

by Jack Stout

Corporate Image

"Before I drop you off at the airport, I'd like to show you around our operation," said the driver. The guy at the wheel (let's just call him Bill) was hosting my visit for a speaking engagement the previous evening, and we were on our way to the airport under crisp winter skies, our bellies full of breakfast.

As usual, my talk had inspired mixed reactions. I have learned to judge the value of my work as much by the negative reactions as by the positive. That is, if a certain kind of person is really and truly offended by what I've said or done, then I know for certain I'm on the right track.

Bill liked what I had to say, but it did make him nervous. As the major provider of ambulance services for a large and highly desirable EMS market, Bill's company faced both the good news and the bad. The good news was that the market alone (not to mention the subsidy contracts) made possible the delivery of first-class EMS with good profitability and was, therefore, a highly desirable market to a company like Bill's. The bad news was that such a market is also highly desirable to potential competitors, including some capable of blowing Bill's company away in bid competition.

"First we'll stop by our maintenance shop," said Bill as he signaled for the



next exit. "I know you've got a personal interest in emergency fleet maintenance." As the reader may imagine, situations like these can become a little delicate. For example, what should I do if he demonstrates with pride a maintenance operation that is clearly below standard, perhaps even garbage? You see the problem.

To deal with this problem, I've developed a little strategy that works fairly well. In Bill's case it went like this: "Thanks, Bill, I'd love to visit your main-

tenance facilities; that's how I learn. In fact, I've got this theory that the quality of fleet maintenance infallibly predicts the quality of the entire EMS operation. I've never seen an ambulance company with bad fleet maintenance and good clinical performance. And I've never seen one with a really good maintenance program and bad clinical performance. They may exist, but I've yet to see one." Even at this early stage in the strategy, Bill seemed a little nervous. I continued.

Jack Stout has been at the forefront of innovations in the design and implementation of EMS systems for the past dozen years. If you have a question, a problem, or a solution related to the public/private interface in prehospital care, address your letter to "Interface," JEMS, P.O. Box 1026, Solana Beach, CA 92075.

INTERFACE

"You'd be amazed at how often I'm invited to look at bad shop operations. I walk in the door and almost stumble over a pile of old starters and alternators stacked against the wall just under the Snap-On Tools calendar featuring youthful femininity." Bill was beginning to squirm.

"Against the opposite wall," I continued, "lies a defunct differential with an axle robbed from one side, always the left. I wonder why it's always the left. At the back of the shop, or sometimes out behind, sit three deceased vehicles from which parts are occasionally harvested for the company's emergency transplant program. The shop is full of units, nearly all of which are in for repairs, about half of it body work. The floor is filthy and so are the mechanics. The phone rings six times in the 20 minutes I'm there, and the shop manager's answer is always the same: 'It's not ready yet. I said I'd call you when it's ready.' They could save time by putting it on an answering machine."

For the next several minutes Bill drove in silence. Then he asked if maybe I'd rather stop for lunch than see

his operation. "What did I do," I asked, "describe your shop?" He admitted I had. I suggested he should relax and proceed with the tour. Better to learn the truth from me than at the fatal finish of bid competition.

The maintenance shop was exactly as I described, except that two more vehicles had been dented during the night and another, a "transfer unit," had actually been rolled. "You don't use the Failsafe Driving System, do you?" I

have seen it. The place was not neat, but it did seem to be heated.

We stopped by the office to see the billing operation. The billing system computer hardware was better than average, and the software seemed adequate. First things first, I guess. But the office was a mess. Stacks of papers everywhere. Boxes of supplies. The same kind of chairs we used to have to sit on at junior high sock hops. Most of the staff were dressed as if they hadn't

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asked. Of course, they didn't. The two units with the spanking new dents went back on the streets, dents and all. They'd get fixed later.

The dispatch center was located in a trailer next to the main building. The dispatch consoles were done in rustic but stylish A/C plywood. I think the radio was the same one Broderick Crawford used in the television show, "Highway Patrol," if you're old enough to

expected to come in to work that day.

Then came the coup de grace. There in the "back room" (classically not in the front room) were the owners of the company, seated at their desks, one with a cigarette actually hanging from the corner of his mouth, smoke curling up into his eyes, figuring the receipts for the day and making up the bank deposit. Just for a second, I thought it was a setup. It was just too perfect . . .

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the final scene in a perfect portrayal of a stereotypical ambulance service as seen in the minds of those who advocate government takeover of the EMS industry. Unfortunately, it was real.

We rode to the airport in silence, until I decided to speak. "A few months ago," I told Bill, "I visited the Tulsa system. I stopped by the shop to visit the chief mechanic, Eric Maloy. Eric was working on a rig but took time to shake my hand, and he didn't need to wash up first. I complimented him on his tie, and noted to myself that white shirts are coming back. If for some reason I had needed to eat off Eric's floor, the floor was ready." Bill was looking gloomy.

I continued, "After visiting Eric, I stopped by the dispatch center to see their new automated vehicle tracking system. It wasn't yet fully integrated with their mobile data terminals. I guess with Tulsa's complete lack of subsidy, these things take time. Then I went to the administrative offices. As I entered the reception area, Steve Williamson came out to greet me. Walking toward Steve's office past the hanging plants and tasteful artwork, Steve noticed a two-page memo that someone had left on one of the Steelcase chairs in the waiting area. Turning toward the receptionist,

Steve pointed at the memo and asked who had made the mess."

"It's pretty bad, isn't it?" asked Bill as he pulled to a stop near the Eastern terminal. I agreed it was and suggested that it didn't have to stay that way. Bill pledged that it wouldn't.

So What's the Point?

My point is that image matters. When public officials or reporters take an interest in your company, what do they see? They don't see your clinical performance or your dedication to patient care, and they don't see deep inside your heart to your humanitarian motives. They see your vehicles, your dispatch center, your administrative offices, your maintenance shop, your personnel, you, and that's all. And from those aspects of your operation they draw conclusions about you and your entire operation. More often than not, those conclusions are valid.

Your employees draw similar conclusions from the very same sources. If management thinks it's okay to put dented vehicles back on the streets before they're repaired, then how can it be important that units be kept clean? And what's so bad about an occasional ding or dent? If a mess is okay in the admin-

istrative offices where order is easily maintained, then why should medics strive for better on the streets? And if it's okay to look and dress unprofessionally in the office where a professional appearance is easily maintained, why should medics be concerned about their own dress and demeanor under the adverse conditions of field operations?

The truth seems to be that EMS organizations are either professional or they're not. There's no in-between. You can't be amateur in the office and professional on the streets. If management cares more about money than about patients, then that corporate philosophy will eventually penetrate and affect every nook and cranny of the entire organization. It can't be any other way. Corporate image matters, inside and out. And you can't fake it — at least not for long. Someone said that perception is reality. In EMS organizations, perception creates reality.

Like much of my work, this article will no doubt produce mixed reactions. And as I mentioned at the start, I'll know I'm on target by the people I offend.

(Special Note to "Bill": You handled it well. Let me know when you're ready for your redemptive inspection.) □

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