



Spring 2021

Siren

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



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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 emergency and non-emergency ambulance services to promote effective and fiscally responsible EMS systems and standards.

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President's Message

Todd Valeri
President
California Ambulance Association

I wish to extend to you all my enthusiastic hope that the worst days of the Covid-19 public health crisis are behind us. Every California Ambulance Association member has been firmly on the front line for well over a year and has endured hardship and challenges. I hope the unity and fellowship provided by the CAA have at least allowed burdens to be shared as we have all navigated similar issues and impacts on our teams. Our organizations have worked so close to the pandemic delivering emergency and non-emergency care, as well as various other tasks that we have undertaken to support our wider health and public health systems. You should all be proud of how you and our industry have faced the challenges head-on.

The strength of the CAA lies in its membership and the remarkable service they give. All of our committees are well attended and most importantly well-led. With our revised flow of committees, followed by board meetings and the Town Hall, it allows us to distribute issues through the association, take decisions and action, and importantly report out to maintain communications and keep everyone informed.

2021 has seen us increase member benefits with the appointment of a Medicare consultant to provide important information on essential reimbursement issues. I am delighted to recognize

Page, Wolfberg and Wirth (PWW) as our consultants and in such a short time they have contributed to our general education and have been ever-present at committees and Town Halls.

As I write, we are also on the cusp of appointing an HR consultant in a process led by our newest committee – the HR Collaborative. It will be exciting to announce the final selectee and have them contribute to the association and its members.

The Board has changed in composition and in 2021 we welcomed Melissa Harris, President and Chief Executive of Ambuserve, who also took on the role of treasurer and we also acknowledge and welcome Carly Alley of Riggs Ambulance, appointed by the board to fill a vacancy.

Finally, it is with great excitement that we finalize our 2021 Annual Conference, which will take place at Harrah's in Lake Tahoe from August 31st – September 3rd. The Conference Committee has worked hard to put a fantastic program together, which also includes welcoming our Stars of Life in what will be a welcome return to an albeit socially distanced close gathering.

Thank you to all our wonderful members as we continue to raise the bar of both the collective association and its members as the year goes on. *

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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/join-the-caa for a membership application.



Executive Director's Report

Rob Lawrence
Executive Director
California Ambulance Association

Welcome to the spring edition of *The Siren* magazine. I write this as I mark the anniversary of my first full year as Executive Director. The exciting thing about my appointment is that I get to attend all the committee meetings and workgroups to overhear and see the association's activities and the remarkable people that make it all happen. Everyone is a volunteer and the time and effort contributed speaks to the success of the organization. There isn't a grouping that isn't energetic, dynamic, and rooting for the collective team that we are. Given the last 12 plus months of pandemic and the "usual" California activity of mutually supporting each other during wildland fires (there is no longer a fire "season") all have been challenged operationally, physically, and emotionally and the ability to share concerns issues and solutions has been a collective strength.

We have collaborated on anything and everything from procurement prices to the home manufacture of PPE and freely shared issues and successes and that is an exciting thing. As we also welcome our consultants in both Medicare and HR, we further expanded benefits offered to members which increases the value proposition the CAA offers.

This edition of *The Siren* captures examples of the excellent work done by

our members during the public health emergency as well as highlighting best management and leadership practices. We also celebrate considerable milestones and anniversaries of member organizations that have delivered decades of service to communities and patients within the state.

Finally, I'm looking forward to getting out to Tahoe from August 31 – September 3,

2021, to meet many of you in person as we all realize we are more than just a set of heads and shoulders in the Hollywood Squares of the Zoom Screen. The 2021 Annual Convention is promising to be an excellent education and networking event so please book your place now.

Thank you all, and please enjoy this edition of *The Siren*. ✱





Insurance Direct Reimbursement to Patient

Donna Hankins
American Ambulance
Chair, Payer Issues Committee

One of the cumbersome issues related to commercial insurance reimbursement affecting ambulance providers is the tactic by non-contracted insurances to directly reimburse the patient. The solution is to identify the regulatory body that oversees the insurance then develop tactics to work with the patient to obtain the payment.

Define the Acronyms:

Before being able to strategize this situation, an ambulance provider needs to know the insurance regulatory agency overseeing payment. DMHC (Department of Managed Healthcare) is one of the regulatory agencies in California overseeing healthcare reimbursement in California. CDI (California Department of Insurance) oversees auto and most California PPO health insurance plans. ERISA (Employee Retirement Income Security Act) health plans are provided by the employer and regulated by the Federal government. Rounding out the commercial insurance types, OOS (Out of State) insurances are based outside of California and therefore regulated by the state of the insurance.

Payment Direct to Patient:

Let's detail out the good news first. If the plan is regulated by DMHC then Knox Keene 1371.4(b) requires the insurance to reimburse the provider for emergency services directly "until the care results in stabilization of the enrollee."

(https://www.dmhc.ca.gov/Portals/0/Docs/OLS/KKA_2019.pdf, page 334).

The problem occurs when a DMHC regulated insurance determines if a provider has billed a non-emergency. In those cases, the insurance may determine the regulation cited above does not apply and the insurance may reimburse the pt directly [even if the ambulance transport was to a higher level of care (HLOC) and patient was not stabilized]. In those cases, the provider should appeal to the insurance, show the modifiers used indicate this was a HLOC and appeal to have the payment resent directly to the provider.

