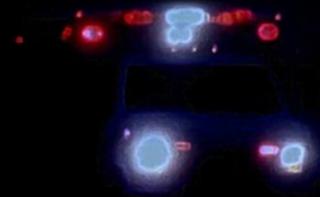


# Friday Night [under the] Lights

## 2014



*Happy Friday.*

I hope everyone is doing well this week. It's nice to be back after a little time off with the fam.

*There is one small, annoying challenge with taking time off though...*



Enough said.

So, this week I had the opportunity to spend time with many of our Envision colleagues as part of our yearly strategic planning sessions. It's an opportunity to size up the state of our profession, trends in the industry, challenges we face and our performance over the past year (good, bad & ugly). Based on that, the sharpest minds in the organization (as well as folks like Randy Strozyk) have an opportunity to plot out a course for the upcoming year and begin to develop strategies to help us get where we think we should be...

To be brutally honest, over the course of my 25 year career, while some "strategic planning" sessions have been focused and valuable, many are often a painful exercise loaded with little squishy balls, sticky notes, pads, paper and ice-breaker games like trying to guess what the most embarrassing item was in your table partner's glove compartment (I'm taking a bit of an editorial liberty here to create an image, but I will always remember when the Austin Chief of Police was participating in one of our strategic planning sessions many years ago and decided after the first day in plain clothes he would switch from "comfortable, casual" to full uniform – complete with his gun and Taser. When I asked him why he changed he said he was probably less likely to be picked to participate in "sharing games". He was right – it worked).

So, a lot of these exercises in organizations end with large sheets of paper folded up and (hopefully) given to someone (else) to "summarize" and distribute.

This one was different to me.

Here's what I took away that I think is important for all of us in the organization (or the profession, for that matter).

- While the changes occurring in healthcare are happening at light speed and without an instruction manual, we have made sound operational, clinical and business decisions based on the principles embodied in the IHI Triple Aim:
  - o Improve health
  - o Improve patient experience
  - o Reduce the costs of care
- Like large healthcare systems, governments, payers and physician practices, we are exploring better ways to manage entire *populations*, not just individual patients. This broader view of healthcare requires us to use our experience and skill sets in different ways. Everyone involved in healthcare today knows how important it is to focus on maintaining health, not just fixing illness. Our organization probably has more experience in fixing illness and injury than any other single organization in healthcare (think about the decades of experience and millions of patients that we've treated in AMR, EmCare and most recently Evolution Health). We're now using that data and that experience to develop programs to keep patients healthier and decrease their need for acute care.
- We made a commitment several years ago to focus on outcomes (I know, I know – here I go again). That focus has helped us dramatically improve our care (with data to prove it) and keep us rowing in the same direction while shamelessly stealing great ideas from our partners nationally to constantly improve what we do for the patients that trust us to do what's best.
- We seem more aligned as an organization (not only within AMR, but within the entire Envision family) than ever before. I actually saw nurses willing to talk to paramedics and caught a glimpse of an Anesthesiologist having a drink with an Internist! I also heard someone from Finance was eating lunch with a Regional Clinical Director. Who would have ever imagined? Kidding aside, just as hospitals and physician practices have worked extremely hard to integrate all the players together, so too is it important for us... I'm not sure, but I think I saw Mark Hagan throw an ophthalmoscope back in his briefcase...
- We are really, really good at logistics
- We have a national footprint that not only helps us do our job, it gives us tremendous exposure to different ways of doing things and helps us fill our toolbox with better tools and ideas

I could go on and on about the meetings but suffice it to say that I think folks there were really pleased with how well we were able to articulate the How and the Why behind the What. Very specifically, while the future direction of healthcare may be a bit fuzzy at this point, our organizational approach using the Triple Aim as our *guiding principles* while caring for our patients as our *True North* is spot on.

I know you'll hear a lot more from many different folks. If you think what I've just described is fluff, I have a challenge for you. If anything we do as an organization doesn't fit into one (or all) of the Triple Aim buckets, raise your hand and cry foul. Making positive change always requires constant course-correction, identifying and eliminating distractions and addressing those things that deviate from our expectations. We have an obligation to constructively bring up wrong turns. If every "problem" we identify can be attacked with well-developed solutions, our "how" becomes one of our best strengths.

I have now officially stepped down off this week's soapbox.

