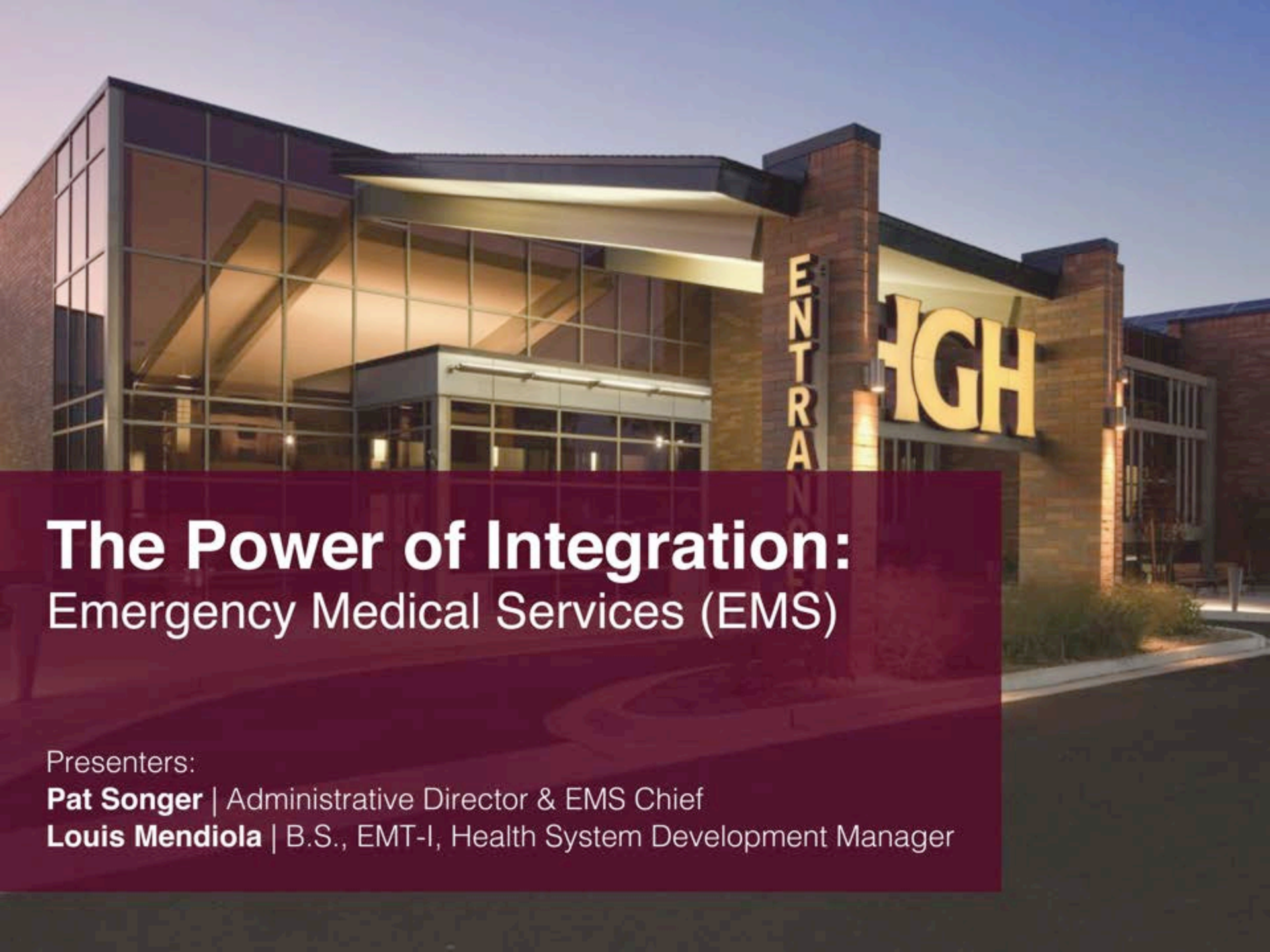


“Bridging the Gaps”

***International Roundtable on Community
Paramedicine and The Paramedic Chiefs of
Canada Conference
June 2016***



The Power of Integration:

Emergency Medical Services (EMS)

Presenters:

Pat Songer | Administrative Director & EMS Chief

Louis Mendiola | B.S., EMT-I, Health System Development Manager



Winnemucca, Nevada



Humboldt General Hospital

- Comprehensive care for over 150 years
- Rural and frontier environments
- Public Tax District—*The Humboldt County Hospital District*



The Original HGH EMS Rescue

- Originally under auspice of Humboldt County Volunteer Ambulance Corps (HCVAC)
- Hospital involved for billing services, paramedics, and vehicles
- Primarily a volunteer organization—resulting in problems



An Impetus For Change

- One quarter of Americans live in rural and remote areas
- Ten percent of America's doctors practice in rural and remote areas
- Many resident travel 30+ miles for healthcare, compared to urban residence



**Leadership
and Vision**



**Culture
Change**



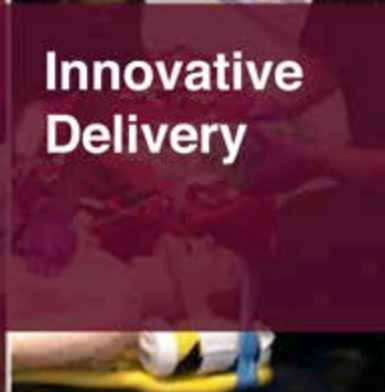
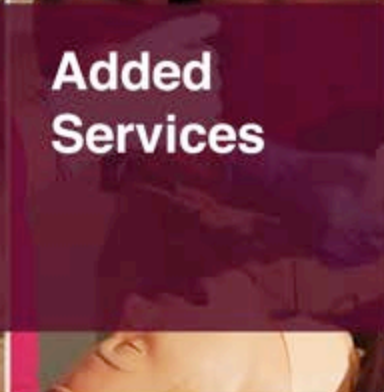
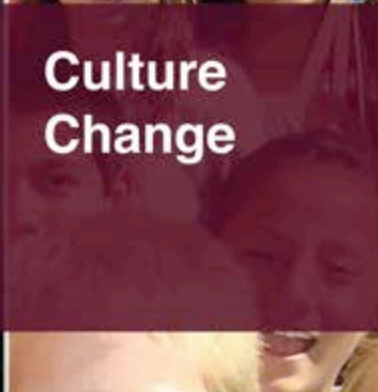
**Added
Services**



