



AMBULANCE SERVICE Journal

Summer 2007

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AAA members enjoyed a night out at Yankee Stadium during the AMBUPAC fund-raiser at the AAA Summer Health Care Reimbursement Conference in New York City.

GAO REPORT - Use It To Raise Your Medicaid Rates -

By Brian Werfel, Esq. & David Werfel, Esq.

On May 23, 2007, the Government Accountability Office released its long-awaited report on Medicare reimbursement for ground ambulance services: *Ambulance Providers, Costs and Expected Medicare Margins Vary Greatly*.
<http://www.gao.gov/new.items/d07383.pdf>

As part of this study, the GAO compared the average costs of providing ground ambulance services to the average Medicare reimbursement per transport. The GAO estimated that in 2010, following expiration of the temporary payment provisions of the

Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) only 39 – 56% of providers/suppliers will have Medicare payments that exceed their average costs per transport. The GAO further determined that, on average, Medicare payment per transport will be **6% below** a provider's costs per transport. The GAO calculated average cost per transport for providers without shared costs at \$415 (\$370 – Urban, \$409 – Rural, \$538 – Super Rural).

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PUBLIC RELATIONS SHOULD BE MORE THAN JUST PUBLICITY

By: Patrick J Twomey, Access EMS, LLC

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I am quite sure that most of us that either own or run an ambulance service have contracts or special relationships with healthcare facilities. We know the intrinsic value of keeping up with our connections and assuring that the organizations we provide transports for are kept happy with our current service. But when do you do something for an organization because it's just the right thing to do, not the politically correct thing to do.

Most hospitals and healthcare associations have various types of fund raising each and every year for a certain project that they are trying to accomplish. Whether it is an addition to a new cancer wing or an emergency department is expanding to 43 beds in order to better serve the public. These endeavors are noble and need our support.

There is no doubt that we all get some pressure from the facilities to donate or sponsor golf tournaments or gala's, and why shouldn't we? After all, they do give us the calls each and every day to support our company. What is to stop them from calling a competitor? Absolutely nothing. So, as spring approaches, we begin budgeting for these events in order to support the very people who support us. Have you ever sat back and taken a look at what they are doing and what an impact they are having on the very community you are a part of?

Yes, the local hospital coordinates the proverbial golf tournament, gala, and road race. And yes, they raise a lot of money. Mission accomplished. But, the positive impact they have on people who have benefited from the services provided by the hospital is priceless. Those that donate because the services provided to them saved their lives, or their children's life. There are people that are eternally indebted to a particular place for services they provided themselves or family members.

You can't tell me that it doesn't feel good to not only write a check to support a good cause, but to actually attend planning meetings or donate your time at the actual event. Sometimes you can't always give money, but time is sometimes more valuable. In-kind donations that have value and help them accomplish their tasks. Have you ever approached a facility before they approach you and offer money or help just because?

So next time you are dancing at the gala to benefit a new surgical wing, teeing off on the 6th hole with the CEO of the hospital which will benefit the ED expansion, or standing by at a road race that benefits breast cancer, feel good about yourself and your organization. Know that you are part of the success and that you are helping out so many by being generous with your time, not just a your checkbook. It's the right thing to do!

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This report should help to get government programs to raise rates.

If you already receive at least these amounts from Medicaid, on average, there is no reason to read further. However, if Medicaid pays less than these amounts, the future is now in your hands - - if you know what cards to play. This article is intended to get your thought process moving in the direction of higher Medicaid rates.

Medicare

This article is intended to focus on Medicaid - not Medicare. However, you should be aware that the A.A.A. is working to get Medicare rates increased, both for the short term and long term.

A. Short Term Relief

There is already legislation (H.R. 2164 and S.1310) pending for temporary relief, i.e. a 5% across the board increase for ground ambulance services. The legislation was introduced before publication of the GAO report. Nevertheless, this report will greatly help the effort to increase Medicare rates.

B. Long Term Relief

The A.A.A. is working on a plan to seek long term relief through a permanent increase in Medicare reimbursement. The GAO report, which was requested by Congress, will be the basis for such relief.

Medicaid

What about Medicaid? The GAO Report can also be used to increase your Medicaid rates. Since Medicaid rates are less than Medicare and the report demonstrates that Medicare rates are below average costs, **the GAO Report demonstrates that, on average, Medicaid reimbursement for ground ambulance services, is significantly below costs.**

While both Medicare and Medicaid are programs created by the Social Security Act, they are administered differently. You can raise Medicaid rates at the State level. We suggest you use this report, together with other data, to get your Medicaid rates increased. Before rushing to your legislature, throwing the GAO report on their desk and saying "we need higher rates", here are a few suggestions we recommend:

1. State Association

There is strength in numbers so do this as part of a state association, rather than on your own.

2. State Data

Gather whatever data you can to determine average costs for ambulance services in your state.

3. Research State Laws

Research the laws of your state. You need to determine how your state agency arrived at the methodology they use to determine your Medicaid rates, whether public hearings are required, whether there are any laws or regulations that require periodic studies, are rates required to be increased by inflation or some other factor, can the agency raise rates or must they go through the legislature, etc. These answers are critical, as the best argument would be that the state has not complied with its own law or regulation. Once that is demonstrated, the GAO report can be used to establish new rates.

4. Challenge the State For Not

Following State Laws or Regulations
As a condition to the receipt of federal matching funds, each State Medicaid Plan must set forth the reimbursement methodology for covered services, including ambulance. State law may set forth some general principles that apply to Medicaid rates, e.g. a requirement that the rates paid be reasonable in relation to a provider's costs or to ensure adequate participation by providers to ensure access to care. State law may also establish the procedures to be used to establish rates, with the actual rates being set by the state agency through administrative regulations. Once you have determined the state rules and procedures, challenge them if they did not follow their own laws, rules or procedure.

5. Challenge Medicaid Rates as

Inadequate under Existing State Laws or Regulations

Using the same criteria as #4 above, challenge the laws or rules as having not established adequate rates, as proven by the low rates, as compared to the average costs established by the GAO.

6. Challenge Medicaid Rates as

Violating Section 1902(a)(30)(A) of the Social Security Act (the Federal Equal Access Provision)

Section 1902(a)(30)(A) of the Social Security Act (42 U.S.C. §1396a(a)(30)(A) requires that a State Medicaid Plan "provide such methods and procedures.....to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area." This requirement is also set out in the Medicaid regulations at 42 C.F.R. §447.204, which provides "[t]he agency's payments must be sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population."

The Equal Access provision requires that Medicaid payments be sufficient to ensure that Medicaid beneficiaries have access to services in equal proportion to the general public. While there are a number of factors that must be considered, the state violates the Equal Access provision where the rates established are insufficient to attract an adequate number of health care providers to participate in the Medicaid program. Thus, use the GAO Report to argue that Medicaid's failure to reimburse ambulance companies for even the actual costs of providing their services is a violation of the Equal Access provision, as rates are not sufficient to ensure that ambulance providers can meet the applicable state and federal quality of care standards. The argument is strengthened dramatically to the extent you can demonstrate that low Medicaid rates have contributed to a decrease in the number of ambulance companies in your state.

