

Part One: The Treacherous Road to Profits

Editor's Note: This is the first of a two-part series on the private ambulance industry. In developing the story, we found it impossible not to bring up the traditional issue of private vs. public. The privates' view of themselves, and certainly the view of privates by others, is inevitably linked to the sea of surrounding public services with which they compete.

This month, author Nancy Peterson introduces the story and the major issues. In the November issue, she specifically addresses the topics of bid competition, the local government's responsibility, the challenges of recruitment and retention and the future of "high performance" systems.

Article by Nancy Peterson

The Black And

"I'll give it ten years. The high performance systems of the private sector are going to have the run of the EMS industry."

"Never. Those systems are a myth. The privates are as bad as ever. On the whole, they're losing ground."

Opinions like these are heard in every corner of the country today, over crackling telephone lines, in meeting rooms electrified with the prospect of privatizing and echoing down the corridors of conference halls.

It's a hot topic — the public and private sectors have been defending their respective right to provide prehospital care for as long as they have both been doing it.

White World

It is very difficult to sift through the debris of bruised egos, biases, isolated experiences and time-worn traditions to find the truth. Who do emergency patients belong to?

At the root of this question and the many heated arguments over it are many different personal philosophies regarding the delivery of emergency services and the confidence, or lack of it, in private enterprise.

For the purposes of this article, a private ambulance service is de-

Photo by Tom Page

Of Private EMS

fined as a non-governmental agency that delivers EMS services for a profit.

There exists on one side a strong belief that privatization in EMS is progressive because entrepreneurs can provide more efficient service. Public employees are seen as having gained considerable clout with secure employment and generous salaries and benefits. In some cases they have grown fat, complacent and inefficient.

On the flip side, advocates of publicly provided EMS systems feel the government is morally obligated to provide its people with this service—that it is as much a municipal responsibility as firefighting and police services. Private EMS service is viewed as an encroachment upon the government's territory. Although privatization of some government services is accepted, there is a distrust of private companies, which are often seen as greedy, short-sighted and unfit to provide personal human services.

What is interesting about this attitude is that these same people successfully rely upon the private sector for other essential human services such as food production and electricity. Many would be reluctant to have the government take over farming or to have their personal physician working for a government agency.

Still, this stance is perfectly understandable. The history of the private ambulance industry's scandalous performance is well-known. It is not at all surprising that those with memories of the old way would cringe at the mention of privatization in the same sentence as EMS.

Only twenty years ago, a typical private ambulance operation was an auxiliary service of a mortuary, medical supplier, taxi cab or wrecker business. One private provider in Kansas City got into the business because his mother won an ambulance in a card game. She ran a bail bond service, and people paid off their bonds by working on the ambulance.

Yet, someone was transporting patients to and from health care facilities—and funeral homes—and someone always has been. The private sector existed in almost every community in the United States in some form before the government ever became involved.

But most of these laissez-faire services proved to be failures—a good reason and opportunity for the public sector to enter the market, particularly after the federal government's 1966 publication of the "White Paper." This exposed the shameful state of emergency care in the country, and prompted a flood of funds into the industry. Many communities hurriedly went with fire department-based public services, and most of the largest cities in the United States continue to be served by public agencies.

Partly because these resources have since dried up, there has been rising interest in the private sector. It continues to play an important and growing role in the delivery of EMS today.

There are now about 7,000 private services in the nation, according to Dennis Bolt, chairman of the Privatization Task Force for the American Ambulance Association (AAA), ranging from one to over 100 ambulances. The majority provide emergency service in addition to transports. In comparison, there are approximately 8,400 public services delivering emergency transportation to about 55 percent of patients treated nationally.

In 1977, the AAA was formed to serve as a voice and a clearinghouse of information for the private ambulance industry, offering advice and counsel on insurance matters, federal statutes and antitrust regulations.

Although it tends to have a financial emphasis rather than clinical, AAA is attempting to develop industrywide standards through an accreditation process it plans to have implemented next year (See article on page 44.).

The Leading Edge

Despite its critics, the private ambulance industry is surely growing in clinical expertise, technical sophistication, and number of systems operating.

