

Proving your Worth...

Public Affairs Strategies... ...that Work

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Adjunct Faculty, *University of Central Florida, College of Health and Public Affairs*

Adjunct Faculty, *University of North Texas, Health Science Center*



About MedStar...

- Governmental agency (PUM) serving Ft. Worth and 14 Cities
 - 880,000 residents, 421 Sq. miles
 - Exclusive provider for all emergency and non emergency EMS
- 117,000 responses annually
- 350 employees
- Medical Control from 14 member Emergency Physician's Advisory Board (EPAB)
 - Physician Medical Directors from all emergency departments in service area + Tarrant County Medical Society
- \$36 million budget
 - No tax subsidy
- Fully deployed system status management





Why do we need to prove anything?

- Fiscal pressures
 - More with less
 - Or even less with less
- “Business” pressures
 - Private **AND** public sector
 - All at risk – no one is irreplaceable
 - Employee recruitment!?
- Continually improve service delivery
 - We all want to do better - - *right?*
- ***Prove VALUE***



Question??

- How has “EMS” done in proving value?





Ambulance Driver

(Dry - vuhr) noun

Specially trained career professionals who also work with FIRE TRUCK DRIVERS and POLICE CAR DRIVERS



See also : EMT, Paramedic



Jeff E. Cook



City of San José Operations Efficiency Diagnostic



PUBLIC SECTOR IBM GLOBAL BUSINESS SERVICES

Final Report Fire and Emergency Medical Services

Las Vegas, Nevada
November 2012



FIRE/EMS

OPERATIONS

CENTER FOR PUBLIC SAFETY MANAGEMENT

Submitted by and reply to:
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International City/County Management Association
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ICMA

Leaders at the Core of Better Communities

Final Report Fire Operations

City of Grand Rapids, Michigan
August 2012

ICMA CENTER FOR PUBLIC SAFETY MANAGEMENT



Submitted by:
ICMA Center for Public Safety Management
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777 North Capitol Street NE, Suite 500
Washington, DC 20002

ICMA

Leaders at the Core of Better Communities



These opportunities can generate significant value for the City

Value Creation Opportunities	Estimated Value (\$M)
Police	
Aligning police staffing with changes in crime conditions and adopting new policing model	56-60
Capture promised savings from AFR/RMS implementation (\$3M)	3
Rationalize 911 call center staffing	1-5
Implement auditors recommendations on span of control and civilianization	10
Police subtotal	70-78
Fire	
Reduce fire stations and personnel to align resources with fire risk	36
Adopt dynamic staffing model	6
Move to three person companies	19 (27*)
Improve labor cost structure by either moving to locally competitive labor rates or outsourcing	32 (55*)
Fire Subtotal	60-80
PRNS	
Implement cost savings initiatives	4.5-5.5
Implement revenue generation opportunities	10.5-17.5
PRNS subtotal	15-23
Total Opportunity	145-181

* Stand alone value (that is, savings opportunity if station reduction and dynamic staffing not adopted)



“However, there is little evidence that achieving the eight minute response time impacts fire outcomes

- An analysis done by Deloitte for the City of Memphis found no statistical relationship between fire loss and response time for calls responded to under 15 minutes (Deloitte 2007)**
- Analyzing data from London, Sardqvist and Holmstedt (2000) found that the interval between fire detection and the arrival of a fire company was generally 5 to 10 minutes. However, there was no indication that fast arrival times result in smaller fires**
- Cortez (2001) suggests that even with longer response times of 10-12 minutes (because of delays in detection of fire events, additional delays in notification, and normal dispatch, turnout, and response times) the incidence rate of flashover is still low”**



“The analysis suggests that the City should restructure its fire response capabilities

- The risk associated with fire in the City of San Jose has declined dramatically
- Response times do not seem to be a major factor in reducing the risk due to fire
 - At least not within reasonable ranges (8-15 minutes)
- The application of predictive analytics can improve the allocation of fire response resources
 - Staffing should be done according to the level of risk—not minimum staffing requirements
 - For example, companies should be staffed according to demand at different times of day—this could mean that some companies are not fully staffed at night when demand for fire services is typically low”

“Fire prevention & response and EMS are really two different lines of Business

- These operations have been integrated as a result of a faulty premise: namely, that excess capacity in fire response operations that can be “leveraged” into EMS at relatively low incremental cost
- As we have demonstrated, much of this “excess capacity” should be shed due to the decline in the risk of fire
- There have also been added costs associated with entering the EMS business
 - Training and equipment
 - Personnel costs (premium pay for paramedics)
- In addition, EMS services degrade fire response services
 - Every time a company responds to an EMS call, its capacity to respond to a fire call is diminished

