





### CAA Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

### CAA Mission

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

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## Chair's Message

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**Helen Pierson** | *Chair of the Board*

# A Time for Reflection and Resolutions

**D**uring this Holiday Season, we are reminded of the importance of Family, Friends and Associations. This would be a great time to reflect on our Associations' successes and future resolutions. Our annual convention held in September was well attended and was a huge success. Congratulations to Carol Meyer, recipient of the Chairman's Award of Excellence and to Corinne Wittman-Wong recipient of the Commercial Member of the Year award. At the convention we were fortunate to have Senator Mimi Walters, Assemblywoman Melissa Melendez and Former Assemblyman and Senate candidate Jose Solorio. These speakers were motivating, informative and were consistent in suggesting to us to "educate our city, county, and state legislators." They reminded us of the importance of getting our message across to those that make the laws at the State Capitol. We appreciate and thank Chris Micheli, our Legislative Advocate, for his hard work in securing the speakers and his positive timeless efforts on behalf of the California Ambulance Association.

Our Executive Director, June Iljana has done a fantastic job in remodeling and updating our Association's website. Communication is the key to unlocking opportunity's door for our

Association. Our website now displays current industry publications as well as the opportunity for non-members to contact us. It gives current members the chance to ask questions and be aware of important alerts that involve our industry.

As a member of the Association I ask that you make a New Year's Resolution. I ask that you make a commitment to be involved. Attend at least one meeting, donate to CAAPAC and ask questions. Make your dues work for you. If we do not join together to represent the interest of our industry, others will make decisions that impact our business for us! Now is the time to get involved!

I would like to thank all the members of the Board of Directors, Committee Chairs, Committee Members, Mr. Dana Solomon, Kim Ingersoll and Jennifer Blevins for all your time and never ending support to our Association. It is my pleasure and honor to work with you all.

I look forward to seeing you all at our Legislative Summit and Stars of Life event in February.

Wishing you all a Blessed, Healthy and Happy Holiday! ❄️



## Executive Director's Report



**June Iljana** | Executive Director

The past year has been a time of rebuilding for the CAA. Despite many challenges, we have focused on aligning our efforts to increase the visibility of the private ambulance industry, ensure that members receive a great value for their membership in the CAA and that our work directly addresses the problems we face both as an industry and as an association.

Throughout 2013, the CAA has had to play defense on behalf of the private ambulance industry. For the first half of the year, much of our effort was focused on limiting the damage to EMS systems from the implementation of AB 678 (Pan, 2011). The new certified public expenditure program, known as the Ground Emergency Medical Transportation (GEMT) program, creates a two-tiered reimbursement structure for Medi-Cal with public entities alone becoming eligible to receive a significant increase in reimbursement. Due to our efforts, at least in part, the impact of the program on private ambulance services will be limited.

We also fended off two legislative efforts that would have harmed private ambulance companies. SB 556 (Corbett-D) was aimed at punishing communities for contracting out their ambulance service. Another bill, AB 1333 would have required private ambulance providers to pay wages based in part on the wages paid to public agency personnel and would have required a local government entity to actively renew or rescind a contract that includes an automatic renewal date. The CAA fought hard against both of these bills and prevailed. Next year

we can expect to face more efforts of this kind and we will be ready to stand up for ambulance services again.

Next year we will go on the offense with our own legislative proposal, SB 703 (Hernandez), to address dramatic increases in the rate of denials and down-coding by Medi-Cal that we have seen taking place over the past year. Our bill will seek to adopt the “prudent layperson” standard for emergency medical transportation in order to ensure that ambulance providers are reimbursed by Medi-Cal even when a medical emergency is later determined to not have been one, so long as an individual reasonably believed they were facing a medical emergency. In addition, our bill will continue our previous efforts to require that Medi-Cal comply with existing law that requires them to use a cost study to determine what the reimbursement level should be for medical transportation services or use the GAO analysis as the basis to determine ambulance reimbursement levels in this state.

At the regulatory level, the CAA has continued to be actively engaged in efforts to create state regulations for ground ambulance transportation. Known as “Chapter 13,” these regulations would clarify existing statute regarding exclusive operating areas, rights of various provider types, and the role of local governments and the state in contracting for ambulance service. This is a critical issue for the CAA because these regulations will change how ambulance service is provided in California. The CAA

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# Executive Director's Update

Continued from page 2

has been a part of the process since the beginning and will continue to protect the interests of private ambulance service as the process moves forward.