7. Challenge Your Medicaid Rates as a

Taking of Property Without Just Compensation in Violation of the 5th and 14th Amendments to the United States Constitution

If providers in general in your state are required to respond to emergency calls

and to provide treatment and transportation, irrespective of the patient's ability to pay, you may have another argument. When that patient has Medicaid, the ambulance company is limited to the Medicaid payment as payment-in-full, less any co-pay. The providers are prohibited from balance billing the patient. Therefore, where the Medicaid rates are below the actual costs for providing the service, state law effectively forces an ambulance company to provide its services to Medicaid patients at a loss.

The 5th Amendment to the United States Constitution, applicable to the states through the 14th Amendment, prohibits the government from seizing private property for the public use, unless "just compensation" is paid. The 5th Amendment, therefore, requires the state pay "just compensation" for the use of your ambulance services. The argument is that "just compensation" requires that the state, at a minimum, reimburse you for the actual costs of providing your services. The GAO Report would help to establish the average costs per transport are much higher than your Medicaid rates.

8. Challenge Your Medicaid Rates as a Taking of Private Property Without Just Compensation in Violation of Your State Constitution

Many state constitutions contain a "takings clause" similar to the one set forth in the 5th Amendment. Thus, to the extent your Medicaid rates for mandatory emergency care are below your actual costs, this may also violate your state constitution.

9. Challenge Medicaid Rates as Violating State and/or Federal Unfunded Mandates Act

Inadequate Medicaid reimbursement may also violate the Federal Unfunded Mandates Act and similar state laws. The Unfunded Mandates Reform Act of 1995 merely requires the federal government to consider the impact of unfunded mandates on the private sector as part of the legislative process. However, state laws on unfunded mandates may contain provisions that invalidate laws or regulations to the

extent they are not adequately funded. The legal argument is that a state is responsible for establishing Medicaid rates and, state laws require ambulance providers to respond, treat and transport. Therefore, if there is a state law on unfunded mandates, Medicaid rates must be adequate to compensate for the costs of providing state mandated response and treatment.

10. Tie Medicaid Rates to Medicare Rates

One of the best options is to have your state tie your Medicaid rates to Medicare rates. For example, rates could be X% of the Medicare allowable. Politically, that may be the best method for establishing Medicaid rates as they would base it on rates established by the federal government. It also takes care of inflation updates, etc. This has already been done in several states (e.g. Arkansas, Louisiana, Oklahoma). Others (e.g. Texas) are close.

11. Lobby for Legislation Establishing "Reasonable and Adequate" Rates

If your state does not have a law or regulation requiring rates be "reasonable and adequate to meet the costs of an efficiently and economically operated provider", or similar language, lobby to get it. Then, you have a basis for claiming the rates are too low as the GAO Report could then be used to show that your current Medicaid Rates are not "reasonable and adequate", since they fail to reimburse you for your costs.

12. Attorney/Lobbyist

Getting the rates increased could be a fight on either of two fronts -- a lawsuit or legislative relief. Therefore, where possible, hire an attorney who is

part of a lobbying firm, preferably in your state capital. The attorney may need to research state laws and regulations and, of course, file the lawsuit if needed. However, most of the increases that have been obtained in the past have been the result of a lobbying effort. Since you do not know which way this will go, your state association will need an attorney and a lobbyist.

A local attorney, particularly one with contacts at the state agency level, is in the best position to research the laws and regulations of your state. If a lawsuit needs to be filed a local attorney would know the court system better than an attorney from out-of-state. As to preparing the Complaint, that is the easy part and the attorney can always research prior lawsuits that were filed to raise rates (e.g. Virginia, Massachusetts, Pennsylvania) for reference.

I do not need to explain the value of the lobbyist, other than to say that a good lobbyist, armed with the GAO report and the results of the research we suggest, will know what to do, how to do it, when and where.

When debating whether to file a lawsuit challenging your Medicaid rates, it is important to keep in mind that you will not necessarily have to see the case through to trial. In the past, State Medicaid Agencies have been willing to negotiate rate increases following the filing of lawsuits in the hopes of avoiding a flurry of similar lawsuits from other health care providers.

In conclusion, the GAO report is an extremely useful tool for getting Medicaid rates raised. Hopefully, this article will give you some ideas for accomplishing that goal.

Reach Out To Your Industry

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Mobile Medical Transportation Safety Committee from the MMTS

MMTS is an outgrowth of the AAA Practice Standards committee that was formed following the Indianapolis Annual meeting in 2003. The goal of MMTS is to bring together the diverse participants in EMS and Medical Transport to improve the safety of the industry. We have a crisis in the field. Some recent studies indicate that we have in the ambulance industry a fatality per 100,000 miles driven index that is in excess of 10 times higher than the commercial trucking industry. One in every 300 EMS services will have a fatal crash each year. Though the level of discourse has been high and numerous studies and investigations have been completed and published in the last 4 years, many in our industry still are ignorant of the essential changes that need to be made. This article will attempt to discuss the current state of understanding that the MMTS has in relation to operational safety.

MMTS early on recognized that many factors contribute to unsafe practices and outcomes in EMS. Some of these are rooted in history and tradition that are often hard for employees, employers, regulators, and the public to accept as being anything but correct. We also were able to profile a number of services that are doing a number of things right. From these investigations and research MMTS was able to publish a Best Practices Guide for Vehicle Safety. This guide was vetted and approved by the Practice Standards Committee and is published on the AAA website. This guide focused on policies and procedures that were “safety performance” focused, i.e. human factors. Since that time, more research into the human-machine interface has occurred. A genuine interest in the vehicle as a work environment has also grown.

Human Factors

The cheapest and easiest safety improvement that can be made is focusing on people. Tasks such as appropriate

screening of job applicants for the role of drivers and requiring vehicle operator license checks and driving records weed out unsafe drivers. It should come as no surprise that drivers with prior at-fault accidents or significant moving vehicle violations such as driving under the influence, careless and imprudent driving, and multiple speeding infractions are more likely to have an accident, operate in disregard to company policy, or violate traffic laws than an employee with a clean driving record. The question begs to be asked, if you were the patient, who would you trust to operate the vehicle?

Formal emergency vehicle operations training should be required of all emergency vehicle operators. Sadly, there has grown to be a plethora of training programs available without much research to support their effectiveness. What is known from the insurance industry is a comprehensive training program such as an EVOC or CEVO that focus on broader issues such as rig checkout and maintenance, operations such as backing up using a team approach, and policies and procedures in place that these training programs emphasize, appear to be effective in mitigating losses both by frequency and size of claim. Simulator training so far has been shown to be expensive in time and resources but neither helpful nor harmful. As of this date several simulator trials are ongoing.

