by Jack Stout

Was It Good For You?

Ten Great Expectations for Management and Paramedics

The ambulance company owner grinned with glee as I fielded the first set of questions from his own employees. His grin would soon fade.

Hired by the local hospitals to evaluate their community's paramedic service, I was going over my preliminary findings with the folks whose work was the subject of my assessment. "Just how fast *should* we be expected to get into the rig when we're toned out on an emergency call?" asked a skeptical paramedic.

"Sixty seconds maximum from unit alert to en route status is common in lots of systems," I answered, "and I have seen 30 second limits."

"Sixty seconds!" It was a chorus, followed by grumbling. One guy walked out, and not to use the rest room. Paramedics hear a lot about what management expects of them, but they don't hear much about what they should expect of management.

I explained my answer: "Time lost getting out of the chute can't be made up. No matter what management does, if *you* don't get rolling, response time standards won't be met. And if your organization can't perform, the city will get one that can. It's that simple."

During the rest of our meeting, we discussed both sides of an extremely important issue: *What management should expect from paramedics and what paramedics should expect from management.* In today's most effective EMS organizations, both sides deliver. Here's my own mutual expectations check list. Add your own, but when you add one to the list, be sure to add the other. The feeling should be mutual.

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.*

What Management Should Expect From Paramedics

1. *Fast out-of-chute times.* Be rolling in 30 to 60 seconds maximum on potentially life-threatening calls, even in the dead of night. If sound asleep crews working 24 hour shifts just can't get rolling, different crews or different shifts are clearly in order.

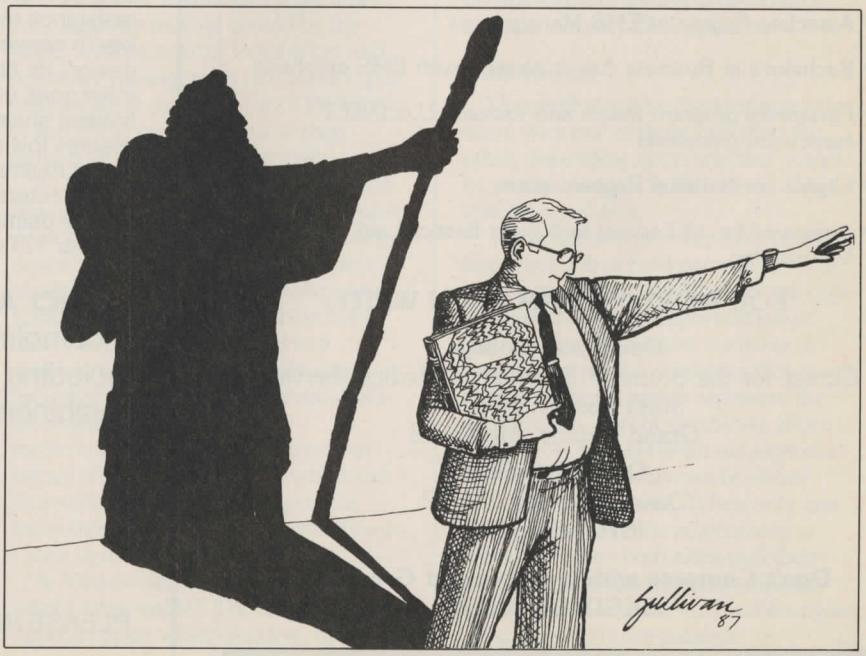
2. *Vehicle-friendly driving.* Good emergency driving doesn't have to mean abused equipment and high accident rates. Skilled emergency driving reduces stress on vehicle, crew and passengers, without increasing risk of accident, and without significant increase in response times.

3. *Take care of your equipment.* How long would your equipment last if it were your own? Well that's how long it should last.

4. *Fast hospital turnaround.* No EMS system can hope to be efficient unless crews make an effort to hold hospital turnaround times to a minimum. Average turnaround times of 15 to 20 minutes are not uncommon. Some situations justify much longer turnaround times, but averaged over several hundred runs, 15- to 20-minute turnaround times are not unreasonable to expect – even faster where hospitals cooperate to lower turnaround times.

5. *Accurate record keeping.* The price of poor record keeping is high – e.g., lost revenues, lost malpractice suits, and endlessly repeated mistakes. Airtight documentation is reasonable and necessary.