In addition, CAA representatives serve on statewide committees and work groups to address other important issues that affect your business including health care reform, community paramedicine, CEMSIS/NEMSIS data collection and the health information exchange effort, patient transfer delays at emergency departments, development of a statewide tactical EMS program and more. Making sure that the voice of ambulance services is heard and included whenever decisions that could affect us are being made is our most important job.

Another key effort the CAA has undertaken this year is serving as the voice of ambulance services in the transition from Palmetto to Noridian as the Medicare Administrative Contractor for California. The process has not gone as smoothly as Noridian had hoped so, with the help of our Payer Issues Subcommittee, we have facilitated problem resolution on behalf of our members. That is an ongoing process, but you can be assured that Noridian is paying attention to our concerns and is working to resolve them whenever possible.

## Increasing Membership Value

Throughout the past year, we have been speaking to members and non-members to find out what they need in a trade association. While most people said the CAA was doing a good job representing the industry and working toward common goals, they would like to see more direct value for their dues. Toward that end, we have been working hard to develop additional programs that result in direct savings from your membership in the form of member-only services and discounts.

**Member Discounts:** At long last, we have signed an agreement for members that

provides discounted fuel through Interstate Oil. The marketing effort for this program is under development and you can expect to begin benefitting from this program by the end of this year. In addition, we have been working to develop partnership programs for discounts on education, credit card processing, tires, software, data collection, and printing. Tell us what discounts you want and we will try to make that happen.

**Member Communication:** We bolstered our member communication efforts by creating a new format and establishing a regular schedule for "Member Updates" providing relevant information that can affect your business including updates from Medi-Cal and Medicare, State EMS Authority programs, changes to state and federal laws, legislation in process, and activities CAA is undertaking on members' behalf. Time-sensitive information requiring action are sent separately as "Member Alerts." If there is something happening in the ambulance industry that could affect your bottom line, we want to make sure you know about it right away.

**CAA Website Revision:** We have made dramatic changes to the CAA website to provide much more timely and relevant information. We created a new "Industry News" section and we comb news sites daily and post articles of interest to the ambulance community there along with notice of EMS-related events. We have also just created an ad banner at the top of the page where we are able to promote upcoming events, important notices, and links to member discounts. We streamlined the sign-in process for member-only content and added access to more timely information including legislation and policy work.

**Business Support:** Although we have always provided direct support to members when requested, we are expanding that effort. We analyze policy reports from research organizations and regulators and share that information, and we conduct surveys of our members and the

broader ambulance community to collect information that would be valuable to you as well as to statewide policy-makers. Our comprehensive library of EMS documents is available to members as well and we are happy to help identify the document that will provide the information you need. In addition, we have access to attorneys specializing in EMS issues who will provide answers to general legal questions at no additional cost to you.

In 2014 we will host four meetings at locations throughout the state to inform and connect with our members and our partners in the EMS community. These include our Annual Convention and Reimbursement Conference, our annual Stars of Life Celebration and Legislative Summit, a meeting that will be held in conjunction with the Local EMS Administrators Association (EMSAAC) Conference in May, and a meeting that will be held in conjunction with the State EMS Commission meeting in December. This provides many opportunities for you to learn from each other and from the expert speakers we bring in. It also enables you to participate at your discretion in our board and committee meetings and help guide the activities the association undertakes.

In addition, we have committed to offering at least six educational webinars in the coming year that will keep your staff up-to-date on billing issues, state requirements, health care reform, community paramedicine, data collection, patient and provider safety, and much more. We will work to provide a training seminar on any topic that our members tell us they would like to see.

As we move into 2014, you can expect to see a very active organization working on your behalf. We are eager to hear from you regarding what we can do better to ensure that you receive the best value for your membership. As always, you are welcome to contact me at (916) 239-4095 or [jiljana@the-caa.org](mailto:jiljana@the-caa.org). 🌟



## SB 703 Update

Chris Micheli | CAA Legislative Advocate

**A**t its September 25, 2013 meeting, the CAA Board of Directors voted to proceed with significant amendments to SB 703, by Senate Health Committee Chairman Ed Hernandez, a long-time champion of California’s ambulance providers. The Board voted to request Dr. Hernandez to carry our sponsored bill during the 2014 Legislative Session to do three things:

1. Adopt the “prudent layperson” standard for emergency medical transportation in order to ensure that ambulance providers are reimbursed by Medi-Cal even when a medical emergency is later determined to not have occurred, so long as the individual reasonably believed that he or she was facing a medical emergency. Today, many ambulance companies are being down-coded or denied reimbursement because a transport is determined after the fact to not have been a medical emergency. This results in about \$20 million annually of unreimbursed costs to California’s ambulance companies. This provision would essentially provide that emergency BLS and ALS are covered under Medi-Cal when, as determined by the DHCS, a patient could reasonably expect that an absence of immediate medical attention would result in significant adverse effects to the patient.
2. Adopt the six levels of service of federal Medicare so that there is conformity between California and federal laws, which will ease administration costs for both private providers and the

Department of Health Care Services. The federal levels of service are:

Advanced Life Support,  
Nonemergency Transport

Advanced Life Support,  
Emergency Transport, Level 1

Basic Life Support,  
Nonemergency Transport

Basic Life Support, Emergency  
Transport

Advanced Life Support, Level 2  
Specialty Care Transport

3. Require the Department of Health Care Services to comply with existing law that requires them to use a cost study to determine what the reimbursement level should be for medical transportation services. If that cost study is not done in a timely manner, then the DHCS would have to use the GAO analysis as the basis to determine ambulance reimbursement levels in this state. DHCS is required to adhere to the current regulations establishing Medi-Cal payment rates for ground ambulance services, but DHCS is currently not in compliance with those regulations. Moreover, it is interesting to note that current state laws require ground ambulance services provided to state prison inmates, as well as ambulance services provided under the state workers’ compensation program, to be reimbursed at the maximum rate of 120 percent of the

Medicare Ambulance Fee Schedule. Yet Medi-Cal payments are substantially less than these rates of reimbursement. The purpose of this provision is to require DHCS to either do their required cost analysis, or else utilize an established one, in order to determine the correct reimbursement rates.

The CAA will work diligently to enact SB 703 during the upcoming second year of the two-year Legislative Session. We will need active and prolonged support from our members for this effort. Ambulance service in this state is the true safety net for our communities. However, without increased reimbursement rates, the ambulance service safety net is at risk. Moreover, private-sector ambulance services are essential to the EMS system because they are the most cost-effective means of providing this service to a community in this state.

We believe that the upcoming health care reform changes will exacerbate this problem with as many as two million more people being added to the Medi-Cal population. Medi-Cal rates for ground ambulance service paid to private providers must be increased to ensure that local governments have access to private sector ambulance services as a lower cost option for providing EMS in their communities. Independent government cost studies indicate current Medi-Cal payment rates cover just one quarter of the average cost of ground ambulance service. Severe below-cost Medi-Cal payment rates threaten to collapse the entire 911 emergency medical system safety net in California. \*

## Member News



### American Ambulance of Fresno Founder Passes

**J**ames Kaufman began his ambulance career at Jones Ambulance while attending Fresno City College after joining in the U.S. Coast Guard. His intention while going to Fresno City College was to become a teacher and coach, like his father. But God had other plans for Jim. While working at Jones Ambulance, he met his wife Joyce, who worked at Fresno Community Medical Center. After dating for about one year, they were married in Carmel and had one child, Stan.

After proudly serving 16 years in the coast guard, Jim decided then to start his own ambulance business, and in 1975, became one of four founders of American Ambulance. As time passed, two partners remained. Jim became President and his longtime friend and partner, Larry Ward, was Vice President. The company became his extended family, gave him determination to succeed. Along the way, he was very appreciative of those who helped him. After 38 years, and approximately 600 employees later, he remained so grateful to everyone. In 2000, American Ambulance expanded to serve Kings County. Now their 70 Kings County employees continue the excellent service and tradition of helping and serving the community.

Jim tried very hard to help others in the company who needed financial or moral support. He extended this help to his personal friends because he knew he would not have succeeded without the help he received when he needed it the most. Jim enjoyed playing tennis, golf and loved dove hunting. In honor of his father, who taught and coached at Central High School, Jim frequently contributed to Fresno, Clovis, and Central Unified Schools. His father, Martin, was his greatest role model. Jim passed away at home, on Thursday, October 31, 2013. He is survived by Joyce, his wife of 43 years; son Stan; daughter-in-law Stephanie; and four grandchildren. ✿

### King-American Ambulance Company agrees to provide Emergency Medical Stand-by Services at the San Francisco War Memorial Performing Arts Center (SFWMPAC)

**A**t its gala event and opening for the Symphony on 9/3/13, the SFWMPAC began using Paramedics and Emergency Medical Technicians to provide on-site emergency medical services. These services will be provided on behalf of SFWMPAC for San Francisco Symphony, Ballet and Opera patrons, guests and visitors by King-American.

