

2010 CAA Board Elections Candidate Statements



*Representing the Private
Ambulance Industry at
.201 Today and Tomorrow:
A Workshop on EMS System
Coordination*

**Annual Report
Looks at Year
in Review**



Member News

San Luis Ambulance Offers Useful Advice on Starting a Critical Care Transport Program

San Luis Ambulance began its Critical Care Transport (CCT) program in February of 2006. In order to have a successful CCT program, there is much to consider and accomplish before a patient is ever transported. We spent seven months in the process of hiring, writing protocols and policies, purchasing equipment, and setting up our CCT program operationally.

Hiring an RN as our nurse manager turned out to be one of our best decisions. The RN already knows many of the nurses that we may hire, is familiar with their pay and benefits structure, and understands how they are used to working. Because of this, the Nurse Manager (RN) is able to establish a far better rapport with the CCT staff than a non-RN would. We feel that this has truly been key to the success of our program.

Before you hire a medical director, nurse manager, and nurses; decide what the philosophy of your CCT program is going to be and hire with that in mind. Will those people be able to work with the current management team and philosophy of your Company? We hired well qualified professionals that were willing to be team players and had quality patient care as priority. It is important that all involved are unified in the decisions being made and that there is support for the program.

Allow your nurse manager to be involved in the process to decide pay structure and equipment. This needs to be done early in light of hiring nurses and training on the equipment. Do not underestimate the importance of paying nurses comparable to what hospital nurses make in your area. You



will have a better chance of getting experienced nurses that will want to stay and grow with your CCT program.

The nursing and paramedic worlds have to become unified in this endeavor. This is a collaborative effort and that is why the teamwork approach is so important. Include the paramedics that currently work for you to help find nurses. They know nurses from the hospitals and the type of nurse you are looking for. Let them get the word out and help with recruitment—they were our best resource.

Equipment is a huge expense and needs to be well thought out. Consider how many sets of equipment you will need based on the location of the hospitals that you will be servicing. Work with several vendors while in the decision process. The goal is to purchase equipment that is reliable; be willing to buy what is necessary to provide quality patient care.

Continued on page 22

Sierra Ambulance Takes Delivery of New Crestline Ambulances

Sierra Ambulance in Oakhurst, California recently took delivery of three new Crestline modular ambulances built on Chevy's CG3500 chassis. Sierra's decision to transition from Type II's to modular units was based on the need for increased storage space for a growing inventory of medical equipment/supplies and the desire for a more stable dual rear wheel unit. Sierra chose Crestline's Apex model featuring their exclusive AeroBody technology. The Apex combined the operational space, features, stability, payload and cost effectiveness Sierra required. The Apex's robust aerodynamic body incorporated maximum occupant safety and



A unique feature of the Crestline ambulances are the powder coated aluminum body.

featured a floor plan usually reserved for larger ambulances.

Ed Guzman, General Manager at Sierra said, "We were impressed with the combination of features, quality and affordability of the Crestline product line. We serve an

area where weather extremes include snow in the winter and 100° days in the summer. Crestline builds units that survive the Canadian winters so we knew that the units would do well in our environment."

Crestline has become one of North America's most advanced manufacturers of custom built ambulances. Since 1975, Crestline has led the industry with innovations such as the all aluminum powder coated body using CrestCoat paint technology that is backed by a lifetime warranty. For more information about Crestline Ambulances, contact Alan Try, Sales Consultant, Roseville, CA at 866-867-8146.



Chairman's Message



Building on Our Momentum

by Dana Solomon, Chairman of the Board

Vision

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

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.



Dana Solomon

It has been my honor and pleasure to serve as your Chair for the past two years. As you know, our work is intended to benefit our members, and frankly, that's the best part of my job and it's my most important role as chair. I appreciate all the hard work and feedback from our members.

As chair of your board of directors, we have put the people and resources into place to represent our members in Sacramento. Please take time to review the 2009/2010 CAA Annual Report on page 8 which highlights the work of the entire team: volunteer leadership, board, committees, management staff, consultants and our members. As you will see in our strategic goals, we know where we are going and we have a map and the talent to get there.

We are working very hard to achieve results on our Medi-Cal reimbursement strategy by gaining passage of the claims processing

parts of Ambulance Payment Reform Act (AB 1932) this year. We also hope to soon achieve the appointment of one of the CAA's three nominees to both the California EMS Commission and the state-wide Trauma Advisory Committee.

Your Association officially represented the private ambulance industry at an all-day event hosted by the EMSA titled, "201 Today and Tomorrow: A Workshop on EMS System Coordination" held May 4 in Sacramento. Please see a summary of the workshop on page 10, including a summary of the CAA's position paper titled, "Local and State Oversight of EMS in California." The CAA's participation at the workshop was a significant accomplishment as the CAA team promoted our policy goals for state and local regulations of EMS and our recommendations gained the support of other stakeholder groups including the EMS Medical Directors Association of California.

One challenge we still face, however, is to maintain the resources necessary to sustain this progress. Unfortunately, due to the economy and the Medicare cuts, we also experienced a fairly large drop in dues revenue this year. In response, we reduced our overhead costs while still investing in activities that

Continued on page 23

CAA Leadership

Board of Directors

Chair

Dana Solomon

Vice Chair

Bob Barry

Secretary/Treasurer

Leslie Jessop-Watkins

Directors

James H. McNeal, Jr.

Helen Pierson

Fred Sundquist, Jr.

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*Ms. Schrum's license is on inactive status pending completion of CPE requirements.

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CONTENTS

- | | |
|--------------------------------|--|
| 2 Member News | 10 .201 Workshop Recap |
| 3 Chairman's Message | 14 Annual Report |
| 4 Executive Director's Update | 16 Think Safety: Back Strains |
| 5 Convention Preview | 18 CAA Elections and Candidate Statements |
| 8 Stars of Life Recap | |



Executive Director's Update

The Value of Membership

by Brenda Staffan, Executive Director



Brenda Staffan

What do you believe is the value of membership in the CAA? Lobbying on statewide issues? Educational conferences? Venues for networking? Discounts available only to members? Opportunity to participate on Association's committees? Leadership on EMS regulations?

CAA could not exist without the financial support and contributions of its members. Our fiduciary responsibility is to utilize those resources to deliver programs and services that meet member needs. While it is true that there are certain functions that a state wide organization is best positioned to perform, members should always be the focus.

What's in store for the future?