6. *Professional public image.* An EMS organization's primary public contacts are made by dispatch personnel, billing personnel and, most important of all, field personnel. Regardless of management's public relations efforts, the image of the organization created by field personnel is the image that will prevail. Courteous and professional conduct, professional appearance, clean vehicles,



and competent service – or the lack of these – will, over time, build or destroy your organization's reputation. Management has a right to expect the highest standards of professional conduct and appearance.

7. *Accept the reality of peak load staffing.* It is only an accident of history that our industry ever started using 24-hour shifts in urban communities. Urban patterns of EMS demand more closely resemble those for law enforcement than those for fire suppression. (How many urban law enforcement agencies do you know that use 24-hour shifts and level staffing patterns?) No matter how much we love our 24-hour shifts, they cannot be safely used at high productivity levels, and when used exclusively, they do not allow matching of "supply" with "demand." Effective use of peak load staffing is more than a management prerogative, it's also a management responsibility.

8. *Respect for the non-emergency patient.* If you work in an all-ALS, full-service system, it's smart to keep in mind that revenues from non-emergency work are supporting a significant amount of your system's ALS production capacity. In systems without local tax dollars to burn, income from non-emergency transfers can mean the difference between adequate ALS coverage and fatal response time deficiencies. But even if your system "hands off" less serious patients to less capable crews, your occasional response to such patients is an inevitable feature of your system's design, and not the fault of the patient. No patient is unworthy of quality prehospital care, and no paramedic is so highly skilled that he is above showing concern and respect for every patient he sees.

9. *Be reliable.* Show up on time for your shift, and work the shifts for which you are scheduled. Overtime costs resulting from unplanned crew changes and personnel who are late for work can drain financial resources which might otherwise be invested in needed equipment, in-service training, or even better wages. And with increasingly precise system status management and peak load staffing practices, the temporary absence of a scheduled unit could actually endanger a patient's life.

10. *Don't gripe.* Every job has its advantages and its disadvantages. They go with the territory. The highs and lows of EMS work probably run even higher and lower than those of most other skilled crafts, trades and professions. Constructive criticism and feedback, and even a moderate amount of ordinary griping, is normal and healthy when kept within the organization. But chronic complaining inside the organization and negative comments made to outsiders can wreck internal morale and do serious damage to a hard earned reputation.

What Paramedics Should Expect From Management

1. *Adequate production capacity.* Management should produce sufficient production capacity and dispatching skill so that response time performance is reasonably reliable – i.e., eight or 10 minutes *maximum* with at least 90 percent reliability. Arriving late to an emergency scene is a stressful and embarrassing experience. With good management, it should rarely occur.

2. *Quality equipment, early replacement.* EMS is a labor intensive industry. With good management, no paramedic should be expected to work with technically inferior or worn out tools. Using partially or fully funded depreciation programs alone or in combination with leasing programs, and conservative estimates of safe, useful life expectancy, qualified managers of both government and private EMS organizations routinely

ensure continuous availability of adequate quantities of reliable vehicles and on-board equipment. Accept no excuses.

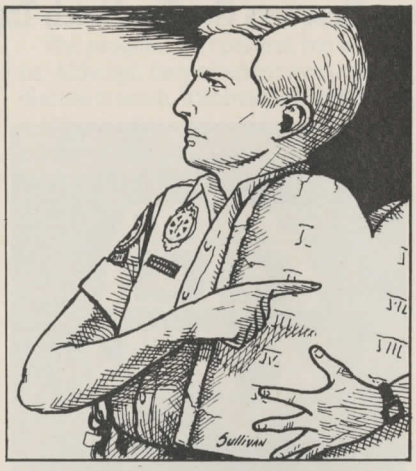
3. *No on-scene collections.* Have you ever been told that without on-scene collections, the company cannot survive? Don't believe it. In every EMS system I have installed, billings and collections for all local service are done entirely by mail. (Fees for long distance transfers are sometimes collected in advance.) Three of my own urban systems have functioned for years at our industry's highest levels of clinical and response time performance without any subsidy whatsoever and without use of on-scene collections, while experiencing steadily increasing financial net worth. Good managers do not make bill collectors of skilled paramedics.

4. *Superb vehicle maintenance.* The best maintenance personnel in our industry save more lives than our most skilled paramedics. If management is doing its job, crews and their patients will enjoy the benefits of a superb vehicle maintenance program. You should rarely if ever experience a vehicle failure en route, at the scene, or with a patient on board. You should rarely if ever be asked to take out a unit in need of body work or other repairs. A vehicle showing mechanical symptoms should be off the streets immediately, and there should be a sufficient number of extra units (not worn out "backup rigs") to put you back on the streets just as fast. At shift change, you should rarely be asked to take out a unit used by a previous crew unless that unit has first been checked out mechanically by maintenance personnel, restocked and refueled. You are expected to do quality work, so you should expect to be furnished with well-maintained tools.