The SFWMPAC complex was developed in the 1920s. The “War Memorial” name commemorates all the people who served in World War I. It was designed by Arthur Brown Jr. in 1927-1928 and is one of the last Beaux-Arts style structures erected in the United States. A matched pair of buildings across a formal courtyard park, the War Memorial Opera House and the multi-purpose Veterans Building were completed and opened in 1932. In 1945, the United Nations Charter was signed in the Veterans Building’s Herbst Theatre. In 1951, the Treaty of San Francisco which formally ended World War II hostilities with Japan was signed in the Opera House. Louise M. Davies Symphony Hall opened in 1980 as part of the SFWMPAC complex.

Serving San Francisco since 1906, King-American has established itself as the longest operating privately owned ambulance company in the United States. King-American delivers emergency and non-emergency medical services responding to private calls as well as 9-1-1 calls for the City. King-American’s first emergency medical stand-by assignment for a major event was during the San Francisco Pan – American Exposition in 1915. Today, King-American is the official emergency medical stand-by provider for the SF GIANTS and AT&T Park in association with St. Francis Memorial Hospital. You will also find the company on duty at Moscone Center for all conferences, trade shows and events. Other clients include San Francisco’s Carnival, the PGA U.S. Open at San Francisco’s Harding Park, and the annual Bay to Breakers. ✿



### CAA Pending Members

**Progressive Ambulance  
dba Liberty Ambulance**  
Active Member

Comments or questions about membership applications should be directed to: Kim Ingersoll: [kingersoll@the-caa.org](mailto:kingersoll@the-caa.org).



## EMS Commission Update

**Jaison Chand**

*City Ambulance of Eureka, Inc.*

## California Ambulance Association PAC

**John Surface**

*Hall Ambulance of Eureka, Inc.*

**N**ow that sweeping changes in the paramedic and EMT regulations have been approved, LEMSAs and providers are working overtime to adapt their policies and protocols. The changes mean different things to different providers, and I'd encourage each member to go through the changes carefully. Many ambulance service providers have been caught off guard by medications and procedures removed from the basic scope of practice for paramedics.

If your LEMSA currently has a medication or procedure in the local optional scope (e.g. pediatric intubation), they do not need to apply for local optional scope approval for those items. However, for those medications and procedures that are being moved out of the paramedic basic scope of practice into the local optional scope (e.g. furosemide, oxytocin), a request must be submitted to the EMS Authority to include a cover letter, literature supporting the request, or the training materials, protocol, or quality improvement mechanism.

The advanced EMT regulations are also now in effect. You'll find the scope of practice similar to the EMT II or EMT Intermediate scope of practice. Although the changes may offer opportunities for some ambulance providers, the targeted group was our first responders. Rural first responders now have an option available to give the most critical medications and perform critical advanced procedures when ALS ambulances may have long response times. Urban fire departments might find a cost savings in utilizing advanced EMTs instead of paramedics where there is an ALS ambulance provider.

The current hot topic is Community Paramedicine. The EMS Authority has provisionally approved 13 pilot projects throughout the state, primarily in Southern California. The next commission meeting is on December 4<sup>th</sup> in San Francisco at the Marine's Memorial Hotel. If you are able to make it, please make it a point to introduce yourself to me. I'm always looking forward to hearing from the membership. \*

**T**he California Ambulance Association Political Action Committee (CAAPAC) met during the 2013 CAA Convention and Reimbursement Conference. The committee is comprised of volunteer members of CAA member organizations with a wide range of private ambulance experience and daily responsibilities from ownership to management.

CAAPAC was formed to help educate and advocate for sound policies in Sacramento. Each year CAAPAC members attend special events with our elected leaders in Sacramento and in local the local districts. Our message is simple, CAA members are an important part of California's Healthcare Safety Net and we need their help maintaining a stable environment.

Each year at the annual CAA Convention CAAPAC hosts a raffle as a fund raiser. CAA members and friends donate wonderful prizes ranging from an I-Pad Mini to golf clubs to cool Disney swag. In addition to the raffle CAAPAC runs annual campaigns asking member organizations to contribute to our efforts. Many CAA companies make maximum allowable contributions to CAAPAC.

CAAPAC is small. We don't have the money or visibility of larger PACs. But that does not stop CAAPAC from working hard to deliver our message on behalf of CAA members. CAAPAC works closely with CAA Legislative Advocate Chris Micheli to help CAAPAC and our CAA member companies identify the most meaningful opportunities to use our limited resources.