Policy and procedures to improve safety have been well known for a number of years. We know that the primary serious injury or fatality resulting crash mode for emergency vehicles is in an intersection crash. The most frequent minor crash is backing into something. Clearly a well defined emergency vehicle operation policy and procedure that requires an ambulance that is operating with lights and siren come to a complete stop with the driver making sure the intersection is completely clear before proceeding against a stop sign or signal light, reduces the incident rate of intersection accidents. It is beyond the laws

of physics and physiology for an opposing driver to see, react, and in any way be able to stop in time and distance, to avoid a crash at most intersections, even with approach and closing speeds as low as 20 mph. Failure to stop at a stop signal to clear an intersection, even with lights and sirens operating, which results in a crash will often now result in citations being given to the emergency vehicle operator with attendant liability. If major injury or death results, criminal charges are likely to be filed and serious sentencing result if found guilty.

Two studies published within the last two years have demonstrated conclusively that real time driver performance feedback and monitoring systems work to change behavior and improve safety profiles dramatically. An important concept of these devices however, is the device is only a part of a company wide culture of safety and awareness of behavior. It is critically important to implement these devices in a comprehensive safety program of training, monitoring, and feedback to operators.

System Factors

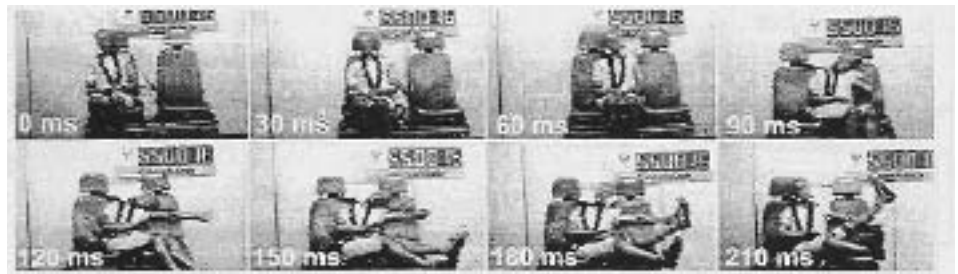
A number of studies have shown that use of lights and sirens result in a greater likelihood of a serious injury or fatality crash occurring, both involving the ambulance and the wake effect behind the ambulance. For a number of years there has been growing discourse and discussion on EMS system effectiveness and efficiency with recent publications calling into question the wisdom of using response time to cardiac arrest as the model for measuring system effectiveness. The widespread use of dispatch protocols and algorithms to determine what resources are deployed to a particular call has added a level of sophistication and complexity to the response question. No longer can it automatically be assumed when the phone rings, a red lights and siren response is needed. A growing body of evidence

MMTSC • continued on page 8

indicates consistent and well-trained and equipped emergency dispatchers can play a significant role in decreasing the number of lights and siren use. The ability to discern a call that requires an immediate but not lights and siren response is now widely available yet our industry has been slow to accept this change of philosophy. There remains ingrained in the personality of most EMS providers “a need for speed” or an attachment to the “fun” that is associated with running red lights and siren down the middle of the street. There also remains a public perception that the lack of use of lights and siren may mean a lack of caring for the patient’s condition or illness. Training and education of employees and the public will be required for a number of years yet to change this paradigm. We have however, a natural ally in this area as the medical dispatchers have been trying to emphasize that they are the true first help available to the patient using pre-arrival instructions and scripts. In some metropolitan areas with significant traffic congestion, alternative response vehicles are being tried. These include bicycles, motorcycles, and smaller more maneuverable vehicles staffed with a single medic.

Vehicle Design

With the growing recognition of safety issues in ambulance transport, an effort to improve the vehicle as a workspace has developed. In its infancy, this movement has led to the development and building of several “concept ambulances.” These vehicles have been built with the best intentions in mind at considerable cost. It is clear though that the mindset of an “ambulance built for EMTs by EMTs” is naive at best, and deadly at worst. Vehicle design concepts must include science and expertise that is widely available in the automotive industry. Due to the historic waiver and disregard of the Federal Motor Vehicle Safety Standards in ambulance construction, this expertise has not been frequently utilized. Further, state and federal regulation that has required compliance to GSA KKK specifications has exacerbated the problem for nearly 30 years. Few in the industry realize the KKK specification is a purchasing and bid specification only and has little to no automotive safety performance validity. The KKK specification in fact has precluded the use of known and acceptable safety constructs in the rear of the ambulance. Gladly the new KKK (F) revision has enough



JJCrash 1999 Vol 4 No 3 “Development of a side facing seat and seat belt system for the Australian Army Perentie 4x4”; S.A. Richardson, R.H. Grzebieta and R. Zou

flexibility to allow purchasers of ambulances to demand improvements in safety performance from builders without disqualifying the ambulance from KKK certification.

A word about seating and restraints is appropriate for this article. First and foremost, is to recognize that the seat is the most important safety device in a vehicle. Seatbelts are meant to restrain an occupant in the seat so the seat can do its job in case of a crash. A policy that requires the use of seatbelts should be mandatory for every ambulance service, not to mention it’s the law in most states. The use of over the shoulder restraint systems on stretchers should also be mandatory. Patients should be transported in the upright sitting position whenever possible. Sled tests clearly show a patient without over the shoulder restraints functionally become a missile flying off the stretcher to crush whoever or whatever is between the stretcher and front bulkhead of the ambulance in relatively low speed frontal collisions. To say this detrimental to the patient is an understatement. Furthermore any system which is designed to allow a person to walk, stand, or otherwise remove themselves from the seat while the vehicle is in motion provides a false sense of security and may in fact increase the risk of life threatening injury in case of a crash. Studies as far back as 1999 have shown the inherent danger of the squad bench with side facing sitting. Suffice it to say, if the seat is the safety device and your seat and seatbelt consists of ¾ inch plywood with 2 inches of foam on top, there is not much protection to the occupant of the seat. It is easy to see the ineffectiveness of the squad bench as a protective device by looking for the squad bench in crash photos. An intuitive, but erroneous and deadly response to side facing seating has been to experiment with 3 and 4-point safety belts in this position. Crash test data and footage clearly demonstrate the folly of this fix.

The evolution from cars to trucks to bigger trucks yet has pushed ambulance manufacturers to significantly modify original equipment manufacturers bodies or to build their own box structure. Sadly the KKK specifications have required a very stiff and rigid ambulance box. This type structure lacks the inherent energy absorption technology of crumple zones and deformation that we have come to expect in the passenger vehicles we drive to work in daily. Without the energy absorbing effect these very rigid non-crushable bodies lack, crash energy is directly transmitted to the often un- or under- restrained occupants in the rear of the ambulance. The industry should demand ambulance manufacturers build on a chassis that require little if any OEM modification to suspension, power train, or body. Ambulances are built and used effectively all over the world that ascribe to this principle, with no aftermarket structural modification to the OEM vehicle

Finally the MMTS has continued to struggle with the lack of a comprehensive data source or repository regarding ambulance crashes and injury. Discussions need to be held with other parties including State EMS directors, NHTSA, NIOSH, and DOT to try to find a solution to this problem.

