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Winter 2024

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CAA Vision

To champion the leadership, advocacy, education, and tools that empower California’s private ambulance and mobile healthcare services to provide people-centered EMS systems and standards. The CAAs overarching role is to provide support for those who care for their communities.

CAA Mission

Be a recognized voice, advocate, and authority of best practices for ambulance providers throughout California.

CAA Leadership

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Table of Contents

- President’s Message** _____ 2
— *Jaison Chand*
- Executive Director’s Report** _____ 3
— *Rob Lawrence*
- A Thank You to Kim Oreno** _____ 4
- Introducing Kelly Edwards, Executive Administrator of the California Ambulance Association** _____ 7
- The Disney Delusion – Can We Really Achieve Magic in EMS?** _____ 9
— *Danielle Thomas*
- Back to the Future: Rethinking EMS System Design – Is “Regression” Our Path Forward?** _____ 13
— *Rob Lawrence*
- Desert Grit and Dust Storm Leadership: How Royal Ambulance Thrived at Burning Man** _____ 15
— *Rob Lawrence*
- Photos from the 2024 Annual Golf Tournament** _____ 17
- LEGISLATIVE UPDATE:**
- California Election Results** _____ 18
— *Dorian Almaraz*
- Proposition 35 Passed by Voters** _____ 19
— *Carol Meyer*
- AB 716: What to Do When Payors Won’t Pay** _____ 20
— *Anita Barooni, Esq. and Karen N. George, Esq.*
- PAYER ISSUES:**
- Patient Collection Laws to Monitor in California** _____ 22
— *Donna Hankins*
- 2024 CAA Service Excellence (CAASE) Award** _____ 23
— *Rob Lawrence*
- CARESTAR Foundation** _____ 25

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President's Message

Jaison Chand
President
California Ambulance Association

As we approach the end of 2024, I am proud to reflect on what has been an outstanding year for the California Ambulance Association (CAA). Our progress, growth, and unwavering commitment to advancing the ambulance industry have truly set the tone for continued success. Your dedication, participation, and support have been the driving forces behind every milestone.

We had an exceptionally noteworthy year for legislative achievements around reimbursement. After advocacy by the CAA and our valued partners, and the passing of Proposition 35, we secured a significant breakthrough in Medi-Cal funding. Sacramento has recognized the urgent need to bolster support for California's ambulance services, marking a substantial victory for our providers, communities, and patients. While some details are still being finalized, we can confidently say that our efforts have paved the way for improved financial sustainability starting in 2025 and beyond.

I extend special thanks to our Legislative Committee, led by Carol Meyer and Todd Valeri, for their strategic vision and consistent work. Their efforts, alongside the collaboration of our members, have been pivotal in pushing forward key bills, such as the peer support bill (AB2859) and navigating the complexities of AB716 and AB1168. I'd also like to recognize our Medicare Consultant, Doug Wolfberg,

whose expertise has been invaluable in guiding us through California's Balanced Billing Legislation.

Our Education Committee continues to raise the bar each year; from our highly successful Disney Leadership training course to targeted sessions on reimbursement strategies, we focused on delivering diverse and impactful learning opportunities. The Annual Conference in Anaheim was a crowning achievement, featuring an impressive lineup of speakers and comprehensive tracks that resonated with members across various professional areas. Your enthusiastic participation underscored the importance of these initiatives, reinforcing our commitment to member development.

Each of our committees played an integral role in shaping a successful 2024. From the Human Resources Collaborative's strategic support initiatives to the Communications Committee's push for stronger outreach, we collectively kept our members informed, empowered, and connected. This year, we also strengthened our partnerships with key stakeholders such as DHCS, EMSA, and EMSAAC, ensuring that CAA's voice continues to be heard at every critical discussion.

Membership Growth: One of our strategic focuses this year was expanding and retaining our membership, and we

achieved tangible results. We were pleased to welcome new members, including First Responder Wellness, American Health Education, Collect IQ, Integra Connect, and Brougham Ambulance, reflecting the strength and appeal of our association. Our outreach efforts and the dedication of our Board members have been key to maintaining this momentum.

Looking Ahead: As we set our sights on 2025, our focus will be on sustaining the positive trajectory. We plan to deepen member engagement, enhance educational offerings, and continue advocating for equitable reimbursement and robust legislative support. Your voice and active involvement are what make the CAA a strong and thriving association. I encourage each of you to stay engaged and connected as we move forward together.

Thank you for making 2024 an outstanding year. Your commitment, energy, and feedback have fueled our progress and inspired our future initiatives. Here's to continued growth, collaboration, and excellence in the year ahead.

Wishing you a safe, happy, and prosperous New Year. ✨

Jaison Chand
2024 CAA President



Executive Director’s Report

Rob Lawrence
Executive Director
California Ambulance Association

As another year draws to a close, it offers us a moment to reflect on the resilience, growth, and collaborative spirit that the California Ambulance Association continues to embody. This year, we have witnessed the exceptional “bench strength” of our committees, powered by dedicated volunteer leaders and members who tirelessly contribute their expertise and creativity. Together, we have addressed challenges, shared innovative solutions, and advanced the collective mission that binds us all. The collaborative and collegiate nature of our association remains one of its most profound strengths, delivering immense benefits to every member.

I extend my deepest gratitude to Doug Wolfberg, Amber Healy, and Dorian Almaraz – key advisors on Medicare, HR, and legislative matters – whose exceptional guidance and expertise have been instrumental throughout the year. My heartfelt thanks also go to our Board and committee chairs for your steadfast dedication to the CAA’s mission.

A special acknowledgment is reserved for my work partner, Kim Oreno. Over her remarkable tenure with both CAMS and the CAA, Kim has worked alongside five Executive Directors and nine Presidents – Solomon, Barry, Angotti, Muncy, McNany, Valeri, Chand, and two Piersons! Kim has been the cornerstone of our organization, her unparalleled procedural

and administrative expertise guiding us for two decades. As she steps away from her role with the CAA to join a member organization, it is a bittersweet moment. While we will miss her daily presence, we celebrate that she will remain an integral part of our professional community.



With farewells come exciting new beginnings. I am delighted to welcome Kelly Edwards, our new Executive Administrator, who has introduced herself in this edition of *The Siren*. I also extend a warm welcome to Mike Sturdivant, who joins us as our meeting planner. Mike will focus on elevating the planning and execution of our Stars event and annual conference, which in 2025 will take place at two exciting, first-time venues for the CAA.

I am also delighted to report that the board has voted and confirmed the 2024 elections and ratified the key changes to the bylaws that assist the CAA in strengthening its future. The full appointments from both election vote and procedural bylaws changes are as follows:

From the 2024 Election:

Melissa Harris
Secretary 2025, 2026

Carly Strong
Board Member 2025, 2026

Sean Sullivan
Board Member 2025, 2026

From the 2024 Bylaw Revision:

Jaison Chand
President 2025
(to be Immediate Past President 2026, 2027)

Steve Grau
President Elect 2025
(to be President 2026, 2027)

James Pierson
Immediate Past President 2025

This slate of officers and members commence their (renewed) posts from January 1, 2025. Next year in 2025, we will seek nominations for the posts of President Elect and two Board Members.

As we move forward into the new year, remember that there is ‘never nothing to do’ in our profession, and our strength in numbers and unity of mission will guide us well in 2025.