There truly is strength in numbers. Larger PACs are seen walking the capitol with members arm in arm displaying their unity for all. They spend a lot of money on their efforts. For CAAPAC to span the gap we have to grow our outreach efforts. To grow our outreach efforts we need 100% participation from CAA members. CAAPAC needs 100% of CAA members to support our efforts financially. CAAPAC needs 100% of CAA members engaged in ongoing regular discussions with their representatives at the local level.

To learn more about how you as a CAA member can help advocate and educate our policy makers you can contact John Surface at 61-322-8741 or [surface@hallamb.com](mailto:surface@hallamb.com). \*



# Both Minimum Wage and UI Payments are Going Up for CA Business

**Chris Micheli** | *CAA Legislative Advocate*

**O**n September 25, 2013, Governor Jerry Brown signed AB 10 into law, not once, but twice, in two signing ceremonies in the state. The bill by Assemblyman Luis Alejo (D-Watsonville) is Chapter 351 and amends Section 1182.12 of the Labor Code. The last increase in the state's minimum wage for all industries occurred on January 1, 2008 when the amount was increased over two years to its current \$8 per hour.

Assuming no other state raises their current minimum wage, AB 10 will make California have the highest minimum wage rate in the country. This new law increases the minimum wage to \$9 per hour on July 1, 2014 and to \$10 per hour on January 1, 2016. The federal minimum wage remains at \$7.25 per hour.

When AB 10 traveled through the legislative process, several variations were considered. When the bill left the Assembly in May, it

phased-in over three years an increase in the minimum wage to \$9.25 per hour, and it contained a requirement that the minimum wage be indexed annually for inflation after 2016. Thereafter, in the Senate, the indexing provision was removed from AB 10 and the amount was increased to \$10 over five years.

However, when the bill passed the Legislature on the final day of the 2013 Session, AB 10 contained a 25% increase in the minimum wage to \$10 per hour, phased-in over 18 months, but without the annual indexing provision. Removal of the indexing provision was the author's commitment to get the bill to pass out of the Assembly. In the last three days of the 2013 Session, the legislative leaders and Governor Brown agreed to the \$10 increase, but made it only a two-step process of two \$1 raises.

Co-authored by Assembly Speaker John Perez (D-Los Angeles) and Senate President pro tempore Darrell Steinberg

(D-Sacramento), AB 10 was the only "Job Killer" identified by the California Chamber out of 38 measures that made it to the Governor's Desk during the 2013 Legislative Session. Previous legislation in 2011 and 2012 did not make it through the process.

According to the fiscal estimates provided to the Legislature during consideration of AB 10, the Department of Industrial Relations will likely incur costs of \$400,000 to issue new Minimum Wage Orders to the 815,000 employers in this state. Also, the state would see increased salary costs of about \$16.3 million in the 2017-18 fiscal year.

Assemblyman Alejo and numerous labor groups argued successfully that the minimum wage has not kept pace with the cost of living and so those individuals being paid a minimum wage have actually seen a decrease in their purchasing power. For

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The California Ambulance Association is now welcoming non-members to subscribe to the *Siren* magazine. Published quarterly, the *Siren* is a comprehensive source of information on issues that are important to the ambulance industry. Contents include feature articles, association educational and networking events, legislative updates and analysis, member news and much more.