5. *Full support when the heat is on.* Even with well defined dispatch and medical protocols, judgment calls are sometimes necessary in EMS work. Almost inevitably those judgments must be made rapidly and under the most awkward and difficult circumstances. Even when your judgment is right, the results may still go wrong. And sometimes when you're forced to call the shots, you're going to call them wrong. It cannot be avoided. Good management and good medical leadership may take, how shall I say it, the most aggressive internal steps to ensure that an error is not repeated. But whether your judgment turns out, upon calm retrospection, to have been brilliant or foolish, management should back you completely where the outside world is concerned.

6. *Pertinent in-service training.* As a health care professional in a rapidly developing industry, your in-service training needs go far beyond the simple requirements of state certification and National Registry. You should expect access to an in-service training program that not only meets your certification requirements, but is also tied directly into a feedback loop from your system's routine medical audit process, and which also keeps you abreast of new developments in your field. Whether you're paid to attend in-service sessions is less important than whether the in-service sessions you attend are a waste of your time.

7. *A variety of shift schedules.* Contrary to the opinion of too many union leaders, all medics' shift preferences aren't the same. A well-designed peak load staffing plan should make available a variety of shift choices, allocated on the basis of shift bidding by seniority. "Buddy-bidding" should be allowed, even for married crews, unless abused. And whether you choose a high productivity, short workweek shift (e.g., an eight-hour day on weekdays running back-to-back calls), or a low productivity, longer workweek shift (e.g., 24/48 averaging 10 or 12 transports per shift), your monthly income should be the same. With just a little extra effort and ingenuity, management can make it possible for most medics to work the types of shifts that most nearly suit their individual lifestyle preferences.



8. *Limited mandatory overtime.* This one can be a real irritation. With proper peak load staffing, sensible shift change procedures, a variety of shift choices, an effective recruitment program, and reliable personnel, the need for mandatory overtime can be held to a minimum. The 24-hour, seven-day nature of this business presents a sufficient quantity of *unavoidable* inconveniences, so that, we need not put up with inconveniences which can be avoided with good management. Excessive use of mandatory overtime is a sure sign of sloppy management.

9. *Reasonable pay and benefits.* But what's "reasonable?" The answer depends upon where you live, the wealth of the community, the type of EMS system, levels of productivity, and more. Where government insists upon low levels of subsidy *and* low user fees, paramedic pay must be low. Where cities pour big bucks into their own EMS program, while relegating private providers to a "backup" role at no subsidy and low rates, government medics do well while their private counterparts often work harder for far less pay. And where "cream skimmers" are allowed to drain money from the system, primary providers are bound to have less money for wages. The question is, "Is management doing all it can to improve the situation?" There are signs you can look for: In government, if the chief somehow managed to secure his own pay raise, but just couldn't get yours . . . In the private sector, if poorly paid medics driving barely functional rigs have to watch the company's open shirted and gold-festooned owner drive to work every day in his hot new Porsche . . . you get the picture.

10. *Qualified on-line medical control.* Too many EMS systems still allow what I call laissez faire medical control. That's the system where any physician and sometimes even nurses, qualified or not, can get on the radio to direct patient care in the field. In such situations, good medics are forced to either a) find out where the good physicians are on duty at the start of each shift, and avoid calling other facilities or b) claim communications breakdown when bad orders are given. It isn't necessary to go to the "Ramparts" model (i.e., a single, controlling facility) to ensure that qualified medical control is routinely available. A relatively simple training, testing, and certification process for physicians who wish to participate in on-line medical control is used with success in many EMS systems.

Conclusion

I know that you're thinking you agree more with one of those lists than the other, depending upon whether you're in management or in the streets. But that's the problem.

Think about it this way: The most important job of field paramedics is to serve patients and to represent the organization. The most important job of management is to make available to field personnel the resources they need to serve patients and to represent the organization. Sort of symbiotic, isn't it.

Relationships between management and workers must always be either symbiotic or parasitic. When only one side does its part, the relationship is parasitic. When both sides pull their weight, the relationship is symbiotic, the organization succeeds, and everyone wins, especially the patients. □