Ready for the bad news? Except for plans regulated by DMHC, commercial insurance plans not regulated by DMHC have no

obligation to pay the provider directly. If the provider is non-contracted, current regulations do not require the insurance to pay the provider directly for ERISA or CDI. The regulations for OOS plans are based on the state where the insurance plan resides (google "Assignment of Benefits by State" for more on this issue). One resolution is to contract with the insurance (assuming your contract will require direct reimbursement). The other solution is to develop a process to identify and manage these claims. Here are three keys to handle direct reimbursement to the patient:

- 1) Always bill the insurance even if the patient is paid directly.
- 2) Bill the patient immediately once the payment status is known (get an EOB, document the amount, date and check #).
- 3) Fast track these claims to your collection agency for pursuit of reimbursement timely. *

Insurances under CDI:
Aetna, Cigna, United Healthcare

Insurances Under DMHC:
Kaiser, Blue Shield of California,
Blue Cross of California

For more discussion about this and other issues affecting ambulance providers, please join the payer issues forum, e-mail group and monthly phone call.



Board Member Focus

Melissa Harris
President and Chief Executive Officer
AmbuServe Ambulance Service

Melissa Harris is a hands-on business-woman who leads her mobile healthcare and ambulance transport services company, AmbuServe, Inc. Founded in 2000, under Melissa's direction, AmbuServe has evolved from a three-ambulance operation to the thriving company it is today.

With its fleet ambulance vehicles and more than 250 employees, AmbuServe serves numerous healthcare facilities and insurance networks with exceptional on-time urgent and non-emergency ALS, BLS, CCT, and neonatal team ambulance transport services throughout the counties of Los Angeles and Orange.

She demonstrates leadership by example, Melissa participates in multiple industry trade associations, including the California Ambulance Association (CAA), Los Angeles County Ambulance Association (LACAA), and Ambulance Association of Orange County (AAOC).

Melissa is currently the co-chair of the CAA's Inter-facility Transport Committee and contributes to the CAA's reimbursement compliance efforts through her participation in the statewide trade association's Payer Committee.

She continues to acquire specific industry knowledge and skills, which she generously draws upon when other industry leaders seek her assistance on a routine basis. Melissa has honed her technical expertise in Crystal Reports, SQL, Microsoft products, and the leading industry-specific software suite of Zoll Data Systems products that power the company's accounts receivable and computer-aided dispatch ("CAD") system.

Using her hands-on approach, Melissa regularly works directly with its customers

and manages its marketing and finance areas. She also works closely with each of the company's executive management team members to motivate and inspire a culture dedicated to service delivery excellence.

A graduate of Pepperdine University in Malibu, Melissa received her Bachelor's Degree in Science from the renowned program in 1999. Melissa is also a proud member of the Women-Owned Business Association. *





Interfacility Transport Committee – Who We Are and What We Do

By IFT Committee Co-Chairs:

Melissa Harris

**President and Chief Executive Officer
AmbuServe Ambulance Service**

Max Laufer

**Chief Executive Officer
MaxCare Ambulance**

The California Ambulance Association (CAA) recognized in late 2019 that not all ambulance industry segments throughout California enjoyed representation and possessed a voice about the operational needs, legislative impact, and reimbursement issues that affect many of California's ambulance providers. In particular, ambulance operators serving in the interfacility market segment in many markets throughout the state.

At the beginning of 2020, the Interfacility Transport (IFT) Committee was formed at the Board of Directors' direction. To garner representation throughout the state, the CAA reached out to two established Southern California ambulance providers with decades of experience in IFT to co-chair the Committee to accomplish this goal.

Max Laufer, CEO of MaxCare Ambulance, based in San Diego County, and Melissa Harris, President and CEO of AmbuServe Ambulance, based in Los Angeles, County agreed to serve as the committee's Co-

Chairs with the commitment to bring a lot of energy and passion to fulfill the new committee's goals and objectives.

As one of its first projects, the IFT committee decided to focus on Medi-Cal and to address many issues and concerns identified by various CAA member companies. The committee first set out to seek to have the Medi-Cal medical transportation provider manual updated and revised.

The committee sought to affect change that would result in the streamlining of the Medi-Cal treatment authorization request (TAR) process related to the transport of critical care patients to skilled nursing facilities requiring a nurse and/or respiratory therapist, commonly coded as A0434.

While the Medi-Cal manual doesn't require a TAR for ALS or BLS level transports going to a long-term care facilities, it did need it for the CCT level under California guidelines.

During its review, the committee identified that CCT trips coded with the HCPCS code A0434 and HNQN modifier were being disallowed, and transports were denied for no authorization and would go without payment. California's IFT providers are required to report A0434 transports and pay the state (GEMTQAF) quarterly the quality assurance fee for each such transport and were doing so at an operational loss. Yet, before August 1, 2020, when the Medi-Cal change became effective, the state's IFT providers were unable to obtain payment for any services they provided above the advanced life support level to a skilled nursing facility.

Although the IFT committee has set an aggressive agenda with a laundry list of additional projects it wanted to tackle early in its first year, along with the entire industry, it was delivered a high-speed curve ball stitched with the name of COVID-19. This global pandemic hit California with a vengeance.

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The IFT committee quickly realized it needed to shift gears and focus on high priority issues facing the industry and our membership. All of California's ambulance operators were deemed as essential critical infrastructure. As an industry, our world became upside down as we tried to sort through all the chaos and uncertainty of California's new health crisis. Most of our member companies were faced with the reality of California's immediate shutdown and the mandated Stay at Home Orders issued throughout our state.