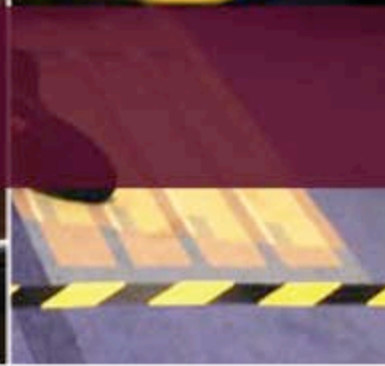
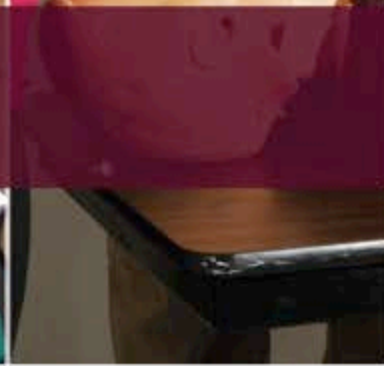
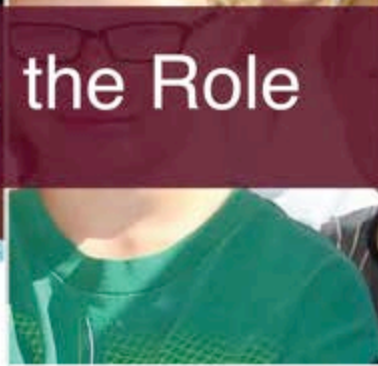
**Innovative
Delivery**




**Robust
Sustainable
Rural
Healthcare**



Changing the Role



A photograph of a man in a dark suit, white shirt, and patterned tie, standing in a hospital hallway. The hallway has a "RECEPTION" sign on the wall and a "CHECKED IN YET?" sign. A large yellow star decoration is visible on the right. The image is semi-transparent, allowing the text to be overlaid.

“We wanted more from the EMS unit. We wanted more from pre-hospital care. We wanted to be more than just a “scoop and run” service. As much as possible, we wanted to bring the hospital—and all it has to offer—to our community residents.”

—Jim Parrish, CEO

Leadership, Vision, and Culture

- Achieve Critical Access Status
- Improve education, training, recruitment, and retention
- Add services, shift culture, continue to adapt



“The most dangerous phrase
in the English language is, ‘***We
have always done it this way.***’”

—Grace Murray Hopper
US Navy

Changing the Role



Moving Forward

- Start the conversation
- Engage key stakeholders, industry leaders, and network
- Seek expert advice through contacted consultants



A Foundation of Excellence

- Raising the bar and expectation
- Research and learn from the best



Choosing EMS

- Well-respected throughout the community
- Highly visible—traveling billboards
- Responsive, Flexible, Engaged



Making a Change: Buy-In

- Leadership and Hospital Board
- Community Leadership
- Existing Volunteers and Employees




Making a Change: System Improvements

- Multi-Agency Coordination
- Public Outreach
- Internal Education
- External Education
- Added Services



Making a Change: Expansion and Integration



**“If you can not measure it,
you can not change it.”**

Data and Records



Expansion: Medical Professionals

- Casual call EMTs, increasing surge capacity
- Free EMT training to all employees interested
- Integrate and share EMTs throughout entire system



Expansion: Education and Quality

- Added Services–Added Training
- Dedicated Education Coordinator and 100 % QA of all EMS reports
- Research and constant data analysis



Expansion: Rural First Response

- New, innovative model
- Law enforcement response
- Paramedic deputies and police



Expansion: Community Education

- CPR, First Aid, and EMS training allows access to a captive audience
- Functional marketing
- Reveal and develop key partnerships



Expansion: Inter-facility Transportation

- Robust IFT ground transport program
- Enhanced Critical Care Level service
- Decreased transport times
- Millions of dollars in new revenues
- Saving the community millions
- Requires ample staff at all skill levels



Expansion: Skills and Technology

- Investments in education, training, capital and vehicles
- Guidelines enhanced, exceeding national standards



Expansion: Dedicated Psych Unit

- Developed a more appropriate and patient friendly transportation model
- Savings on overall cost



Expansion: Various Rescue Operations

- Rope Rescue
- Vehicle Extrication
- Haz-Mat Response




Expansion: On-site Industrial EMS

- On-site services
- Additional health services
- Lucrative "cash pay" contracts



Expansion: Government Contractor

- Ambulance services and equipment to FEMA's national disaster ambulance network
- Ambulance services and equipment to National Interagency Fire Incident Command
- Federally backed contracts, reimbursed at lucrative rates

A low-angle shot of a large, dark blue sign for Humboldt County General Hospital. The sign features the word "HUMBOLDT" in large, yellow, stylized letters with a white outline. Below it, the word "GENERAL" is partially visible in smaller yellow letters. The sign is set against a bright blue sky with scattered white clouds. A white horizontal bar runs across the top of the sign. A dark red semi-transparent banner is overlaid at the bottom of the image, containing white text.