MMTS is firmly committed to improving the safety of the ambulance industry, driven by the needs of the industry, with active leadership from the American Ambulance Association. MMTS is the recognized leader in this effort by many other organizations and agencies. Within the pages of the Ambulance Industry Journal we hope to provide examples of and highlight ambulance services that are actively and successfully implementing change to improve safety. If you have a question or contribution to make please do not hesitate to participate. It’s the lives of our patients, employees, and us that are at stake.

New Britain Emergency Medical Services Develops City Youth

Written By: Captain Sean O'Brien, B.S, NREMT-P; Chief Bruce Baxter; Assistant Chief Janice Carbonneau; Dr. David Buono, NBEMS Medical Director

New Britain Emergency Medical Services' key core values are community service. We recognize the benefit of community outreach and development to make our community the safest it can be and strive for new and innovative ideas to achieve success.

Everyone in the Emergency Medical Service industry is challenged with recruitment and retention issues. New Britain EMS had been struggling with ways to take a proactive approach in order to facilitate the employment of more city residents.

We have developed a program that serves both New Britain EMS and the New Britain schools. Four years ago, New Britain EMS met with the Superintendent of the Consolidated School District of New Britain to discuss the potential collaboration for teaching a for-credit program in the high school. A curriculum supporting a tiered program development ladder was designed. We now have a two part program spanning two academic years and containing a first responder program and an Emergency Medical Technician - Basic program.

There are two programs that NBEMS instructs at the New Britain High School. The first is the Medical Response Technician Program, an 80 hour entry level Emergency Medical Services Training program that will certify individuals as Connecticut Medical Response Technicians (MRT). MRT training is an entry level requirement for many of the area police and fire departments in the state. The second program is the Emergency Medical Technician program that certifies individuals as Connecticut and Nationally Registered Emergency Medical Technician-Basics.

The student profile developed for these programs reflects the attributes a student must possess in order to successfully complete the Emergency Medical Technician training program and function as an employee with an

emergency medical service organization. Students selected to participate in the program must have a core skills set that includes honesty, integrity, the ability to read, write and perform basic mathematical computations, basic understanding of computers and office programs, possess a desire to help people, understand the importance of positive image, and have no felony convictions. Students must be at least 16 years of age for the first responder program and 17 for the EMT-B program. Parental written permission is required. Parents attend a pre-session orientation. These strict enrollment criteria have led to the success of many students throughout the tenure of the program. The success is evident as we now employ two of the students who competed one of the first programs.

As an outgrowth of the high school program, we now have a partnership with a local community college to offer up to 6 college credits for those students that successfully completed the high school program. One of our current students is planning to attend the college to pursue a career as a Paramedic.

New Britain is a blue collar community with a very high percentage of minority students, many of whom are Spanish speaking. It is our goal and that of school leadership to prepare these young men and women to assume key jobs within their

community. In the State of Connecticut our program has become a model for others and has had recognition from the local government outlining the successes of the program. The documented success of the program has had a direct impact on appropriation of funds to the local schools to develop, implement and continue programs that are much like ours. The continued success of the program is predicated on the support of the school district, the leadership team of New Britain Emergency Medical Services and the passion of the students.

New Britain Emergency Medical Services, Inc. is a non-for profit organization that provides 911 emergency medical services to the city of New Britain, Connecticut. NBEMS has an annual call volume of 12,000 responses a year. Staffing consist of either two Paramedics or an EMT and Paramedic per unit. Two trucks are staffed 24hours a day; with a third truck staffed 18 hours a day. There is also a two hour period during peak demand hours when a fourth truck is available to provide coverage to the city.



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What's Up?

*Written By: John
J. Russell MD,
Cape County
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With The Fluorescent Yellow And Red Vests?

At the recent MMTS Symposium surprise was expressed by a number of participants when the discussion turned to the new work site rules requiring ANSI High Visibility vests or clothing to be worn by EMS workers. This brief article will try to bring the reader up to date on the rule, ANSI/ISEA standards, and what it means for our industry.

Background

Between 1997 and 2005 there has been a 40% increase in work zone fatalities on the nation's streets and highways. The Federal Highway Administration recently reported that this trend has leveled off to some degree, but the number of injuries and fatalities of individuals working within the right of way of streets and highways remains staggering. Granted, the majority of these fatalities and injuries occur in construction zones and involve construction workers, however you do not need to look very far or hard to find video of the police officer being hit on the roadside at a vehicle stop or read about an EMS worker being killed while working the scene of an accident. MMTS as a subcommittee of the Practice Standards Committee of the American Ambulance Association has encouraged ambulance services to increase the visibility of employees as part of its efforts to improve EMS safety.

The Law and the Rule

Pursuant to Section 1402 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFTEA-LU), the Federal Highway Administration established a new part in Title 23, Code of Federal Regulations (CFR) that requires the use of high-visibility safety apparel by all workers who are working within the rights-of-way of federal-aid highways. The entirety of the rule is published below and is remarkably un-ambiguous. If you are working in the right of way of a street or highway that has federal money attached to it, and most do in some form or other, then you must wear high visibility apparel that meets or exceeds

the ANSI/ISEA standard for such apparel. Please note that the definitions section of the rule goes so far as to specifically address emergency responders and law enforcement officers to include them within the rule. The final rule goes into effect November 24, 2008.

ANSI Standard Apparel

Most folks recognize the orange or yellow vests that construction workers and others have worn around construction zones for several years now. The actual ANSI standard though, is more involved than first meets the eye. The goal of the ANSI standard is to increase conspicuity or increase the likelihood of being seen by an oncoming driver. The sciences of fluorescence (daylight visibility) and retroreflection (nighttime and dawn/dusk visibility) are what is used to establish the different classes of ANSI/ISEA rating of apparel. The higher the class rating, the more conspicuous the outfit. Traditionally ANSI/ISEA Standard 107-2004 has required 217 square inches of fluorescent background material for a Class 1 rating and 775 square inches for a Class 2 rating. The retroreflective standard is 155 and 201 square inches respectively. Class 2 apparel has been the recommended standard for public safety workers until recently. In December 2006, ANSI/ISEA in a effort to recognize the need for a more worker friendly standard for public safety workers, developed a new standard, ANSI/ISEA 207-2006: American National Standard for High Visibility Public Safety Vests. This standard falls between the classic Class 1 and Class 2 standards described above, requiring only 450 square inches of fluorescence, but requires the same 201 square inches of retroreflection of Class 2. This allows for a shorter vest which improves access to belt mounted gear such as radios, holsters, and weapons. The new standard suggests use of many options such as, colored identifiers for type of service, (Red = Fire, Blue = Law Enforcement, Green = EMS), loops, pockets, badge holders, and ID panels. The design options are intended to

[Federal Register: November 24, 2006
(Volume 71, Number 226)] [Rules
and Regulations] [Page 67792-67800]

PART 634--WORKER VISIBILITY

Sec. 634.1 Purpose.
634.2 Definitions.
634.3 Rule.
634.4 Compliance date.