Now that the Association has successfully completed the management transition and has committed considerable focus to strengthening our statewide leadership on policy issues, we are eager to begin the next phase. Below are CAA priority objectives:

- Assure Medi-Cal adopts Medicare service levels, definitions and billing codes – In light of the state's ongoing budget shortfalls, the CAA has segmented AB 1932 "Ambulance Payment Reform Act" into two phases: 1) direct DHCS to adopt Medicare service levels, definitions and billing codes; 2) raise Medi-Cal rates to Medicare rates.
- Gain EMS Commission appointment – CAA's three nominees are currently awaiting appointment by the Assembly Speaker.
- Oppose a Medi-Cal cut and gain a Medi-Cal increase – CAA will continue to advocate to the states' administrative and legislative officials regarding the necessity of a Medi-Cal rate increase. This will include completing a final assessment as to whether a QAF program is the best mechanism to achieve that goal.
- Provide leadership throughout health care reform implementation – CAA will provide leadership on the multitude of policy issues associated

with the impact of national health care reform on California ambulance providers.

- Build and deliver targeted membership services – CAA will assure members have access to the education and resources necessary to operate successful businesses. We urge members and non-members to provide feedback through upcoming on-line surveys regarding the membership services that would be most beneficial.

Thank you for making an investment in CAA

We urge ambulance providers to continue to support the only statewide organization that represents the interests of private enterprise emergency and non-emergency ambulance services in California. Our commitment to delivering results is evidenced in this year's annual report. We also need the assistance of our members to provide feedback on what you deem most valuable. There are opportunities for each member to participate in these leadership activities through our Association forums, work groups and committees. We are committed to aggressively representing the interests of our members. We value your membership and we hope you do as well.



Pending Membership Applications:

Premier Transport Ambulance
Los Angeles, CA
Johnnie Iwabucci, CEO

.....
Health Services Integration, Inc.
Santa Rosa, CA
Jennifer Hardcastle, COO

.....
Alpha Ambulance, Inc.
Los Angeles, CA

Russ Muratov, Vice President

Comments, or questions about these applicants should be directed to:

Alan McNany, Chair
Ethics and Professionalism
Committee
amcnany@alpost108.org



Order Your CAA Safety Pins

It's that time of year again - time to order your 2010 Safety Pins. These pins are given to employees who demonstrate a commitment to safety and signify the number of years without an accident or violation.

To order your pins, complete the order form and return to CAA Headquarters. The order form is available at www.the-caa.org or by calling CAA Headquarters. If you would like to pick up your pins at the Annual Convention's Recognition Lunch on June 25, 2010, please submit your form by **June 9, 2010**. If you won't be attending the Recognition Lunch, the pins will be mailed to you.



62nd Annual Convention Focuses on Technology and Surviving National Health Care Reform



Ambulance providers and EMS professionals from across the state will convene in Lake Tahoe to hear the forecasts for a fast changing industry.

Mark your calendars! From June 23rd-25th, join us for the 62nd Annual California Ambulance Association Convention in South Lake Tahoe at the Harrah's Hotel. This year's convention promises to be everything you would hope for, filled with new and innovative technology keeping you and your business on the cutting edge of industry changes and assuring your service stays competitive.

We are excited that the Ray Lim Memorial Golf Tournament will take place at the magnificent Edgewood, Lake Tahoe. Opportunities for Hole-in-One, Longest Drive and overall Best Score are waiting you at the spectacular lakefront golf course which is the site of the annual celebrity pro-am tournament! Later in the evening we will be hosting the "Welcome Reception" with "Dinner at the Lake" also at Edgewood. Please join us for an evening of fun and camaraderie while watching the beauty of a sunset on Lake Tahoe as a backdrop.

"It's not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

-Charles Darwin

The Impact of National Health Care Reform will be the topic for our opening General Session and will be followed by a facilitated discussion about the impact of reforms on ambulance providers. Our expert keynote speaker, Jim Lott, will provide an overview of the Patient Protection and Affordable Care Act and topics will include new employer requirements, Medi-Cal changes, individual insurance mandates, impact on EMS protocols and EMS systems, in addition to Medicare and Medicaid program compliance.

This convention will provide a wealth of education and information for your business' success. Owners, supervisors and management personnel are strongly urged to attend. Two days of seminars, panel discussions and forums include: Challenges and Successes of EMS Entrepreneurs, and Assuring ROI on Technology Applications. Other topics include the Government's New Enforcement Initiatives, Internal Benchmarking Techniques for Businesses, Pre-Placement Examinations for new employees and How Exclusive Operating Areas are Created and Maintained. A general session will provide an update on the Quality Assurance Fee: Is it Right for Ambulance Providers? Chris Micheli, our Legislative Advocate, will provide a legislative update. Chris has been an outstanding, involved advocate for the CAA and we are fortunate to have him represent our Association and its members.

At the CAA Market Place, our

industry vendors will be on hand to give demonstrations and talk about ways they can assist you and your company to stay up to date on new state of the art equipment, services and insurance coverage that are required in our business.

Our Chairman's Reception and Annual Banquet is a wonderful way to end your busy day and join your colleagues in celebrating our Association's successes. Annual recognition awards will be presented.

Please join us at our committee meetings which provide a valuable opportunity for every CAA member to shape association policies and strategies: Membership Development & Services, Education and Legislative and Agency Relations. The General Membership Meeting will include an annual report of CAA progress in achieving strategic objectives, announce the election results and will also include a Membership Forum.

America's All Year Playground. That's what people call Lake Tahoe. Summer in Tahoe means golf, river rafting, a fishing charter, camping, shopping, boating, hiking, biking, ballooning, casino's and of course . . . just hanging out at the most beautiful blue lake in the whole world—Lake Tahoe!

We hope to see you there! TOGETHER we can make our Association stronger and better than ever!!



Annual Convention

62nd Annual CAA Convention June 23-25, 2010

– Harrah's Hotel –
Lake Tahoe

*Connecting to the Future
Leading the Industry through
Health Care Reform*



*How will health care reforms
change your service?*

How will your EMS system adjust?

*Once federal plans are implemented,
how will the state and local
governments respond?*

*What are the greatest challenges?
Opportunities?*

What can you do now to get ready?

Find out at the 62nd Annual CAA Convention in beautiful Lake Tahoe! Register NOW for the CAA Annual Convention to gain this and other critical information!