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## Feature Article

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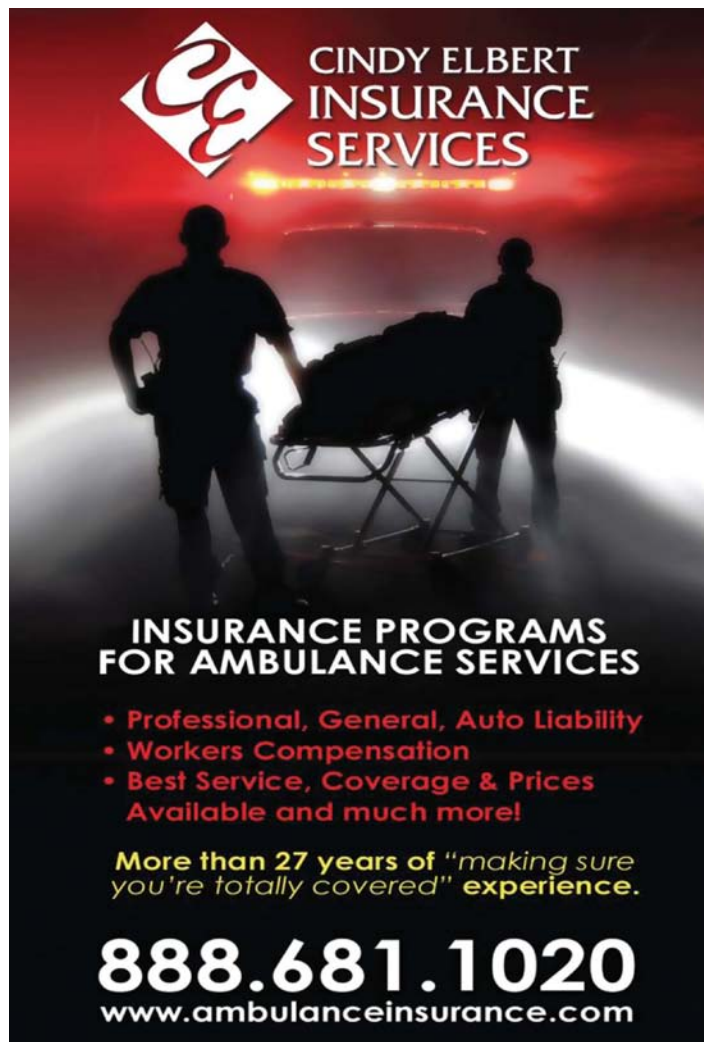
example, according to the California Budget Project, between 1968 and 2008, the purchasing power of California's minimum wage fell 24.8%. The bill was heavily pushed by major labor organizations.

The major business trade associations actively opposed AB 10 because a 25% increase in the minimum wage over less than three years will significantly drive up costs for all businesses, and the measure's provisions are worse than the version that passed the Assembly in May. They argued that this increase will drive up numerous other employer costs, such as salaries for exempt employees, workers' compensation costs, uniform and tool reimbursement amounts, and ultimately consumer prices.

Moreover, opponents cited the NFIB study that was released last summer finding that between 46,000 and 68,000 jobs could be lost in California by 2023 under the provisions of AB 10 with a corresponding multi-billion reduction in real economic output.

Employers should be aware that the minimum wage hikes result in an increase in the overtime exemptions under California law for executive, administrative or professional individuals. These employees must receive a monthly salary of no less than two times the minimum wage for full-time employment based upon a 40-hour workweek. The current minimum salary is \$33,280, which will increase to \$37,440 on July 1, 2014 and to \$41,600 on July 1, 2016.

To make matter worse, the impact of the minimum wage increase on the Unemployment Insurance (UI) Fund is that the minimum wage hike will cost employers a projected additional \$500 million between 2015 and 2018 in UI funds. This data is from the EDD, which came to light after the enactment of AB 10. \*



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## CAA Membership is a Business Essential

The business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At the CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your organization grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

### Take your place in California's statewide ambulance leadership

Membership not only saves you money on CAA events and resources, but also keeps you up to date on trends, innovations, and regulatory changes through:

- Leadership on statewide legislative and regulatory issues
- Targeted conferences & educational programs
- Member-only updates and alerts
- Member-only discounts & access to expert resources
- Opportunities to exchange ideas with your colleagues statewide



**Join the California Ambulance Association**

Go to [www.the-caa.org/membership](http://www.the-caa.org/membership) for a membership application.

# California to Test New Roles for Paramedics

**Jennifer Lim**

*Deputy Directory for EMS Policy, Legislation and External Affairs,  
California Emergency Medical Services Authority*

**C**ommunity Paramedicine (CP) is an expansion of the traditional role of the paramedic to help local community healthcare needs. The California Emergency Medical Services Authority (EMSA) is working in partnership with the California HealthCare Foundation to explore ways to implement Community Paramedicine, including utilization of the existing Health Workforce Pilot Program (HWPP) through the Office of Statewide Health Planning and Development (OSHPD) to test the concept in California.

The California HealthCare Foundation is providing grant funding to support three important areas of the project:

1. Project management by Mr. Lou Meyer;
2. Pilot project evaluation led by Janet Coffman of the University of California, San Francisco and a local pilot site data stipend; and
3. Standardized core training of Community Paramedics.

As of September 30<sup>th</sup>, 2103, EMSA had received 27 proposals in response to the request for a Letter of Intent (LOI) to pilot Community Paramedicine through the Health Workforce Pilot Program. The proposals selected by EMSA were well defined, with some detail, and received enthusiastic support from various local EMS agencies and healthcare partners within their jurisdiction.