Expansion: Community Paramedicine

- Cost effective preventative and in-home care
- Health care system navigators
- Wellness services
- Physician extenders
- Decrease readmissions



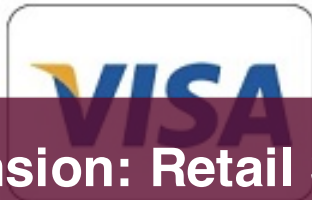
MEDICAL

Expansion: Special Event Contracting

- New revenue source
- Engage employees



Square



Expansion: Retail Strategies

- CPR, AED, and Safety Training
- Ground Membership Program
- Point of Sale Services



Expansion: Air Program



Integration: Cardiovascular Services

- Rural nursing shortage, equating to no Cardiac Rehab or Nuclear Medicine
- Paramedics lead the programs, making it cost-effective
- Sustainable program for fraction of the cost



Integration: Customer Services

- Part time Customer Service Representatives
- Visitor satisfaction
- Entry-level professionals



Integration: Transportation

- EMTs support LTC Facility operate Transport Van
- EMTs support admits
- EMTs support patient/resident satisfaction



Integration: Surgical Services Clinic

- EMTs serve as expanded medical Assistants, helping with procedures and other patient visits
- EMTs are able to run calls and staff ambulances during off-hours



Integration: Occupational Health

- Required training taken to provide occupational PFT and audiometric screenings
- 2 large contracts and multiple smaller contacts for provision of Occupation Health screening services
- The program is slated to Net nearly \$50,000 in its first year



Integration: Wellness Services

- Patient Protection and Affordable Care Act of 2010 place an added emphasis on health and wellness
- Employers can receive up to 30% rebate on wellness-related services
- HGH uses EMTs and Paramedics to provide contracted wellness services and biometric screening



Integration: Public Health

- Limited Public Health Sources
- EMS operated Flue Shot Clinics



Integration: Communications Center

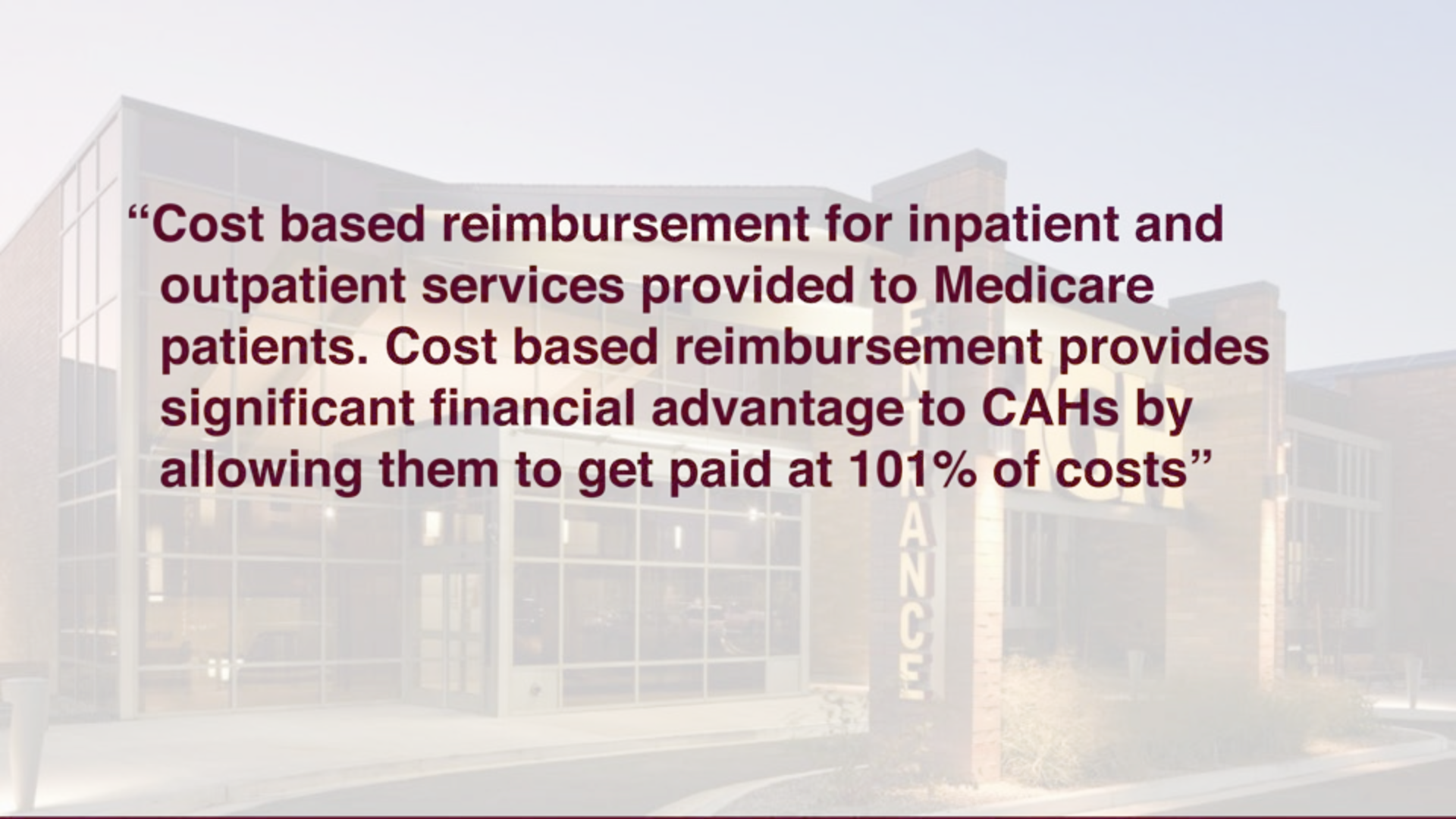
- Hospital Communications
- Flight Dispatch and Flight Following
- In Home Monitoring



NORTHERN NEVADA
EMS CONSORTIUM
Greater Humboldt County • Greater Lander County

Integration: Powerful Partnerships

- Shared services
- Increased response capabilities, market share and control
- Regionlization equating to better and more affordable care



“Cost based reimbursement for inpatient and outpatient services provided to Medicare patients. Cost based reimbursement provides significant financial advantage to CAHs by allowing them to get paid at 101% of costs”

Finance

CAH Medicare Ambulance Reimbursement


“Under Medicare ambulance reimbursement, if a CAH or an entity that is owned and operated by the CAH is the only provider or supplier of ambulance service located within a 35-mile drive of that CAH, the **CAH or the CAH owned and operated entity is paid 101% of the reasonable costs** of the CAH or entity in furnishing ambulance services. Additionally, if there is no other provider or supplier of ambulance services within a 35-mile drive of the CAH but there is a CAH-owned and operated entity furnishing ambulance services that is more than a 35-mile drive from the CAH, that CAH-owned and operated entity can be paid 101% of reasonable costs for its ambulance services as long as it is the closest provider or supplier of ambulance services to the CAH.”