SCHEDULE AT-A-GLANCE

Wednesday, June 23, 2010

8:44 am

Annual Ray Lim Memorial Golf
Tournament
– Edgewood Golf Course

2:00 pm – 5:00 pm

Registration

3:00 pm – 4:00 pm

Education Committee

4:30 pm – 5:30 pm

Membership Development & Services
Committee

6:00 pm – 7:30 pm

Welcome Reception & Golf Awards
– Edgewood Golf Course

8:00 pm

"Dinner at the Lake" – Edgewood Golf
Course

Thursday, June 24, 2010

7:30 am – 4:00 pm

Registration

8:00 am – 5:00 pm

CAA Market Place

8:00 am – 9:00 am

Continental Breakfast in the
CAA Market Place

9:00 am – 10:30 am

General Session
Impacts of National Health Care Reform
– Jim Lott

10:30 am – 10:45 am

Break

10:45 am – 12:00 pm

Impacts of National Health Care Reform
– Facilitated by Bruce Lee

12:00 am – 1:30 pm

Opening Lunch

1:30 pm – 3:00 pm

Blood, Sweat & Tears: Challenges and
Successes of EMS Entrepreneurs – Panel
facilitated by Joe Dolphin

1:30 pm – 3:00 pm

Assuring ROI on Technology Applications
– Todd Stout

3:00 pm – 3:30 pm

Break

3:30 pm – 4:30 pm

Quality Assurance Fee – Is it Right for
Ambulance Providers? – CAA Medi-Cal Work
Group

6:00 pm – 7:00 pm

Chair's Reception

7:00 pm – 10:00 pm

Annual Chair's Banquet

Friday, June 25, 2010

8:00 am – 2:00 pm

Registration

8:00 am – 9:00 am

Legislative & Agency Relations Committee

9:00 am – 10:30 am

Government Turning Up Heat with New
Enforcement Activities – Matt Marchese &
Mike Scarano

9:00 am – 10:30 am

How to Determine Your Service Has
Achieved High Performance EMS?
– Jonathan Washko

10:30 am – 10:45 am

Break

10:45 am – 12:00 pm

Effective Back Screening Programs –
Dr. Casey Terribilini & Ed Brown

10:45 am – 12:00 pm

How Exclusive Operating Areas are Created
and Maintained – Mike Scarano

12:15 pm – 1:30 pm

CAA Recognition Lunch & Legislative
Update

1:45 pm – 3:00 pm

General Membership Meeting &
Membership Forum

3:00 pm

Adjourn



Annual Convention

CAA 62nd Annual Convention, June 23-25, 2010 – REGISTRATION FORM

Company/Employer _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

FULL REGISTRATION

Full registration features admission to all events on Thursday, June 24th & Friday, June 25th including seminars, all refreshments, lunches, CAA Marketplace, Chair's Reception and Chair's Banquet. *Full registration does not include Special Events on Wednesday, June 23rd (Golf and Golf Awards Dinner).*

CAA Members	Non-Members
Prior to June 2, 2010: Qty. _____ @ \$445 each = \$ _____ Total A-1	Prior to June 2, 2010: Qty. _____ @ \$620 each = \$ _____ Total A-1
After June 2, 2010: Qty. _____ @ \$495 each = \$ _____ Total A-3	After June 2, 2010: Qty. _____ @ \$670 each = \$ _____ Total A-3

MEALS REGISTRATION

All meals are included in full registration, however, tickets can also be purchased on an individual basis:

Guest Tickets - CAA Members	Guest Tickets - Non-Members
Opening Lunch (6/24/10): Qty. _____ @ \$40 each = \$ _____ Total M-1	Opening Lunch (6/24/10): Qty. _____ @ \$55 each = \$ _____ Total M-1
Chair's Reception/Banquet (6/24/10): Qty. _____ @ \$80 each = \$ _____ Total M-2	Chair's Reception/Banquet (6/24/10): Qty. _____ @ \$110 each = \$ _____ Total M-2
Recognition Lunch (6/25/10): Qty. _____ @ \$40 each = \$ _____ Total M-3	Recognition Lunch (6/25/10): Qty. _____ @ \$55 each = \$ _____ Total M-3

SPECIAL EVENT REGISTRATION (separate fee required)

Golf registration includes: green fees, lunch, 1/2 cart, refreshments, tee prize, Reception and Golf Awards Dinner. *Golf fees are non-refundable if cancelled after June 2, 2010. No refunds will be made for "no shows."*

CAA Members	Non-Members
Raymond Lim Memorial Golf Tournament (6/23/10): Qty. _____ @ \$200 each = \$ _____ Total S-1	Raymond Lim Memorial Golf Tournament (6/23/10): Qty. _____ @ \$250 each = \$ _____ Total S-1
Golf Awards Dinner (6/23/10): Qty. _____ @ \$60 each = \$ _____ Total S-2	Golf Awards Dinner (6/23/10): Qty. _____ @ \$80 each = \$ _____ Total S-2

TOTAL REGISTRATION FEES = \$ _____

Please print or type all attendee names (even if they're only attending social functions) as they should appear on each name badge. Indicate the type of registration for each person (A-1, A-2, etc.) and the social activities each person will attend (S-1, S-2, etc.):

Attendee Name E-mail Type (A-1, S-1, etc.) **METHOD OF PAYMENT**

☐ Check Payable to California Ambulance Association

☐ MasterCard ☐ Visa ☐ American Express

Card # _____ CID # _____

Signature _____ Date _____

(Please attach separate sheet if needed)

Send completed form to: CAA
 2520 Venture Oaks Way, Suite 150 • Sacramento, CA 95833
 (877) 276-1410 • Fax: (916) 924-7323 • info@the-caa.org

CAA Stars of Life



Stars of Life Celebration Showcases California's Best

The California Ambulance Association once again enjoyed a very successful Stars of Life program in Sacramento on April 18-20. Similar to prior years, as part of the SOL Program, we heard from elected officials and made numerous visits to legislative offices to bring attention to the important work being done by CAA companies and their employees, and to talk about critical issues affecting California's ambulance industry. We were also fortunate to witness the passage of our sponsored bill out of the Assembly Health Committee.

On Monday, our Legislative and Regulatory Affairs Committee received an update on State Capitol politics and the budget activities, and had an opportunity to review pending legislation and take positions on two new bills. The Committee decided to oppose both of the new bills as set forth below:

AB 2506 (Carter) would partially address the issue of ambulance providers who are making long-range 5150 transports. We will work with the author and her sponsor, the California Hospital Association, to address our concerns. CAA was invited to be a member of the author's work group on this topic to determine whether we can complete a consensus product. This bill is currently "on hold" until the work group achieves an acceptable approach. CAA's concern is focused less on the immunity from liability for the transport as it is the fundamental question whether ambulances should be used for these types of transports.

AB 2456 (Torrico) would require certain activities to be taken to the EMS Commission and the EMS Authority in order to achieve statewide standards. Our Board Chairman, Executive Director, and Legislative Advocate met earlier in the day with their counterparts at the California Professional Firefighters, which is the sponsor of the bill.

Despite a good discussion over the bill's provisions, CAA members have not experienced any significant issues in having their EMTs and Paramedics working in multiple jurisdictions. In addition, this measure is contrary to the CAA's adopted position on maintaining local control over medical services. We believe the appropriate jurisdiction is to remain with the local EMS agency. This bill has passed the Assembly policy committee.

On Tuesday, our Stars and their "chaperones" visited over two dozen Assembly and Senate offices to deliver the messages of supporting emergency services and getting California reimbursement rates for those services to their proper level. CAA members were able to see their lobbying efforts pay immediate dividends when our sponsored bill, AB1932 (Hernandez) unanimously passed the Assembly

Health Committee that afternoon.

Following testimony from our Legislative Advocate on behalf of CAA, the lobbyist for the California Fire Chiefs Association and the Fire Districts of California also testified in support of the bill.