Thirteen pilot program sites have been provisionally identified from within jurisdictions of Los Angeles, Orange, Sierra-

Sacramento Valley, San Joaquin, Ventura, Santa Barbara, Alameda, Inland Counties, San Diego, Mountain Valley and Solano EMS agencies. These pilot sites will address alternate transport destinations for medical and mental health conditions, post-hospital discharge follow-up, care for chronic conditions, management of frequent 9-1-1 callers, hospice support, and tuberculosis observation and care. Community Paramedicine Project Manager, Lou Meyer stated, *“I am very pleased with the wide range of demographics that the 13 selection pilot sites represent, and look forward to working with each as we move forward with this important project.”*

Intense planning efforts are currently taking place involving each of the pilot sites, the project manager, and the project evaluator to identify data collection requirements, and discuss protocols. With the pilot sites selected, EMSA is preparing to submit the official project application by January 2014 to OSHPD for approval to conduct the Health Workforce Pilot Projects. The HWPP program allows organizations to test, demonstrate, and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing and other laws are made by the Legislature. OSHPD will review EMSA’s application with input from various licensing boards, public meetings

and public hearing and render a decision within four to six months following application submission. Pending approval from OSHPD, Community Paramedics will be selected from each pilot site to commence training as early as July, 2014.

In response to the pilot projects, EMSA Director, Dr. Howard Backer commented, *“EMS providers are ideally suited take on expanded roles within their communities to help address some of the many gaps in the healthcare system, and the need will be even greater with healthcare reform. A spectrum of projects has been successfully implemented across the country, and we want to demonstrate the safety and efficacy of this concept in California.”*

Visit [www.emsa.ca.gov/Community\\_Paramedicine](http://www.emsa.ca.gov/Community_Paramedicine) to keep updated on the Community Paramedicine Pilot Project and visit OSHPD’s website to learn more about the HWPP, and review the application by visiting [www.oshpd.ca.gov/hwdd/HWPP.html](http://www.oshpd.ca.gov/hwdd/HWPP.html). \*



# Train Your Most Valuable Asset until They Can Not Get it Wrong!

**Bryan Fass** | ATC, LAT, CSCS, EMT-P (ret.)

**D**on't train till you get it right, train till you cannot get it wrong. This adage holds true for fitness, tactics, medicine and even patient handling. That's right you should be training ergonomics just like you train for patient care procedures. As a profession the time and dedication an EMT put's in to master their technical skills, gain their street smarts and the countless hours spent in recertification classes means that keeping this asset fit and healthy is of paramount importance. It's just like your ambulance; no one has to sell you or the crews on preventative maintenance and constantly keeping the truck ready to respond to calls. But before this article is complete I have to spend half my time "selling" you on actionable health and wellness for your employees.

At any given time almost 10% of EMT's are out of work with an injury, and even more alarming is the fact that when anonymously surveyed almost 50% report a minor back injury in the past 6 months that has gone un-reported. (1) When dialed down to state level many pools report right at 25% of injuries to public safety employees as overexertion based totaling 36% of all the claims reported. With costs pushing well over 5 million per year just in EMS operations there has to be a better way to reduce injury in this high risk group that gives so much of themselves to help others.

As I travel around the country working with departments in all corners of the country and all sorts of configurations one theme as become very, very apparent; you do not train employees on patient and equipment handling. Sure maybe the new hires get

a lesson on how to use the equipment but I have never seen a department "train" employees on the right way and wrong way to apply ergonomics to the street. What I have seen is video education on how to use your body, that's right learning proper biomechanics while sitting down! We cannot "learn" and we cannot "feel" right vs. wrong unless we go hands on with the tools of our trade and we are taught the proper way to lift, move, push, pull, transfer and carry. And this is where the problem lays, departments cutting corners or outright ignoring hands on ergonomic training while suffering catastrophic injury rates and soaring workers compensation costs and being OK with it.

When it comes to proper ergonomic behavior in EMS we have to look at the problem from two perspectives. One being the body as the ultimate tool and two looking at emerging

and current engineered solutions to reduce injury.

The body is the ultimate tool BUT we must remove the physical and biomechanical barriers that lead to injury. EMT's and Fire Fighters are athletes, power lifters to be specific. We "pick things up and put them down" to quote a favorite commercial of mine. You do not train, eat, stretch or prepare like an EMS powerlifter though and herein lays the problem.