If fire response operations were to be re-calibrated to efficiently deliver the core service – fire response – based on its core mission – reducing risk due to fire – the City would want to reconsider its involvement in the EMS business”



“One potential cost saving option is to move to three person companies

- Cities such as Nashville, San Francisco, Long Beach and Atlanta either use or are considering moving to three person companies; Cal Fire also uses three person Companies
- One argument for maintaining four person companies is that the “2 in-2 out” rule requires four people to present for an internal attack
 - However, San Jose’s existing protocols do not allow for an internal fire attack until at least two companies are present—this means that moving to three person companies would not result in any delays in terms of entering a structure
 - *We have found no reason to believe that shifting to three person companies will impact fire fighter safety, but it is critical that this be confirmed prior to any policy change*
- ***We estimate that the city could save ~\$27M by moving to three person companies under its current salary scale***
- ***The savings would be \$19 million if the City moved to 22 stations and dynamic staffing model”***





Who do we need to prove it to?

- Internal stakeholders
 - Current Employees
 - And their families!?
- External stakeholders
 - Potential employees
 - Elected & appointed officials
 - Medical Director
 - Media
 - Co-Providers
 - Financial stakeholders

Who do we need to prove it to?

- Payers!
 - *“One of the ways that the government will look to reduce costs is to move away from paying for services that have no measurable benefit on patients’ health status or outcomes.”*
 - *“...the future will belong to those who can irrefutably demonstrate their benefit on the health of their patients.”*

Doug Wolfberg – Legal Consult, EMS Insider, November 2009



Community Trust...

- Our 2nd most important asset
 - What's 1st?



How did MedStar get from here....

Headlines (2000 – 2007)

- *“MedStar response slow on area calls”*
- *“MedStar Contract Concerns Leave Smaller Cities Feeling Left Out”*
- *“Ambulance service missed goal in half of cities served”*
- *“MedStar Arrives Hour After Emergency Call”*
- *“MedStar not meeting its goals, audit shows”*
 - *The ambulance service contractor disputes city logs on response times”*



Headlines (2000 – 2007)

- *“MedStar not fast enough, authority says”*
 - *Response time audit ordered”*
- *“MedStar criticized for response on five-fatality crash on Texas 121”*
- *“Troubled MedStar urges subsidy increase as solution”*
- *“MedStar blames workers for response time”*
- *“Council urges MedStar to make improvements”*



Local Media Stories 2009 - 2013

- ***“MedStar: Help Is on the Way, and in Record Time***
 - *Once-troubled ambulance service celebrates best response times ever”*
- ***“MedStar improves call response times”***
- ***“MedStar reaches out to 'frequent fliers’”***
- ***“MedStar using high-tech call forecasting device to speed ambulances to people who need them”***
- ***“Program aims to limit unneeded ambulance rides in Fort Worth”***
- ***“Rescuers: Number Of Children Hit By Cars On The Rise”***



Local Media Stories 2009 - 2013

- *“MedStar Treating Bigger People with Dignity”*
- *“For crew, patient safety, MedStar will no longer 'run hot' with cardiac arrest patients inside”*
- *“MedStar donates transportation to bring families together on Thanksgiving”*
- *“MedStar seeks to curb nonemergency 9-1-1 calls”*
- *“MedStar Dispatcher walks mom through complicated labor”*
- *“MedStar offers tips on heat related safety”*
- *“MedStar keeping people out of the hospital”*



Community Trust...

- To here...





“MedStar is one of the best things about Fort Worth!”

The 3 Step Plan...

- Define performance indicators
 - Clinical, Financial, Operational
 - Assure a strong foundation
 - Pertinent to YOUR community
 - Data and/or services
- Partner and collaborate
- Tell your story!



Defining Performance Indicators - Operations

- Response times
 - Average vs. Fractile
- E/D wait times
- Employee retention/turnover

What
REALLY
Matters??