They were followed

by several individual EMTs and member company representatives voicing their support for this important legislation.

AB 1932 then passed the Assembly Health Committee

Continued on page 21



CAA Stars of Life



From top left, clockwise: Chairman Dana Solomon pins a Star of Life pin on Matt Wolfe of First Responder EMS; Holly Engels, Sarah Stemach and Bruce Lee of verihealth, Inc.; Steven Tharratt, M.D., Director of Emergency Medical Services Authority addresses the Stars during the awards banquet; Alaina Trocana, Eve Grau and Steve Grau of Royal Ambulance enjoying the presentation of the Stars' medals; Stars from Medic Ambulance take a moment to pose with the "Golden Bear"; Chairman Dana Solomon, Assemblymember Bill Monning, Executive Director Brenda Staffan and Legislative Advocate Chris Micheli; Schaefer Ambulance's Jim McNeal, Senator Tony Strickland and Vice Chair Bob Barry of Care Ambulance; Jesse Fernandez, Senator Jeff Denham and Nakia Garrett of Riggs Ambulance Service; Dave Bockholt, Rene Steinhauer, Senator Leland Yee and Bill Bockholt of Bayshore Ambulance; Byron Parsons, and Ryan Redd and of First Responder EMS meet with an aid of one of their legislators; Melissa Gonzales, Kevin Reid, Assemblyman Jose Solorio, Brandon Garon and Gabriel Rhoads of Care Ambulance.



CAA Key Participant at Statewide Workshop on EMS System Coordination

By Brenda Staffan, Executive Director



The California Ambulance Association (CAA) officially represented the private ambulance industry at an all-day event hosted by the state EMS Authority titled, .201 Today and Tomorrow: A Workshop on EMS System Coordination held May 4 in Sacramento. In opening comments, EMSA Director Dr. Steven Tharratt stated the purpose of the workshop was to provide education, foster dialogue and seek common solutions regarding Health and Safety Code Section 1797.201.

Approximately 200 people attended the workshop. The format included an opportunity for each of the four state-wide organizations to make 30-minute presentations regarding their respective group's position. The afternoon featured four panel discussions which addressed the following questions: What is the relevance of .201 in 2010? Is .201 the cause or the symptom of conflict in EMS system design? What are the areas of agreement? What are potential solutions to .201 issues and ideas for improving EMS system coordination?

Background on 1797.201

According to EMSA's position paper and presentation, the legislative goal of the EMS Act (which became law in 1980) was to achieve coordinated EMS systems that were organized at the county level with significant medical direction and state regulation and coordination. Two provisions of the EMS Act, HSC 1797.201 and HSC 1797.224, assured that existing EMS providers that had made significant investment in the provision of EMS could transition into the integrated EMS system that was envisioned by the legislature. The legislature intended that .201 eligible cities and fire districts would sign agreements and be integrated into the local county-wide

EMS systems. Numerous subsequent court decisions provided further clarity regarding the intent of the EMS Act and specifically .201. Recently, however, conflicts have arisen between .201 eligible entities and counties regarding so-called ".201 rights," especially related to authorities associated with dispatch and medical direction.

CAA's Goal: Promote quality patient care and effective EMS systems

The CAA's goal was to effectively represent the interests of members and to promote quality patient care and effective EMS systems. With great vision, the CAA board of directors established this issue as a strategic priority in the current CAA 09/10 Strategic Plan with the following strategic goal: "State and local regulation of EMS and ambulance services are evidence-based, fiscally responsible, uniformly administered and objectively enforced" and this principle guided the participation of the CAA at the workshop. A work group was formed including Dana Solomon, Bob Barry, Gerry Hart, Eb Muncy and Brenda Staffan. The Association also retained attorney Mike Scarano, of Foley Lardner LLP, as CAA's counsel related to this issue. Mike assisted in developing the strategy and CAA position paper, served as a panel member and was available to respond to legal questions.

In researching the questions posed by EMSA, the work group determined that there was significant evidence to support the existing legal, economic, medical and demographic framework established by the EMS Act. The landmark report published in 2007 by the prestigious Institutes of Medicine (IOM) on the future of emergency care in the U.S. evaluated the development of EMS over the last 40 years resulting in the "fragmented system that exists today." The IOM committee's findings and recommendations rest on three broad goals for the nation's "systems" of emergency care:

- improved coordination
- expanded regionalization
- increased transparency and accountability

With the CAA strategic goals and the IOM principles as a foundation, the CAA published its position paper titled, "Local and State Oversight of EMS in California" which established the following conclusions about oversight of emergency medical services in California:



1. The EMS Act creates a sound legal framework for effective governance of California's EMS systems.
2. The use of financially-stable, integrated "grandfathered" providers has proven effective.
3. The EMS system coordination must be strengthened and accelerated to adapt to new health care "systems of care."
4. EMS planning and oversight should align with each region's medical trade areas and competitive processes must be effective.
5. Any changes to statute, regulations or guidelines should follow IOM principles.

Further, the CAA advocates that local EMS system design and coordination should achieve:

1. County Authority and Integration
2. System-wide Accountability
3. Quality and Efficient Service
4. Objective Medical Oversight
5. Adequate Funding of Cost of Readiness
6. Use of Eligible Grandfathered Local Providers
7. Effective Competitive Processes

CAA Recommendations Gained Support of State's Medical Directors

Other groups agreed with CAA's strategic focus on promoting quality patient care and effective EMS systems. The position paper of the Emergency Medical Directors Association of California (EMDAC) stated:

"We applaud the CAA for referencing the Institutes of Medicine report "EMS at the Crossroads" and specifically their observation concerning the "fragmented system that exists today" and their recommendation that EMS systems need to improve coordination, expand regionalization, and provide increased transparency and accountability. We fully support their (the CAA's) recommendation that any changes made to the EMS Act, and specifically 1797.201, should follow these principles."

Consensus to Improve EMS System Coordination

During the final panel of the workshop, EMSA provided a summary of possible consensus on at least four solutions: cities and fire districts should sign agreements with LEMSAs to clarify their roles in the EMS system;

local Emergency Medical Care Committees (EMCC) should be formed to achieve meaningful involvement by all EMS system participants; local EMS plans should include a review and verification of the cities and fire districts covered by 1797.201; EMS system coordination should ultimately focus on quality and efficiency. As of the writing of this article, EMSA has posted all of the position papers and presentation on their website and is currently determining next steps. The EMS Commission has assigned a work group to evaluate the outcomes of the workshop and develop a report to be submitted to the EMS Commission.