"The private industry today has a great deal of entrepreneurial spirit," says Jay Fitch, president of Fitch & Associates, a health care consulting firm. "This has enabled the industry to develop systems that are more productive and more operationally efficient. A number of private companies are at the forefront of technology and the development of sophisticated operational systems. Those same companies are on the leading edge of EMS."

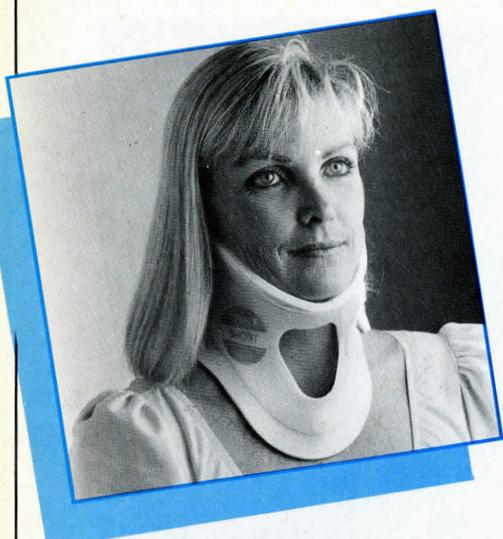
With regard to clinical excellence, response time reliability and effective use of technology, some of the top systems in the country are privately operated.

Still, some feel the important role of the private industry is in the conveyance of patients between medical facilities.

E. Michael Latessa, assistant director of the Department of Public Safety in Manatee County, Fla., sees the real niche of the private ambulance industry in interfacility transports. "If I were in the private ambulance business, I'd stay away from emergency work like it was a bad rash. I would dig my heels in and try to gobble up as much interfacility work as I could. That's where the cream of the revenue is."

Others believe the role of private services is the same as that for the public sector—to provide the highest quality service at the lowest possible price.

"Private sector operations have a role,



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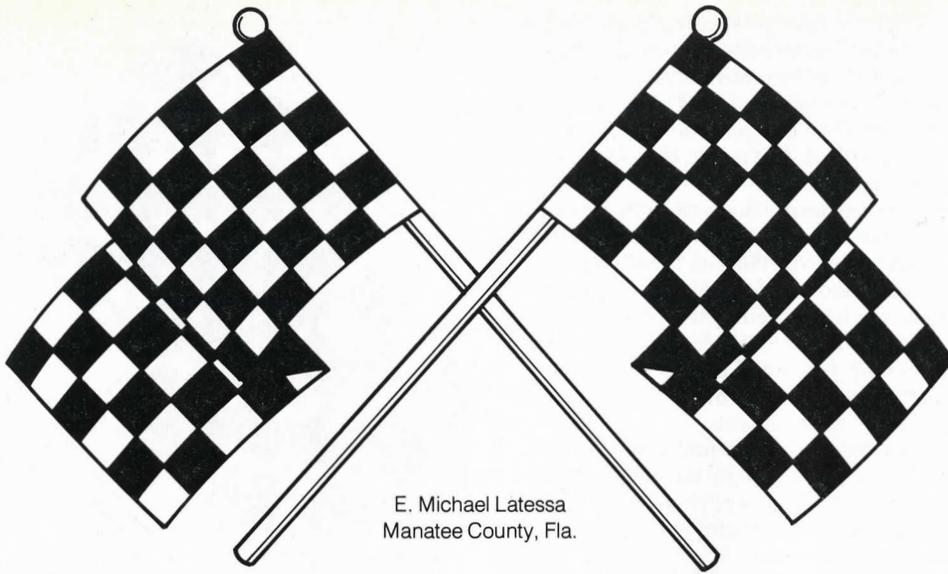
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E. Michael Latessa
Manatee County, Fla.

“If I were in the private ambulance business, I’d stay away from emergency work like it was a bad rash.”

and that role is where the public sector fails to address the issues of economic operation and high quality care,” says Dennis Murphy, division chief of Springfield (OR) Fire and Life Safety.

Whatever the perceived role of the private industry in EMS, it is evident that these entrepreneurial spirits do exist—in both the public and private sectors—and they can be put to good use or bad use in both sectors.

“Some government entrepreneurs become empire builders and devote their talents to increasing their budgets and spheres of influence, but not necessarily to improving service, quality, reliability and efficiency,” notes Jack Stout, who heads The Fourth Party Inc., a health care consulting firm. “The same thing is true in the private sector, where those entrepreneurs devote their energies to ripping off the public and making big profits, but not serving the public.”