—National Rural Health Resource Center



Policy and Politics

- Local politics concerns are often viewed as reasons to stay clear of EMS business
- State Regulations may limit the use of traditional EMS providers in non-traditional roles
- Concerns related to accreditation exist.



A Venn diagram consisting of three overlapping circles. The top circle is light tan and contains the text 'Better Health for the Population'. The bottom-left circle is a lighter tan and contains the text 'Better Health for Individuals'. The bottom-right circle is a darker tan and contains the text 'Lower Cost Through Improvement'. The circles overlap in the center, creating a central intersection of all three aims. The background is a faded image of a modern hospital building with large glass windows and brickwork.

**Better Health
for the Population**

**Better Health
for Individuals**

**Lower Cost
Through Improvement**

Triple Aim



Improving quality and health outcomes for defined population. Advocating and incentivizing healthy behaviors



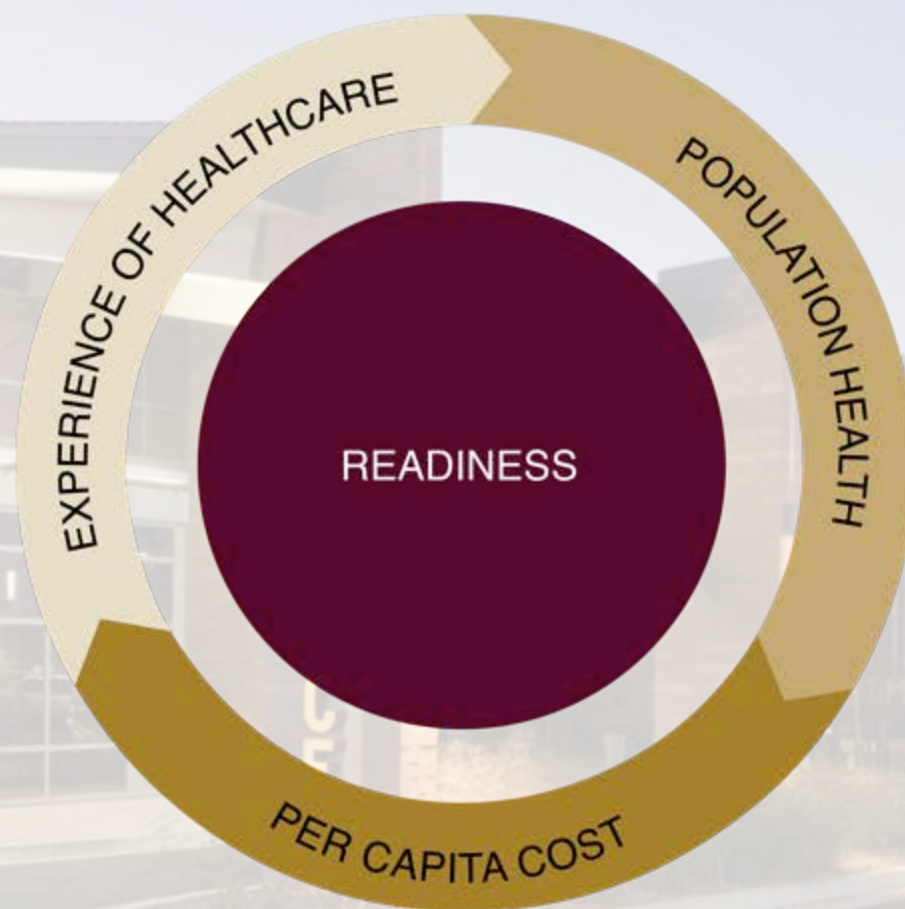
Seamlessly integrating patient and family centered care, providing patients the care they need, exactly when and where they need it



Managing the cost of providing care for the population. Eliminate waste and reduce unwarranted variation; reward outcomes, not outputs



Enabling a medically ready force, a ready medical force, and resiliency of all MHS personnel



Quadruple Aim



Changing Role

- Enhancement of professionalism
- Changing view of EMS to be seen as an asset and pivotal part of patient and community health
- EMS will have a seat at the health care table and control entry and referral



Looking Forward

- Development of key partnerships
- New service lines and specialty services
- Maintain quality and distinction
- Credible community-centered medical service provider
- Invest, adapt, and innovate

2005–2006

2 Physicians Employed by the hospital
Minimal Acute Care and Ancillary Services
Antiquated Lab and Radiology Services
HCVAC 1 Full Time ALS Ambulance—
Staffed partially by volunteers (missed calls)


Financial

Operating Income (Loss):	\$(1,084,276.00)
Net Assets:	\$19,533,451.00
Cash Days on Hand:	172
Debt (Total):	\$3,534,219.00