Defining Performance Indicators - Operations

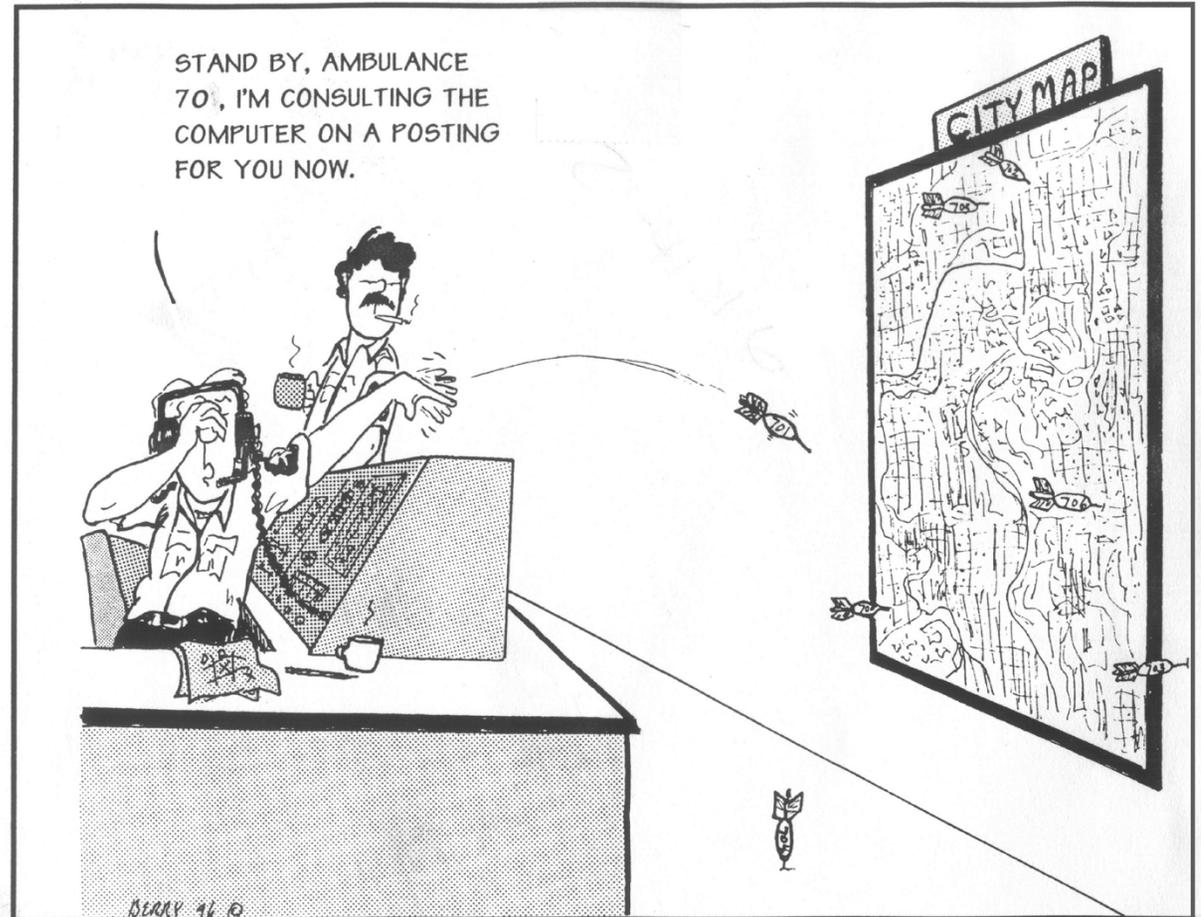
- Why are they so important?
 - Should they be??
- Use both fractile and average
 - Fractile complicated
- Start and stop times key to benchmarking
 - Within your agency and benchmarking



Things that Impact Response Time Performance



Things that Impact System Efficiency



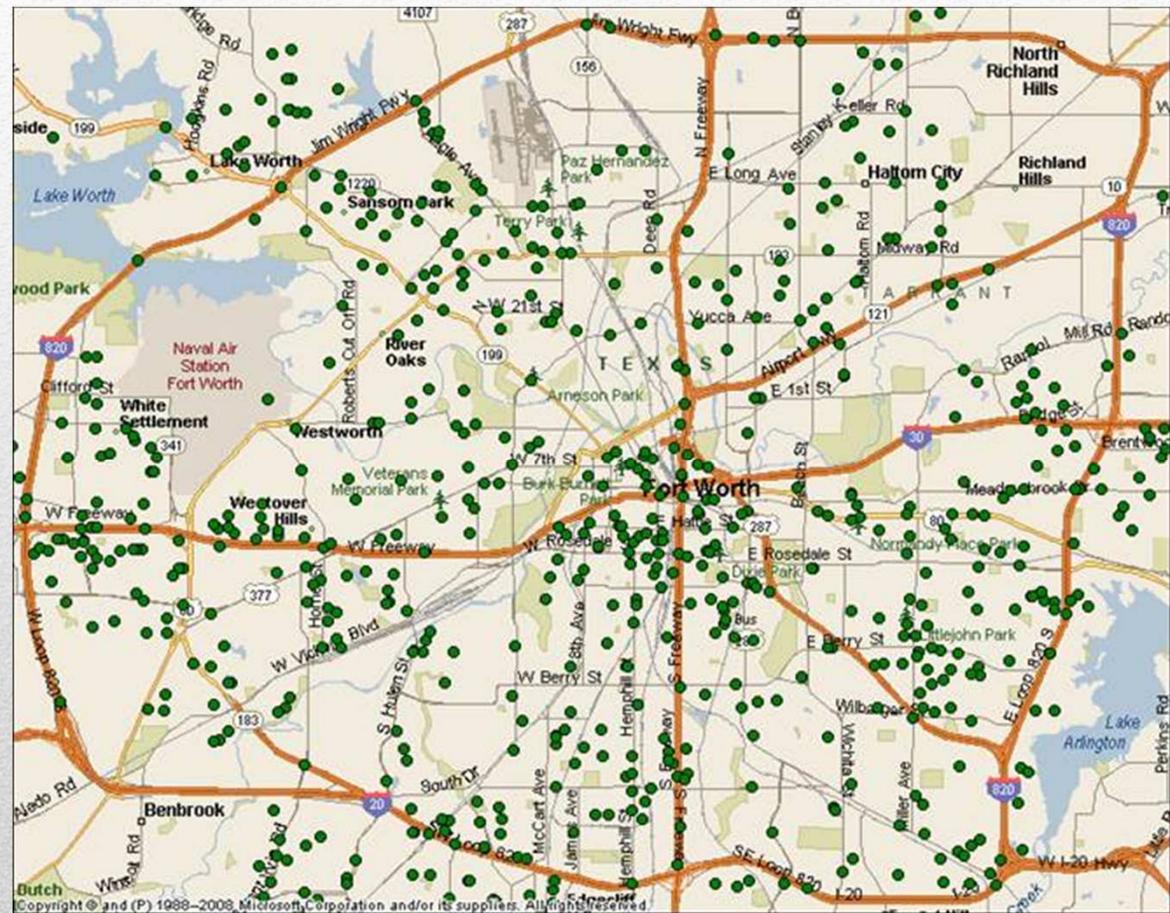
Defining Performance Indicators - Clinical