Authority: 23 U.S.C. 101(a), 109(d), 114(a), 315, and 402(a); Sec. 1402 of Pub. L. 109-59; 23 CFR 1.32; and 49 CFR 1-48(b).

Sec. 634.1 Purpose.

The purpose of the regulations in this part is to decrease the likelihood of worker fatalities or injuries caused by motor vehicles and construction vehicles and equipment while working within the right-of-way on Federal-aid highways.

Sec. 634.2 Definitions.

Close proximity means within the highway right-of-way on Federal-aid highways. High-visibility safety apparel means personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage, and that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107-2004 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear." This publication is incorporated by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51 and is on file at the National Archives and Records

encourage innovative ways to make vests and apparel functional yet still meet the conspicuity needs of the standard.

It is important to note that with the publication of ANSI 207-2006 PSV the standard which EMS workers will need to meet is effectively either the ANSI 207 PSV standard or ANSI 107 Class 2 standard. Class 1 apparel, though cheap and easily available, does not meet the needs of 23 CFR section 634.

Administration (NARA). For information on the availability of this material at NARA, call (202) 741-6030, or go to <http://www.archives.gov/federal-register/code-of-federal-regulations/ibr-locations.html>. It is available for inspection and copying at the Federal Highway Administration, 400 Seventh Street, SW., Room 4232, Washington, DC, 20590, as provided in 49 CFR Part 7. This publication is available for purchase from the International Safety Equipment Association (ISEA) at 1901 N. Moore Street, Suite 808, Arlington, VA 22209, <http://www.safetysiteequipment.org>. Workers means people on foot whose duties place them within the right-of-way of a Federal-aid highway, such as highway construction and maintenance forces, survey crews, utility crews, responders to incidents within the highway right-of-way, and law enforcement personnel when directing traffic, investigating crashes, and handling lane closures, obstructed roadways, and disasters within the right-of-way of a Federal-aid highway.

Sec. 634.3 Rule.

All workers within the right-of-way of a Federal-aid highway who are exposed either to traffic (vehicles using the highway for purposes of travel) or to construction equipment within the work area shall wear high-visibility safety apparel.

Sec. 634.4 Compliance date.

States and other agencies shall comply with the provisions of this Part no later than November 24, 2008.

What's Available

Sadly, when looking through catalogs of uniforms for EMS personnel few products are available that meet the Class 2 standard, fewer yet are available that meet the new PSV standard. Hopefully that will change shortly as the deadline for implementation is near. If considering purchasing uniforms or jackets this year, make sure that they meet the new standards and rules that are mandated to be followed by November of 2008. If not happy with the styles and choices now available, hopefully the tincture of time will provide the industry with more options in the coming months.

Noga Ambulance Service Presents “Spring into Safety” *By David DiDesiderio, NOGA Ambulance*

To cap off EMS Week, Noga Ambulance Service in New Castle, PA, sponsored a community safety day titled “Spring Into Safety” on Saturday, May 26th. The event was held in cooperation with the Shenango Township Volunteer Fire Department, Mercy Hospital PreHospital Services, and a variety of other sponsors to present safety programs to the children of Lawrence County.

Over 30 health and safety organizations were on hand, each offering elementary level students a different safety program to help them be safe this summer. Children were taught about the importance of staying safe while enjoying outdoor activities this season.

Noga Ambulance and the Shenango Township Volunteer Fire Department presented ambulance and fire truck demonstrations to all attendees to help them become more aware of what goes on in an emergency.

The safety programs included a variety of information presented by corresponding agencies in and around Lawrence County. The 911 Center presented when and why to activate the 911 system. Norfolk Southern presented Operation

Lifesaver about the proper way to cross a railroad crossing. Mercy Hospital, a corporate sponsor, had information on what to do in case of burns, child safety seats, and pool and water safety. The Lawrence County Smoke trailer attended and presented information about house fire safety drills. Area guidance counselors presented an anti-bully program. District Attorney John Bongivengo and his family were on hand for the entire day presenting child identification kits, crime prevention information, and drug awareness information. Big Brother Big Sisters presented a Children’s Support Mentoring Program and provided face painting. Lawrence County Drug and Alcohol Commission presented information on prevention and support.

In addition, a disaster preparedness program for children was also present to teach kids the before and after effects of a disaster. The American Red Cross was there with Rescue Ralph presenting disaster preparedness. A variety of other characters were also at the event presenting their respective safety programs. Smokey the Bear presented forest fire safety and water safety, while

Spring into Safety • continued on page 18



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Safe Way Kids Day

Marlette Regional Hospital EMS

By Brook E. Atkinson, EMT-P, IC

Marlette EMS is a hospital based ALS service that is owned and operated by Marlette Regional Hospital. Our service area is located in a rural farm area in the thumb of Michigan. We came up with a great way to kick off EMS week and educate the kids of our communities on safety, injury prevention, and emergency preparedness, by hosting an annual, "Safe Way Kids Day". Universally, the one call nobody in EMS likes to go on, is a call involving a child. Therefore, our Safe Way Kids Day is a win/win event for EMS and our community.

In an effort to familiarize kids to all of the emergency services, we invite the local police, fire, and air ambulance to partner with us. The kids have an opportunity to meet and talk to the Paramedics, EMT's, Doctors, Nurses, Dispatchers, Police Officers, Fire Fighters and the helicopter pilot and crew. They also get to tour all of the emergency response vehicles, ask questions, and become familiar with emergency and rescue equipment and staff. Familiarizing the kids with emergency responders is important. If they do have an emergency they aren't as afraid and will know what to expect. This year we also added a 911 call simulator. Two of our dispatchers came out and set up a station where the kids could practice calling 911 and be prepared to answer the questions a dispatcher might ask.

Family emergency preparedness is another focus of our event. Our local emergency manager is on hand along with our Mobile Disaster Command Center. Families are given tours and information on planning for an emergency. This year we added an all hazards training trailer which was a huge hit for kids and parents. Firefighters educated the kids on fire and tornado safety and then activated the trailer to simulate a tornado or smoke filled house so that they would have the opportunity to practice what they had learned.

The Marlette Regional Hospital Rehab and Physical Therapy department sponsored an obstacle course that focused on fun physical activities. Part of the course was to use a wheel chair to navigate through different obstacles. This really helped to make kids aware of the

challenges associated with people who are wheel chair dependant. Demonstrations are given on the importance of stretching to prevent injuries from physical activities. Families are provided with a variety of health and safety information pamphlets, coloring books, first aid booklets, how to properly fit protective equipment, car safety seat guidelines, and more.

A former pro-cyclist and bicycle mechanic comes in to do free bike safety inspections and he puts the kids through a bike rodeo course. The course is designed to teach them safe riding habits along with helping them to develop safe riding skills such as balance and speed control.