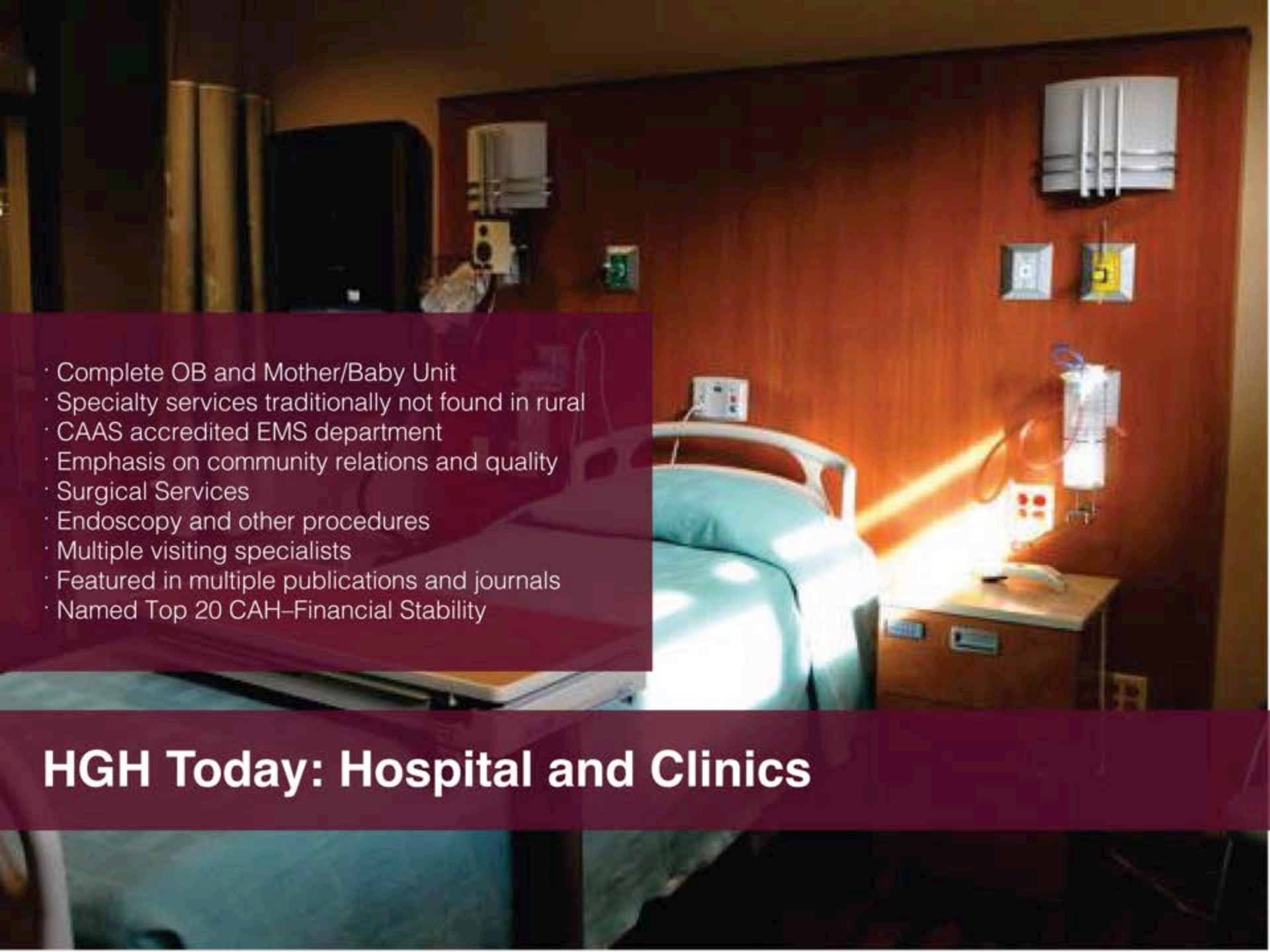


An Impetus for Change



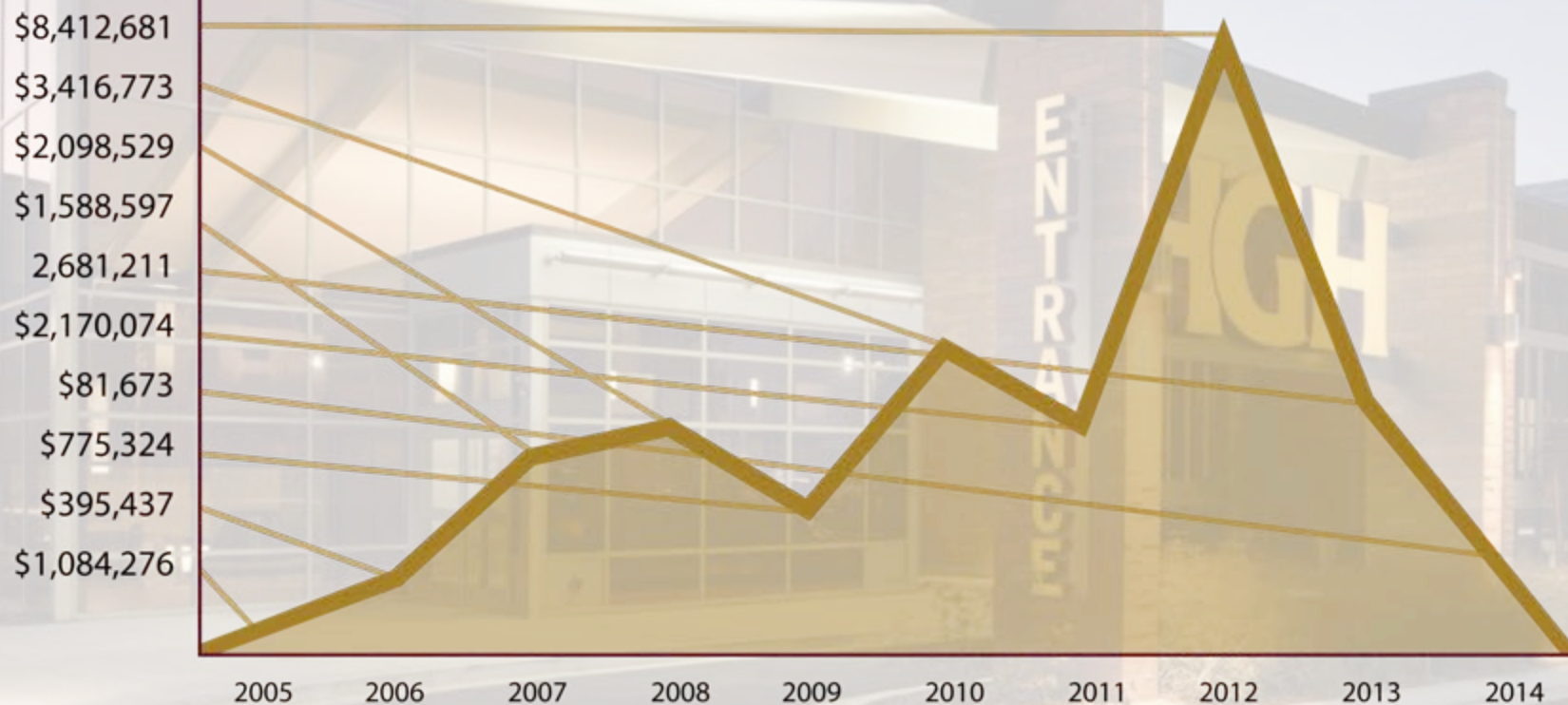
- 
- A photograph of a hospital room with a bed, bedside table, and medical equipment. A semi-transparent maroon box is overlaid on the left side of the image, containing a list of services.
- 5 PCP and 4 Surgeons
 - Accredited and State of the Art Radiology Dept.
 - Numerous Ancillary Services
 - CMS 5 Star Rated Skilled Nursing Facility
 - 24/7 Coverage:
 - Stat of the Art Laboratory Facilities
 - Complete Acute and ICU Capabilities
 - Emergency Department
 - General Surgery Program
 - Orthopedic Surgery Program