With the rapid changes to scores of local California and federal labor laws, the uncertainty of COVID-19 exposures within our collective industry workforce, the unknown adverse financial impacts to our membership that this health emergency would bring, it became evident that the IFT Committee needed to increase its scheduled activity level and shortly began to hold scheduled weekly Zoom conference calls, with some weeks consisting of two or more committee meetings being conducted.

During these Zoom calls, the committee discussed everything from personal protective equipment shortages, the paycheck protection program, the CARES Act, various legislative bills such as AB-26 (authored by Assemblyman Freddie Rodriguez), which sought to require private ambulance companies to provide body armor for each employee which were not only unnecessary but would also be extremely expensive and creating more unfunded mandates on employers.

At the peak of heightened lockdown, our committee transformed into a COVID-19 task group gathering and disseminating COVID-19 related news and information, policy, laws, and best employment practices to assist members with the unique challenges during this pandemic related to the management of the ambulance industry workforce, and the committee even provided a model CE Course for members to use to conduct COVID-19 training for their respective crews.

As the pandemic marched on month after month, the committee took up additional issues, including discussions about legal exposure litigations and best practices for working from home. The committee acted as a clearinghouse and passed along various published best practices and legal strategies that best model policy memorandums from leading area subject experts received by the committee or its members from all available sources.

Our committee members discussed how to deal with potential layoffs, workforce reductions due to staff wanting to collect unemployment, reduced deployment hours, reduced call volume, etc. The IFT Committee offered the membership resources that contained guidance on the FFCRA, Payroll Protection Plan, HHS CARES Act, Worker's Compensation reporting requirements, employee health screening, and discussed how to handle exposures in the workforce. These documents were provided by Max and Melissa's respective legal counsel and were shared with the committee and sent out in CAA blasts

to all the members for their review and consideration.

As a CAA committee, the IFT Committee strives to ensure all CAA members' issues and concerns are addressed correctly and promptly. We are not competitors; we are all ONE team addressing the challenges during this World Pandemic!

With this spirit in the forefront of our thoughts, the chairs of the IFT and Payer Issues Committees have joined forces to seek approval from the Board of Directors to secure the hiring of Athene Law to provide educational materials and templates to CAA members to assist with obtaining add-on payments for the GEMTQAF for \$220.80. The legal service will also include virtual town hall meetings and webinars to educate members on the differences between being contracted vs. non-contracted with Managed Care Medi-Cal Plans.

Finally, the IFT Committee continues to keep a watchful eye on potential new legislation that may impact our collective membership, including the following California legislative bills:

- **AB 1492** – Ease workplace restrictions for meals and rest periods for employees working from home
- **SB 1159** – Adds Covid-19 related illness or death to the list of on-the-job injuries covered by Worker's Compensation
- **AB 1867** – New sick pay vs. FFCRA- which one is better for my business

As these bills move forward in the public process, we will develop best practices and model strategies for our members to review and consider as we all continue to navigate these uncertain waters in the weeks and months ahead. It has been an honor and privilege for both of us and our entire committee membership to serve the CAA. We salute each of the member companies for caring for all Californians across this beautiful state each and every day and commend our EMS heroes. *





Answering the Call – COVID-19 Skilled Nursing Facility Evacuations

Jim Karras, EMT

**Vice President and Chief Operating Officer
AmbuServe Ambulance Service**

On Thursday, June 11, 2020 at approximately 3:00 pm, AmbuServe's communication center received a request from Verdugo Fire Dispatch for two ambulance strike teams (ASTs). Verdugo is a regional fire dispatch center that serves as the designated PSAP for the City of Pasadena.

Verdugo requested AmbuServe's two ASTs to be sent to Golden Cross Healthcare, a skilled nursing center located in Pasadena, CA to assist the Pasadena Fire Department with an emergency evacuation. The evacuation was issued to the Pasadena Fire Department by the Pasadena Department of Public Health pursuant to a court order due to a COVID-19 outbreak.

The Pasadena Fire Department operates the City's emergency advanced life support ambulance service. AmbuServe serves as a backup ambulance provider to the city and contracts with the city to provide ambulance service and event medical services for the city's annual Rose Parade and other events held throughout the year at the city-owned Rose Bowl.

AmbuServe sent two ASTs consisting of a total 13 BLS ambulances. After arriving on scene, AmbuServe's first-in AST Leader (ASTL) was assigned by the Incident Commander (IC) as the ambulance staging manager and assigned to setup

and coordinate operations within the staging area. AmbuServe's second arriving ASTL was assigned by the IC to the patient transportation group leader to assist with patient tracking.

A total of 63 patients were in need of ambulance transportation. The Fire Chief, who was on-scene acting as the IC, subsequently issued a request for four additional ASTs through the County's mutual aid system. CAA member companies AMR and McCormick Ambulance also answered the call.

Each of the Golden Cross patients were transported to other area skilled nursing facilities to provide for their ongoing needs of continued medical care. The evacuation occurred over a 10-hour period from the time of the call until the last patient was transported from the scene.

This incident brought a pivotal change in direction of how California would manage skilled nursing facility patient populations amid the COVID-19 crisis going forward.