Benefits to CAA Members

The CAA's participation at the workshop was a significant accomplishment for the association:

- CAA published its position paper titled, "Local and State Oversight of EMS in California"
- CAA recommendations gained the support of other stakeholder groups
- CAA team promoted association policy objectives to improve state and local EMS regulations and:
 - Resolve conflict among cities and counties
 - Strengthen fragile EMS system financial infrastructure
 - Incorporate impacts of health care reform
 - Improve competitive processes
 - Assure changes to statute, regulations or guidelines follow IOM principles

The EMSA position paper and slide presentation provides significant background on the EMS Act as well as detail regarding the legal issues associated with HSC 1797.201 and HSC 1797.204. The position papers and slide presentations from all of the workshop's statewide organizations can be found at www.emsa.ca.gov/systems/Transportation/201_Workshop.asp.

Thank you to members Helen Pierson, Jimmy Pierson, John Surface and other CAA members for attending the workshop. Appreciation is also extended to the Board of Directors and the Legislative and Agency Relations Committee for their guidance and input as the Association prepared for this important workshop. You can obtain the CAA position paper and presentation slides at www.the-caa.org.

We fully support their (the CAA's) recommendation that any changes made to the EMS Act, and specifically 1797.201, should follow these principles."

-Excerpt from EMDAC position paper

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**Rate decrease effective 2/1/2010 for class code 7332



California Ambulance Association 2009/2010 Annual Report

In August 2009, the CAA developed a new strategic plan which was driven by membership feedback, a membership survey and an assessment of the Association's strengths and weaknesses. A two-day strategic planning meeting of the CAA leadership team included board members, committee chairs, E&P committee, legislative advocate, management staff and was facilitated by the executive director. In order to achieve success on priority issues, the CAA leadership team updated the CAA's strategic vision and established three goals. The progress and outcomes related to these three goals are presented below.

CAA's Strategic Vision

The CAA's members are essential **Healthcare First Responders**.

Our Vision

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

Our 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.

CAA's 2009/2010 Accomplishments

Goal: Rates paid by government payers cover the cost of service and reimbursement standards are medically appropriate.

- Gained passage of AB 1932 (Hernandez, formerly AB 1174) "Ambulance Payment Reform Act" by unanimous vote of the Assembly Health Committee and the bill is now being held in the fiscal committee due to lack of state funding. The bill would increase Medi-Cal rates and adopt Medicare HCPCS codes, service levels and definitions.
- Completed comprehensive new analysis of Medi-Cal ambulance reimbursement shortfalls including new data and new justifications; developed several new leave-behind materials supporting membership advocacy efforts including over 50 CAA member meetings with legislators in Sacramento.
- Performed extensive research on the pros and cons

of a Quality Assurance Fee (QAF) as a mechanism to increase severely below-cost Medi-Cal ambulance service rates, including initial modeling, mechanisms to mitigate losers, potential structure of fees and increased payments, provider impact template, statewide data project, stakeholder memorandum of understanding and project schedule. Conducted numerous meetings with administrative and legislative staff.

- Hosted the Medi-Cal Work Group including seven representatives from CAA committees, board, staff and consultants and was expanded to include other non-member stakeholders and fire service representatives. The work group presented two membership updates and feedback forums.
- Conducted several meetings with the California Department of Corrections and Rehabilitation (CDCR) regarding the problems experienced by member ambulance companies associated with prison contracts and claims processing; provided information and resources regarding the Medicare reimbursement system, California EMS Act, EMSA guidelines and operational issues; generated prison system ambulance contracts and claims resource for members.

Goal: State and local regulations of EMS and ambulance services are evidence-based, fiscally responsible, uniformly administered and consistently enforced.

- Established CAA position and monitored status of 27 bills impacting ambulance providers.
- Published CAA position paper "Local and State Oversight of EMS in California" which gained support of key stakeholders.
- Key participant in ".201 Today & Tomorrow: A Workshop on EMS System Coordination" hosted by EMSA including general session presentation and panel participation by CAA.
- Researched EMSA Guideline #141: "Review Criteria and Policy for Transportation and Exclusive Operating Area Component of the EMS Plan" with final comments due in September 2010.
- Analyzed and provided feedback regarding potential legislative changes to policies related to transport of 5150 patients.
- Hosted and attended numerous meetings with key state-wide stakeholder groups and regulatory agencies.



California Ambulance Association 2009/2010 Annual Report

Goal: CAA is the industry expert regarding EMS and ambulance issues and proactively influences standards and regulations.

- Submitted three candidates to represent the CAA on the California EMS Commission (currently awaiting appointment by Assembly Speaker John Perez).
- Submitted three candidates to represent the CAA on the statewide Trauma Advisory Committee (EMSA Director Dr. Tharratt appointed Sierra Ambulance's Ed Guzman).
- Hosted four CAA conferences in 2009/2010:
 - o 61st Annual Convention featuring very popular risk and performance improvement speaker Gordon Graham (July 8-10, 2009 at the Los Angeles Hilton with 110 participants).
 - o Annual Reimbursement Conference featuring Brian Werfel and the "Birth of an Ambulance Claim" (October 5-7, 2010 at the Hyatt La Jolla with 115 participants).
 - o Annual Legislative Summit featuring over 30 meetings with members of the Legislature on AB 1932 "Ambulance Payment Reform Act" (February 1-3, 2010 at the Sheraton Grand Sacramento with 42 participants).
 - o Annual "Stars of Life" Celebration honoring 23 Stars of Life and featuring over 20 meetings with members of the Legislature (April 19-21, 2010 at the Sheraton Grand Sacramento with 64 participants).
- Published four quarterly *Siren* newsletters featuring member company profiles, association updates and information about industry issues.
- Redesigned and launched a new CAA website with both external and members-only areas.
- Hosted a CAA-sponsored booth at the annual conference of the EMS Administrators Association of CA and invited each CAA member to submit their company logo which will appear on banner demonstrating CAA membership's state-wide reach.
- Retained or hosted speakers and consultants with targeted expertise in Medicare and Medicaid regulations, state regulations re EMS market designations, federal provider taxes, and health care reform.
- Implemented a safety plan to promote the reduction and severity of workplace injuries and fulfill certain mandates of the administrative contract with State Compensation Insurance Fund.
- Began process to assess impact of national health care reform on California ambulance providers.

In addition to the above goals, the CAA board,

committees and management team executed strategies to assure sound association operations:

- o Realigned CAA committees to achieve more efficient membership engagement and feedback; including six committees and five subcommittees or work groups with both onsite meetings and regular telephone conference calls.
- o Completed the process of contractor realignment to reduce the Association's overhead costs.
- o Conducted financial review and implemented new IRS Form 990 requirements.
- o Streamlined new membership application and approval process.
- o Initiated bylaws review and policies and procedures update.

Acknowledgements: Members Make it Happen

Thank you to the CAA volunteer leadership team, management team and committee members for their hard work throughout the year. Most importantly, we enthusiastically recognize the CAA's active, associate and commercial members as there are numerous ways our members contribute to the Association's successes: financial support, sponsorships, donations, conference participation, in-kind assistance, great ideas, policy input and feedback. A remarkable association is based upon an engaged, dynamic, committed membership that is focused on strategic priorities. CAA members are building the CAA into a remarkable association.