The New Privates

There seems to be a wide separation

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between the efficient, quality private providers and those that give the industry a bad name, practicing poor business and violating the basic principles of human compassion at the heart of the EMS industry. A few companies don’t even wish to be linked by name to the industry.

Barak Wolff, EMS Chief in New Mexico, along with several private sector operators, suggests the emergence of an entirely new private ambulance industry.

“Starting about 1984 or 1985, we saw a new breed of privates. They were more aggressive, more business oriented. They came in response to problems with private or public systems and provided expertise to areas looking for change.”

This new breed has a different outlook and a different mentality.

“It’s been a tremendous challenge to the traditions of what has been the private ambulance industry to make a transition into what’s really a new service,” says Oskar Thurnher, chief executive officer of SCV Paramedical Services in San Jose, Calif.

“We need to recognize we are no longer the ambulance business that we used to be. There’s a whole new thing happening here with a whole new pro-

fessional work force, a whole new set of needs and expectations of the public. People in the past expected an ambulance trip that was comfortable and safe. Now they expect medical intervention, a caring attitude and psychological support. This creates a whole new set of priorities in the organization.”

The industry has evolved from an era in which most companies did non-emergency work, using unskilled workers paid minimum wage, and working with unsophisticated dispatching operations, poor equipment and no management. They didn’t pay a lot of attention to response-time performance and were not clinically advanced. Most private managers spent most of their time working on billings and collections.

The companies and owners who were successful at managing BLS operations in the past often fall on their faces when they attempt to move into the primary emergency service arena. What worked marvelously well in managing a group of unskilled workers is counterproductive when trying to manage skilled paramedics and ambitious EMTs.

It is now necessary to embrace a new outlook, concentrating heavily on the professional services aspect—the client’s needs and the needs of the new professional work force.

There is an elite group of existing systems that have been coined “high-performance” systems. These claim to be addressing—and doing it well—the needs and expectations of their constituency.

The Profile

But first, there’s a whole, massive industry out there called the private ambulance industry, whether “new” or not. Do we really know what it looks like?

Considering the wide variety of approaches to system design, it is not always clear just what makes a private service “private.”

Simply put, there is always some sort of relationship between the two sectors. In all private systems, the government sets the standards of service and the company must meet or exceed these standards.

At the most basic level, the difference between public and private sectors lies in who issues the paychecks; public systems use civil servants, while the private uses its own employees. The private industry embodies nearly every type of management and funding structure imaginable. There are those that provide all the emergency and non-emergency services in an area; those that contract to provide the only emergency service in an area (primary providers); those that provide only transport services with non-transporting government rescue squads; multiple private emergency firms centrally dispatched;

privates that provide back-up emergency services; and those that provide services to specific hospitals.

There are profit and nonprofit private providers. Some operate on a fee-for-service basis only, and others operate on a partial fee-for-service and partial subsidy (local tax money devoted to EMS), while some gradually reduce their subsidy to nothing. Still others are fully subsidized. Some offer a subscription program in which residents have the option to pay an annual fee, usually between \$30 to \$50, to cover any uninsured portions of their bill for services rendered during that year. The typical private service, however, is not subsidized.

This is one of the most significant reasons local governments choose to contract with a private company for primary emergency service. Taking the responsibility for providing prehospital care out of the budget entirely can obviously result in considerable savings.

It is difficult to accurately determine the true cost of EMS in comparison to the public sector—some EMS and firefighting budgets are lumped together,

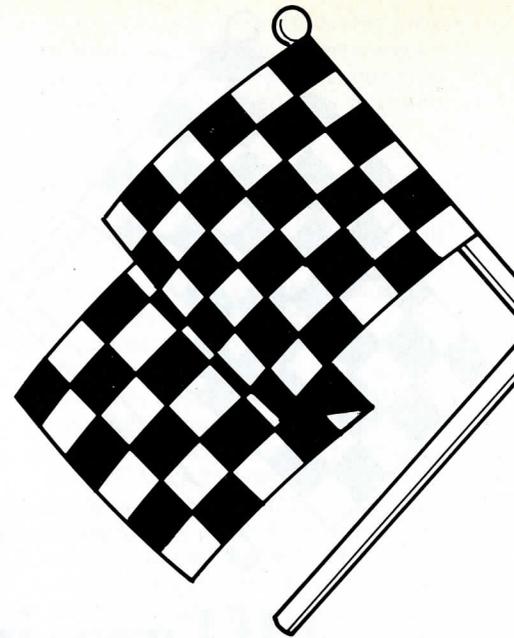
"Private enterprise has a tendency to be more cost-effective because they have to meet their commitments to survive," says Thurnher of SCV. "They just can't overrun their budgets and then hope to get bailed out. As a result, the cities have cost predictability."