## Speaking of walking the walk...

Congratulations to our colleagues in Las Vegas – The August 1<sup>st</sup> edition of **Nevada Business Magazine** named AMR Las Vegas one of the best companies to work for.

The screenshot shows the Nevada Business Magazine website. The header includes the magazine's logo, a search bar, and social media links. The main navigation bar lists categories like SUBSCRIPTIONS, FEATURES, DEPARTMENTS, ADVERTISING, EVENTS, CONTACT, and CONNECT. Below the navigation, there are several advertisements, including one for 21st Century Oncology and another for 'WE'VE GONE DIGITAL!'. The main content area features the article 'Best Companies to Work For: Taking Care of People' by Tarah Richardson and Lillian Shen, dated August 1, 2014. The article has social media sharing options for Facebook (123 likes), Twitter (11 tweets), LinkedIn (14 shares), and Google+ (0+). A sidebar on the right promotes 'POWERFUL Multi-Platform Marketing' with 'WEB MOBILE EMAIL' and 'NBmobi'. At the bottom of the article, there is a banner that says 'Enter Now To WIN Prizes from businesses across Nevada!'.

This is a close-up screenshot of the article content. It shows the title 'American Medical Response' and the location 'Las Vegas'. The text describes the challenges of working in the ambulance business and highlights the company's commitment to employee well-being. Key quotes include: 'It's not easy working in the ambulance business. Paramedics experience high-levels of stress simply by doing their jobs. "The bad part about this business is that you're going to see the worst of people and the worst of circumstances," said Tony Greenway, operations manager for the Southern Nevada based American Medical Response (AMR), which was founded in 1953. "All the folks who work here do so because they want to help and they want to feel good about what they're doing," he added.' Another quote states: 'AMR's management team has made it a priority for the company to ensure that their people are able to do their jobs to the best of their ability. That has meant building an internal system that allows employees to have counseling sessions whenever they need them.' A third quote says: 'There's no crying in ambulance work, but there needs to be sometimes,' said Greenway. The organization has created a team of paramedics called the Critical Incident Stress Management (CISM) team.' A fourth quote explains: 'They have to be EMTs or paramedics who do not have supervisory authority,' explained Greenway. 'We pay for them to have specialized training with licensed therapists in critical incident stress management and, specifically, in debriefing. The research suggests being able to share [bad experiences] with another person diminishes greatly the likelihood of developing PTSD. That was a priority for us.' A fifth quote notes: 'The CISM team is available 24 hours a day and proactively meets paramedics that have been on a tough call to see if they need to talk. In addition to their extensive counseling services, AMR offers medical, dental and vision insurance, encourages and helps pay for continuing education, has a robust bonus plan and sponsorship programs and remains flexible to the needs of their employees.' A sixth quote says: 'Every time we turn around our management team is making an effort to improve our daily work lives, whether it's seen by the employees or not. That speaks volumes,' said Damon Schilling, community outreach coordinator and field training officer with AMR. The final quote states: 'The best part of what we are and what we do is the people that are here,' said Greenway.

I think it's even more important to recognize that Las Vegas AMR achieved this recognition in the midst of significant challenges and changes in the landscape that are still evolving. My dad used to always remind me that there were plenty of people willing and able to take care of the easy stuff. The list narrows significantly the more challenging and complex things become.

Strong work (once again) by our LV colleagues...

# The concept of Resuscitation Academies



Last month's JEMS ran a nice story on the Oklahoma Resuscitation Academy. Coordinated by our colleagues in EMSA (Tulsa & Oklahoma City) under the leadership of one of the smartest and funniest (not necessarily in that order) Medical Directors around (Dr. Jeff Goodloe), the purpose of the Resuscitation Academies are to concentrate expertise and efforts and drill down into the principles and subtleties of resuscitation that really make a difference in outcome. The Academies are coordinated by Lynn White and supported by our Medtronic Foundation Heart Rescue colleagues.

We've held several across the US and will be hosting more in the future. It's another one of those concrete examples of learning from each other...

## Shout out to Mark Olieman...

A quick congratulatory note to Mark Olieman [AMR CES South Florida] – he was recently elected to the Board of Directors of the Florida Association of EMS Educators. If you know Mark, you know how passionate he is about education, learning and how he constantly seeks answers to challenging EMS dilemmas (did you hear me say *constantly?*). He loves the art of teaching the science.



He's living proof that those that ask the most questions always seem to be prepared with the most answers. Good Educators are passionate about being Inquisitive Students. The more you pursue, the more you get...