CAA Leadership Team

Board of Directors

Dana Solomon, Chair
Bob Barry, Vice Chair
Leslie Jessop-Watkins,
Secretary Treasurer
Richard Angotti
Jim McNeal
Helen Pierson
Fred Sundquist
Alan McNany,
Sergeant-at-Arms

Management Team

Brenda Staffan,
Executive Director
Chris Micheli,
Legislative Advocate
Mark Corum,
Siren & Website Editor
Jennifer Blevins,
Meeting Planner
Tricia Schrum,
Accountant
Kim Ingersoll,
Membership Services

Committee Chairs

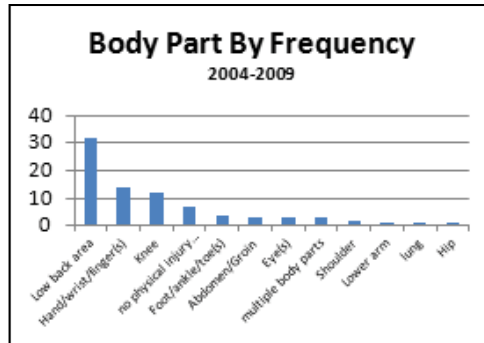
Bob Barry, Legislative & Agency
Relations Committee
Ed Guzman, Membership
Development & Services
Committee
Gerry Hart, EMS Commission
Subcommittee
Alan McNany, Ethics &
Professionalism Committee
Jim McNeal, CAAPAC Committee
Eb Muncy, Nominating
Committee
Helen Pierson, Education
Committee
Stewart Slipiec, Safety
Subcommittee
Jody Soule, Payer Issues
Subcommittee

Back Strains: One Company's Experience

By Don Vonarx, General Manager, Riggs Ambulance Service

The worker's comp injury experience at Riggs Ambulance Service (RAS), Merced, California, has been very similar to most of the ambulance industry nationwide. Our paramedics and EMTs are primarily being injured by straining their back while lifting and/or moving patients. In May 2008, we began an

aggressive program to reduce the frequency and severity of injuries in general and, more specifically, those injuries related to lifting and moving patients. This program consisted of implementation of four components: policy, equipment, training and enforcement.



hired an outside ergonomics training consultant that evaluated the body mechanics practices of our crews and created training to address all aspects of the forces placed upon the field provider's bodies throughout their work day. Additional training based on minimizing the effects of these forces was provided. While this training undoubtedly raised awareness throughout the company, RAS is still evaluating its net ROI value.

Enforcement

Probably the most challenging, but most important, aspect of implementing this program has been ongoing enforcement. To ensure consistency, the RAS Supervisors use an online Safety Observation reporting tool that allows for objective evaluation of crews while they are providing patient care and transport. The observational components primarily focus on safety:

- Appropriate lifting techniques
- Utilization of all patient restraints including shoulder harnesses
- Patient attendant wearing seat belts (driver seat belt use recorded by Road Safety system)
- Eye protection readily available
- DOT vest worn if on highway/freeway
- Patient care report substantially completed upon arrival at hospital
- Customer communications and service

Results

Since implementation of these initiatives in May 2008, RAS has seen a significant reduction in severity of injuries (as indicated by

Since implementation of these initiatives in May, 2008 RAS has seen a significant reduction in severity of injuries (as indicated by cost) but curiously, our frequency has remained about the same.

Policy

We began by reviewing our policies to insure we had clearly articulated the expectations regarding proper lifting, number of personnel required to lift/move in various circumstances, who can and cannot lift/move patients, how patients will be restrained, required equipment, reporting injuries, etc. These policies continue to be a work in progress to insure the prescribed practices are based on practical application in the real world.

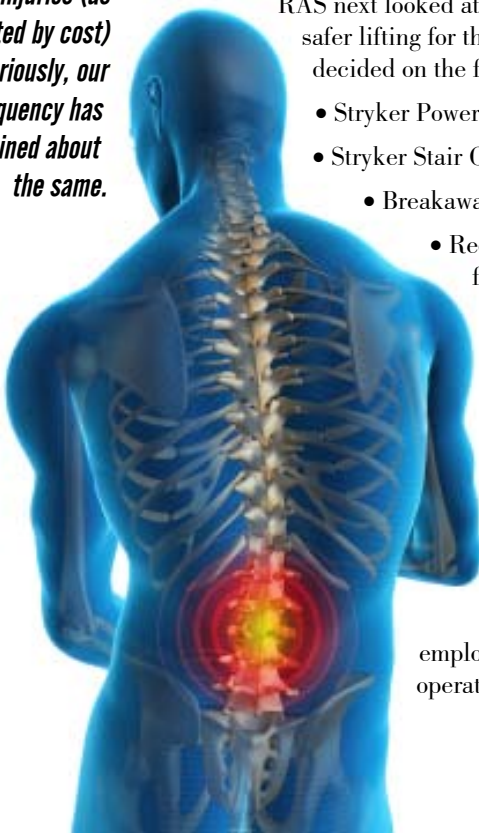
Equipment

RAS next looked at what equipment was available to promote safer lifting for the crews and the patient. We ultimately decided on the following equipment for all ambulances:

- Stryker Power-Pro power-assisted Gurneys
- Stryker Stair Chairs
- Breakaway patient flats
- Redistribution of equipment from only one first-out bag to new, lighter first-out bags and airway bags thus reducing and redistributing the weight the crews carried.

Training

In addition to the Stryker-provided audio visual training materials, we provided hands-on training for the gurneys and stair chairs. RAS now requires this training for only initial employee training, as the equipment is relatively simple and intuitive; with a little practice a new employee can quickly demonstrate mastery of safe operation in various conditions. Additionally, we

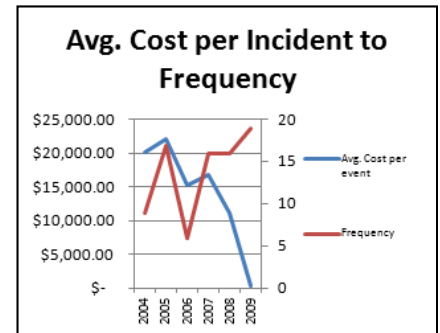




By taking a proactive approach to reducing back strains, Riggs Ambulance has seen a significant reduction in the severity of injuries.

cost) but curiously, our frequency has remained about the same. Upon further analysis, it appears the decrease in frequency we expected to see, but did not, may very well be due to improved reporting methods, enforcement and follow-up. Whereas in years past the reporting and follow up of injuries, particularly minor injuries, was somewhat inconsistent.

While it is not possible to directly attribute the decrease in severity to any one change, the majority of RAS crews, particularly those with tenure, would most likely credit the introduction of the power-assisted gurney, which in the course of one shift can reduce the cumulative weight lifted by hundreds, if not thousands of pounds.