As we all know, funding is a challenge for all EMS providers. We are very fortunate to have a creative and resourceful community relations and marketing department. They wrote for grants from the Ronald McDonald House Charities and Wal-Mart. They also solicited local business for food and prize donations. Through their efforts we were able to give away free safety equipment items to kids who may not otherwise have access to them. This year we fitted and gave away 150 bicycle helmets, 100 sets of elbow, knee, and wrist guards, and 100 booster seats. Six bikes of different sizes were obtained through a Wal-Mart grant. The bikes are used in the bike rodeo for kids who are not able to bring a bike. Then the bikes are given away in a drawing. Other local businesses donated hot dogs, snacks, and drinks. One of our graphic companies donated T-shirts for all of our volunteers to wear so they could be easily recognized as safe people to go to for directions, information, or for lost parents. Our portable oxygen supplier donated a helium tank for balloons. The two golf carts donated by our local Golf Course for staff to cover a large area and keep things moving turned out to save an awful lot of running. With all of our partners support, grants, and donations we were able to keep our expense for the event very reasonable.

Safe Way Kids Day • continued on page 14



Safe Way Kids Day Continued from Page 13

Advertising the event requires some more creative resources. Our printer donated their printing services for our flyers, local papers donated ad space, and during our "Bring Your Child to Work Day", kids were recruited to read a script that was aired on local radio stations. Local schools are contacted early so we can coordinate sending flyers home with them. With the event kicking off EMS week, many advertising mediums are willing to include the event information with any EMS recognition articles that they are doing.

Recruiting volunteers to give up a Saturday when the weather is just starting to get nice here in Michigan is another challenge. However; being in a rural community the volunteer culture is phenomenal, especially when it comes to kids. Our ER and EMS physician director comes out to support us and talk to the kids about injury prevention. Our Orthopedic Surgeon sent out staff to give out information and this year gave out pedometers and flashing reflectors to wear for visibility. Our local Boy Scout Troop comes out to earn patches by helping with the bike rodeo and bike inspections. They also help us keep an eye out to make sure

nobody is riding bikes in the street or in parking lot areas. High School Honor Society is another great resource for volunteers. They are required to do community service and we have a great group of young adults around here who work hard. We also like to take advantage of our employee's spouses by inviting them out to come spend some quality time together. Then we stand them by the grill and point to the never ending line of hungry kids waiting for a hot dog.

We started the event in 2006 and thought we had a good turnout about 150 participants. This year we had over 500 participants! A week after the event we met to discuss what went well and areas where we can improve for next year. We are already in the planning phase for next year and expect our Safe Way Kids Day to continue to grow and get better each year. Feedback from the community and our staff indicated that the event is a huge success in promoting safety and injury prevention, developing good business partnerships, showcasing EMS, and developing a good relationship with our community.

New York City A Success!



David Werfel, of David Werfel & Associates, held the attention of a full room of attendees during a session titled Medicare Update II, during the Summer Healthcare and Reimbursement Conference

The American Ambulance Association would like to thank the attendees, sponsors, exhibitors and speakers of the Summer Healthcare & Reimbursement Conference at the Hilton New York City July 18-21, 2007, for a successful networking and educational meeting.

MEDICARE UPDATE: WHAT'S THE LATEST? WEDNESDAY, SEPTEMBER 19

We know how limited travel budgets can be. Therefore, the AAA is bringing this session to you in an inexpensive mode. In this audio-conference, David will provide the type of Medicare Update that is presented at A.A.A. meetings. He will include the latest information concerning Medicare, CMS and its contractors, as well as any news concerning IG, GAO or other reports related to Medicare. *Presenter: David M. Werfel, Esq. is the Medicare Consultant to the American Ambulance Association. He is the author of the AAA's Medicare Reference Manual for Ambulance.*



Sponsors included:

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- United New York Ambulance Network (UNYAN)

Partnering with Our Communities

Written By: Elizabeth A. Gannon, Life Line Ambulance

Life Line Ambulance, the largest private ambulance service in rural northern Arizona, has been balancing providing altruistic services and growing a financially stable and secure business since 1956. A large part of the company's knack for keeping these two seemingly opposing philosophies in balance is the partnership between the company and the small, rural geographically and climatologically disparate communities in which it provides services.

The company's service area covers more than 8,500 square miles, an area roughly the size and shape of New Jersey. Life Line has three regions: Williams, Prescott and Wickenburg. Williams, the northern-most zone, is in the Ponderosa pines and jagged mountains. The small town, located on Route 66, is about 60 miles south of the Grand Canyon. The area gets snow every winter, which can last until May.

The Prescott zone, where Life Line has its base station and headquarters facility,

encompasses four small towns in what is called the "quad-cities area." Even with four towns clumped together, its combined populations do not even total 100,000 (90,700 in 2005, according to the Arizona Department of Commerce's Community Profiles). The area is small now, but it is growing rapidly. The weather is moderate with light snowfall in the winter and temperatures in the summer topping out about 90 degrees, but the landscape is rugged and primarily undeveloped.

The Wickenburg zone is the southern most area Life Line serves. It is a far northern suburb of the Phoenix metropolitan area. The terrain in this area is typical of what people think of when they picture Arizona: majestic saguaros and short, scrubby trees dot the high desert landscape. It gets very hot in the summer—upwards of 105 degrees. These three cities are about 100 miles apart as the crow flies, but as the ambulance drives, they are about three or four hours apart. What keeps all these zones together is Life Line's ongoing commitment to the partnerships with the individual communities.

"We take our role as community partners very seriously," said Glenn Kasprzyk, Life Line's chief operating officer. "Life Line is involved with many of the same activities in all three areas, such



Life Line Ambulance team members (in red shirts) (in foreground) Paramedic Brand Stewart and Paramedic Denisse Waite work closely with Wickenburg fire and police departments to help high school students learn what happens when drinking and driving mix during a drill at the town's public high school.

as providing stand-by services at high school sporting events and conducting CPR classes, but we also tailor our community activities in each of the three zones to best serve that area's specific needs. In Wickenburg, for example, there are a lot of rodeos and horse-riding events. We provide stand-by ambulances at these events, and, for two years now, we have been the emergency services provider at the National High School Rodeo in Wickenburg. In Prescott, Life Line focuses more on elementary schools and child care centers, so we are often out in the community providing Ted E. Bear clinics."

Ted E. Bear is a large stuffed teddy bear and longtime Life Line team member who visits children and helps them understand the 9-1-1 system, what it looks like inside an ambulance, what happens when the ambulance comes and what they can do to help. The children also get their own stuffed critters bandaged and taken care of.

"We try very hard to participate in those activities and events that are important to



Life Line Ambulance Paramedic Donna Hazelwood maintains in-line stabilization on Ted E. Bear, while Field Supervisor Josh Harding (in white shirt) explains to some of Prescott's "kindercritters" the importance of Ted remaining still and quiet while the emergency personnel do their work. EMT-B Joshua "JT" Thornbury was also on hand to help.

Partnering with our Communities • continued on page 18

Retired CEO Recognized with Lifetime Achievement Award

Written By: Ron Slagell

In recognition of his outstanding contributions to the medical field and as a leader in improving emergency medical service systems in numerous communities throughout Michigan, Larry Anderson was recognized by the Michigan Association of Ambulance Services (MAAS) and presented with their Lifetime Achievement Award.