Because the private sector relies heavily on user-fee funding, services must be proficient at collecting and working with patients and their insurance companies. Government-based systems may have more difficulty dealing with user fees and may get more negative feedback because citizens just do not expect a bill from the government.

Government personnel may also not be as well-trained to have customer-oriented billing departments to help customers through the maze of insurance companies.

Because it is essential to their existence, private companies must become good fiscal managers.

"Cash flow problems are traditionally one of the biggest problems," says David Shrader, chief operating officer of Medic One Ambulance Service Inc. in



It is also argued that private services are actually no more cost-effective than those on the public side.

"I don't think it's true that privates are more cost-effective," says Peter Pons, MD, medical director for the Denver Department of Health and Hospital Paramedic Division. "That's an individual system issue, and I've looked at many systems."

Springfield Division Chief Murphy believes there is no comparison. "The public sector can offer the entire system significantly less expensive than the private sector. The problem is that the private sector is not offering the entire system anywhere, so it's hard to compare. The private sector is not, cannot and will not address first-response delivery."

Hand in hand with cost-effectiveness, private services claim to be more efficient, innovative and responsive. They boast of better management skills, benefits to the community they serve and specific benefits to their employees.

The private sector says its efficiency comes from the ability to innovate, to change without the load of government bureaucracy weighing them down.

"I think a significant advantage of the private sector is the ability to adapt to change," says Fitch. "When you look at services over a long period, public sector services tend to take a bit longer to get change implemented. Layers of decision making are generally less in a private service."

Leaders in private EMS, including Bob Forbuss, president of AAA, claim that, because they are less constrained by tradition and the agency-wide policy matters in government, there tends to be the opportunity for a more creative and adaptive approach to providing the service.

"Starting about 1984...we saw a new breed of privates. They were more aggressive, more business oriented."

Barak Wolff
EMS Chief, N.M.

and hidden subsidies can exist. But it is believed that, given equal delivery standards, private services providing high quality service can operate at a lower cost in some communities when they run leaner, more efficient systems.

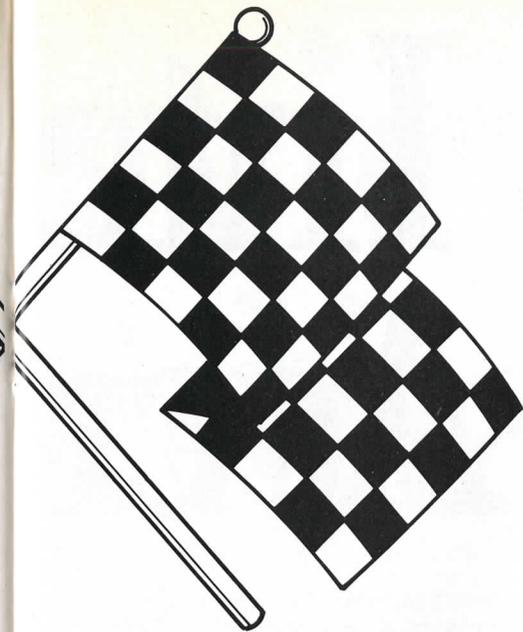
Stout reports that, "When you adjust out for the effects of subsidy and hidden subsidies, figuring losses from uncollectibles, you find that the typical primary provider can cost one-half to two-thirds of what a typical government agency operates at."

And, according to Bolt, in a 1983 study done by the city manager of the city of Fremont, Calif., the private sector was 35 percent less than the public in direct operating expenses. This included the cost of the units, manpower and equipment.

Largo, Fla. "On the public side, you raise taxes and subsidize more if you have problems. We can't do that, but that's not a disadvantage. What that is an advantage, because it forces us to learn how to spend money more wisely."