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CAA Elections

2010 CAA Elections

EB Muncy
Chair, Nominating Committee

CAA Active Members will soon receive their official ballots for the 2010 – 2011 California Ambulance Association elections. Active members are eligible to vote for candidates seeking election as Officers of the Association, Directors of the Board and members of the Ethics & Professionalism Committee.

In accordance with the by-laws, elections are conducted by mail only with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on June 25, 2010 at Harrah's Hotel, South Lake Tahoe, CA. This gives every active member the opportunity to exercise their right to vote whether they are present at the Annual Membership meeting or not.

We encourage you to review the following statements prior to making your decision. Thank you for your time and participation in the CAA.

Following are nominees for election to serve the CAA during its 2010-2011 operating year. Candidates were formally ratified by the Board of Directors at the April 21, 2010 board of directors meeting. Results will be announced during the Annual Meeting of the Membership which will be held on June 25, 2010 at Harrah's Hotel, South Lake Tahoe.

California Ambulance Association 2010 Elections <u>Slate of Candidates</u>			
NOMINEES FOR THE BOARD OF DIRECTORS (Two positions open, two-year terms)			
<input type="radio"/>	Dana Solomon	Manteca District Ambulance	Manteca, CA
<input type="radio"/>	Jim McNeal	Schaefer Ambulance Service, Inc.	Los Angeles, CA
NOMINEES FOR THE ETHICS & PROFESSIONALISM COMMITTEE (One position open, two-year term)			
<input type="radio"/>	Klark Staffan	Sierra Medical Services Alliance	Susanville, CA
NOMINEES FOR OFFICER POSITIONS (One-year term for each position)			
Chair			
<input type="radio"/>	Bob Barry	Care Ambulance Service, Inc.	Orange, CA
Vice Chair			
<input type="radio"/>	*Dana Solomon	Manteca District Ambulance	Manteca, CA
Secretary/Treasurer			
<input type="radio"/>	Leslie Jessop-Watkins	Blythe Ambulance	Blythe, CA
*Must be elected to the CAA Board of Directors to be qualified to hold an officer position.			

Candidates



Dana Solomon
Manteca District Ambulance
Manteca, CA

Candidate for Director
(Two-Year Term)

Candidate for Vice Chair
(One-Year Term)

Hello, CAA Team -- I am extremely honored to have served as your Chairman of the Board for the past two years! I know that our organization is made up of the best and brightest in the pre-hospital care transportation industry. I also, know that there are several other very talented individuals who operate quality companies that currently do not belong to the CAA. The only way our organization can continue to make a difference in the future of our industry is to become engaged. The challenges we face are certainly a heavy lift. However, together, we can accomplish our goals and objectives and continue to develop the science and art of providing professional, compassionate, high quality medical transportation for the sick and injured. I have been in the business of treating and

Continued on page 20



CAA Elections

for Director/Officer Positions



Jim McNeal

Schaefer Ambulance Service, Inc.
Los Angeles, CA

Candidate for Director
(Two-year Term)

Mr. McNeal joined the U.S. Navy in 1951, and retired from the U.S. Navy Reserve in 1984. He completed college at Idaho State in 1954. He started his career with Schaefer Ambulance Service of Los Angeles, California in 1962 and has been with Schaefer Ambulance Service for over 40 years. After going through the ranks, he now holds the position of President and CEO. He was a founding member of the California Ambulance Training Institute. Schaefer Ambulance implemented a joint venture with NASA to develop telemetry capabilities for medical communications and is among one of the original thirteen founding members of the American Ambulance Association.

He married Louella Mae Schaefer in October 1961, and has three children, Leslie McNeal-Jones, Marlene McNeal-Jones and

Continued on page 20



Bob Barry

Care Ambulance Service, Inc.
Orange, CA

Candidate for Chair
(One-Year Term)

The past few years have been a time of many challenges and accomplishments for the CAA. We have been dealing with issues and legislation that if left unattended, could and would have serious consequences for our industry. There has never been a time when it has been more important to stay engaged, attentive, and focused on the issues facing our membership and industry today. The CAA has been active in researching and developing positions on several issues, for example, dealing with the AMR-sponsored AB 511 Quality Assurance Fee bill, which would impose a self tax on providers to obtain a Medi-Cal rate increase. EMSA Guideline #141 would transform and mandate the way local EMS agency's can define EOA's within their jurisdictions. There is also controversy regarding "grandfathered rights" associated with Sections .201 and .224 of the Health

Continued on page 20



Leslie Jessop-Watkins

Blythe Ambulance Service
Blythe, CA

Candidate for Secretary/Treasurer
(One-Year Term)

I would first like to extend my thanks to our members for entrusting me as your CAA Secretary/Treasurer. It has been a great honor to work with our members, Board, management staff and legislative advocate to achieve the CAA's goals and objectives. As you are aware, we have made some changes within the CAAs structure over the last year, and it has been truly remarkable to witness the increased visibility of our Association which could not have been possible without our new Executive Director and Management Team.

I am seeking to continue my role as the Association's Secretary/Treasurer. We are in the process of upgrading our member services and have continued to make the CAA very visible and respected in Sacramento and throughout the state. I would like the opportunity to continue serving

Continued on page 20

Candidate for Ethics & Professionalism Committee



Klark Staffan

Sierra Medical Services Alliance
Susanville, CA

Candidate for E & P
Committee
(Two-Year Term)

Please consider Klark Staffan as a candidate for the Ethics and Professionalism Committee for the CAA. Klark currently serves on the E&P Committee and has served as a contributing member of the CAA for several years. "I always stand ready to share my thoughts and opinions on important matters of the Association in a balanced and ethical manner. I believe this Committee is very important to the moral fiber of the organization and I hope you will allow me to continue to contribute to the E&P Committee for another term". Thank you!



Candidate Statements

Continued from Page 19

Dana Solomon

transporting the sick and injured since 1974. Over the past thirty-six years, I have worked for a private company, hospital district ambulance service, hospital owned medical helicopter service, community-based not-for-profit, and I owned my own company. I will admit that the twenty-two years I spent as a field medic gave me great satisfaction. However, I don't think I could handle those long sleepless nights. I do enjoy hearing about those calls where we made the difference and our employees have the ultimate feeling of saving a life. That life we saved will enjoy many more family days. I have been a CAA member since the early 80's and I have seen just about every challenge to our industry over the past couple of decades. I don't believe that we can ever let our guard down; we must continue to provide high quality pre-hospital care, be active in our communities, and give back more than we take out of those communities that we serve. I'm running for the position of Vice Chairman of the Board of Directors. I have worked extremely hard for our Association and believe strongly that we must have a leadership succession plan in place to keep us strong and at the table when it comes to state, county and municipal regulations and mandates. We are the backbone and safety net of California's medical transportation industry. We know how to run a quality, cost effective business and provide a living wage and benefits for our employees and their families, even in these very tough economic times. It would be a great honor and privilege to serve you, the members of CAA, as your Vice Chairman. Thank you for your consideration!