Happy Holidays! ❄️

A Thank You to Kim Oreno



We recently bid farewell to Kim Oreno, our Administrative Director and true corporate memory. Kim served the CAA via her role in our contracted association management company, California Advocates Management Services (CAMS) since 2004. During her time with both CAMS and the CAA Kim has worked with five Executive Directors and nine Presidents (Solomon, Barry, Angotti, Muncy, McNany, Valeri, Chand and two Piersons!)

While the CAA is heartbroken to see her leave the Association, we are thrilled that she will continue to utilize her knowledge, expertise, and experience to better the lives of many Northern California residents through her work at Medic Ambulance Service. Kim, thank you again for your service to our industry and best of luck in your newest endeavor.

Below are a number of testimonials from CAA leaders:

Board Member – Brian Hendrecksen

Kim has had an incredible impact on the CAA and I could not be more appreciative of the contributions she made to the organization. Her steadfast leadership and stewardship of the Association has led to its growth in membership, the success of many conferences, and most importantly, its position as the voice of

the ambulance industry in California. Kim has always been responsive and prepared for whatever challenges the Association has faced and I am so glad we had her steady hand keeping us organized and focused. It is sad to lose her leadership within the organization, but glad that she will still be involved with EMS and able to help contribute to the industry in her new role with Medic Ambulance. Wishing you nothing but the best, Kim!

Education Committee Co-Chair Danielle Thomas

Kim Oreno has been an integral part of the executive management team for the California Ambulance Association, and her impact is nothing short of extraordinary. Over the years, her organizational prowess, ability to deftly navigate the complexities of association management, and tireless dedication to advancing the CAA's mission have been remarkable. Kim's leadership played a pivotal role in coordinating countless events, webinars, and critical milestones for the association, ensuring their seamless execution. On a personal level, as the Education Committee Co-Chair, I had the privilege of working closely with Kim for almost three years, sharing many laughs about the challenges of conference planning. Despite the often-chaotic nature of such tasks, Kim's calm, kind, and unwaveringly detail-oriented demeanor made her an exceptional collaborator.

Her knack for bringing order to even the most complex projects was a testament to her remarkable patience and skill. While her transition to a new organization is a wonderful opportunity for her, her presence, wisdom, and friendship will be deeply missed by all who had the honor of working with her.

Immediate Past President – James Pierson

I and our Medic family would like to send out a heartfelt thank you to Kim Oreno for her outstanding service to the California Ambulance Association's. For the last 18 years, Kim has dedicated herself to managing all aspects of our organization, making her an invaluable asset to our EMS community.

Through her exceptional leadership and tireless efforts, Kim has successfully coordinated our events, including the Stars of Life Program and our annual conference, both of which have broken attendance and involvement records these last several years. Her ability to navigate complex challenges and bring our vision to life has been a central piece in our organization's success.

Kim has served through two Pierson (my mom and mine) CAA presidencies, which

continued on page 5



is enough to test anyone’s resolve; but as usual Kim stood out and guided us both through many challenges and successes and for that we are forever grateful. Kim was always steadfast in her commitment and professionalism, and her dedication is truly award-worthy

We sincerely appreciate Kim for her incredible work, passion, and unwavering support. All the storms you weathered, all the bumpy roads you smoothed out and through it all, year after year, change after change, you were the constant force. Thank you, Kim, for everything you’ve done and continue to do for the California Ambulance Association! Your contributions have made a lasting impact.

Board Member – Carly Strong

It would be impossible to fully encapsulate the profound work and lasting impact that Kim has had on the CAA in just a few sentences. Kim’s contributions were nothing short of transformative, and the true depth of her influence can only be appreciated by witnessing her dedication firsthand. She was not just an integral part of the association; she was the very backbone that held everything together. From coordinating seamless events to ensuring that each committee operated smoothly, Kim was the steady hand guiding us through every challenge and triumph.

Her unwavering commitment was the glue that bound the board and committees, fostering collaboration and unity among us all. With her tireless work ethic, attention to detail, and ability to inspire those around her, Kim made us all stronger. Her presence was a constant source of support and motivation, and the CAA flourished under her leadership and behind-the-scenes efforts.

Kim’s legacy is one of excellence, dedication, and selflessness, and the impact of her work will be felt for years to come. We are truly grateful for everything she has done.

Acknowledging Kim’s Incredible Work for All of Us!

Kim’s dedication and focus have been core to the transformative activity of the California Ambulance Association. Her efforts to elevate the organization’s mission have resulted in association growth, an improved political position and advancement in the work we do as providers. With her exceptional organizational skills, Kim has streamlined association operations, implemented efficient processes, and fostered a culture of excellence ... she is the master of keeping many distracted leaders on track!

Her interpersonal skills have been instrumental in building strong relationships with members, partners, and stakeholders, ensuring everyone feels valued and heard. But what truly sets Kim apart is the genuine care she brings to her work. She understands the critical role ambulance services play in communities and is deeply committed to supporting those on the frontlines of emergency medical care. Kim’s contributions have not only strengthened the association but have also had a positive impact on the lives of countless individuals throughout California.

Thank You for Your Service, Kim!

Now that you have gone from administrator to member, Kim, we look forward to welcoming you to a CAA committee. *





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Introducing Kelly Edwards, Executive Administrator of the California Ambulance Association



The California Ambulance Association (CAA) is excited to announce **Kelly Edwards** as our new Executive Administrator! With a strong background in association management and a passion for mission-driven work, Kelly brings the expertise and energy needed to support our mission of advancing emergency medical services throughout California.

Kelly has several years of experience coordinating association operations,

fostering collaboration among members, and driving meaningful results. A 2017 graduate of Sacramento State University with a degree in Recreation and Park Management, Kelly has dedicated her career to supporting association organizations, making her an exceptional addition to the CAA team.

As Executive Administrator, Kelly will oversee the day-to-day operations of the association, strengthen member

engagement, and ensure that CAA remains a vital resource and advocate for ambulance services across the state. Her dedication will undoubtedly enhance our ability to serve our members and the communities they support.

Outside of her professional life, Kelly is a proud mom with an unwavering work ethic, Kelly's energy is sure to make a lasting impact. Please join us in welcoming her to the team! ✨

An advertisement for Leader Ambulance. The top left features the 'LEADER' logo in a bold, black, sans-serif font. Below the logo, three white ambulances are parked on a light-colored surface. The ambulance on the left is a smaller van, while the two on the right are larger trucks. All three have 'LEADER' branding on their sides. In the background, a dense city skyline with various skyscrapers is visible under a clear blue sky. At the bottom of the advertisement, the text 'PROUDLY BUILT IN CALIFORNIA SINCE 1975' is written in a large, bold, red font. Below this, the website 'www.leaderambulance.com' is listed in a smaller, black font, followed by a horizontal line.



The Disney Delusion – Can We Really Achieve Magic in EMS?



Danielle Thomas
Chief Operating Officer
LifeLine EMS

In September, I joined 14 other members of the California Ambulance Association (CAA) for a one-day preconference course, *Disney's Approach to Quality Service*. Disney is known for its impeccable customer service – creating “magic” for every guest and elevating the customer experience to an art form. As EMS professionals, we’re always striving to enhance our operations, whether through 911 responses, interfacility transports or interactions with our staff to retain them just a bit longer. So, I was eager to learn from a company that’s considered the gold standard in customer service.

Before the class, I had seen the presentation about – **If Disney Ran Your Ambulance Service**. It’s meant to inspire EMS leaders to think outside the box and envision an ambulance service where every call is handled with the same care and precision that Disney applies to its theme parks. It’s an enticing thought: what if we could apply some of Disney’s magic to the world of EMS?