This has also been seen as a major problem with privatizing EMS. Many systems are accused of practicing cost-control measures that lead to poor working conditions, inadequate equipment and supplies, employee dissatisfaction and poor quality service.

Latessa worked in a private service in the 1970s and reports it was a constant struggle. "There was very little equipment. What equipment you had, you wound up begging, borrowing or stealing yourself. It was a very difficult situation to maintain quality patient care."



"In the private sector, you can be more flexible and innovative in designing EMS systems to make them cost-effective, to make them so they have excellent response time performance and can in fact provide the highest level of clinical sophistication," he says. "Not to say a public provider can't do that, but there are very few public providers that are functioning on that level of sophistication."

Innovations are coming into EMS at a rapid rate, and many private providers feel they can adapt to them and bring them into their systems faster.

"As new standards come about, they are more susceptible to those standards," says Fitch. "As revenue streams change, the private sector has demonstrated the ability to be innovative in those revenue streams."

Private operators also claim that their flexibility in the area of providing variable shift patterns and modified versions of system status management, when compared to fire-based services, translates into higher levels of productivity, while still providing adequate coverage to high call volume areas. In this industry, productivity is generally measured in a "unit hour utilization ratio." A ratio of 1.0 indicates one transport per hour on duty.

Stout notes that typically personnel in private firms have a variety of shift options, whereas in the public sector the shifts tend to be more structured patterns.

"Because of their need for efficiency," he says, "the shifting patterns of privates tend to reflect the demand for ambulance services more closely than do public sectors. We know that in government agencies, while they may have some advantages, economic efficiency just isn't one of them. Generally speak-

ing, the private companies today that want to compete with fire departments and government third services for their markets have to be able to operate at triple the level of productivity that the government agency operates at in order to survive—and they do."

"Few, if any, government agencies can operate and sustain that level of response time reliability and manpower production. But it's also true that most private operators can't do it either."

On the other hand, some providers in third-service and other public operations believe their systems can be just as efficient.

"I think that you can have very, very efficient public systems," Pons says. "The Denver system is one of the most efficient public or private systems that I am aware of in terms of unit hour utilization, with a .52 productivity rate."

"Our people are multiple role, multiple skilled, whereas the private ambulance sector is single role, single skilled," Murphy reports. "We have a group of people who, rather than being specialists, are generalists. A private am-

However, because a private primary provider's service contract is constantly under review by the local government's medical director and other elected officials, good management would also be aware and responsive to the public's needs.

There are a few clear-cut advantages the private sector can offer a city or county when it privatizes EMS. Through an indemnification provision in a service contract, a municipality can significantly insulate itself from legal liability. The contract requires the service to indemnify and hold harmless the city from legal liability from causes of accidents resulting from the negligence of the company and its employees, greatly reducing the city's exposure. This arrangement is becoming more common as cities are having more difficulty obtaining insurance for various reasons.

"Dangerous practices that are sometimes required by a city in the design of its system are difficult to insure," Stout says. "Some insurance companies are no longer willing to insure cities that use call screening instead of

"Working for a private company, I have the freedom to pursue emergency medical care as an art."

Bill Garcia, Paramedic
San Diego, Calif.

bulance company does not do other functions, like fire prevention, fire suppression, hazardous materials, EMS and other functions. As far as unit-hour utilization, we're getting higher than the humble expectations of private technicians who will run part of a patient every hour. The elite systems that are squeezing the last dime out of productivity don't match the multiple-role person."

It is also suggested that the flexibility of private systems has its disadvantages. Because part of that flexibility comes from not having to deal with "nuisance people," such as city managers and the city council, citizens cannot access and impact such a system through their vote. In addition, most private services are traditionally non-union, which adds to that flexibility.

priority dispatching, where you always send an ALS unit no matter what. It is also difficult for some private companies to get insurance, but not for a qualified private company."

In any system, oversight by the government and the medical community to assure compliance with standards is vital to the system and the people it serves. Advocates of private systems assert that this oversight may be more effective when applied to the private sector than over the government's own entities. It can be hard for a city to hold a strong stick over its fire department or police department, but it can certainly hold a strong stick over an outside provider dependent on a contract renewal.

