts for emergency transport services in the Valley for failure to perform. I believe they may have one or two agreements with a couple smaller entities.
 - AMR/Life Line first offered CAFMA a written agreement as Priority Ambulance dropped, or was getting ready to drop their CON application. Any agreement signed by CAFMA with AMR would have been used by the company as an exhibit in an attempt to prohibit private competition for services. That is contrary to the direction our staff received from community leaders and elected officials. **Cont. Page 4**

Upcoming Events:

Nov 1: Medical procedure thing, no big deal, but out for the day

Nov 2: Labor/Management, Senior Staff

Nov 3: Birthday breakfast potluck, FRI program planning committee, lunch meeting, Article 9 Rule committee meeting

Nov 4: AFDA Meeting, PV Department Head Meeting, Coyote Crisis Collaborative Planning Meeting

Board Meetings:

November ?? Administration
CAFMA – 1700-1830

National EMS definition of “response time” ignores patient perspective

By: Chris Dowd

(Note from Chief Freitag – does any of this sound familiar to you?)

National EMS, a for-profit ambulance company, appears to have presented their emergency response times to a Winterville family’s home in a way which ignores the perspective of the patient and is inconsistent with their outsourcing agreement. This resulted in times being reported to the EMS Oversight Committee and the ACC Mayor and Commission that are minutes shorter than they would be otherwise.

Complaints of slow ambulance responses dismissed

Winterville resident John Cooper has a regular need for timely ambulance responses, without which his son’s life would be in danger. James, Cooper’s special-needs son, has epilepsy and suffers from seizures which are sometimes so severe that he stops breathing.

On July 9, 2019, Cooper pleaded with the commission by email that they do something to address some late emergency responses to his home. “James’ seizures present an extraordinary danger which requires immediate medical intervention beyond which can be given in our home. National EMS has responded to almost all of our calls within an unreasonable time period,” Cooper wrote.

Later that day, commissioners heard a presentation about National EMS given by Dee Burkett, Executive Director of Patient Services for Piedmont-Athens Regional and chairman of the EMS Oversight committee. Burkett defended National EMS during his presentation, fielding and answering most of the commission’s questions. These questions covered a range of topics and included several specific examples of slow ambulance response times as well as a lack of transparency surrounding the company generally.

athenspoliticsnerd.com

Traeger’s CEO on Cleaning Up a Toxic Culture

By: Jeremy Andrus

One morning in October of 2014 I pulled into the parking lot at my office to find it surrounded by fire trucks. On the previous visit I’d made a big announcement: Traeger, the Oregon-based outdoor cooking company where I had recently become CEO, would be closing its warehouse and trucking operations and outsourcing them to UPS. The move made strategic sense, and we had offered generous severance

and outplacement assistance to the several dozen employees affected. Nonetheless, the news hadn't gone over well. When I got out of the car, I learned that one of our big-rig trucks was on fire. We didn't know who was responsible, but it was obviously arson.

I gathered my executive team inside to talk about how to handle the incident. Someone's online news feed was reporting on an office in Alabama where just that morning a disgruntled employee had shot and killed a couple of coworkers. It made us reflect on how much worse things could get at Traeger. An hour or so later a longtime employee stuck his head in the door and said, "Rumor has it something big is going down today." I knew I had to stand in front of the company to address the team, and what might come next made me nervous. It was the first time I'd ever felt physically unsafe at work.

There is no case study for what to do when employees start burning your assets, or a potentially mutinous mob begins to form. Sadly, these incidents were just extreme examples of a larger problem: Our company had developed a toxic culture characterized by lack of trust, negative attitudes, and a stubborn refusal to collaborate. As a new CEO I had spent months trying to figure out how to solve the problem. The day of the truck fire represented a turning point: I knew we needed to dismantle the existing corporate culture and build a new one from scratch.

hbr.org

Chief's Desk Continued

- In short, if one looks at the company's history across Arizona, as well as other states in the country where agreements have been signed, AMR has failed to perform per their contracts. Why would we believe a contract with us would be any different? Case in point, Prescott ratified their agreement and has still had to transport patients in private vehicles, or deal with hour-long wait times.
- Finally, there are stipulations in AMR's contracts that are not in the best interest of our community or our Agency.
- Ultimately, signing a contract would not have improved services, nor would it have saved taxpayer money.
- **Is it possible for CAFMA to have ambulances that work in conjunction with AMR / Life Line ambulances?**
 - Yes, and that is the goal should we be successful in the Certificate of Necessity (CON) process.
 - If another private provider obtains a CON for the area, we plan to issue a Request for Proposal (RFP) seeking a contract with one of the two private providers allowed to provide services in our area. Either one will still run interfacility calls, i.e. prescheduled and pre-insurance approved calls between health care facilities. To that end, our units would be used to help supplement the 911 system.