- Patients assessed/treated
- ALS patients (***TRUE*** ALS patients)
- Transport ratio
- Procedures performed
- Cardiac arrest survival
 - Utstein Template?
- ETI Proficiency
 - Procedural ***AND*** outcome
- IV Proficiency
 - Procedural ***AND*** outcome

What
REALLY
Matters??

Become Part of Solutions

Target
neighborhoods
and influencers



Defining Performance Indicators - Financial

- Cost & Revenue per incident
- Cost & Revenue per transport
- Cost & Revenue per unit hour
- Cost per capita



Benchmarking

- Internal
 - Compare your key performance indicators over time
- External
 - Definitions are key!
 - “Peer” organizations
 - Within your market, or across the U.S.
 - Sometimes tough to do

Table 3.2. Clinical Characteristics — Cardiac Arrest Totals

Location	Arrest Resuscitations* (%)	Arrest VF/VT	Arrest PEA/EMD	Arrest Asystole
Clark County, WA	27.00	40	38	89
Davenport, IA	30.00	30	34	66
Fort Wayne, IN	33.00	45	50	114
Fort Worth, TX	23.00	192	67	212
Kansas City, MO	31.30	100	71	161
Little Rock, AR	N/A	N/A	N/A	N/A
Mecklenburg, NC	47.47	150	85	246
Nova Scotia, Canada	20.30	144	391	N/A**
Oklahoma City, OK	18.91	95	48	196
Pinellas County, FL	44.50	223	196	356
Reno, NV	N/A	N/A	N/A	N/A
Richmond, VA	33.00	32	36	110
Tulsa, OK	30.38	75	45	115
Mean	31	102	96	151
Median	30	95	50	115

* Arrest percent for cardiac etiology rhythm and pulse on arrival at the hospital

