



SHOCKING NEWS



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MEDICAL DIRECTOR'S NOTES



BY DR. STACEY GOUZENNE, MD

Happy Summertime...

As you know we are finally in the OR at RRMC and things have, so far, gone very well on both ends. We are for some reason on a hiatus for a couple of weeks. Tim is keeping up with the scheduling. Remember RSI is ALL or NOTHING. Encourage anyone dragging their feet to step up. Keep up the good work and positive attitude.

I was asked the other day about MY "5 year plan". I replied, "I've got a get through August plan." But, it was, I thought, a very good question - what is OUR 5 year plan? Where do YOU want the service to be? As I have said on at least two occasions in this forum...FEEDBACK is important. WE are not that far from a model system - is that our goal? If you are not comfortable discussing your ideas or suggestions with me...try John, Tim, Bill, Reid, Lennie...anyone who can bring it to the leadership forum. Having just gotten the Protocols online, we are in a race to get the 4 year educational plan together and submitted on time - hence, my "August" plan.

I rode for a few hours the other day and plan on spending more time...it was good to see folks in action. If I ride with you, be aware - I will do my very best to stay out of the way. If you need an extra set of hands...or advice, just let me know. If I think you might be seriously on the wrong track, I will likely intervene.

Which leads us to a series of truths: 1) medicine is not an exact science; 2) emergency medicine and especially prehospital medicine are even less so; 3) humans are, well, human; and 4) there are two classes of human, those who have made mistakes and those who will make mistakes. There are no others. How we deal with our mistakes and the mistakes of others is the only issue in question. We need to understand the processes in place to address errors and omissions.

From a risk management perspective this review needs to be accomplished in a more timely fashion than just with our Peer Review and Quality Review committees. If you believe you have made an error, or it is suggested by other agency personnel that you made a mistake you should immediately notify your supervisor, and make a copy of the ACR. Your second, perhaps most important job, is to say *nothing further* until it has been discussed in a Peer Review or Risk management forum. ANY conversation you have, even if it is with your partner, is discoverable should an error lead to an adverse patient outcome. Occasionally there will be an adverse outcome in a case you believe ran perfectly well. If you sense that the patient or family may seek damages, you should also notify Risk Management immediately.

In a personal growth and system perspective, I suggest you reflect on the feedback you receive and do your best to learn from it. Refusing to accept a constructive input limits an individual's ability to grow and learn and eventually leads to System problems. In that vein, I have a confession. I esophageally intubated a patient last week. My error was recognized - really by the nurses - before I conceded. While I was mucking around in the airway again, thankfully, anesthesia happened by and successfully placed the ETT. I am a perfectionist. I am harder on myself than on anyone else. Yet, I am not too proud, in my old age, to accept help. I am not so set in my ways that I cannot learn from my own mistakes. If you never learn anything else from me - learn that.

Picnic....hopefully saw you there and we had a great time.

"To be a man of knowledge one needs to be light and fluid." - Yaqui mystic

FROM THE EMERGENCY SERVICES DIRECTOR'S DESK



HAIL CAESAR ! BY FRANK THOMASON

In our jobs, be it a fire marshal, a medic on the truck, a supervisor, a division manager or the director it's sometimes easy to let the "job wave" cover us over. Too many things on our plate, too much needing to be done at once...go, go, go. Part of that is why each of us is in this job. We have a true desire to help people in need - and we like it when there is lots going on.

Oh yeah, we all complain about it from time to time: "Gosh - I wish communications would quit giving me calls!" or "If that phone rings one more time I'm gonna scream!" or "I'm not sure I can stand one more complaint", or "What - 15 voice mail messages!?".

But I have had the opportunity to see first hand a lot of you working in these environments and you come through for the citizen time and time again - our customers. Never loose sight that we're in the customer service business. We provide a service (actually several of them) and the citizens are our customers. Your going to hear me speak about customer service and hear more about it from time to time - it's something that I truly believe in. It takes the true commitment that I see each of you giving as part of your jobs on a daily basis. Sometimes it's only a kind word or a smile, other times it is performing a life saving procedure, or helping in some way to make "the system" work. Sometimes it's biting your tongue and not saying something that really should be said - but better left unsaid.