Shortly after this event, the state entered into contracts with select large multi-location nursing home operators to provide COVID-19 care throughout California at several state designated receiving COVID-19 skilled

nursing facilities (SNFs). AmbuServe was approached and entered into transportation agreements to assist the designated state COVID-19 SNF contractor in the Southern California area.

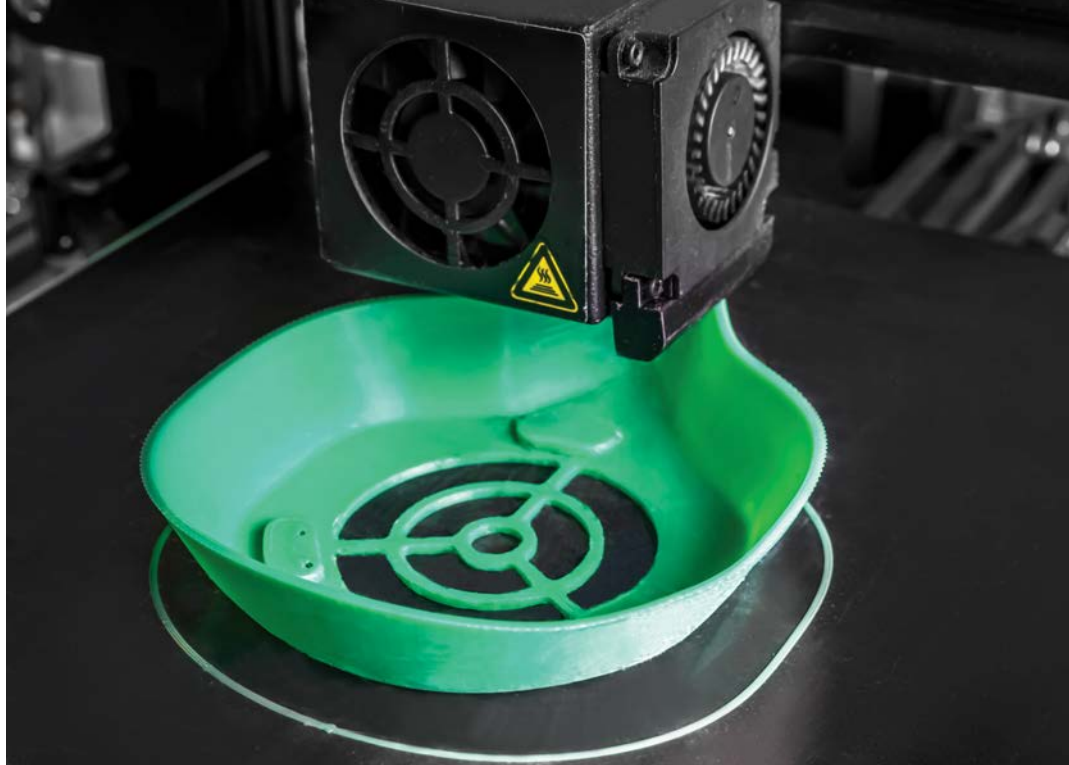
At the direction of the California Department of Public Health; in cooperation with the California Department of Health Services and local public health departments, the state designated COVID-19 SNF contractor works with area referring SNFs at the onset of a COVID-19 case to transfer affected patients to the contractor's receiving COVID-19 SNFs to help limit the community spread of COVID-19 within these vulnerable populations.

Upon receipt of a referral, the COVID-19 SNF contractor coordinates with the referring facility to confirm the patient is approved for transfer and that the family has been notified. Once confirmed, the COVID-19 contractor places an ambulance transfer request to AmbuServe's dispatch.

Under this arrangement, AmbuServe has done its part to reduce the community spread within multiple community SNFs in the company's service area. Our participation in this program has helped to ensure these sick patients are placed in a setting that has the necessary resources to meet each of their individual needs. *

2020 COVID Coverage – Homemade PPE

Rob Lawrence
Executive Director
California Ambulance Association



April 28th marks National Superhero Day and some California Ambulance services are leveraging their individual super powers to manufacture their own capes and masks! With continuing shortages of Personal Protective Equipment (PPE) and lengthy delivery schedules, California Ambulance Association Members have taken matters into their own hands and are locally manufacturing PPE. Members of the CAA's Inter Facility Transport (IFT) Committee identified the ways they were individually creating PPE and shared templates and "how-to's" to allow others to plug the gap until supplies return to normal.

In Southern California, **AmbuServe Ambulance Service** of Gardena (www.ambuserveambulance.com), serving the South Bay area of Los Angeles, is creating home-made gowns and face shields. Jim Karras, EMT, Vice President and Chief Operating Officer of AmbuServe said, "In Los Angeles County, we received several shipments of personal protective gear which included N95 masks, surgical masks, and some isolation gowns from the Los Angeles Department of Health Services Emergency Medical Services Agency. However, we soon realized that we would need more eye protection and isolation gowns then we could acquire on the open market." Because of the shortage AmbuServe formed a task group consisting

of Joseph ("Joey") Diaz, Communications Center Manager, Luis Perez, Fleet Manager and Robert Cambreros, Regulatory Affairs Supervisor to assess what we could do internally to manufacture isolation gowns and face shields in house. Karras said, "Within one week, three 3D printers were purchased and put into service. Plastics materials and other materials were sourced from existing partners through vendor relationships in place by our fleet department personnel." Under the direction of Joey Diaz, AmbuServe's Fleet department developed a wood template to cut the plastic to and using heat guns, sealed seams to create the garments.