But after attending the program and reflecting on my experience, I found

myself asking a different question: *If Disney actually ran an ambulance service, would they really be able to create “magic” in EMS?* And if Disney, with all their resources, can’t always meet their own service standards, as I had recently experienced, what does that mean for us? Are their principles of excellence any different from what we try to achieve in EMS? Most likely not. But the way they approach their service and delivery is something we can learn from.

continued on page 10

The next day, I attended the CAA Annual Conference, still processing the ideas from the Disney course. I couldn't help but view the event through a new lens: Was the atmosphere friendly and efficient? Did the layout meet attendees' expectations? Were the vendors satisfied with the flow? Did the Wellness Zone land well? It made me think – while Disney aims to create a consistently magical experience, the dynamics of EMS are far more complex. In their world, every interaction is an opportunity to create joy, to deliver a flawless experience. But in EMS, our job is not only about providing excellent service; it's about providing treatment and transport under pressure, or is that our only job? Providing magic for our "cast members" would be pretty fantastic.

In Disney's world, most things are planned, predictable, and controlled. They anticipate the needs of their guests and tailor every detail to make the experience seamless. EMS, on the other hand, operates in an environment that's chaotic by nature. Our service is delivered in unpredictable, potentially life-or-death situations. We're not simply striving for excellence in customer service – we're striving for excellence in patient care, in life-saving interventions, in providing

comfort during moments of crisis. But ... are our interactions with our field providers unpredictable and wild? Most often the opposite, predictable, possibly mundane, not timely, not exciting.

That realization hit home for me when I visited Disneyland that following weekend. I went with high expectations, hoping to see the "magic" in action. But a simple task, like getting a "First-Time Visitor" button, turned into a frustrating experience. I stood in line for a while, and the person responsible for the line appeared to be in what I can only describe as a miserable mood. The counter staff member was polite, but there was no magic. No warmth. No engagement. It was an odd contrast to everything I'd had just been taught to expect. I did wear my button with pride.

In that moment, I found myself asking: *If Disney, with all their resources, struggles to consistently meet their service standards, how are we in EMS supposed to do better every time?* The reality is, despite their exceptional service training and resources, Disney isn't immune to occasional missteps. And that's the challenge we face in EMS. Even with our best efforts, the unpredictability of the situations we respond to makes perfection impossible.

Disney's customer service model is built on creating seamless, magical experiences in a controlled environment. They have entire teams dedicated to refining the customer journey, ensuring every guest's needs are anticipated and met. In EMS, we operate with a different set of challenges. We have limited resources, a workforce trained in clinical care, and a 24/7 demand for our services. The stakes are high. In Disney's world, a negative experience might mean a missed moment of joy, but in EMS, a missed step could mean a life lost. **#dramatic.** A miscommunication or misjudgment could change the outcome for a patient and their family.

Yet, as I thought about it more, I realized that my tendency to justify why things aren't always perfect in EMS was a bit of a cop-out. All businesses face challenges – whether it's Disney's theme parks or an ambulance service. The difference is in how we respond to those challenges. It's not that we're not doing our best or that our clinicians aren't highly skilled; rather, it's about how we deliver our service. In EMS, much of the feedback we receive is not about the care itself, but how the service was delivered: Was the EMT professional?

continued on page 11





Did the paramedic communicate with the family in a compassionate way? Too often, it's the attitudes and actions of providers that leave a lasting impression, not the quality of care.

If Disney were to run an ambulance service, they would face many of the same hurdles we do. Despite all their resources, they would still have to contend with the unpredictability of each call, the emotional toll of the work, and the complexity of balancing clinical excellence with compassionate care and the big one ... managing people. They would still face the challenges of fatigue, burnout, and maintaining a consistent level of service under high pressure. And that's where we, as EMS leaders, must rethink how we manage our teams. Not all work in EMS is emergent. The "non emergent" ambulance calls far supersede those with lights and sirens. Maybe we shouldn't compare the product but rather the management of delivery of said product.

While Disney's lessons on anticipating needs and exceeding expectations are valuable, they don't directly apply to our work. Their focus is on creating joy and wonder, whereas our focus is on life-saving decisions made under extreme stress or running an efficient operation, or putting

qualified people in our ambulances to run calls and meet the demand. We can't leave people in line for 75 minutes. The real lesson here is not that we can or should be perfect every time – because perfection in EMS is unrealistic. The lesson is that we can always strive for improvement. We can always get better, whether it's through better communication with patients, more robust training programs, or a stronger support system for our providers. Instead of getting caught up in comparing products or focusing on how EMS is a unique industry with its own payment models and recruitment challenges, we should shift our mindset. By concentrating on the fundamentals – a clearly defined mission, a core set of values, and a strategic direction – we can align our teams to make decisions that drive our business forward. That's where the real magic happens!

The pursuit of continuous improvement is what sets the best organizations apart. It's not about delivering flawless service – it's about creating an environment where everyone, from the leadership to the frontline providers, feels empowered to be the best version of themselves. It's about learning from every call, improving the way we interact with patients and families, and refining our clinical and interpersonal skills. I do not doubt Disney excels at this.

In the end, the "magic" in EMS isn't about perfection and it may not be about patient outcomes. It's about the relentless drive to improve. It's about showing up every day with the commitment to be better, to do better, and to provide the best environment and leadership possible. We can take a lesson from Disney's pursuit of excellence, but we must adapt it to the unique challenges of EMS. Every call is an opportunity to improve, every interaction is a chance to make a difference not just with our patients, but with our teams.

What can we do?

- ◆ Prioritize the training and development of your staff – not just clinically, but in customer service and emotional intelligence.
- ◆ Implement systems to gather real-time feedback from both patients and staff, and act on it immediately.
- ◆ Foster a culture where every team member feels invested in the mission and vision of your service, creating an environment of care and respect for both patients and staff.
- ◆ Streamline your companies' "pillars" so people have a road map to make great decisions.

The old adage of "You get what you pay for" can not be applied to our industry. However, the work we do isn't selling that widget or providing a luxury wanted service. What if we treated it like the "service" was delivered every time because we wanted to do well. That's the magic in Disney, they want to do well. I'm sure you do, if you're reading this, but can you say that for your entire team? Are they all headed in the same direction?

No one wants to be in the back of your ambulance, sorry to ruin your day. Everyone wants to be at Disney. The lives we touch as clinicians, EMSers, and leaders can be very life changing. Doing better every day is a kind of magic all its own. ✨

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Back to the Future: Rethinking EMS System Design – Is ‘Regression’ Our Path Forward?

— Matt Zavadsky’s Closing Keynote from the California Ambulance Association 2024 Convention



Rob Lawrence
Executive Director
California Ambulance Association

Matt Zavadsky from PWW Advisory Group delivered the closing keynote at the 2024, California Ambulance Association Annual Convention in Anaheim California where he reinforced that EMS system design and delivery is evolving faster than ever, driven by an economic model that’s crumbling, a workforce in crisis, and lessons learned during the COVID-19 pandemic. In his provocative session titled *Back to the Future: Is ‘Regression’ the Key to Our Future?*, Zavadsky tackled this topic head-on. His central question: *Is it time to return to simpler practices that were once considered out of date?* As it turns out, the answer may surprise you.