** PEA/EMD and asystole data combined



Comparison of cycle means

Indicator	Criterion	National Mean (%)								Increase in mean C1 v C8 ('C3 v c8)	Change in Performance (%)
		Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6	Cycle 7	Cycle 8		
STEMI	M1 Aspirin	83.3	86.4	87.4	94.0	96.9	95.2	96.5	96.0	Yes	12.7
	M2 GTN	76.7	80.6	81.1	90.0	92.2	91.7	92.7	95.9	Yes	19.2
	M3 Two pain Scores recorded	53.2	65.5	71.7	77.6	79.9	85.1	80.8	92.5	Yes	39.3
	M4 Morphine Given	N/A	N/A	55.3	64.9	72.1	69.3	81.3	87.5	Yes	32.2
	M5 Analgesia given	43.9	53.8	54.4	66.4	73.3	75.2	86.2	89.9	Yes	46.0
	M6 SPO2 recorded	N/A	N/A	90.1	94.3	97.2	97.1	97.9	96.9	Yes	6.8
	MC Care Bundle for STEMI (M1+M2+M3+M5)	N/A	N/A	45.5	53.0	56.7	59.4	66.9	78.8	Yes	33.3
Asthma	A1 Respiratory rate recorded	96.0	96.8	98.0	98.5	97.4	97.3	99.1	99.0	Yes	3.0
	A2 PEFr recorded (before treatment)	30.0	31.1	31.5	41.7	50.0	55.7	78.7	77.3	Yes	47.3
	A3 SpO2 recorded (before treatment)	80.9	85.2	88.6	90.8	92.8	94.8	92.7	92.9	Yes	12.0
	A4 Beta-2 agonist recorded	93.1	93.7	92.2	96.1	96.0	94.0	96.6	95.9	Yes	2.8
	A5 Oxygen Administered	89.1	88.9	89.4	92.9	93.6	95.7	95.8	95.6	Yes	6.5
	AC [Pilot] Care Bundle	N/A	N/A	27.8	39.6	45.3	48.5	72.4	72.1	Yes	47.7
Stroke	S1 Face, Arm, Speech Test (FAST) recorded	86.4	86.7	93.0	95.1	95.6	95.7	95.6	98.5	Yes	12.1
	S2 Blood glucose recorded	85.4	82.3	88.7	90.9	92.5	94.0	95.6	97.1	Yes	11.7
	S3 Blood pressure recorded	97.5	97.8	99.0	98.5	98.6	98.8	99.5	99.9	Yes	2.4
	S4 [pilot] Time of onset of Stroke recorded	N/A	N/A	51.1	66.7	72.4	80.6	85.8	90.2	Yes	39.1
	SC [pilot] Care bundle for stroke (S1+S2+S3)	N/A	N/A	83.4	86.2	87.2	89.8	92.0	95.9	Yes	12.5

- External verification

- CAAS

- ACE

- CAMTS

The on-site CAAS
reviewers
Inspect
EVERYTHING!!



Patient/Provider Satisfaction



RaH:TF

MEDSTAR CHP PROCESS PATIENT EVALUATION

YOUR VISIT WITH THE MEDSTAR MEDIC:	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Willingness to listen carefully to you	5	4	3	2	1
2. Taking time to answer your questions	5	4	3	2	1
3. Amount of time spent with you	5	4	3	2	1
4. Explaining things in a way you could understand	5	4	3	2	1
5. Instructions regarding medication/follow-up care	5	4	3	2	1
6. The thoroughness of the examination	5	4	3	2	1
7. Advice given to you on ways to stay healthy	5	4	3	2	1

YOUR OVERALL SATISFACTION WITH:	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Our Service	5	4	3	2	1
2. The quality of your medical care/evaluation	5	4	3	2	1
3. Overall rating of care/compassion from your Medic	5	4	3	2	1

WOULD YOU RECOMMEND THE SERVICE TO OTHERS? Yes No

IF NO, PLEASE TELL US WHY:

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:
NO _____

ANY ADDITIONAL COMMENTS: "Will tell all my friends & family about it" "friendly + caring" _____



Dr Chase/ReH

MEDSTAR CHP PROCESS PHYSICIAN/CASEWORKER EVALUATION

YOUR VISIT WITH THE MEDSTAR MEDIC:	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Ease of making referral by phone	5	4	3	2	1
2. MedStar arrived within promised time frame	5	4	3	2	1
3. The efficiency of the referral process	5	4	3	2	1
4. Communication with referring case worker/Physician	5	4	3	2	1
5. Feedback or follow-up provided in a timely manner	5	4	3	2	1
6. The Professionalism of the responding medic	5	4	3	2	1

YOUR OVERALL SATISFACTION WITH:	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. The needs of the patient being met	5	4	3	2	1
2. The referral process	5	4	3	2	1
3. Our Service	5	4	3	2	1

WOULD YOU RECOMMEND THE SERVICE TO OTHERS? Yes No

IF NO, PLEASE TELL US WHY:

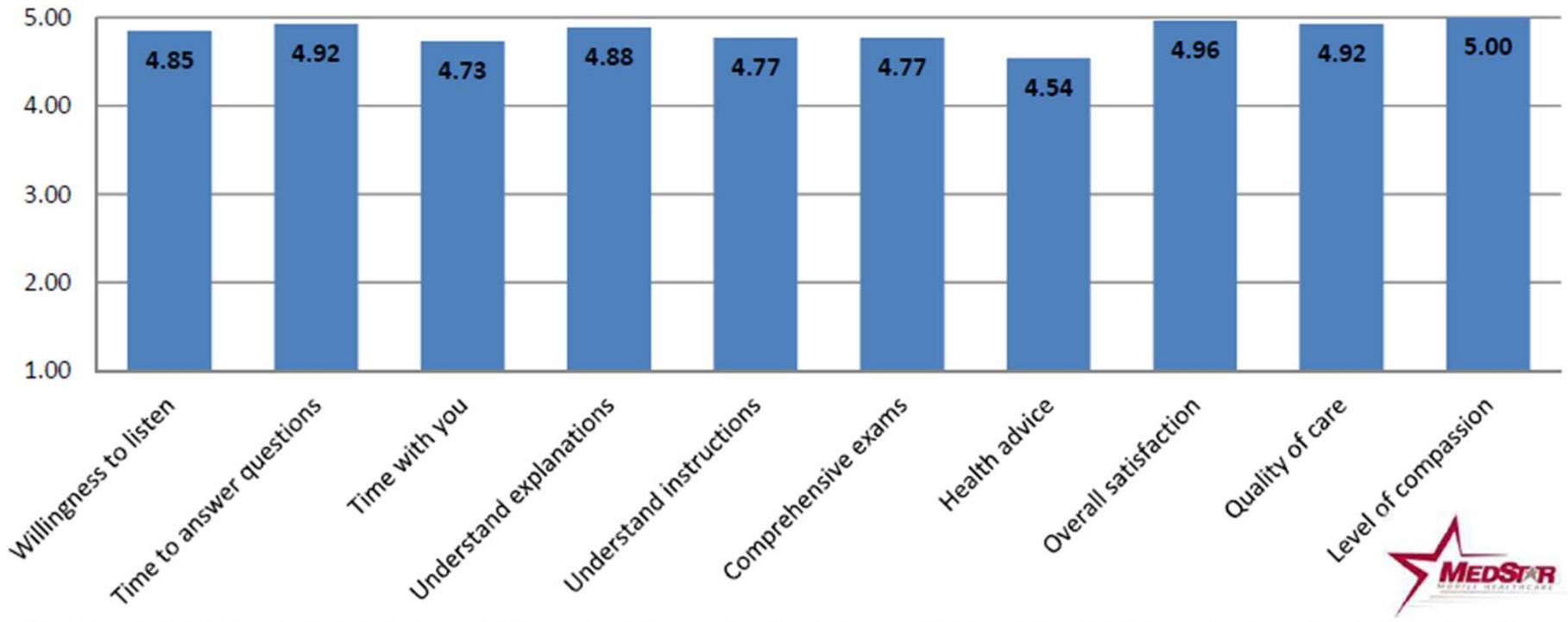
IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICE TO YOU, PLEASE TELL US ABOUT IT:
NO _____

ANY ADDITIONAL COMMENTS: was thankful for the follow-up _____





Patient Satisfaction - Community Health Patients



Getting Your Message Out – Web and e-mail

- Priority
 - Be sure your “house” is in order
 - Once you start the transparency process there is no turning back
 - “Competitors” will watch
- Methods of Distribution
 - Mail
 - E-Mail
 - Web
 - Community Briefings

- ▶ Protocols
- ▶ Forms
- ▶ Performance Indicators
- ▶ Partners and Links
- ▶ Employee Login
- ▶ EMS Insights
- ▶ Student Resources

Tri-State Releases 2008 Community Report!



[Download](#). Tri-State Ambulance, Inc. is proud to present our 2008 Community Report highlighting the clinical, operational, fiscal, and community service accomplishments of our family of medical professionals serving the Coulee Region. Please take a moment to view this informational report by clicking [here](#).




- ▶ Home
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- ▶ News and Press
- ▶ Notice of Privacy
- ▶ Our Services
- ▶ Our Team
- ▶ Bike Team
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- ▶ Contact us

Welcome to Tri-State Ambulance



Since 1970, Tri-State Ambulance, a non-profit organization, has served as the sole 911 advanced life support provider for the greater Coulee Region. Covering nearly 2,200 square miles and serving a population of approximately 150,000, Tri-State Ambulance offers its residents and visitors alike unsurpassed pre-hospital care.

H1N1 Pandemic Flu Plan - Tri-State is Preparing



With the steadily increasing numbers of H1N1 cases in our area, Tri-State Ambulance has developed a comprehensive H1N1 adaptation to our "Pandemic Illness Plan". In the coming months, it is important that people who experience flu like symptoms call 911 only when they feel their condition is potentially life-threatening.

When calling 911, you will soon be asked two questions by the 911 call taker:

1. Have you had a FEVER or CHILLS in the last 24 hours?
2. Have you had a COUGH or SORE THROAT in the last 24 hours?

Please be aware that these questions will be asked and the answers will help us treat you more effectively.

Ambulance and first responder agencies may download our Pandemic Flu Operational Plan [here](#).

Tri-State Releases 2008 Community Report



[Download](#). Tri-State Ambulance, Inc. is proud to present our 2008 Community Report highlighting the clinical, operational, fiscal, and community service accomplishments of our family of medical professionals serving the Coulee Region. Please take a moment to view this informational report by clicking [here](#).