- **Are there currently AMR / Life Line ambulances stationed in each of the Quad Cities?**
 - Technically, yes; however, it is not unusual for their stations to go unstaffed for a day or days. Given the shortage of staffed ambulances, their units are generally on the run all day, every day.

- **Are ambulances unable to respond to emergencies because they are tied up with non-emergency calls due to public misuse of 9-1-1?**
 - We do not see as much abuse of the 911 system in our area as one would see in larger cities. Most of our citizens use the system as it is intended. Do we have the occasional misuse? Yes, but that is not the norm and is not overburdening the system.
 - The ambulance shortage is a result of a decreased number of units staffed and in the system and a significant increase in call volume. For example, six years ago there were typically 11 staffed units in the system. Even then we had response time issues. Today, the number of staffed units is typically between three and five. Over that same period of time, CAFMA's call volume has increased over 40%. CAFMA has added resources to address the volume, whereas AMR has decreased resources.

- **Is CAFMA allowed to transport a critical patient in a fire engine?**
 - Technically, yes. However, we now employ Rescues as they are a much safer and efficient way to transport. Per our medical control physician, we can transport any patient when the ETA from AMR/Lifeline is 30 minutes or greater.

- **How will CAFMA pay for their ambulances, were they to receive a Certificate of Necessity (CON)? Will CAFMA charge for ambulance transport services?**
 - We are required by the State to charge for services provided at rate approved by them. It is projected that monies generated by transports would at minimum cover the costs of our services. Our proposed base trip rate is below that of the current provider, and our proposed equipment rate is set at cost of materials, i.e. you pay what we pay. This is in contrast to the approximately 230% upcharge AMR bills for supplies.

- **Will CAFMA require that paramedics and EMTs become firefighters?**
 - No. They will be allowed to test into firefighter positions when we have openings if they would like. Personnel on the ambulances will be civilian EMTs and Paramedics. This means they will be in ASRS as opposed to the PSPRS retirement system.

- **How does the State regulate ambulance transport response times?**
 - The State requires that response performance be reported to them annually. Both private ambulance companies and the public ambulance service are required to "self-report." The State can audit, but has historically relied on the honor system. Unlike public entities, private ambulance service data is not public and is therefore beyond public scrutiny. Despite repeated complaints by CAFMA and others, the State has yet to review AMR's raw data, at least as far as we know.

We have radio traffic and screen shots that show AMR units placed on the scene of a call well in advance of the unit actually arriving. Prescott Regional Communication Center (PRCC) had a meeting with AMR management regarding the issue some time ago at which time AMR denied any units had been listed on scene prior to arrival. We now have radio traffic from Monday, October 25, 2021 as well as a screen shot from October 27, 2021 clearly showing AMR units marked on scene that had not arrived. In our opinion, this, along with other concerns we've raised begs the question – are the response times that AMR submits accurate? Our records and their records regarding their response times in the Quad Cities are significantly different. The Bureau of EMS has acknowledged the discrepancies but has failed to take any action.

- **Is 'Level Zero' a scare tactic so that CAFMA can take over ambulance transport?**
 - In short, no. First and foremost, we are working to supplement the system, not take it over. Our proposed base trip charge is less than AMR/Life Line. Additionally, we are proposing to charge only what we pay for supplies, as opposed to AMR/Life Line's 230% mark-up on supplies.
 - We are not looking to run any interfacility transports; rather, we are only looking to run 911 calls. Interfacility is typically where the ambulance revenue is the most lucrative.
 - Scare tactic? I think the documentation, data, and the radio traffic we've provided on our website clearly demonstrates that our efforts are not a scare tactic, but rather an effort to inform the public regarding challenges with ambulance transport. Is the situation scary, absolutely? We are hoping that by informing the public, they will act and call for change, including legislative change that will hold providers accountable for their response times and services. The system in our area today is broken and it is a danger to the health and well-being of our community. That is not a scare tactic, it is simply a fact.

Finally, don't forget to like and share our social media, and visit our webpage. The updates are excellent! Please focus your attention on calling the Governor's office seeking immediate action regarding and emergency declaration for CAFMA to operate ambulances, and for them to expedite our CON.

<https://www.cazfire.org/rescue-response/>