AmbuServe also employed 3D printers to create face shields using thin plastic sheets molded in a semi-round shape with snaps attached at the top. The plastic molded (3D printed) head brace is then attached by the crew members before donning.

An elastic band attached to the head brace is used to secure the face shield in place on the care provider's head. To date, over 2,000 isolation gowns and 200 face shields have been produced.

Further North in Livermore CA, **NORCAL Ambulance** (<https://norcalambulance.com>) also used locally available materials to create PPE and created a easy to follow guide on YouTube <https://youtu.be/IgTTzfpdCGY>.

NORCAL's CEO Barry Sutherland said "We are doing everything we can to offer our teams the best protection possible and everyone here has risen to the challenge. We would also like to pay it forward and our YouTube video could assist another organization experiencing shortages create their own product."

Continuing the home-produced PPE theme, Sutherland also owns the Sutherland Distilling Company in Livermore and has switched production from bourbon to hand sanitizer – details of which can be obtained by e-mailing info@sutherlanddistilling.com. *





An Employee Praise and Recognition Program With Measurable Results

Eve Grau, Co-Founder, Royal Ambulance, a Glassdoor Employee's Choice winner, shares the moments that matter, and how to recognize performance

Rob Lawrence

Executive Director, California Ambulance Association

As public servants, we sometimes struggle when receiving thanks and praise for simply doing our job. There is sometimes a slight embarrassment at being singled out for doing something in the team event that EMS and public safety is, but recognizing good work is great for morale and importantly gives credit where credit is due.

Inevitably, when staff are asked how they wish to be recognized, the reply sometimes is limited to pay, terms and conditions. However, in the delicate economic state of some systems, especially in the reduced volume COVID-19 era, money is a tight issue.

One organization that has gained national recognition (and not just inside the EMS industry) for both its operation and its people is Royal Ambulance of San Leandro, California. In February 2021, Royal was honored with a Glassdoor Employees' Choice Award in the U.S. small and medium company category, Best Places to Work in 2021. The award is based solely on the input of employees, who elect to provide anonymous feedback by completing a company review on Glassdoor.

Royal has an incredible company culture that allows people to learn, grow and

be their best. Leading the HR and staff recognition effort is Co-Owner and Vice President of Human Resources, Eve Grau. Grau identifies Royal as a building block for young and aspiring healthcare professionals who want to become healthcare leaders and make an impact on the lives of others and the future of healthcare. As a major part of the organization's success lies in the recognition of their most important asset – their staff, I asked Eve three important questions on staff recognition.

Explain Your Company Philosophy In Recognizing Staff and the Great Work They Do

Grau: At Royal, we have always been very strategic with our praise and recognition program and initiatives. For most of our EMTs, this is their first job in healthcare, and their first step along their journey to become doctors, PAs, nurses, firefighters or police officers. Their experience at Royal sets the foundation for how they treat their patients/customers/community members and has lasting effects on the healthcare professional they become.

For us, it was obvious that prioritizing and creating a feel-good experience where

one feels valued and recognized for the work that they do, and the time that they put in is critical to our success and to their success. So how do we strategically create more opportunities to do this, continuously, through multiple channels, for a variety of reasons; share it publicly and have this become engrained into our culture? For us, this started by looking outside of our industry, and identifying what other organizations are doing to improve their employee satisfaction and engagement.

This deep dive consisted of creating journey maps, which helped us identify and visualize all the touchpoints along the employee's life cycle with us. We then broke out each touch point into more detail, and viewed it from the perspective of a "moment that matters" and used this as our guiding post for an opportunity to provide praise and recognition:

Completing new hire academy

Completing FTO time

Passing the first 90 days

Running 100 calls

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Birthdays

Work anniversaries

**Even leaving Royal
for a new job or school**

Each one of these moments is begging to be celebrated, and deserves to be. So why not take the opportunity to do so? It costs nothing, it just takes planning, effort, consistency and a desire to uplift others, and the ROI is huge, for everyone involved.

**In What Ways Do You
Recognize Your Staff For
Good Work and Deeds?**

We created a culture where peer-to-peer praise is encouraged, and where leaders are focused on looking for what someone did well, and not what they did wrong.

Attendance is a perfect example of something EMTs frequently get called in to discuss, and we all know that typically

means poor attendance. Why not flip the script? Highlight the names of the individuals whose attendance has been stellar, who have been picking up extra shifts to help out. When they arrive to work or clock out, catch them in person and simply thank them for being such a rock star, let them know how much the company appreciates it, and how it positively impacts our patients and their fellow partners. Ideally, do this in a public setting, so others can hear. Not only does this make the individual getting the praise feel good, it also impacts their continued behavior of getting to work on time, and encourages others to do the same.

However, face-to-face is not always possible, especially in our line of work. So, it was critical for us to find a tool that allows us to communicate, collaborate and connect with our people out in the field. We chose Workplace by Facebook (essentially our own internal social media). As we built out Workplace and designed our process for using it, peer-to-peer

praise and groups dedicated specifically to sharing positive stories and experiences with one another were created, driving engagement and allowing us to take praise and recognition to the next level, and to a larger audience.

Every time a new trainee passes field training time, their FTO goes onto workplace, and creates a custom congratulations post for them. Once the post goes up, it gets flooded with likes, comments of praise and recognition from others in the organization and turns into a perfectly planned online love fest, where everyone feels good, especially the new trainee. It's an important moment that matters for them. This moment was recognized, elevated and publicly shared. Our bet is that this individual will start the first day in the field on their own just that much more confident and excited, and so will their new partner that day.