The End of the 8-Minute Response Myth

One of the sacred cows in EMS has been the 8-minute response time target. For decades, we’ve measured our success by how fast we could get to a scene, convinced that lives depended on it. This standard emerged from a 1979 study which found that if CPR was initiated within four minutes and defibrillation within eight, survival rates from cardiac arrest would skyrocket. However, research, including studies from Denver and other urban centers, has shown that the 8-minute rule may not be as life-saving as we once thought.

As stated in the study, “Paramedic response time within eight minutes was not associated with improved survival to hospital discharge.” The study points out that the focus should be on early CPR – within four minutes – rather than racing to hit an arbitrary response time. Yet, many

EMS systems continue to use response time as the be-all and end-all of performance metrics, even though patient outcomes don’t necessarily improve.

ALS vs. BLS: Challenging Old Assumptions

For years, EMS agencies have operated under the belief that Advanced Life Support (ALS) is always superior to Basic Life Support (BLS). However, as Zavadsky explained, this assumption doesn’t always hold up under scrutiny. A landmark study from Harvard showed that cardiac arrest patients who received BLS care had a 13% survival rate compared to 9% for those treated with ALS.

This doesn’t mean that ALS is unnecessary, but it does mean that EMS systems need to rethink when and how they deploy ALS units. “It’s about matching the level of care to the patient’s actual needs,” Zavadsky noted. In many cases, well-trained EMTs can provide the necessary care without the added complexity and cost of sending paramedics on every call.

A Shift in Focus: Patient Outcomes Over Speed

In an era where public expectations are often misaligned with clinical realities, EMS leaders face the challenge of educating both their communities and policymakers. For too long, we’ve allowed ourselves to be judged by response times rather than meaningful clinical outcomes. Zavadsky urged the audience to shift the conversation: “We need to educate stakeholders to safely transition your system from the current state to the future state.”

The emphasis should no longer be on how fast we arrive, but on the quality of care we deliver. Patient survival, particularly in cases of cardiac arrest, depends more on timely, effective CPR than on how quickly an ambulance reaches the scene. The studies back this up: faster response times don’t always result in better outcomes.

Economic Realities Driving Change

The financial burden of maintaining all-ALS systems and meeting strict response time goals is unsustainable, particularly in today’s climate. With the EMS workforce in crisis and reimbursement rates failing to keep pace with rising costs, Zavadsky argued that EMS systems must adopt more cost-effective deployment models. This includes moving toward tiered response systems, where BLS units handle the majority of low-acuity calls, freeing up ALS units for critical interventions.

“Most systems today are economically challenged,” Zavadsky said. “The shorter the response time expectations, the more resources you need sitting idle, burning money but not creating any revenue.” Simply put, EMS agencies can no longer afford to continue business as usual. We need to be smarter about how we allocate resources and design our systems.

Lessons From the Past for the Future

Zavadsky’s session made it clear that what we once considered best practice may no longer be relevant, and what was once

continued on page 14

viewed as archaic could now be the key to improving patient outcomes and system sustainability. “We created this mess, so it’s up to us to change it,” Zavadsky stated, calling on EMS leaders to embrace data-driven decisions over outdated norms.

Key Takeaways for the Future of EMS

Response Times Aren’t Everything:

The 8-minute response standard is no longer the gold standard. Instead, focus

on initiating early CPR within four minutes, which has a far greater impact on patient survival.

BLS Can Be Just as Effective as ALS:

The idea that ALS is always better is being debunked by current research. Many patients benefit just as much, if not more, from BLS-level care.

Educate Your Stakeholders:

Changing the public’s perception of EMS is critical. EMS leaders must communicate

that response times aren’t the only or best measure of success.

Economic Realities Demand Change:

The current EMS model is not financially viable. Transitioning to a tiered response system can save money, increase efficiency, and improve patient care.

Conclusion: Time for a New Approach

As Zavadsky pointed out, ideas that once seemed like heresy are becoming acceptable as the realities of EMS system design shift. The question we must ask ourselves now is: *Are we willing to embrace change for the sake of better patient outcomes?* The path forward may require revisiting old ideas with new eyes, but the evidence is clear: it’s time for a smarter, more efficient approach to EMS.

This isn’t about regression. It’s about progress. ✨



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Desert Grit and Dust Storm Leadership: How Royal Ambulance Thrived at Burning Man

This past summer, Royal Ambulance embarked on a mission like no other: providing emergency medical services at Burning Man, the iconic week-long gathering in Nevada’s Black Rock Desert. Burning Man, a temporary city where over 70,000 participants face extreme conditions, demands a high level of self-reliance, creativity, and resilience.

Against this backdrop, the Royal Ambulance team built and operated a Nevada licensed medical center and ambulance system while navigating countless challenges. From dust storms to logistical hurdles, it was a true test of teamwork, adaptability, and leadership. Reflecting on the experience reveals leadership lessons that resonate not just for EMS and healthcare professionals but for anyone leading teams through uncharted territory in extreme situations.

Lead by Example, Not by Command

At Royal Ambulance, leadership means showing up for your team. During Burning Man, leaders worked shoulder to shoulder with clinicians and staff, helping build the medical center known as “Rampart” and operate an EMS system in the unforgiving desert environment. Steve Grau, Royal’s CEO, was part of this effort, often found solving logistical issues or lending a hand with setup during the most challenging conditions.



“The mission felt shared,” Steve said. “Every team member, regardless of role, contributed in ways that inspired the whole group to push harder.” This collaborative spirit demonstrated that leadership isn’t about giving orders – it’s about being in the trenches, inspiring trust and commitment through action.

Cultivate Resilience in Your Team

Burning Man’s harsh conditions – scorching heat, dust storms, and minimal infrastructure – put resilience at the forefront. The Royal Ambulance team leaned on each other, finding strength in their shared commitment.

“We expected challenges, but the way our team came together exceeded all expectations,” Steve reflected. “Resilience wasn’t just about endurance; it was about mutual support.” By fostering this environment, Royal’s leaders showed how resilience is built collectively, not individually.

Empower Creative Problem-Solving

Adaptability is essential in EMS, and at Burning Man, the team had to think on their feet. Equipment breakdowns and weather challenges demanded quick, creative fixes.

continued on page 16



One team member's improvised repair of a critical light fixture became a symbol of the ingenuity that kept operations running smoothly.

"This wasn't about one person solving problems – it was a culture where everyone felt empowered to contribute solutions," Steve shared. Leaders in EMS can draw from this approach: when teams are trusted to innovate, even the most unexpected challenges can be overcome.

Trust Your Team's Capabilities

In an environment like Burning Man, micromanagement wasn't an option. Decisions had to be made on the spot, and trust in the team was paramount.

"You can't control everything in a setting like that," Steve explained. "What you can do is give your team the tools and confidence they need, then step back and let them do their jobs." This trust allowed individuals to excel and proved that giving teams autonomy is one of the most effective ways to lead under pressure.

Focus on Your People First

Amid the challenges of Burning Man, Royal Ambulance made the well-being of its team a top priority. Proper shelter, nourishing

meals, and rest breaks weren't just practical necessities – they were vital to maintaining morale and performance.

"When we take care of our people, they take care of the mission," Steve said. This focus on people-first leadership is a cornerstone of Royal's culture and played a critical role in their success on the Playa.

Be Humble and Open to Learning

Despite their extensive experience, Royal Ambulance approached Burning Man with humility. "While many of our leadership,

myself included, had attended for years, this was our first time at the event as the medical partner, and we didn't have all the answers," Steve admitted. The Burning Man community's guidance and collaboration became invaluable throughout the process.