According to Bolt, "The ability and

Continued on page 67

willingness to be supervised by the medical community is fundamentally absent in the public sector. Yet it is integral to the private sector to be susceptible to external monitoring controls. How can the city watch the city?"

However, oversight is a problem for both sectors.

"Very few systems, public or private, have effective oversight," Fitch says. "We all have to recognize that measured performance standards in many areas of EMS across the board are sorely lacking."

A Higher Caliber of Management

Stout suggests the private EMS industry attracts better management personalities.

"One of the problems we have with public sector systems is that really innovative entrepreneur types of managers are often not attracted at all to work for the government. They don't want government jobs because that means they have to go through the purchasing department, personnel and the city council, when they just want to run an ambulance system. Privates have the ability to attract and retain superb top management, a higher caliber of management than you are likely to find in most government agencies."

With a progressive management style,

The Black And White World...

Continued from page 43

a private company is theoretically able to make the environment more pleasurable for its employees.

"You can allow your employees more control of their destiny, and there is more collaboration, more sharing of ideas," says Jim Dernocoeur, quality assurance coordinator for Mercy Ambulance in Grand Rapids, Mich. "Poor management is what causes burnout."

Private companies also see variable shifts as an advantage for their employees, who can often choose between eight-hour, 10-hour and 12-hour shifts based on their own personal life style.

Working for a private ambulance service is especially attractive to employees who want to do only EMS.

"Working for a private company, I have the freedom to pursue emergency medical care as an art," says Bill Garcia of Hartson Medical Services in San Diego, Calif. "The company's total focus is on emergency medical care."

Crosstraining of paramedics and firefighters has long raised some concern. It is argued that, with a dual-purpose position, something may suffer. One issue raised is whether firefighters become paramedics simply to retain their jobs, having no particular interest in medicine, and vice versa. It is in effect assuming that two possibly different personality types can perform both jobs equally well, and medical emergencies are very different from fire and rescue situations.

There can also be confusion within the service itself regarding mixed missions and priorities. But the public sector has addressed some of these issues with the organization of third-service operations. These are third entities of the local government similar to fire and police services, but employing strictly EMS personnel.

"I think we can have successful models in government, no question about it," Thurnher states. "Frankly, if government wants to do this work and they can do it well, it ought to be a third service. It's too specialized to be a part-time job or hooked onto something else."

But there is the economic reality that fire departments already have a network for vehicle maintenance, communications, training, and public education, and

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bringing the delivery of EMS into the fire department makes an economy of scale possible.

For many other reasons, cities and counties across the country prefer to provide EMS through their government agencies.

Wolff says he likes to see privates operating for profits. "I think they bring some expertise at times. But that's also a mixed picture. We have certainly had privates that have not functioned as well as we would like."

In Eugene, Ore., a public system is operating that performs all the functions of the fire department and EMS, including non-emergency transportation.

"Nothing that the private sector offers as an advantage is impossible to implement in the public sector," Murphy says. "There is nothing unique to the private sector that cannot be adopted into the public sector."

Part of the aversion to privatizing EMS operations is the common perception that, because private EMS services are more self-sufficient and tend to survive based on revenues, profiteering abounds. Certainly private operations exist whose primary interest is not their employees or the patients they serve, but the money coming in. When a higher profit is needed, prices are raised, costs are cut and higher efficiency is stressed.

Talk centers around making money, not advancing field medicine.

Latessa says the bottom line is really profit—which it always is in private business. "In the public sector, the bottom line is not profit oriented, but it is patient care oriented at a cost-effective level. We take out that whole layer of profit that a private operator has every right to be concerned with because that's his business. Whatever they do, they have to factor in the profit margin and they have to trim in other areas, whether it's unit availability or staffing availability or salaries and benefits, or the replacement of equipment and vehicles. When you do build in all those safeguards, you wind up getting \$1,000 ambulance bills. Because of high bills, they end up financially alienating a certain significant portion of the population."

Murphy sees the reliance of the private sector on the fire department for first response capabilities as a limitation.

"There is a role that they have not and will not fulfill, and that is first-responder delivery of care. The private sector cannot deliver the entire EMS system, while the public sector can and does. That leaves them out of half of the game. Logically, the system being able to deliver it all has got a significant advantage in that it has total span of control of that system as long as it is functioning

under medical control."