**Note: Must be elected to the Board of Directors to qualify to hold the office of Vice Chair.*

Jim McNeal

James McNeal, III; and three grandchildren, James McNeal, IV, Ashlie Nichole Jones, and our newest arrival is Hannah Noel McNeal. Following are his memberships and affiliations: President, Charter Member, Professional Aeromedical Transportation Association (PATA); Treasurer, Foothill Service Club for the Blind; American Ambulance Association (AAA); California Ambulance Association (CAA); Founding Member of Private Ambulance Providers Association (PAPA); Lions Club; House Majority Trust; and the National Republican Congressional Committee (NRCC). Mr. McNeal has recently received the Melvin Jones Award recognizing his 50 years in Lions International.

Bob Barry

and Safety Code. These are just a few of the many issues that your Board of Directors has been actively involved in opposing, supporting, or directing policy research this year. The CAA will certainly continue to face these and many new challenges in the year ahead. Your current Board of Directors has worked extremely well together under the leadership of Chairman Solomon. He has forged a very active group of individual providers, some large, some small, who volunteer their time and treasure to serve on the Board and make sure the interests of the membership of the CAA are guarded and represented. This is no easy task. It has been my pleasure to serve you these past two years as the Vice-Chair of the CAA. I have been heavily engaged in the issues that

face us and feel I am ready to serve as your Chairman. I ask for your support and vote for Chairman of the Board for this coming year as I feel I can bring continuity and direction to the leadership of the CAA, and continue the work we have mapped out for the coming year. Thank you for your support.

Leslie Jessop-Watkins

our industry in this capacity. It is important that our state association continue its endeavor to serve members, large and small, and insure the future of all facets of emergency pre-hospital care throughout the state of California remains viable. I can provide insight from a rural standpoint as both an owner and care giver, and it would be an honor to serve our Association in this capacity for another year. Thank you.

Results will be announced during the Annual Meeting of the Membership which will be held on June 25, 2010 at Harrah's Hotel, South Lake Tahoe.

Feeling Caught Up in the Red Tape of Reimbursement?

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October 4-6, 2010
Hyatt Regency La Jolla

Stars of Life continued from page 6



Dr. Tharratt presents Rene Steinhauer with a Certificate of Appreciation from Senator Alquist.

by a vote of 15-0. It is currently pending in the Assembly Appropriations Committee.

During our luncheon at the Sheraton Hotel that day, we heard from Senator Tony Strickland (R-Ventura County). He serves on the Senate Budget Committee and is the Vice Chair of the Senate Health Committee.

Senator Strickland spoke extensively about the upcoming state budget debate and the continuing fiscal crisis facing the State of California.

He also covered a few health policy issues and singled out Board Member Jim McNeal who has long been an informal advisor to Senator

Strickland.

Our day concluded with two speeches enjoyed by our attendees in the evening. Our keynote address was delivered by the new Assembly Health Committee Chairman, Bill Monning (D-Santa Cruz County). He spoke in strong support of our AB 1932 and explained his views on major health care policy issues coming before his committee during this legislative year, including implementation of the federal reforms recently enacted.

Thereafter, our attendees heard from Dr. Tharratt, head of the State's EMS Authority, who spoke positively about the role of our industry and the important activities that we engage in each day. He helped our Executive Director and Board Chairman present all Stars with Certificates of Appreciation from Senator Elaine Alquist, who is the Chair of the Senate Health Committee.



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CAA Member News

Starting a Critical Care Transport Program

Continued from page 2

Early in the process, let your local EMSA know you are planning on including this service. There may be requirements that need to be fulfilled before you can ever transport a patient.

Many protocols, policies, and drug formularies have to be written. Do not underestimate the time it will take to do this. This will require collaboration

between the medical director, nurse manager, and administration. The process of writing standing orders for the CCT RN will be very time consuming. If new medications need to be carried to accommodate those orders, consideration will need to be given operationally and logistically.

Keep the policies, payroll, hours to be worked, and benefits for nurses separate from that of the paramedics. They are very different worlds. We found that trying to make them all the same did not work well.

Teamwork best describes our CCT team. At a minimum our team is a CCT RN, paramedic, and EMT. The CCT RN and paramedic are always with the patient. The CCT RN is not better, they just have a different set of skills. Our philosophy is that when you combine the CCT RN with the paramedic you get two perspectives coming together for the common goal of quality patient care.

Training is a huge component to consider before you ever start transporting patients.

Hire nurses with current critical care experience that understand the teamwork philosophy. You do not want to train them on how to be a nurse. You may have to do some extra training in areas that they are not as familiar with. We found that extra training was needed for the transport of OB patients and hemodynamic monitoring. We trained extensively on our equipment and protocols. Involve your paramedics in the training too. They will feel a part of the team and it will ease the transition from only 911 transports to include the CCT transports. Talk with the paramedics before you start your program. Let them know they are an important part of this process. The team approach is the only means to success. The opinions of the nurses you hire are important also. More than likely, when you hire them they are coming from the facilities that you want to transfer patients to and from. They will have insight that can be useful to better your CCT program.

It may seem trivial but uniforms are important. Make the CCT RN uniform different than the paramedic uniform. There was a lot of confusion generated because at first our uniforms were the same. Nurses and physicians at the hospitals thought our nurses had suddenly become paramedics. They then jumped to the conclusion that paramedics were giving medications outside their scope of practice.

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Chairman's Message *continued from page 3*

know you will be available to provide this service. Let them know your capabilities and give them conservative, realistic time frames on when you can arrive to transfer their patients. This will need to be done frequently even after you begin transports.

As you start to transport patients, be ready and willing to make changes. Never under-estimate the expectations of the hospitals. Some are unrealistic and others are easily resolved. Admit your mistakes and foster open communication with them. Be willing to educate the hospitals to assist in the common goal of transferring the patients safely and providing quality patient care in the process.





If we can be of help as you consider the process of starting a Critical Care Transport program please call San Luis Ambulance (805) 543-2626.

benefit our members. We also made changes to streamline numerous functions of the Association and just like most of our members, to become more efficient.

We have generated tremendous momentum and energy, yet, much hard work is invested by too few of our dedicated members. There is a great reservoir of untapped talent in our industry that would benefit the goals of CAA—among our current member organizations and inside the many quality companies that are currently not members. And, there are many opportunities and challenges ahead with health care reform becoming a reality. As we prepare for the future, and since this is my last Chair's Message, I would like to give you one more challenge: PLEASE ENGAGE!!! The association is only as strong as our members' collective contributions. And, thank you, to all the members who have contributed!

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2010 Meeting Calendar



62nd Annual Convention

June 23-25, 2010

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Reimbursement Conference

October 4-6, 2010

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