HGH Today: Hospital and Clinics

- 
- A photograph of a hospital room with wood-paneled walls. A bed with a light blue blanket is visible on the left. To the right of the bed is a bedside table with a lamp and medical equipment. On the wall above the bed are several electrical outlets and a small shelf. A dark curtain is visible on the far left.
- Complete OB and Mother/Baby Unit
 - Specialty services traditionally not found in rural
 - CAAS accredited EMS department
 - Emphasis on community relations and quality
 - Surgical Services
 - Endoscopy and other procedures
 - Multiple visiting specialists
 - Featured in multiple publications and journals
 - Named Top 20 CAH-Financial Stability

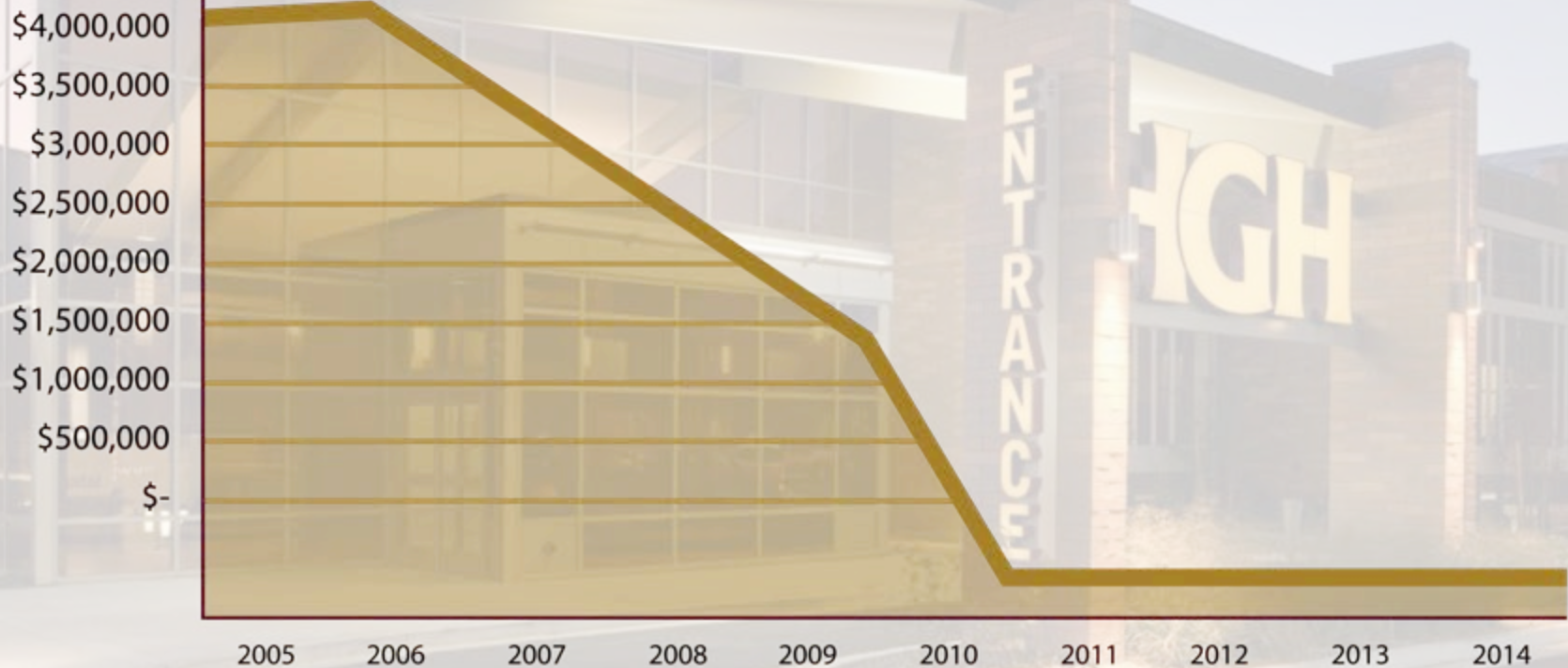
HGH Today: Hospital and Clinics

OPERATING INCOME (LOSS)