The loudest complaint from employees in the private sector is that wages are inadequate to support a reasonable standard of living and there is a need to work longer hours to do so.

It is a fact that EMTs, paramedics and management-level personnel do earn less money in the private sector. There are several proposed reasons for this.

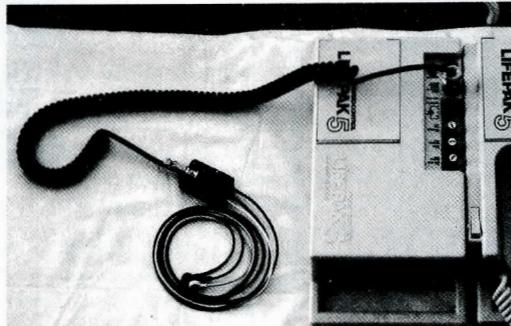
Almost all of the local tax subsidy in the industry goes into government agencies, so the private sector will have less money to pay large wages. Government workers can also put political pressure on local elected officials to extract wage concessions.

Another problem is that in cities where BLS units operate, paramedics must compete with EMTs for the same job, which keeps the paramedics' wages low. In other markets, particularly on the East Coast, paramedics are competing with volunteers. Still, this is an industry-wide problem. As the demand for paramedics increases and the opportunity to use unskilled workers in their place decreases, wages will go up.

"I think the private sector is starting to address that," Forbuss says. "There has been a growth in salary raises on the private side over the last three years. I still believe that it's not where it needs to be, but I think the private sector is

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moving in that direction."

The results of the 1987 EMS salary survey (JEMS, January 1988) do show that compensation to EMTs and paramedics has risen from that of 1985, and people in the industry see compensation continuing to rise, partly due to the increasing paramedic shortage.

The compensation problem leads to a high turnover rate, which is in fact also a problem for the entire industry. But many paramedics see the private sector as merely a stepping stone toward a position with a government service.

"You go to the private sector to get experience in order to get into the public sector. You've got to pay your dues," Latessa said. "Over the years, I've hired hundreds and hundreds of paramedics and EMTs. A great majority of the applicants come from the private sector."

Critics of the private approach to EMS also say that employees tend to be overworked in private systems concentrating on efficiency.

"Privates tend to put out the very minimal amount of staffing in order to do the job," Latessa says. "We try to find some middle ground where the community feels like they're covered."

However, some systems using computer-aided dispatching are able to keep track of when an employee comes on duty, the type of shift he is on, the type

of calls received and the amount of rest he is getting. The dispatching system deliberately alerts the dispatcher if an employee working an extended shift is not getting adequate rest. He can then be relocated to a low-priority post.

Another common complaint is the lack of career paths in the private sector—there is just no place to go.

This argument is more complicated than it appears, because there are different career paths in the public and private sectors. In many fire departments, the career ladder is structured in such a way that to move up, you move out of EMS. It's not a geographic relocation, but you basically leave the profession in which you excelled.

And, among privates, it varies widely from company to company. In some of the larger companies, promotional opportunities will obviously be much greater than small, "Mom and Pop" operations.

"Today there are career opportunities both in the local town and in the companies that provide services in multiple cities," says Stephen Dean, director of Pinellas County Fire and Emergency Medical Services Administration. "There is a career ladder that didn't exist before."

There is, however, agreement that this is an area of need.

Fitch says the industry can't afford to lose its best people outside the system. "There's a great need in this brand new field of ours for talented leadership. And it's going to get paid well because there's going to be a lot of competition for it."

EMS as an industry is a wide-based pyramid with a limited number of management-level positions in each existing operation. But as companies begin to develop chain operations, more corporate positions will open up.

"Right now, in the private sector, if you have system status management experience in a high-performance system or middle management experience in any system, you can pretty well write your own ticket," Stout says.

As the private sector grows—and it is growing—there are going to be more opportunities. There will be opportunities to support superb systems that excel in performance, and there will be opportunities to see unstable systems collapse. Much will depend upon the degree of regulatory control local governments exert and how systems stand up to the multitude of challenges facing them. Investigating the future of the privates is an exciting prospect. □

Next month, Part 2: The trauma of bidding, the challenge of recruitment and retention, and a hard look at "high performance" systems.

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