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In Appreciation Of Our EMTs

D.O.T. MEDICAL EXAM

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Another way we use Workplace and leverage the concept of peer-to-peer praise is through our exit interviews. We strive to do the majority of these in person, and afterwards, always follow up with an anonymous survey to get more open and honest feedback. One of the questions we ask is, "Are there any team members that have stood out, gone above and beyond or that you want to give props to?"

We then create a Workplace post, where we share a photo of the person leaving, congratulate them on their accomplishments, share where they will be going next, and wish them all the best. We also take their answer to this exit interview question and tag the person(s) getting the praise.

It's another win-win feel good scenario during a moment that matters. An employee devoted themselves to your organization, learned and developed personally and professionally and now are ready to move on to the next step in their career that they are excited about and proud of. So they leave Royal feeling good and will be that much more likely to refer us to a friend in the future or to participate in our alumni program.

Now everyone feels good: the person giving praise, the person receiving praise, the people reading the praise, and Royal for facilitating this exchange. One post, touches many, with far-reaching and lasting implications positively impacting engagement, behavior and morale.

What Are the Benefits of Staff Recognition, In Terms of Business Development, Customer Satisfaction and Retention?

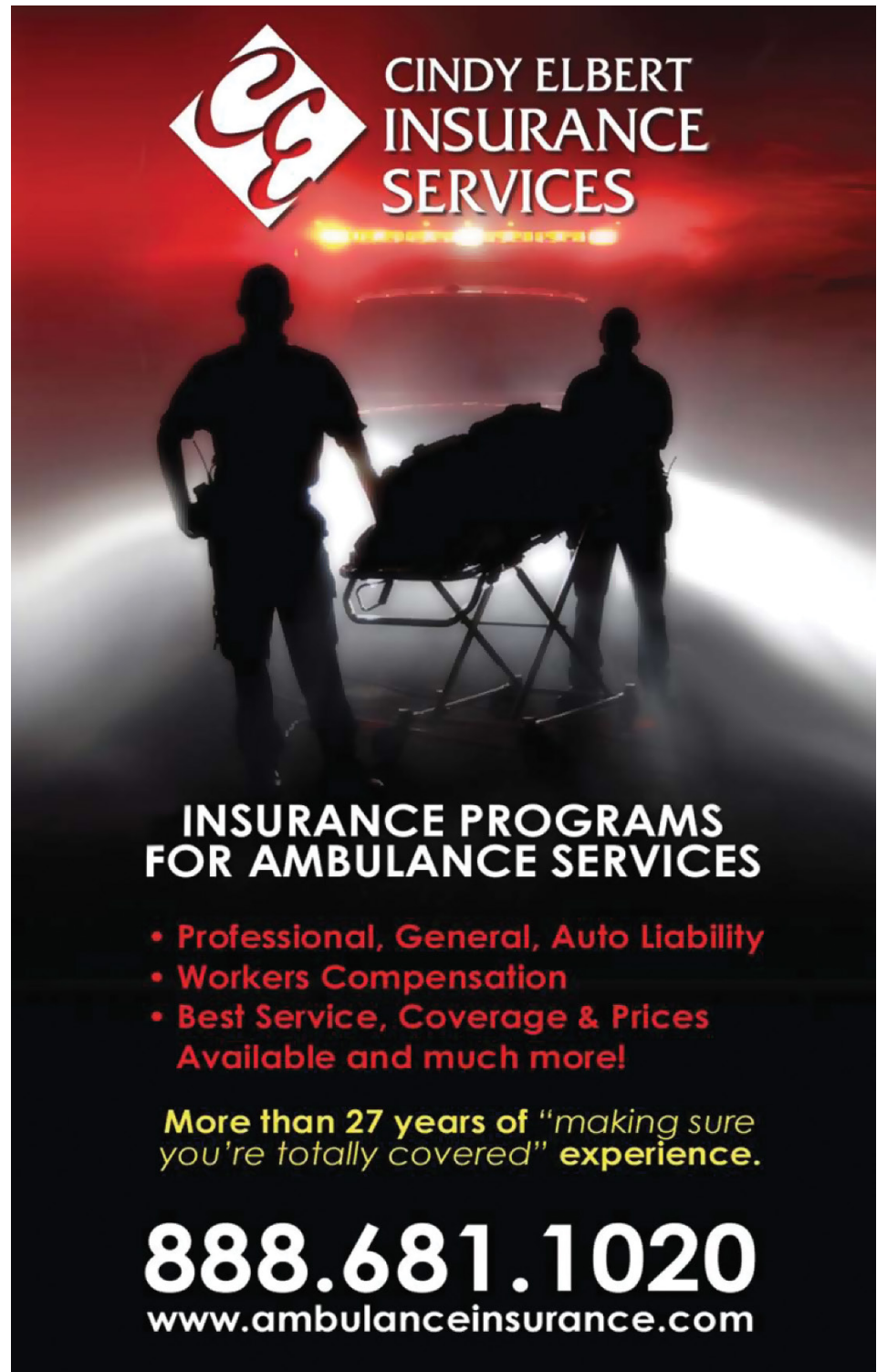
Like with any other program or initiative within your organization, your praise and recognition program must have KPIs associated with it, and a way of measuring your ROI. For us at Royal we have seen the following improvements:

- Increase in average length of stay for EMTs (from 8 months to over 1 year)

- Increase in positive employee net promoter score (from 78% to 92% agree/strongly agree)
- Increase in our quantity and quality of Glassdoor and Facebook Reviews (from 4.4 to 4.9)

- Increase in the amount of field training officers applying for the training position (from 8/round to 22/round)

continued on page 14



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- Increase in positive exit interview experience scores (from 74% to 89% agree/strongly agree)
- Increase in the amount of employee referrals (for 2019/2020, 58% of our hires came from employee referrals)

Our praise and recognition program has become one of the cornerstones of our culture and of our brand. We differentiate ourselves by the experience people will have during their time with us. Not only do we promise to help them reach their career goals faster (whether within or outside of Royal), we also promise to provide a meaningful experience professionally and personally – and that starts by recognizing, celebrating and rewarding individuals whose actions and behaviors align with our organizational values, and by taking it up a notch, and encouraging everyone at Royal to do the same. Peer-to-peer praise is just as powerful a tool and allows us to share the ownership and the responsibility of our praise and recognition program with the whole organization.

If you can create a culture where everyone is proactively looking for "the good" and feels empowered and excited to make someone else's day better and brighter, you will inevitably see a positive impact on the way your patients and your customers are

treated, let alone the way your workforce treats and engages with one another, all of which will have a positive impact on your revenue, your retention, your engagement and your brand. ✨

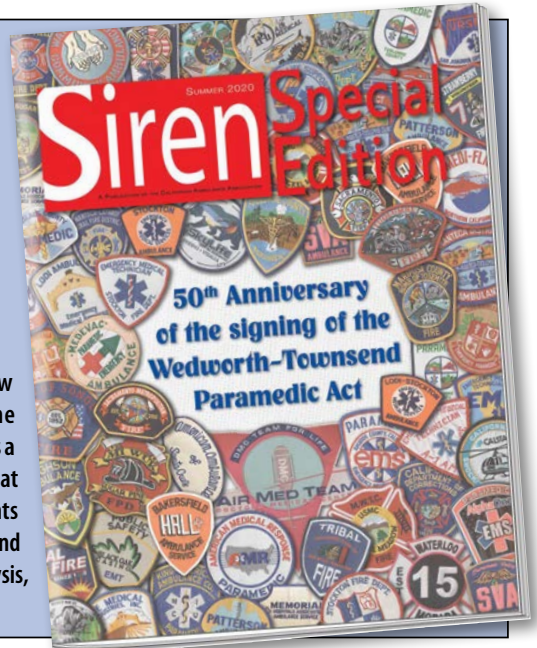
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The California Ambulance Association is now welcoming non-members to subscribe to the *Siren* magazine. Published quarterly, the *Siren* is a comprehensive source of information on issues that are important to the ambulance industry. Contents include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



San Luis Ambulance Service Celebrates Its 75th Anniversary

Betsey, Frank and Justin Kelton are proud to announce the 75th Anniversary of San Luis Ambulance.

The company was started in 1945 by Ken and Florence Jones and ran up until 1967 when they sold to David Flock who established stations in San Luis Obispo and Morro Bay.

In 1974 Frank Kelton, who started Five Cities Ambulance with Derrill Pilkington in 1971 merged with David until 1976 when David left and Frank purchased the balance of San Luis Ambulance and over the years, purchased all of the private ambulance companies within the county with the exception of Cambria Healthcare District.

Now with stations in Nipomo, Arroyo Grande, two in San Luis Obispo, Morro Bay, Atascadero, Templeton and Paso Robles with a staff of 151 and 22 ambulances including two four-wheel drive vehicles.

Further San Luis Ambulance has it's our own repair shop with three great mechanics and a maintenance division with two staff members.

Our success is due to the staff of 151 we have. Our General Manager Chris Javine has been with the company for 35 years and Director of Operations Joe Piedalue for over 34 years along with our Office Manager Jody Soule who has been with the company for 20 years.

Betsey Kelton has been with the company for 20 years, Justin Kelton for 17 years and Chief Cook and Bottle Washer Frank will log his 50th year as an owner next year in 2021.

A huge THANK YOU TO ALL PAST AND PRESENT STAFF FOR MAKING THIS HAPPEN! ✨





Field Supervisors: Bridging the Gap

Carly Alley
Executive Director
Riggs Ambulance Service (SEMSA)

In the world of EMS, it's common practice to promote our own EMT's and Paramedics into supervisory roles within our organization. This practice of internal recruitment for promotions has worked well in the past and continues to work well for many reasons. EMT's and Paramedics promoting into a supervisor role within their own organization have great experience working in the field, knowledge about the system they work in, and often some general understanding of administrative processes. To help prepare them for a supervisor role, we take time to provide them with additional training specific to the field supervisor role and send them out on their own; this is where our industry can do better.

In all organizations, field supervisors are in a vital role. They often become and are the link between the field staff and management. Field Supervisors are often the first people to receive crew input and are responsible for passing on that input and concerns to upper management as well as report on what they see out in the system. It is a balancing act for field supervisors who also need to consistently support the goals and mission of the organization. They are essential to ensuring that any changes and/or organizational goals are effectively communicated to the field crews.