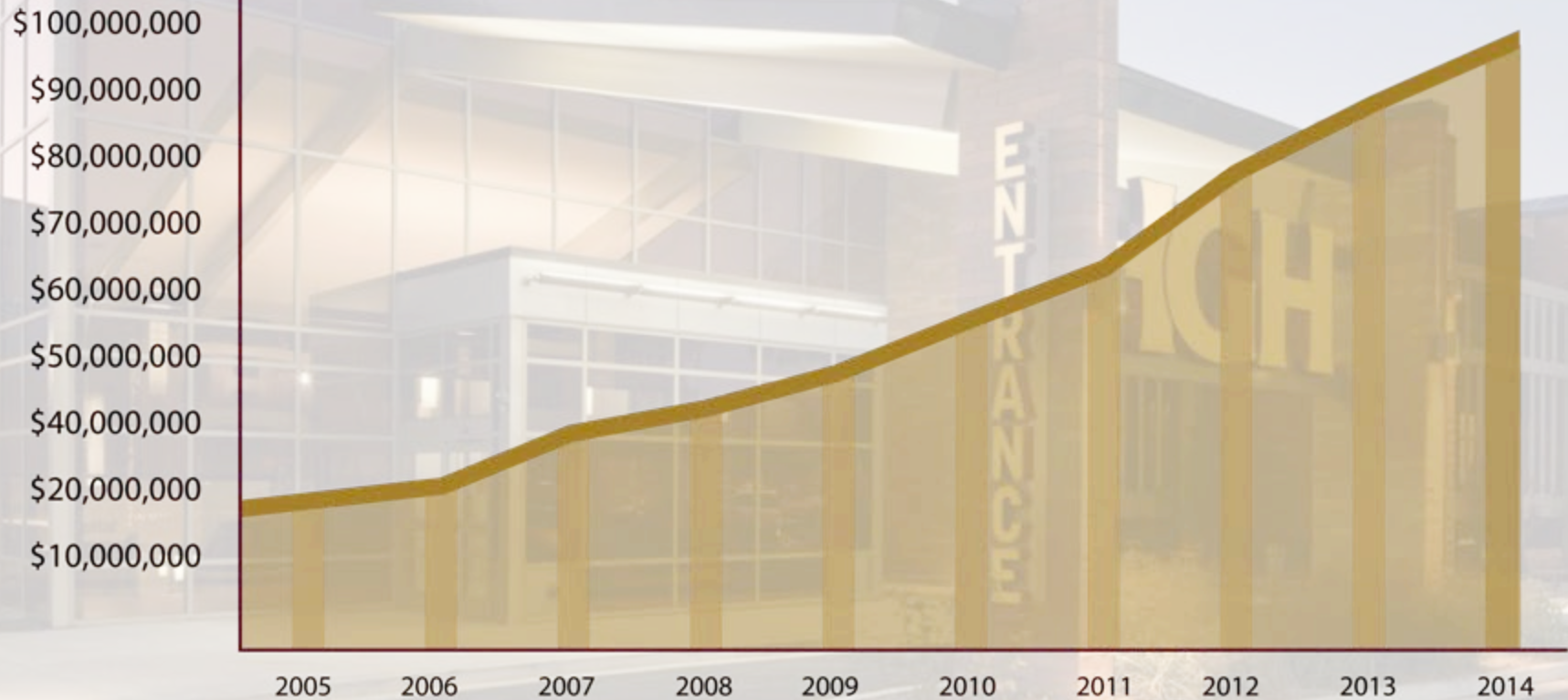
HGH: Results Today

DEBT (LONG-TERM AND SHORT-TERM)