Anderson's achievements were recognized at an April 21st awards banquet in conjunction with the EMS Expo conference in Grand Rapids.

MAAS is the trade association representing pre-hospital care providers in Michigan. They actively speak for their members' interests in legislative and regulatory matters, provide educational and informational meetings throughout the year, and offer members opportunities to meet with and gain experience from their peers in pre-hospital care.

Anderson, who earned a Master's Degree in Hospital and Health Administration from the University of Iowa, developed a passion for emergency medical services while serving as a second lieutenant, administrative officer in the U.S. Army Medical Services Corps in Korea. His career as LifeCare Ambulance Service's CEO began in 1990. He was a co-founder of LifeCare in 1983 while Chief Operating Officer at Leila Hospital and Health System. He served as a board member for 14 years and was board chair a portion of that time, retiring from LifeCare Ambulance Service on October 31, 2006.



from left to right, Brian Lovellett, Executive Director, Michigan Association of Ambulance Services (MAAS); Larry Anderson; and Jack Fisher, President Elect of MAAS and CEO, Medic One Ambulance Service, Benton Harbor, Michigan

Under Anderson's leadership, LifeCare Ambulance Service has expanded to cover over 1100 square miles in portions of seven counties in Southwest Michigan. He was a champion for safe driving, with LifeCare implementing a computer monitored safe driving program in 1987. This program has also been implemented by the Battle Creek Fire Department. Based on LifeCare's driving policies, Anderson developed a Best

Practice for safe driving that was recently adopted by the American Ambulance Association.

He is well known for promoting collaboration and quality between organizations, such as: utilizing new technologies to improve EMS systems; promoting safe driving programs and the value of the accreditation process through the Commission on Accreditation of Ambulance Services; assisting with the establishment of the first 211 call center in Michigan; and partnering EMS with public health while serving as the Chair of the Calhoun County Health Department Board.

He has been active at the national, state and local levels to substantially improve EMS standards, and still serves on the Professional Standards Committee for MAAS and the American Ambulance Association. He served as a Director for Region III of the American Ambulance Association for three consecutive terms.



2007 Stars of Life

Zach Ahlers, Metro West Ambulance
Mark Andrews, American Medical Response
Jay Atkin, American Medical Response
Michael Authement, LifeNet
Sean Bacon, American Medical Response
Annette Badjar, American Medical Response
Robert Ballard, REACT EMS
Marjorie Barbeau, American Medical Response
Tom Barsi, Rural/Metro Corporation
Rick Beilenberg, Pacific West Ambulance
Jackie Berry, American Medical Response
Jason Blumen, Pridemark Paramedic
William Boucher, American Medical Response
Melinda Brittain, Blairstown Ambulance Service
Darren Brooke, Iowa EMS Association
Terrie Brown, Medshore Ambulance Service
Karen Burnett, American Medical Response
Eric Carpenter, American Medical Response
Ruth Claborn, American Medical Response
Annetta Cooper, American Medical Response
Marc Creswell, Acadian Ambulance Service Inc
Wendi Crusan, American Medical Response
Amanda Cumbie, Scott & White PHS
David Cookson, American Ambulance Service
David Dennis, Metro West Ambulance
Jason Dominzyk, Virginia Tech Rescue Squad
Todd Dorn, Gold Cross/Mayo
Robert J. Dowe, Life EMS
Andrew Dube, American Medical Response
Kay Dukes, LifeNet
Eric Dwan, Action Ambulance Service
Keith Edmonds, NARMC EMS
Addie Eversmeyer, Henry County Health Center
David Feeney, Community Care Ambulance
Fernando Figueroa, New Britain EMS

Christopher Fraser, New Britain EMS
Mark Gagne, Hunter's Ambulance Service
Barbara Garcia, Acadian Ambulance Service Inc
Melissa Gladieux, MedStar Ambulance
Matt Godde, Life Care Ambulance Service
Richard Haabak, McVilleville Community Ambulance
Michael Hart, Lyons Ambulance Service LLC
Amy Heufelder, Cataldo Ambulance Service
Roy Hicks III, REACT EMS
Mike Hoffman, Regional Ambulance Service
Michael Holloway, Life Care Medical Transports
Chad Jacobson, American Medical Response
Matt Johnson, Virginia Tech Rescue Squad
Matthew Johnson, Mecklenberg EMS
Brian Kelley, Hunter's Ambulance Service
Carla King, Medshore Ambulance Service
Elliott Knott, American Medical Response
Ryan Lai, Community EMS
Jeremy Laskos, Community Care Ambulance
Mark Laude, Hunter's Ambulance Service
Matthew Lewis, Virginia Tech Rescue Squad
Robert Limpert, MedStar Ambulance
Kenya Love, American Medical Response
Jim Mahoney, Regional EMS
Michael Marganski, American Medical Response
Paul McBreatry, Rockingham Ambulance
Adam McClellan, Action Ambulance Service
Scott Meadows, American Medical Response
William Medina, American Medical Response
Scott Miles, Champion EMS
Ailyn Minch, American Medical Response
John Mira, American Medical Response
Valerie Mitchell, Huron Valley Ambulance
David Modisette, StatCare EMS

Gerald Moore, Mexix Ambulance
Michael Moran, Care Ambulance Service
Anthony Mowery, American Medical Response
Joseph Napoli, American Medical Response
Heidi Otero, Cataldo Ambulance Service
Lori Pace, American Medical Response
Capt. Joyce E. Phalen, Shawano Ambulance Service
Heather Potter, Rockingham Ambulance
Randa Rebeiro, REMSA
Kristen Saenger, Virginia Tech Rescue Squad
Elizabeth Salerno, American Medical Response
Robin Scholtz, Bay Cities Ambulance
John Schupra, Life EMS Ambulance
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Martin Updegraff, American Medical Response
Rudy Valenzuela, Care Ambulance Service
Kenneth VanHall, American Medical Response
Michael van Hoek, American Medical Response
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Jose Homero Vasquez Jr., American Medical Response
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Robert Waples, Rural/Metro Corporation
Anthony Wilson, Medical Transport LLC
Collin Whitmore, Virginia Tech Rescue Squad
William Yamrozy, Mohawk Ambulance Service
Jody Kocsis, Bennington Rescue Squad, Inc

Partnering with our Communities Continued from Page 15

our community partners in that area,” said Kasprzyk. “We work in small towns, so our team members become known throughout the community very quickly. Our team members who live and work in that particular area are the people the public sees; it’s not management or foreign faces from other regions in our service area.”

In addition to interacting with the residents, Life Line as a company develops and nurtures strong working partnerships with fire and police departments. Again, the opposition of the for-profit vs. tax-payer-funded organizations comes into play, but Life Line has struck a balance and maintains excellent relations with the 26 fire chiefs and six law enforcement officials in its expansive service area.