"It wasn't just about what we brought to the table – it was about what we learned along the way," Steve reflected. Humility allowed the team to adapt and grow, building stronger relationships and achieving more than they could have alone.

Conclusion: Leadership for the Unknown

Royal Ambulance's experience at Burning Man wasn't about one individual – it was about a collective effort that highlighted the power of teamwork, trust, and adaptability. By leading with humility, fostering resilience, and focusing on their people, the team thrived in one of the most unpredictable environments imaginable.

"This project wasn't about being perfect – it was about being present," Steve said. "When you focus on the experience and the people around you, the rewards are huge." For leaders in EMS, healthcare, and beyond, the lessons are clear: trust your team, empower innovation, and embrace challenges as opportunities to grow together. *



Photos from the 2024 Annual Golf Tournament





LEGISLATIVE UPDATE: California Election Results

Dorian Almaraz
Prime Strategies of California, LLC

The 2024 General Election was held on November 5th, 2024. This was a Presidential election in which former President Donald Trump (R) defeated Vice President Kamala Harris (D) to return to the White House. Nationally, the Republican Party was successful in not only winning the Presidency, but also holding the majority in both the US Senate and US House of Representatives. In California, this was a busy election as the California Legislature is going to see more than 30 new elected officials.

There were 10 state ballot measures on this year's ballot, 6 of which passed. Proposition 4, a climate and water bond, passed with nearly 60% support. Proposition 6, which would have eliminated the practice of forcing inmates to work, failed with only 46.7% in support. Proposition 32, which would have raised the minimum wage, failed with 49.2% in support. Proposition 35, which provides permanent funding for Medi-Cal – including emergency transports – passed with 67.8% in support. Proposition 36, which toughens penalties on certain crimes, passed with 68.5% in support.

In the State Senate, there were two seats that the Senate Democratic Caucus was looking to flip – Senate District (SD) 19 (Inland Empire) and SD 23 (Santa Clarita). For SD 19, it appears that incumbent Senator Rosilicie Ochoa Bogh (R) will retain her seat. In SD 23, it appears that former Assemblymember, Suzette

Martinez Valladares (R), will win the race to replace outgoing Republican Scott Wilk. Republicans may possibly gain a seat in SD 37 (Orange County), in which former Assemblymember Steve Choi (R) currently holds a lead over incumbent Josh Newman (D). There is also still a battle in SD 35 (South Los Angeles) to replace outgoing Democrat Steve Bradford, in which Laura Richardson – the moderate candidate – holds a slim lead over Michelle Chambers.

The State Assembly will look very different in 2025 with many new faces. There are a few races that remain contested. In Assembly District (AD) 36 (Coachella Valley) to replace Democrat Eduardo Garcia, Republican Jeff Gonzalez holds a lead over Democrat Joey Acuña. In AD 47 (Palm Springs), incumbent Republican Greg Wallis holds a slim lead over challenger Democrat Christy Holstege – this was a priority flip seat for the Assembly Democratic Caucus. In the AD 58 (Inland Empire) race to replace Democrat Sabrina Cervantes, Republican Leticia Castillo holds a slim lead over Democrat Clarissa Cervantes – Assemblymember Sabrina Cervantes' sister. AD 74 (South Orange County/North San Diego County) was also a priority flip seat for the Assembly Democratic Caucus, but it looks like incumbent Laurie Davies (R) may hold on to her seat. In AD 32 (Bakersfield) there will likely be a Special Election called to replace Vince Fong (R). Earlier in 2024, Fong ran for and won a separate Special Election to replace former House Speaker

Kevin McCarthy in Congress, in which Fong has since been sworn in. However, his name remained on the ballot for the Assembly race, in which he received the most votes. A Special Election would allow a new candidate to fill in for the remainder of this term.

In total, Federal and State election results were favorable to the Republican Party. In California, Governor Gavin Newsom has called a Special Session, beginning December 2nd, in an effort to be proactive against policies that the Trump Administration may try to pass. It is unclear right now how this could impact the ambulance industry in California, if at all.

With so many new faces in Sacramento, CAA will need to work diligently to connect with the new elected officials. Over 2025, it will be important for CAA members who have new representation in Sacramento to meet with the new elected officials in their districts and in Sacramento.

***DISCLAIMER: RESULTS LISTED ABOVE ARE UPDATED AS OF NOVEMBER 21TH, 2024, AND ARE SUBJECT TO CHANGE. EACH CALIFORNIA COUNTY MUST REPORT FINAL OFFICIAL RESULTS TO THE CALIFORNIA SECRETARY OF STATE BY DECEMBER 6TH, 2024. THE SECRETARY OF STATE WILL THEN CERTIFY ELECTION RESULTS ON DECEMBER 13TH, 2024. ***



LEGISLATIVE UPDATE: Proposition 35 Passed by Voters

Carol Meyer
Co-Chair, CAA Legislative Committee

On November 5, California voters approved Proposition 35 (Prop 35) by nearly 68% which requires the state to request federal approval for Managed Care Organizations (MCOs) to be taxed on an ongoing basis and allocates these dollars for certain health care investments.

Federal law allows states to impose a tax on MCOs and other health-related services to help cover the state share of Medicaid health care costs, but states must comply with federal regulations and receive federal approval for these taxes. Eighteen states have reported having an MCO tax in place during the 2023 state fiscal year.

There was an existing MCO tax and the approved 2024-25 budget package included an allocation for emergency, air emergency and non-emergency medical transportation. However, the budget plan is overturned by Proposition 35.

federal approval and federal funding in the future.

Prop 35 would direct more MCO tax dollars for primary care and specialty care starting in 2027. If there are remaining MCO tax revenues after these funding allocations are made, the measure contains parameters to allocate the excess revenue. Examples of these other allocations include:

- Additional Federal Fund offset to support existing services in Medi-Cal.
- A grant program to expand the number of community health workers.
- Support the state’s ongoing efforts to reduce the cost of prescription drugs.
- Providing additional funding to health workforce initiatives.

In addition, Prop 35 would establish oversight and accountability measures, require the state controller to perform

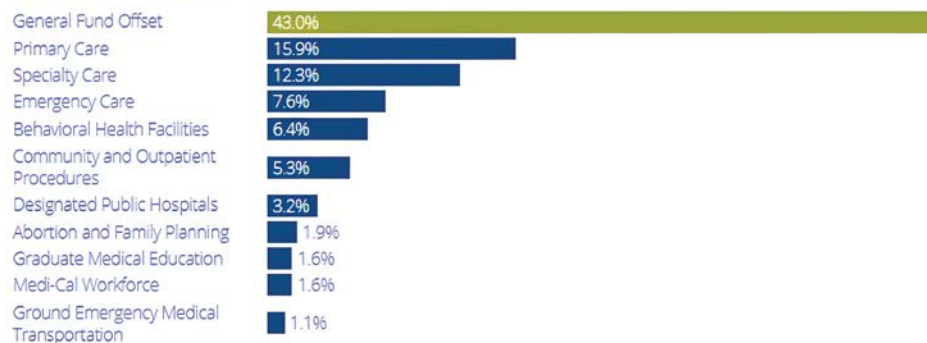
independent financial audits. It would also create an advisory committee that would provide input to DHCS on future MCO tax proposals. This advisory committee would be made up of mostly health care provider representatives.