You know, we deal with our customers when they are at their worst, and for that it takes us to go the extra mile to make our customer service system work. We are literally their lifeline - and for the most part, they really truly are grateful for you and what you do, even it sometimes it doesn't seem that way, on the scene, on the phone, or standing in your office. This service has seen a lot of customer service over twenty years. And for that we celebrate our EMS division's service to the citizens of Rowan County this month. We have come such a long way - but like most good things that are worth the effort - we always will have farther to go, reaching for the next step on the ladder. There is no doubt that we will take those steps - one at a time, together.

Until next time -

YO QUIERO TRAINING



BY LENNIE COOPER

You should all have your protocols by now. Hopefully you have been studying and doing your test. I know there are some errors in the test but choose the BEST answer. A big THANK YOU! to everyone for your cooperation in creating the test questions. When everyone completes the test we should be able to implement the protocols, provided we have all the medications in by that time.

Bill was trying to get the new meds in as soon as possible after the new budget. With the new protocols we will get RSI, but not until everyone can do the skill. This isn't news to anybody, we have known from the beginning that is the way it would be. So why aren't people signing up for OR time? See Tim and get signed up. The sooner everyone gets done the sooner we have this wonderful new skill. I for one am very excited about the opportunity to save those we may have lost in the past.

We got some good news on the new Training program for the next 4 years. First of all, it doesn't have to be for 4 years. We will most likely set up the "core" of the program for 4 years and leave the last 2 years of "filler" to be decided later. Secondly, we don't have to wait on approval from OEMS. This should make things much easier during the design of the program and if we need to make changes later. As it stands now, expect a Patient Assessment class on August 10, 11 and 12. Tuesday and Thursday night and Wednesday morning. There will be more on the CE Program later. I still need volunteers for the Standardization Committee. I don't want to use partners and prefer to spread the membership across several trucks. This makes it more fair than using partners and several people from the same truck. Let me know if you are interested. If you have any questions, concerns, suggestions, etc. (about any work related matter), let me know. I'll listen and try to help.

MESSAGE FROM THE MANAGER



BY BETH CONNELL

(READ AT YOUR OWN RISK!)

In recent months there has been a lot of attention focused on paperwork. Grumbles have been heard at my end of the hall. Some folks are riled up because other counties don't share the same philosophy on paperwork and billing. I have a few comments on this subject.

First, paramedics are medical professionals with tremendous responsibility. At times we can make a life or death difference with our patient care. All professionals charge for their services. It is part of your professional responsibility to provide a high standard of care. You must also write the case up so that claims professionals in our Ambulance Billing and Collections division can secure payment.

EMS is a healthcare business not a charity. Administration must be good stewards of the taxpayer's money. Good collection rates reduce the tax burden on county residents. Those revenues, we do not generate and collect for our division, are supplied by the General Fund. That is our money!

Each working citizen pays part of their salary to support the Medicare and Medicaid programs. Employers and families pay premiums for health insurance coverage. Currently, Rowan County pays

over \$500 a month for individual health coverage on each full time employee. The sole purpose of insurance is to pay these legitimate claims. We will not leave money on the table because EMS workers have not done their part of the job! You must clearly state the medical needs of the patient and get all relevant insurance information, claims addresses and signatures.

I know everyone is trying very hard to improve. Never the less the results are not impressive. Recently, I noted that a third of the ACRs from a shift had serious omissions, which would delay the submission of the claim. Now why is that acceptable to you? Certainly, if I said that one third of all patients received the wrong medication you would be aghast.

The most common errors are missing or incorrect zip codes, missing signatures, incorrect addresses and missing insurance information. Each of these is serious for the following reasons. Claims submitted with incorrect zip codes and inaccurate addresses, are automatically rejected by the insurance company. The county must have the patient's signature to receive direct payment from an insurance company. Without that signature the payment is sent to the patient. Often we find that this reimbursement goes to pay other outstanding bills, not the ambulance bill. Large carriers like Blue Cross Blue Shield have multiple plans and policies. Each has its own office to process the claims on that policy. Without the proper claims address the claim cannot be paid. The insurance companies will not forward a claim to one of their branches when the claim is misdirected.