Community AED Loaner Program

JUST M



Tri-State Ambulance is proud to announce the inception and creation of a valuable program that will aid our community in the treatment and survival of sudden cardiac arrest victims. [\(read more\)](#)

Freedom Honor Flight




On June 20th, 2008 Tri-State Ambulance provided three fully equipped and seasoned paramedics to accompany a group of U.S. veterans to Washington, D.C. The Freedom Honor Flight pays tribute to our American heroes by fully funding their trip to visit their war memorials. Tri-State Ambulance is honored to contribute our skilled paramedics to this important event. Please visit the [Freedom Honor Flight website](#) to learn more.

- ▶ Protocols
- ▶ Forms
- ▶ Performance Indicators
- ▶ Partners and Links
- ▶ Employee Login
- ▶ EMS Insights
- ▶ Student Resources

Tri-State Ambulance, Inc.
221 Buchner Place
La Crosse, WI 54603
Tel: 608-784-8827
Billing: 608-784-8872
Fax: 608-782-4522





- ▶ Protocols
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Fax: 608- 782-4522

Emergent Response Reports

2009

- select -

2008

- select -

2007 *(Click to open in new window & disable pop-up blocker)*

- select -

Fiscal Summary Reports

2009 *(Click to open in new window & disable pop-up blocker)*

- select -

2008 *(Click to open in new window & disable pop-up blocker)*

- select -

2007 *(Click to open in new window & disable pop-up blocker)*

- select -

System Response Time Reliability and Average Response Time Performance

August 01, 2012 thru August 31, 2012

Priority	Calls for Service	Calls On Scene	Transport Count	Patient Contacts	Current Month On Time %	100 Response On Time %	Avg RT
1	2,214	2,183	1,692	2,103	91.7%	91.7%	00:05:18
2	3,387	3,303	2,473	3,128	94.3%	94.3%	00:05:39
3	3,393	3,266	2,249	2,840	94.3%	94.3%	00:07:19
4	19	19	16	16	84.2%	83.0%	00:00:43
5	785	781	757	760	91.8%	91.8%	00:30:27
	9,798	9,552	7,187	8,847			



Media Relations

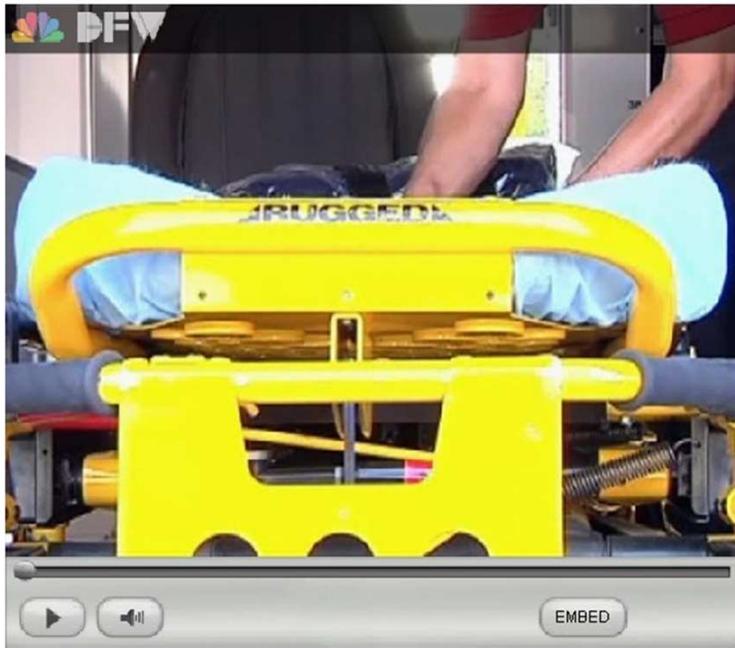
- Most individual journalists care about doing a good job and want to report the facts.
- The news industry has focused reporting on sensational stories that increase station viewership.
- Higher viewership increases the amount stations can charge advertisers to run their commercials.



Getting Your Message Out – The Media

Featured Story:

Help Is on the Way, and In Record Time



View more news videos at: <http://www.nbcdfw.com/video>.
" target="_blank">Help Is on the Way, and in Record Time
Help Is on the Way, and in Record Time (44.62 KB)

Fort Worth's ambulance service Medstar responded to emergency calls in record time in July, a remarkable accomplishment that signals a turnaround of its troubled past.

In July, the average response time for the highest-priority calls was 5 minutes and 32 seconds -- the best in Medstar's history and a dramatic drop from the nearly seven minutes for the same month two years ago.

Even more impressive, the record comes in one of the busiest periods of the year and as the overall number of calls has increased with Tarrant County's growing population.















Working with the Media

- Get to know assignment editors and reporters
- CAD paging for newsworthy events
- Twitter account for news feeds
- Always have stories in your back pocket



Feed the Stories / Support



Halloween



Don't Forget Radio....