Although Prop 35 excludes non-emergency medical transportation funding, it has set a precedence for MCO funding for ambulance services. Work of the CAA to include non-emergency funding in the 2024-25 budget (although overturned by Prop 35) demonstrates the effective efforts of the CAA and its lobbyists in telling the full story of lack of funding for ambulance services. The CAA will be holding its Strategic Planning meeting in January and as described by the Legislative and Agency Relations Committee, ongoing efforts to fund non-emergency transportation will be on the top of the list of CAA goals for 2025 and beyond. ✨

Prop 35 would require the California Department of Health Care Services (DHCS) to request federal approval for the MCO tax on an ongoing basis in an attempt to make this funding stream more permanent. The measure also specifies that the MCO tax would not go into effect if the state does not receive

Prop. 35 Would Direct Large Share of MCO Tax Dollars to Offset General Fund Spending in 2025 and 2026

Percent Allocation of \$4,656,000,000





Anita Barooni, Esq.

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Karen N. George, Esq.

AB 716: What to Do When Payors Won't Pay

As we approach the one-year anniversary of AB 716, it is imperative for ground ambulance providers to understand how to enforce their reimbursement rights when non-contracted payors fail to comply with the bill's requirements.

Pursuant to AB 716, the Health and Safety Code and the Insurance Code require health plans and health insurers to directly reimburse non-contracted ground ambulance providers at either (a) the rate established or approved by the jurisdiction in which the transport was initiated or if no such rate is established, then (b) the "reasonable and customary" value for the services rendered. The "reasonable and customary" value for the services rendered is based on statistically credible information that takes into consideration the following factors (i.e., the Gould factors):

- (i) The provider's training, qualifications, and length of time in practice;
- (ii) The nature of the services provided;
- (iii) The fees usually charged by the provider;

- (iv) Prevailing provider rates charged in the general geographic area in which the services were rendered;
- (v) Other aspects of the economics of the medical provider's practice that are relevant; and
- (vi) Any unusual circumstances in the case.

Health plans and insurers are now required to reimburse ground ambulance providers at the specified rates above, and cannot simply pay arbitrary and undisclosed rates. So, what are the options when payors improperly deny or fail to adequately reimburse out-of-network claims? Providers can continue to appeal claims pursuant to the payors' appeals process and/or file complaints with the appropriate regulatory agency. However, when all else fails, AB 716 now provides non-contracted ground ambulance providers with the right to directly sue payors.

If a payor is consistently and systematically failing to reimburse non-contracted providers at the rates required by AB 716, litigation is an effective way to enforce the provider's rights and obtain recovery.

When deciding whether to pursue litigation, consider the following items and questions:

■ Understand the data and value of denied/underpaid claims

- Begin by reviewing all claims submitted to the same payor with dates of service January 1, 2024 to the present to determine the total value of denied/underpaid claims.
- Claims can be aggregated against a single payor, rather than pursuing reimbursement on a claim-by-claim basis in order to maximize potential recovery. In general, a provider can aggregate up to four years of claims against a payor.

■ Determine whether there are any trends or systematic issues

- Analyze yearly and monthly denials/underpayments to determine if there are any trends.
- For example, is a payor systematically denying certain claims? Is this a non-

continued on page 21

payment issue versus an underpayment issue? Are the denials/underpayment seasonal or consistent? Are there consistent reasons for the denial or underpayment?

■ **Identify the end goal for litigation**

- While the primary goal may be to recover additional revenue, litigation can also be used as a “stick” to signal that providers will not continue accept improper reimbursement from payors, or as a tool to force payors to the table to discuss additional payments or new contractual terms.
- Understanding the ultimate goal will help weigh the potential financial return against the costs of time and resources associated with litigation.

Payors base their business models on providers giving up. While litigation is typically a last resort, when efforts to negotiate with the payor fall on deaf ears or regulators won’t act, it is an effective option for getting paid fairly – now and in the future. *

Anita Barooni (abarooni@buchalter.com) and **Karen N. George** (kgeorge@buchalter.com) are healthcare attorneys at Buchalter, APC and can be contacted for further questions regarding reimbursement litigation.

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PAYER ISSUES: Patient Collection Laws to Monitor in California

Donna Hankins
Co-Chair, CAA Payer Issues Committee

In 2024 our focus as an industry was on AB 716 which created sweeping changes to commercial payments as well as a required hardship for uninsured patients.

We have had a lot of discussion in 2024 about AB 716 in our reimbursement round up calls and the CAA has a toolkit to help Ambulance Providers understand their responsibility around AB 716. While we were focused on implementing policy to comply with AB 716, two other laws have also been passed in California that impact our private pay collections.

No Service Fees for Credit Cards Effective July 1, 2024

SB 478 was passed in 2023 and went into effect on July 1, 2024. Nicknamed the "Honest Pricing Law," this is a price transparency

bill which disallows businesses from hidden fees (i.e. a service fee for using a credit card). The text of the law can be found at section 1770(a)(29) of the California Civil Code.

Ambulance providers should review their credit card policy to verify compliance when accepting credit card payments.

Elimination of Credit Reporting for Medical Debt Effective January 1, 2025

SB 1061 was signed into law in 2024 and has two major impacts on Ambulance providers.

First (effective January 1, 2025) medical debt can no longer be reported onto a person's consumer credit report (an exception exists if the person received the payment from the insurance and failed to repay the medical provider).

Ambulance providers should review with their collection agencies the best practices to ensure compliance with this new law.

Medical Debt Language requirement effective July 1, 2025

Second (effective July 1, 2024) SB 1061 requires medical debt contracts to include this language:

"A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable."

Without this language the debt could be determined void and unenforceable.

Ambulance providers should review their patient signature language and their patient statement language to ensure compliance with this new law. *

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2024 California Ambulance Association Service Excellence (CAASE) Award

Rob Lawrence

Executive Director, California Ambulance Association

A much-anticipated event in the California Ambulance Association (CAA) calendar is the announcement of the annual CAA Service Excellent Award (CAASE) winners. All CAA members are invited to contribute their best practice and innovation ideas, projects, and initiatives for recognition each year, and in turn the CAA can recognize and promote the great patient centric, community focused and staff dedicated projects being delivered.

The judging panel, which usually comprises, CAA's Executive Director, the President of the EMS Administrators Association of California (EMSAAC) and an executive from the California State EMS Agency (EMSA), and they are charged with selecting the winners in each of the CAASE Categories.

Clinical Outcomes CAASE Award Winner – Medic Ambulance

Paramedic Extended Scope

The Medic Ambulance program in Solano County, launched in 2022, focuses on enhancing the availability and quality of Advanced Life Support (ALS) and ALS Interfacility Transport (IFT) services. Recognizing the increasing demand for specialized care during patient transfers, such as medication drips and high-flow nasal cannula oxygen therapy, Medic Ambulance collaborated with Solano County and its Local Emergency Medical Services Agency (LEMSA) to expand the scope of practice for paramedics.

Traditionally, patients requiring medication drips or high-flow oxygen were transported by Critical Care RN (CCT) units, a resource-intensive approach. To address the growing need for these services while optimizing resource use, the program introduced Paramedic Expanded Scope Skills, enabling paramedics to manage specific medications

and high-flow nasal cannula devices under physician orders. This expanded scope is part of the national paramedic practice but required state and local approval, which was secured in early 2023.

The program's implementation involved extensive training for paramedics, including in-person sessions, hands-on practice, and ride-alongs with ALS-RN and CCT units. Despite initial delays due to the complexity of training, the expanded scope became operational in April 2024, with promising results. Since then, the new protocols have been utilized 68 times for IV drips and 26 times for high-flow nasal cannula transports, significantly reducing the reliance on CCT units and improving response times.