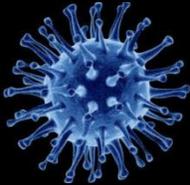
Hats off, Mark (did I say *constantly?*)

## NoFlu4U...

Fair warning. I'm going to start now. I know it's early. I want you to be hungry for the Flu shot this year.

I'm going to use every tactic I can to get you (and all your friends and family) to get a Flu shot. Facts, scare tactics, shame, peer pressure. You name it. I'm going to try it. I want you to get your Flu shot. Not just for you, but for your friends, family, patients and everyone else you come in contact with.

The Influenza Vaccine is one of the safest public health tools we have to decrease morbidity and mortality from the flu. Over the next few months, I'll share the facts with you so you can make informed decisions.



But in the meantime, you should be worried that regardless of what you may choose to do, THERE MAY NOT BE ENOUGH VACCINE TO PROTECT YOU!! (I told you I would use every tactic I could find).

*Here's the scoop:*

The US Food and Drug Administration (FDA) has issued a warning letter to GSK to address critical manufacturing issues in their Canadian plant where Flulaval Trivalent and Quadrivalent vaccines are produced (this year's Flu Shot). In this warning letter, the FDA cited "deviations from acceptable manufacturing practices" and found the plant had failed to take appropriate steps to prevent microbiological contamination of the flu vaccine. The FDA also found that controls for the purified water system at the site were inadequate and didn't meet FDA drug code

Per the manufacturer, worst case scenario is that GSK might not be able to bring any supply of Flulaval to the market.

Below are some FAQ to help [scare] you:

*How critical is this news and how will this impact Vaccine availability?*

This is very critical and will impact all GSK Flulaval Trivalent vaccine. In fact, this will impact 15% - 20% of the market flu vaccine supply.

*Who is impacted by this news?*

You. And your friends. And our patients. And your neighbors. And co-workers.

So you'd better be ready to get it as soon as it's available. Or..... (Eerie music) *there might not be enough for you...*

Special thanks to David Twiss [AMR National Procurement Director] for providing our first motivator.

## AMR ICE is NICE (get it?)

Here's something pretty cool.



Jeff McCollom [AMR Senior VP of Innovative Practices] and his colleagues worked with a company to develop the AMR ICE app – Now available for free on iTunes (the developer charges \$0.99 for additional functionality).

Here's what's neat about it:

This is the "first" iPhone app that will talk for a patient, when they can't. The application allows the owner to record a message with the most critical medical information that plays immediately upon opening or at the push of a PLAY button.

The app's full features include (from iTunes):

- Alert EMS button- dials emergency services and sets phone into Alert Mode where an intermittent alarm sounds if the patient becomes unconscious. This piercing alarm can be used to help locate the owner in a collapse situation.
- *My Location* button quickly finds the current location to give to EMS dispatchers.
- Audio message recorded by the patient plays on opening and contains pertinent information about his or her health.
- E-mail capability, with built-in HIPAA privacy statement. This feature eliminates the need to fill out those long forms for doctors.
- Password Protected Insurance Information with full app edit protection.
- Quickview capability provides one button access to all of the stored data for EMS providers.
- Customizable view using icons or tabs, audio or Quickview.
- Drop-down lists for hundreds of the most common medications and medical problems, which means less typing, more accuracy and easy edits.
- The first ICE applications with a built-in wallpaper feature for locked phones.
- Stores all of the information necessary to treat you in an emergency.
- Offers add-ons for maintaining up to 8 profiles for your family members and even maintaining medical information about your pet.

I downloaded it – Pretty comprehensive app.

If you use an Android ... I hope you're healthy.

## Epilogue...

A little boy and a little girl were in the Pediatrician's Office waiting to see the doctor.

The little girl was called back first. After a few minutes, there were screams of agony and a piercing cry that echoed throughout the entire office. As she was carried out by her mother, still sobbing, the little boy asked her what happened.

"They needed to get blood from inside me and they stuck a big needle into my arm to get it." He said.

Little Johnny's mother picked him up and said "it's OK, honey. They only have to get urine from you".

*The nurse had never heard a scream so loud...*

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That's it from my world. *Happy Flu Free Friday.* It's nice to be back. As always, thanks for what you do and how you do it...

By the way, here's a little shot from our vacation.

*See me?*



(Hint – I'm wearing a bright yellow shirt...)

You get my point.

*Ed*

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