As a profession we need to stop mocking or even ignoring the importance of being fit for duty. As I teach in all my training classes 6 minutes on a Therapeutic Foam roller and 2 minutes of "active stretching" where we take the joint/muscle through a specific range of motion will reduce injury. If you

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have been through one of my courses you know the mantra ... Ankles/calves, Hip flexor/Hamstring, glutes and thoracic spine. Without tissue mobility and joint mobility in these specific body segments you will eventually suffer an injury while on duty. Follow the 8 minute progression and your chance of remaining injury free nearly doubles. It has worked for years for professional athletes and it works for EMS athletes as well, as long as we start acting like EMS athletes.

From a training standpoint you must train ergonomics just like you train tactical awareness and medical competence. All responders must be trained to the same ergonomic standard just like we train clinically to the same educational standard. This can easily be accomplished with yearly PAT (physical abilities testing) and with access to a gym with functional training equipment. I am not talking about an expensive gym or some hyper advanced tactical training regimen; I am talking about some simple exercises that simulate the biomechanical patterns of the job. All these exercises can be done on duty, in uniform using body weight and some inexpensive resistance bands. Fitness to go, injury reduction, increased wellness all in about 30 minutes a day.

### Real World Wellness for EMS

Corporate wellness programs will simply not work for EMS, the nature of the job is just too unpredictable, instead we recommend an alternate path for EMS wellness. To get started you first you have to have a wellness committee. We recommend a sample of employees from all areas, especially heavily represented by field crews. This committee must meet monthly and they have to have a clear path. So we challenge committees to come up with 3 clear action points based on the following 5 wellness points.

Top 5 focus Points:

1. Physical wellness

2. Emotional wellness
3. Financial wellness
4. Spiritual wellness
5. Nutritional wellness

From these 5 points the committee must focus on 3 clear and actionable points.

Once they have set action points and set up a path to achieve these action points then the committee must be able to clearly communicate their goals to the organization and have the backing of the front office. We often ask someone from HR, Safety and

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management to sit in on the meetings so everyone is aware of the committees' goals. One word of caution here, the committees 3 goals must meet the following 4 criteria:

1. Is it scientifically valid? Is there science to support it.
2. Is it scientifically accurate? Does the evidence support its efficacy and effectiveness?
3. Are their recommendations based on Facts? Opinions are not allowed, we prefer facts.
4. Will their ideas benefit the ENTIRE organization or just the few who are already motivated?

Once the committee has presented a path it's time to act on it, we have seen far too many well-intentioned wellness programs fizzle out because it was too hard for the committee to meet or administration simply did not act on the recommendations.

We also strongly recommend asking some folks to join that would not normally do so, often this person can have a very powerful voice and help to bring about positive change.

When we are able to prevent just 1 overexertion lower back injury per year in a department that may have only 30 employees you have just saved tens of thousands on the injury alone not to mention paying overtime to cover that employees shift and increased stress and strain on the remaining employees which will lead to further injury. The trickledown effect in PS is amazing and sadly not well understood by outsiders.

As the costs of injury continue to rise while budgets continue to shrink there must be steps taken to address the issues at hand with this high risk but absolutely needed group of professionals. Public Safety employees are not disposable yet every day a veteran responder is forced to retire early due to injury or stress related health issues. Public Safety is not a traditional or normal job, to reduce injury and improve wellness in PS employees we need to admit that we cannot invent a better wheel but we can absolutely create a better body and better behavior in this dedicated group of brave professionals.

As a closing note part of stepping up to a culture of wellness goes back to sales. Stop selling your employees junk food from

vending machines, give them healthy options. Give coolers, pedometers, water bottles and other health promoting gifts that help to further sell the concept of wellness. If your department's best asset is your employees then you need to invest in them BUT they also need to invest in themselves! \*

### **Bio:**

With over 17 years of clinical and on the street experience Bryan Fass is an expert on public safety & Industrial injury prevention with specialties in Tactical Conditioning, patient and equipment handling ergonomics, fitness and wellness. Bryan authored the Fit Responder book used by departments and schools plus writes for numerous web and peer-reviewed journals. He works nationally with departments, corporations; state and local governments to design and run targeted injury prevention and wellness programs. He is frequently contacted for expert opinion and content contribution for all aspects of public safety and fitness. Bryan holds a bachelors' degree in sports medicine, was a paramedic for over 8 years, and is certified as an Athletic Trainer & Strength Coach, he is the president and founder of the Fit Responder. [www.fitresponder.com](http://www.fitresponder.com).







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