The impact of this program has been profound. It has streamlined patient transfers, reduced delays in hospital bed availability, and maintained high-quality care standards, all within a training budget of \$100,000. The program continues to evolve, with ongoing assessments to further enhance its efficiency and effectiveness in meeting the growing demands of Solano County's EMS system.

Employee Programs CAASE Award Winner – Lifeline Ambulance

In the Loop: Enhancing Communication and Collaboration

The "In-The-Loop" initiative by LifeLine EMS, launched in late 2022, was designed to address communication and operational challenges within the EMS industry. Recognizing a disconnect between backend operations and frontline experiences, the initiative integrated innovative technologies, such as Smartsheet and Blink, supported by over 30 forms, 15 interactive dashboards, 50 reports, and more than 75 automated processes.

Before its inception, LifeLine EMS identified critical gaps in real-time communication and data transparency, which hindered effective service delivery and employee engagement. To tackle these issues, the Performance Improvement (PI) department collaborated with departmental leadership to create a comprehensive solution. The program was built over two years, with the infrastructure solidified by early 2023, aligning strategic goals with frontline needs to enhance operational agility and decision-making.

The program's goals included automating communication, improving operational efficiency, and utilizing insightful data to drive continuous improvement. Automated communication systems and workflows were implemented to keep leaders and team members informed, thereby enhancing decision-making and proactive management of challenges. The initiative also streamlined data capture and communication processes, resulting in faster response times and improved resource allocation.

Since its launch, the "In-The-Loop" program has achieved significant results. Communication within the Fleet Department increased by 244%, general employee feedback by 155%, and safety reporting by 200%. These improvements have empowered leadership to focus on critical operations, saving approximately 11,700 hours annually across the leadership team and resulting in an estimated annual financial saving of \$450,000.

The program has significantly impacted LifeLine EMS's operational and financial health, fostering a more connected and responsive organization. Employees feel more engaged and valued, with quicker issue resolution and improved collaboration. The initiative's total budget was approximately \$79,000 annually, which included salaries and software

continued on page 24

costs essential for the program’s successful implementation and ongoing support.

Community Impact CAASE Award Winner – American Medical Response

AMR Opportunity For All

The “Opportunity For All” program was developed by AMR in response to the high unemployment rates among neurodiverse adults in the United States. According to the Department of Labor, unemployment rates for neurodiverse adults are between 30-40%, which is eight times higher than for non-disabled individuals and three times higher than for those with physical disabilities. For adults with an autism diagnosis, the unemployment rate is around 40%, with some estimates suggesting it could be as high as 85%. AMR, which employs more than 1,100 employees in Riverside County alone, recognized its unique position to offer jobs to this underserved population.

The goal of the “Opportunity For All” program was to provide employment opportunities for neurodiverse individuals, accompanied by the necessary support services to help them succeed. AMR partnered with Phenix Gateway, a local nonprofit in Riverside, to offer an 11-week training and mentorship program. Participants in the program followed a curriculum that included on-the-job training with community partners like AMR. The training covered standard hiring procedures, resume development, effective interviewing skills, professional attire guidelines, financial literacy, and job placement assistance. Graduates hired by AMR received a flexible orientation and onboarding process and were supported by a job coach for their first several weeks.

The program has been highly successful. AMR has hosted numerous Gateway students for facility tours and offered full-time positions to several graduates as Vehicle Service Technicians. These employees have demonstrated exceptional dedication, with none ever calling off or being late to work. They have expressed genuine happiness in their roles. For many of these individuals, full-time employment at AMR has been

life-changing, providing them with financial independence and full benefits. Before joining AMR, most were entirely dependent on their families for their needs.

The impact of the “Opportunity For All” program has been profound, particularly on the employees themselves, who take great pride in their newfound self-sufficiency. Their families have also expressed relief and pride, noting that a significant burden has been lifted. The program has positively affected the overall mood of the department, with employees who work alongside these individuals reporting an improved work environment.

The program required no additional budget since all positions were previously budgeted. The only minor budget impact was due to the extended onboarding process. All additional training was provided by the Department of Rehabilitation and other state departments, ensuring minimal financial impact while delivering significant social and operational benefits.

Innovation in EMS CAASE Award Winner – American Medical Response

Morongo Air Ground Ambulance Tribal Alliance

The Morongo Band of Mission Indians (MBMI) Reservation, located in Riverside County along the 10 Freeway, has long struggled with ambulance coverage due to its rural setting and proximity to suburban and metropolitan areas. The Morongo Reservation Fire (MRF) Department, serving as the first response Advanced Life Support (ALS) provider, was facing an average of 16 minutes from arrival on the scene to the transfer of care to an ambulance. Recognizing the need for improved service delivery, Fire Chief Jason Carrizosa developed a strategic plan in collaboration with Jeremy Shumaker, Senior Regional Director at GMR, to create a public/private partnership. After several months of collaboration among the MBMI Tribal Council, the MRF team, and the AMR/GMR team, the nation’s first Air and Ground Ambulance Tribal Alliance was established.

The partnership involved the housing of a ground ambulance staffed by MRF employees at Station 1 on the reservation. This ground ambulance, working alongside MRF first response ALS providers, has reduced the response time to just 6 minutes, allowing for immediate ALS care and transport. This improvement represents a reduction of over 60% in the time from arrival to patient transport, significantly enhancing service delivery and patient care. Additionally, an air ambulance staffed by Reach employees is located near the reservation, with plans to relocate it to tribal land within the MRF jurisdiction. This partnership not only addressed the need for timely ambulance services but also highlighted a critical gap in air ambulance and air fire suppression resources in the area, offering a vital resource that will save lives and property.

The primary goal of the project was to enhance service delivery by reducing the time required for transport services to arrive at the patient’s bedside and improving overall access to care for both tribal members and the public visiting tribal enterprise properties through the establishment of an air and ground ambulance tribal alliance.

The planning process began with a thorough understanding of the problem. The MBMI and MRF observed that ambulance arrival times on the reservation were significantly delayed compared to those of first response providers, a finding confirmed by a review of the data. Over a three-year period, ambulances took an average of 16 minutes to arrive after MRF first responders, delaying the continuation of care and transport. The response time standard for the reservation was set at 14:59. However, with the implementation of the partnership, the average MRF ambulance response time on the reservation improved to 6 minutes.

Once the problem was understood, the next step was evaluating the financial feasibility of adding an ambulance to the area. Both MBMI and AMR would have faced significant financial impacts if they pursued this individually. However, by sharing the financial risk, both entities were able to move forward with improving ambulance service delivery.

continued on page 25

The revenue is split between the two entities: AMR operates on a cost-recovery model, using the revenue to cover their expenses, while the remaining revenue is given to MRF to help cover their costs. This partnership and the reduced financial impact on MBMI and MRF made it possible to provide this level of service.

The partnership successfully achieved its goal of improving ambulance service delivery, as evidenced by the improved average response times of six minutes on the reservation. This

represents a reduction of over 60% in the time from arrival to the ability to transport a patient.

The impact of this project on the MBMI community has been profound. MBMI prides itself on being self-reliant, and this partnership has enabled MRF to establish and maintain an ambulance transport program that enhances service delivery to a previously underserved area. The value of this ambulance program to the reservation, tribal enterprises, and the surrounding operational

area cannot be overstated. Tribal members now take increased pride in having access to high-quality EMS services, with response times typically available only to those in urban environments.