In their own right, Field supervisors are an incredible resource for field crews as well as management but may get caught between the two trying to effectively communicate among everyone. Fairly

often, upper management is responsible for making high level decisions that can have an impact on processes and procedures for field crews in the system. Field Supervisors are expected to assist in implementing these changes out in the field. However, they are rarely involved in the development and planning process of why certain changes are being made. Sometimes, Field Supervisors are notified of changes shortly before the rest of the workforce. This can put them in a difficult spot to try and implement a change they may not fully understand themselves and could be left unable to answer field crew questions during this process.

The role of a Field Supervisor needs to be enhanced. If we include the supervisors in the planning process we can empower them. This would provide them with the opportunity to have more knowledge about process and procedure changes. It will also give them the ability to accurately answer any questions employees may have. Including Field Supervisors in more administrative decisions can help invigorate and assist in strengthening the trust they have with field crews because they were part of the decision process. This can also help them feel more like a leader within the organization.

Not having Field Supervisors included in administrative decisions creates, what I truly believe is, an unintentional gap between the supervisors and upper management. The Field Supervisors are so crucial to the daily operational success

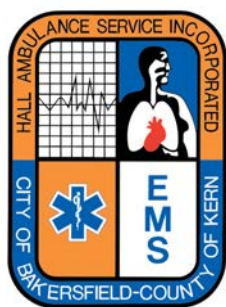
they can often become stuck, in a sense, to the field. The key to bridging this gap is simple; our industry needs to move away from the historical view and traditional role of a Field Supervisor. Instead of only giving them the tools to implement changes in a system they supervise daily, we are increasing their responsibility when it comes to organizational decisions and allowing them to grow as a professional. In return, they can be more confident in their participation of the implementation process of the organizations policies, procedures, and process changes. This can also give the field crews a stronger conviction of their supervisor's abilities to lead, understand, and support them more efficiently.

A good foundation to any internal field supervisor training program is an introduction to the roles and responsibilities of other departments. Prior to launching them into the field, it is important that a portion of their training is to have an understanding of ambulance billing, medical/legal compliance, community relations, and public relations; they may need to be on scene of an incident and take on the role as a PIO. Spending time in each of these departments allows the supervisor to see the big picture and gain experience in some of the unseen areas that keep our organization running smoothly; it is an amazing perspective to have. For example, it can be instrumental if field supervisors understand reimbursement rates along

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with the potential loss of revenue on an incomplete or poorly documented PCR. This gives them an important perspective which can help them out in the field when tracking down missing or incomplete PCR's with Paramedics and EMT's.

As I moved up through the ranks within my own organization, I found it challenging to navigate through the issues of transparency and inclusion with the field supervisors. I worked hard to be informed and if I was not given the information I needed to be a good supervisor, I would ask questions of my management team. This has helped shape me in my role as an Executive Director. It is important to me to include our leadership team as well as field supervisors as a whole in the planning and implementation of new processes and procedures. The greatest strength of an organization is the enthusiastic resources of our people and investing in them as leaders will only contribute to the unwavering success we have in our community. *



HALL AMBULANCE

Hall Ambulance Celebrates 50th

Hall Ambulance Service, Inc., which provides 911 paramedic service to a majority of California's third-largest county (Kern), celebrated its 50th Anniversary on February 10, 2021.

Founded in 1971, by Harvey L. Hall from his residence in Bakersfield with a \$15,000 bank loan and two ambulances, he built the company based on his ideals of care, compassion & community.

His success derived from providing exemplary service and building relationships with his customers (the term he preferred to call patients transported by his ambulance service), local healthcare providers, and public safety agencies.

In July 2020, on the 50th Anniversary of the Wedworth-Townsend Paramedic Act, the California Ambulance Association, in partnership with the National EMS Museum, profiled Hall as one of 17 native Californians for their impact on shaping EMS in the United States. In addition to introducing several patient care

enhancements, Hall was the driving force in making Bakersfield one of the first cities in the state to begin providing paramedic level service when Hall Ambulance began staffing paramedics on ambulances in February 1975.

In May 2018, the founder's era came to an end, following his short and unexpected battle with Creutzfeldt-Jakob Disease. Mr. Hall's vision and legacy are now being carried forward by his wife, Lavonne C. Hall, as president and CEO, along with a dedicated leadership team.

Hall Ambulance has come a long way since 1971 when it started with two ambulances and five employees. Today, it employs over 450 EMS professionals serving 88% of Kern County with a fleet of over 100 ambulances, an air ambulance, and a critical care transport unit.

Hall Ambulance's continued success can best be attributed to a shared belief in the importance of adhering to Mr. Hall's standards, also known as the "Hall Way of Doing Things." *





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Unless otherwise stated, ads for this publication will be printed in full-color.

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AD SIZES AND RATES

Ad Size (WxH)		1x Rate	4x Rate
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Full Page	(8 1/2" W x 11" H)	\$750	\$675
2/3 Page	(5" W x 10" H)	\$450	\$405
1/2 Page Horizontal	(7 1/4" W x 4 1/2" H)	\$400	\$360
1/2 Page Vertical	(3 1/2" W x 9 1/4" H)	\$400	\$360
1/4 page	(3 1/2" W x 4 1/4" H)	\$200	\$180
Business Card	(3 1/2" W x 2 1/4" H)	\$150	\$135

PLEASE NOTE: if the artwork you provide does not conform to the above specifications, we reserve the right to alter the ad to fit these dimensions.

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- By signing this contract, advertiser agrees to pay in full for reserved space, even if the ad is not run due to lateness or absence of materials.

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