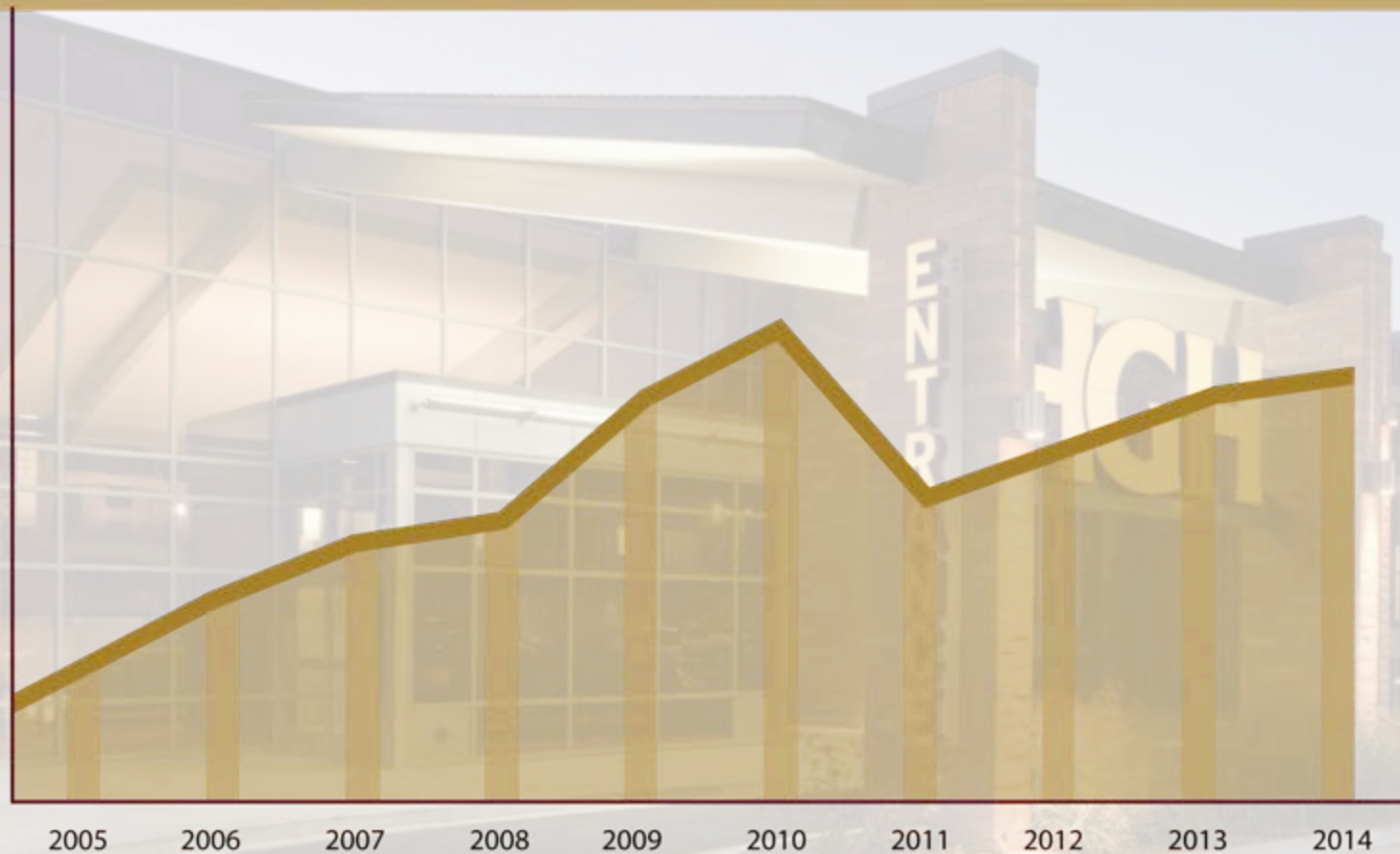
HGH: Results Today

NET ASSETS



HGH: Results Today

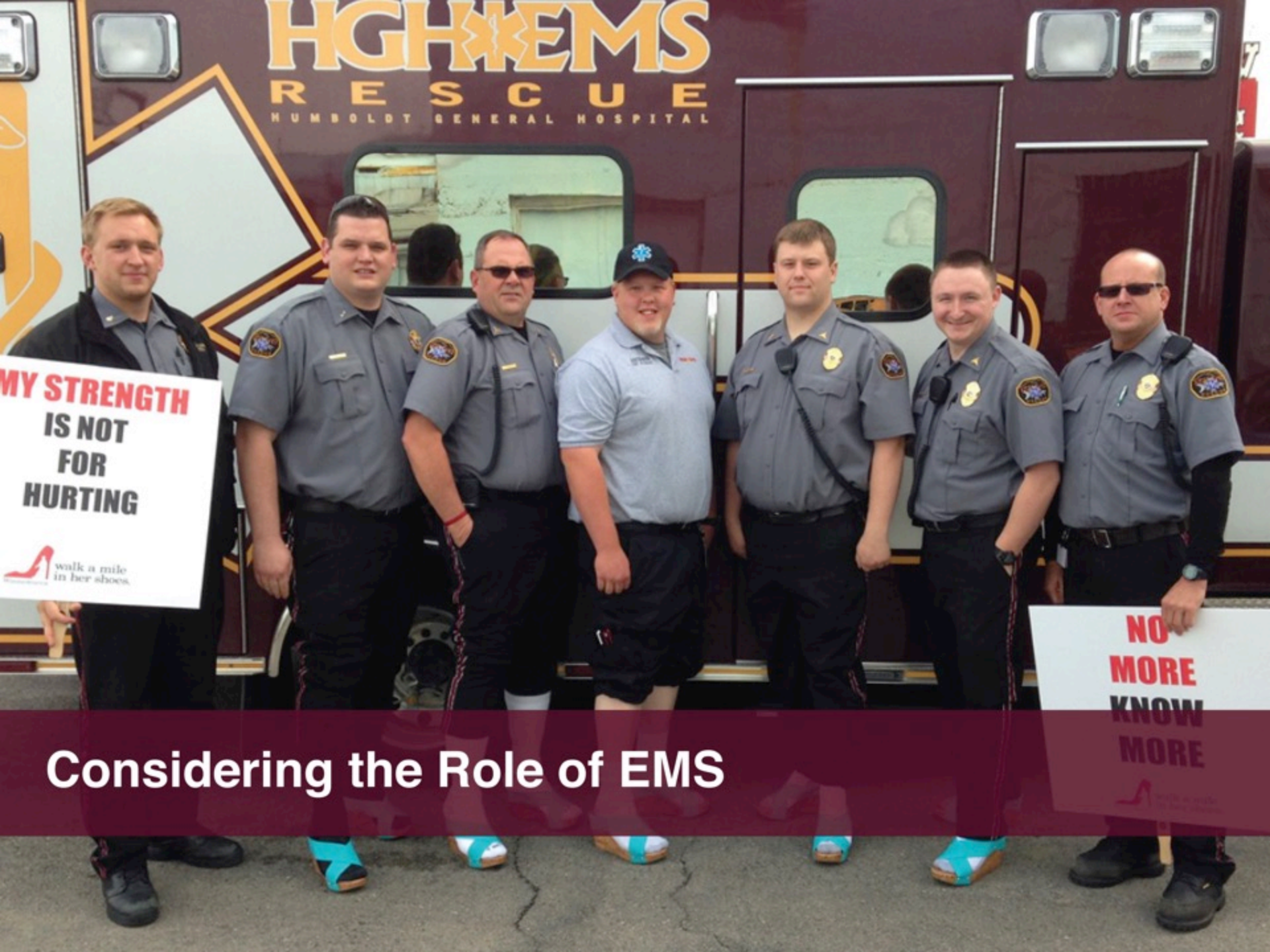
CASH DAYS ON HAND



HGH: Results Today



Continued Success



HGH EMS
RESCUE
HUMBOLDT GENERAL HOSPITAL

**MY STRENGTH
IS NOT
FOR
HURTING**



Considering the Role of EMS

**NO
MORE
KNOW
MORE**





Engagement and Participation



Thank You

Presenters:

Pat Songer | Administrative Director & EMS

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Louis Mendiola | B.S., EMT-I, Health System Development Manager

lmendiola@hghospital.org