When the errors occur the Ambulance Billing and Corrections staff sends our letters requesting the missing information. The claim is in limbo until and if the patient or family supplies the needed data. Payment is delayed.

Certainly there are times when a signature is not feasible. Explain these instances. Unable to obtain is not sufficient. Illiterate people can make a mark, which should be witnessed. Minors and incompetent adults need signatures from parents or guardians or the next of kin. When someone other than the patient signs on behalf of the patient, you need the person's social security number. This is not a new provision. Review your SOP.

County government employees should be working for the overall good of the citizens. In many ways accurate paperwork is a big step towards this goal. Good collections reduce the tax burden. Without good information recorded at the time of service, collection efforts will suffer. You reduce the financial expense to patients when your good documentation results in their claims being paid.

I am beginning to see improvement, so I encourage you not to be discouraged. Learn from the comments and corrections sought from your supervisors. Keep asking questions when you do not understand paperwork needs.

I welcome suggestions from anyone on improving compliance. If you have an idea to improve documentation and help co-workers, please share it! Thank You!

Medicaid Changes!!

Big news! Medicaid has changed their policy. Writing a Medicaid number on an ACR no longer obligates the county to file the claim. Ambulance Billing and Collections is free to make that decision. The Insurance portion of the SOP has been upgraded. Look for your copy.

Disclaimer: The views and opinions expressed by the EMS Manager are not the views and opinions of the *SHOCKING NEWS*. J

DID YOU CHECK THE TIRE PRESSURE?



BY BOB TURNER

If all goes well, the second new truck will go on line prior to the publishing of this newsletter. Unit 0405 should replace Unit 86 as a front line ambulance. We are still waiting on the radio for Unit 0404. It was expected by the middle of June but has not arrived. 0404 will replace Unit 84 when it goes in service.

Because there is no current North Carolina state ambulance contract, we are using a co-op agreement with Alabama to purchase the next two trucks, as we did with the last three. The co-op laws requires that we advertise that we wish to purchase off of a co-op agreement to give the public a chance to comment, then get the County Commissioners to approve the purchase at their next meeting which is July 12th. We will then place that order immediately with McCoy Miller. By placing our order early in July, we should have the next two trucks in about 120 days instead of the 180 it took for the last order.

McCoy Miller is not a big company, such as Wheeled Coach or Horton. They do not have the capacity to produce more than two ambulances per week of the type we are buying. That is the biggest reason why it takes them longer to fill an order. I hope the result has been worth the wait. There have been many favorable comments about the new trucks.

The dealer has notified us that the hydraulic oxygen tank lifts are shipping June 30th. The dealer should be installing them shortly after that. This will make changing the H cylinders much easier. No more lifting the 130 pound tank into the compartment. Just flip a switch and the tank is lifted into the truck.

Wonder why the new trucks are numbered as they are? We are increasing our fleet to 11 trucks. We have had 10 trucks in the fleet for many years. With the addition of the eleventh truck we have run out of numbers in the series. The four digit number is actually the official County ID number for the vehicle. 0403 was the third vehicle purchased by the county in the '04 budget.

Drive safely

*** EDITORS COMMENTS ***



BY JERRY LITTLE

I hope everyone has acclimated since the supervisor rotation. Everyone has their own personal gripes about management but the supervisors/assistant supervisors have pulled off some remarkable feats with supplies, uniforms, our fleet of ambulances, etc. this last year. Sometimes they can't control where the budget monies are allocated but they seem to get most of what we need even if their funds have been "snatched" and put to other uses. As much as we would like a "Thank You" sometimes I'm sure they would appreciate it too so "Thanks for the effort guys!"

A big **THANK YOU** to Sylvia for her hard work with our 20th Anniversary bash. We really do appreciate it!

A 'hard-copy' of the monthly newsletter will be posted at each base. Content for the newsletter can be left in my mailbox or sent to the following e-mail address:

littlejn@co.rowan.nc.us or med1171@aol.com

- Be safe - J. Little, editor