“When we are looking at an area for expansion, we do a lot of homework,” said Cheryl Smith, president and chief executive

officer. “We lay a foundation, we join the chambers, we get to know the city leaders, we find out what’s important to the residents, to the law enforcement and fire departments and to the hospitals in the area. We make it very clear we’re there to work with them—not in competition with them—to improve emergency services in the area. We’re all in this together; it does no one any good to work in an atmosphere of animosity and ‘us vs. them.’

“Once we establish these relationships, we build and nurture them,” she continued. “We become integral citizens in these communities.”

One of the many activities in which Life Line partners with law enforcement and fire departments is the anti-drunken-driving campaign, “Every 15 Minutes,” at local high schools during prom season, typically April through June.

Life Line also partners with police and fire when critical incidents occur in the company’s CON. Life Line donates ambulance/emergency services to fire and law enforcement working in potentially high-risk situations. Recently, there was a large fire in Prescott. Life Line dedicated a crew on scene for eight hours for firefighter safety. Fortunately, no one needed the company’s service, but the crews were there, just in case.

“It can’t be any other way,” Smith said. “It doesn’t work any other way. We’re here in this community as citizens. We have responsibilities that we cannot fulfill unless we act as partners with other citizens, and police, fire and hospitals are those citizens we are *honored* and *privileged* to work with on a daily basis. Ultimately, all our customers—our fellow citizens—benefit. And *that’s* what it’s all about.”

Spring into Safety

Continued from Page 11

McGruff the Crime Dog was on hand to teach kids how to be safe and healthy.

Three local police departments presented identity theft, traffic safety, seatbelt checks, the buddy system, stranger danger, and gun safety. Shenango Township, Northwest Regional, and the Lawrence County Sheriffs Department were the participating Law Enforcement Agencies. A park ranger from McConnell’s Mills and Moraine State Parks presented camping and outdoor safety information while K-9 SOS brought four search dogs and presented information to the kids about staying safe in the wilderness.

The Crisis Shelter of Lawrence County presented information on preventative abuse and neglect. Jameson Memorial Hospital and the American Cancer Society handed out information on sun safety and other cancer awareness material. Zambelli Fireworks also present firework safety information to the kids, and the Humane Society brought an array of different animals that are up for adoption.

The main attraction of the event was the bike safety course and bike giveaway. The course materials were provided by the Neshannock Township Police Department. The course was outlined with sidewalk chalk and soft obstacles were placed throughout the course. Riders were required to navigate through the course and had to obey all road signs like pedestrian crossing, railroad crossing, one-way, and stop. Each child then received a certificate verifying successful completion of the course.

The bike giveaway required the children to visit each safety station. Upon receiving information on each safety program, each child received a raffle ticket. The children had a choice of 14 bicycles ranging in various sizes from toddler level, to adolescent level. The child then chose which corresponding bag he or she wanted their tickets to be drawn from. There were 14 bicycles given away along with as many helmets and a few sets of pads and gloves.

Another highlight was a visit from a STATMedEvac helicopter where the kids were permitted to go inside the patient compartment. This was a real treat for the kids, as many of them had never seen a helicopter close up.

“It took a lot of time and planning, but the look on the kids’ faces was priceless and made it all worth it”, said Ellen Martino, co-chair of the event. “We wanted to give our community some education on how to stay safe this summer and I think all that attended got a lot of great information to keep them safe and healthy”.

Along with the safety programs, Noga Ambulance Service also provided two inflatable playgrounds for the kids, as well as clowns for face painting and music throughout the day. Children that stayed for the drawing also received a free bag of cotton candy or a candy apple, with the permission from their parents of course.

“We were very pleased with the turnout and really enjoyed teaching the children all the safety programs”, said co-chair David DiDesiderio. “This was a great opportunity to combine fun and education for the children of Lawrence County. It was great to be able to give to the community and we thank everyone for coming and hope you and your children had a great time”.



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American Ambulance Association
8201 Greensboro Drive, Suite 300
McLean, VA 22102

Fax to:

703.610.9005

Join AAA and Register at Discounted Rates!

- Active (voting). Any organization engaged in providing fee for service ground ambulance transportation which meets the standards of the Board of Directors including government organizations, and is not eligible for other membership category. Annual dues based on the number of ambulances. Each ambulance is **\$203** and the maximum number for dues is 40 ambulances **\$8135**.
- Individual (non-voting). A person interested in the medical transportation industry who doesn't fit another membership category. Dues, **\$272**.
- Associate (non-voting). All other entities in the business providing ground or air services determined by the American Ambulance Association to be any of the following: 1) volunteer, 2) fire service and meeting the standards prescribed by the Board of Directors. Dues: **\$749** annually; 10 or less ambulance **\$203**, more than 10 **\$406**; except volunteers (50% or more unpaid labor), pay **\$203**, per ambulance, not to exceed **\$749**.
- Affiliate (non-voting). Any person, partnership or corporation engaged in activities relating to or supporting the ambulance service/medical transport industry including manufacturing, sales, rental, training, and certification. Dues, **\$1128**.
- State Association Member (non-voting) Any entity engaged in the business of providing member benefits to ambulance service providers for a specific geographic region in the U.S. State Association Members must meet the standards prescribed by the Board of Directors. **\$267**.

	QUANTITY	BEFORE 9/19/2007	AFTER 9/19/2007	TOTAL
AAA Member Single Registration	_____	\$546	\$657	_____
AAA Team Rate (2 or more participants)	_____	\$489	\$546	_____
Non-Member Registration	_____	\$1095	\$1315	_____
Exhibit Hall One-Day Pass	_____	\$100		_____
Membership Fees, check applicable (see above for Membership fees)	<input type="checkbox"/> Active, <input type="checkbox"/> Individual, <input type="checkbox"/> Associate, <input type="checkbox"/> Affiliate, <input type="checkbox"/> State Association			_____
			TOTAL AMOUNT	_____

After 10/15/07 Registration will only be accepted on-site.

Payment Information

- Check, made payable to American Ambulance Association in US Dollars
- Please charge my: Visa MasterCard American Express

Card Number

Expiration date

Signature

Name on Card

Cancellations

To be considered for a refund, requests must be submitted in writing via fax 703.610.9005 or mail on or before September 19, 2007. Requests must be **postmarked on or before September 19, 2007**. Refunds requests will not be accepted after September 19, 2007. Not all requests will be granted. Substitutions for attendees are accepted at any time.

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AAA Calendar of Events

Mark your calendars for these events!

Sept 19, 2007

Audio Conference:

Medicare Update – What’s the Latest

Presenter: David Werfel, Esq.

May 4 - 7, 2008

Stars of Life

Washington Court Hotel

Washington, DC

Oct 20-24, 2007

Annual Convention & Trade Show

Las Vegas Hilton

Las Vegas, NV

July 22-26, 2008

**2008 Summer Healthcare &
Reimbursement Conference**

Hilton St. Louis at the Ballpark

St. Louis, Missouri

Visit www.the-aaa.org for more information.