Be Responsive & Control Message



**EVERYBODY'S
GOT THEIR
SOMETHING...**

I'VE GOT MY **JEMS**



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A proper patient assessment seems routine until you're called to court with incomplete, or incorrect, information. (Photo Glen Ellman)

Embarrassment by Assessment

Amy Asiaban, EMT-P
2009 Apr 21

Blah, blah, blah. Yeah, OK ... I get it! Do a head-to-toe assessment. Make sure you "examine" your patient. I've heard this advice over and over again since my original EMT training back when dinosaurs roamed the planet. This statement is usually followed by the proverbial, "You do not want to be taken to court five years from now with a chart that contains your incomplete patient assessment." I was positive I had the assessment skills down, since it had been drilled into my head. Besides, I'm a seasoned medical professional.

That was me until the moment I was called to testify in court.

Here's my story, in hopes it helps you understand the real-life implications of not doing a FULL assessment. ...

It seemed like a simple call. We were dispatched to an inter-facility call, from emergency department to emergency department, at about 3 a.m. (yep, right before my off-duty time). It was a patient with gunshot wounds who was dropped off "anonymously" by his buddies so they could leave prior to the police arriving. Little did the patient's friendly taxi drivers know, the hospital they brought their buddy to was not a trauma facility. When we arrived, the nurse informed me that the patient had been shot in the buttocks and toe.

I walked into the patient's room and found the young man awake and alert with IVs established. The holes had been plugged (bandages were noted), and I was ready to go. After all, I was at the very end of my shift. I was tired, and this call got me closer to hearing those two words, "off duty," that I was eager to hear. The care and transport of the patient was unremarkable. Care was turned over to the trauma center's ED staff, and that was that -- or so I thought until the deputy sheriff delivered me a subpoena to appear for a preliminary hearing on the case.

MedStar Ambulance Inc.'s Medical Records division provided me with a copy of my

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PERSONNEL
& CUT COSTS?**



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Community Programs

Latest News

MedStar program seeks to curb non-emergency calls

10:18 AM CST on Monday, November 2, 2009

By DARLA MILES / WFAA-TV

FORT WORTH - Last year, MedStar took 21 habitual 911 emergency callers to the hospital a total of more than 800 times.

With 127 calls in 2008, one patient's care came at a cost of nearly one million dollars.

Now, MedStar is making house calls in an attempt to cut back on the non-emergency services. The agency has put together a team of paramedics that will deal with habitual callers with the hopes of freeing up paramedics to deal with more life threatening emergencies and saving taxpayers money.

John Davis, 35, gets a visit from MedStar paramedic Curtis Young every Monday, Wednesday and Friday.

EMERGENCY OR NOT?



November 2nd, 2009

Darla Miles reports

▶ More WFAA Latest News video

[View larger](#) [E-mail clip](#) [More video](#)

Related links:

- LINK: [MedStar EMS](#)
- MORE: [Health and medical news](#)
- MORE: [Tarrant County news](#)

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LIFE & ARTS > HEALTH Monday, Jul 27, 2009

Health

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Buzz up!

Ambulance provider offers tips on heat-related safety

BY NATHANIEL JONES
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Fort Worth's MedStar EMS has responded to nearly 10 heat-related calls this summer that have involved children.

Though recent rains have cooled the area down a little from its recent 100-degree-plus temperatures, MedStar reminds residents that children and pets are still at risk of heat-related injuries.

It's much too hot to leave a child or pet in the heat, even for a few minutes, MedStar warns.

A recent experiment showed that temperatures quickly reached 122 degrees in a vehicle during a 97-degree day this month.

MedStar also reminds residents to follow its 90 Days of Summer Safety campaign at www.medstar911.org.

Each week until Sept. 7, the ambulance company will offer heat-related tips, including how to avoid a heatstroke.

From 1998 to 2007, about 365 children, most of them 3 and younger, died from heatstroke while being left in hot cars, according to Safe Kids USA.

To learn more MedStar asks residents to go to www.medstar911.org each week for the latest summer safety topic.

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Community Relations

- Community Advisory Board
 - Local external stakeholders
 - Hospitals
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 - Religious organizations
 - Social Service organizations
 - Meet quarterly
 - Learn from them what you can do to help
 - Tell them your story as well!



Community Relations

- Citizen's EMS Academy
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- Use comments sections of electronic news media
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Proving your worth

- Annual City Council briefings
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 - Home for the Holidays
 - Halloween trips for dying kids
 - Final rides for hospice patients
- Serving is a privilege
- It must be earned every day – every encounter

- Be willing to take risks
 - “The **pessimist** sees the challenge in every opportunity. The **optimist** sees the opportunity in every challenge.”

Winston Churchill

Questions/Comments?

- Thank you for this privilege!!

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