The budgetary impact of the project was minimal compared to the overall budget for AMR operations in Riverside County. A subsidy from the tribe helps cover the staffing costs for the ambulance, ensuring the sustainability of this critical service. *

CARESTAR Foundation

Riggs Ambulance Service has been recognized with the CARESTAR Foundation Leadership in Equity Award for California Ambulance Association (CAA) Members. The award, presented at the CAA Annual Convention on September 19, celebrates exceptional individuals and teams from CAA member organizations who have made significant strides in promoting racial equity and eliminating disparities in the field of Emergency Medical Services (EMS).

Carly Strong and Adam Perez of Riggs Ambulance Service were honored for their efforts at the Dos Palos Pre-Harvest Safety Summit, an initiative aimed at increasing the utilization of EMS services among migrant farmworker communities in Kern and Merced Counties. By actively engaging with these underserved populations and addressing barriers to accessing healthcare, Riggs has demonstrated its dedication to promoting equitable EMS practices and ensuring that all individuals, regardless of their background, receive the care they need during emergencies.

The CARESTAR Foundation is a philanthropic organization reimagining emergency and prehospital care in California to elevate community voice and power, build a movement, and be a catalyst for systems change. CARESTAR partners with innovators to enable strong and meaningful work transforming the field of emergency and

prehospital care so all Californians can receive equitable, unified, compassionate care where and when they need it.

In addition to the award graciously made by our colleagues at CARESTAR below is an Op/Ed piece offered by CARESTARCEO Tanir Ami:

California's New Normal: Fire Controlled EMS

Tanir Ami,
CEO of the CARESTAR Foundation

On a hot summer afternoon in Los Angeles, Maria, a 45-year-old mother suddenly feels severe chest pain. Her husband calls 9-1-1, and within minutes, a fire engine arrives at their home. Firefighters provide initial care before an ambulance arrives and transports her to a hospital. This scene is now fairly common across California, where fire departments have increasingly stepped in as emergency medical services (EMS) providers. But have we fully considered the implications of this arrangement, both for quality of care and financial sustainability? As the CEO of an organization focused on racial equity in EMS, I believe it's time for a critical conversation of our current system.

A Shift in EMS Control

California's reliance on fire departments to act as EMS providers began slowly in

the early 1970s, with a need and desire for faster response times. Today, nearly 70% of California communities have adopted this model, raising critical questions about effectiveness, efficiency, and long-term sustainability.

There are undeniable benefits to having firefighters respond to medical emergencies. They are among the most trusted professionals in the country. Their presence can provide immediate reassurance in moments of crisis. Additionally, fire stations are strategically positioned throughout communities, ensuring the rapid response times that can be critical in life-threatening moments, and that we have all come to expect.

The Lost Opportunity for Dedicated Medical Personnel

However, relying on firefighters to double as medical responders potentially detracts from an idea of building a dedicated medical workforce focused on community health. Historically, highly trained paramedic teams like those from the Freedom House Paramedics of the 1970s, demonstrated the profound benefits of a singularly focused medical team. Composed of all-Black men, this group of clinicians improved health outcomes in their community through specialized training, an emphasis on

continued on page 26

population health, and long-term community engagement. Fire suppression was not something they reckoned with.

Diversity and Trust in Crisis

Another concern with the Fire based approach is the lack of diversity within fire departments. Firefighters tend to be overwhelmingly white men, which is not ideal in a state as diverse as California. Research in primary care has shown that patients respond better to healthcare providers of their same race.¹ In moments of medical crisis, this difference can be life saving. The lack of broad community representation among firefighter-paramedics can undermine the effectiveness of emergency medical care, particularly in communities of color.

The Path Forward: A Statewide Discussion

As we consider the implications of our current and evolving EMS model, it's clear that a statewide discussion is needed. We must take pause and weigh the benefits of having strategically positioned firefighters respond to medical emergencies against the advantages of having a dedicated, specially trained medical and social services workforce take those calls.

One potential path forward is to integrate medical expertise with community health knowledge through paramedics. By equipping paramedics with training and tools to serve as community health workers, we can provide more comprehensive, community-centered, culturally responsive care. This approach bridges the gap between emergency response and community health needs, leveraging medical expertise to improve overall health outcomes. Imagine the improvement in health outcomes we could realize if these teams of medics were tied into public health departments instead of fire departments.

Conclusion

While the integration of EMS into fire departments across California has provided benefits, it may also overlook opportunities to better align services more closely with community needs. As residents and professionals in the healthcare and emergency response fields, we have a vested interest in designing an EMS system that meets the needs of our diverse communities efficiently and equitably. Engaging in a statewide discussion and exploring more innovative solutions could lead to an EMS model that better serves all Californians.

Endnotes

- 1 Alsan, Marcella, Owen Garrick, and Grant Graziani. 2019. "Does Diversity Matter for Health? Experimental Evidence from Oakland." *American Economic Review*, 109 (12): 4071–4111.

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1. NAEMT. Four in Five Medics Injured on the Job." EMSWorld.com. Perry, Nancy. 19 Nov. 2005. EMS World. 10 Sept. 2012. <http://www.emsworld.com/article/10323499/naemt-four-in-five-medics-injured-on-the-job>

2. <https://www.osha.gov/dsp/smallbusiness/safetypays/estimator.html>. Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Power-PRO XT, Power-LOAD. All other trademarks are trademarks of their respective owners or holder.



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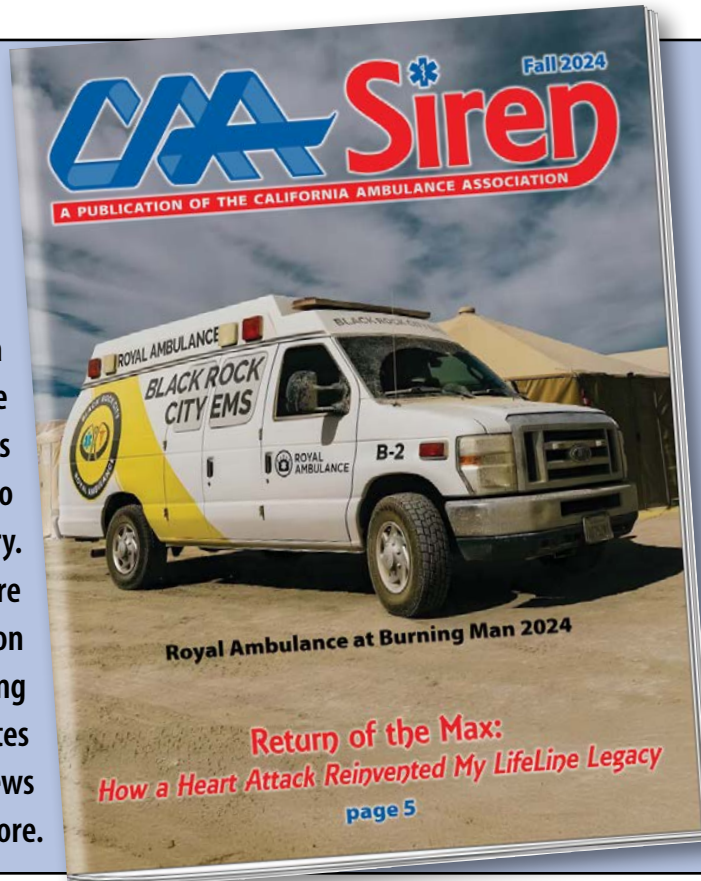
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