



THE CORNERSTONE SERIES

EXCELLENCE THROUGH PERFORMANCE MEASUREMENT

THE STATE OF COLLABORATION IN EMS



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Collaboration—it's a word used more and more in healthcare and public safety. But are we actually living up to its meaning? In this exclusive Cornerstone Series report from Fitch & Associates, we'll examine the current state of collaboration in EMS and provide specific examples of how you and your organization can use collaboration to overcome many of today's challenges and prepare for the future, whatever it may hold.

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ABOUT THE AUTHOR



Jay Fitch, PhD, is a founding partner of Fitch & Associates, and has spent more than four decades serving the EMS and public safety communities as a leader, author, speaker, educator and consultant. His expertise includes the development and implementation of

original operational and strategic solutions for organizations, as well as the broader systems in which they operate. His knowledge of the industry and his expertise in organizational development is built on real-world experience. Earlier in his career, he was certified in multiple disciplines: as a firefighter, police officer and paramedic. He previously served as an EMS director for major cities and board chair of both a municipal fire district and healthcare facility. Since creating Fitch & Associates, he has led numerous complex projects reflecting the entire public safety spectrum, with results that have transformed emergency services for those communities. He is a member of the Editorial Board of the Journal of Emergency Medical Services and serves as commissioner for the American College of Paramedic Executives.

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About Fitch & Associates

For more than three decades, the Fitch & Associates team have provided customized solutions to the complex challenges faced by EMS agencies of every size and service model, both private and public. From system design, objective review and competitive procurements to comprehensive consulting services and on-site interim leadership, Fitch & Associates helps communities ensure their emergency services are both effective and sustainable. For ideas to help your agency improve performance in the face of rising costs, call 888-431-2600 or visit www.fitchassoc.com

THE COLLABORATION SURVEY: WHERE DO YOU STAND?

THE POWER OF COLLABORATION

It really isn't difficult to explain the importance of collaboration to EMS caregivers and other public safety professionals in the field. Whether the incident is a cardiac arrest, a car accident or a catastrophic weather event, teamwork between responders has obvious positive impacts on the success of the response.

What isn't always as clear is why collaboration matters for leaders. The list of qualities we often associate with strong leadership—such as drive, integrity, self-confidence, excellent communication skills—don't always include areas related to collaboration and teamwork. Yet in today's interconnected and complex healthcare environment, an EMS leader must understand when and how to collaborate, both within the organization and with outside partners. In its report on collaborative leadership in healthcare, experts from the Center for Creative Leadership stated, "Rapid innovation and adaptation to change require a collaborative, interdependent culture and solutions that cut across function, region, and profession." This represents a shift from the idea that one expert or one individual can provide solutions, whether referring to the clinical treatment of a patient, or the management of a healthcare organization.

As EMS professionals, we must transfer the teamwork we value in field operations to all of our efforts. The same partners you work with every day, from law enforcement to medical specialists, must also be your partners in long-term strategic planning and creating innovative delivery models. And your

organization's list of collaborators also needs to expand: to new industries, like healthcare financing or transportation services, and across jurisdictional borders.

The team at Fitch & Associates collaborated with our friends at [EMS1](#) to survey our EMS colleagues. We found that while most EMS leaders understand the need for reaching out and working with community partners, many struggle to collaborate as much as they would like to, and as much as every EMS organization will need to in order to thrive in an interconnected future of healthcare.

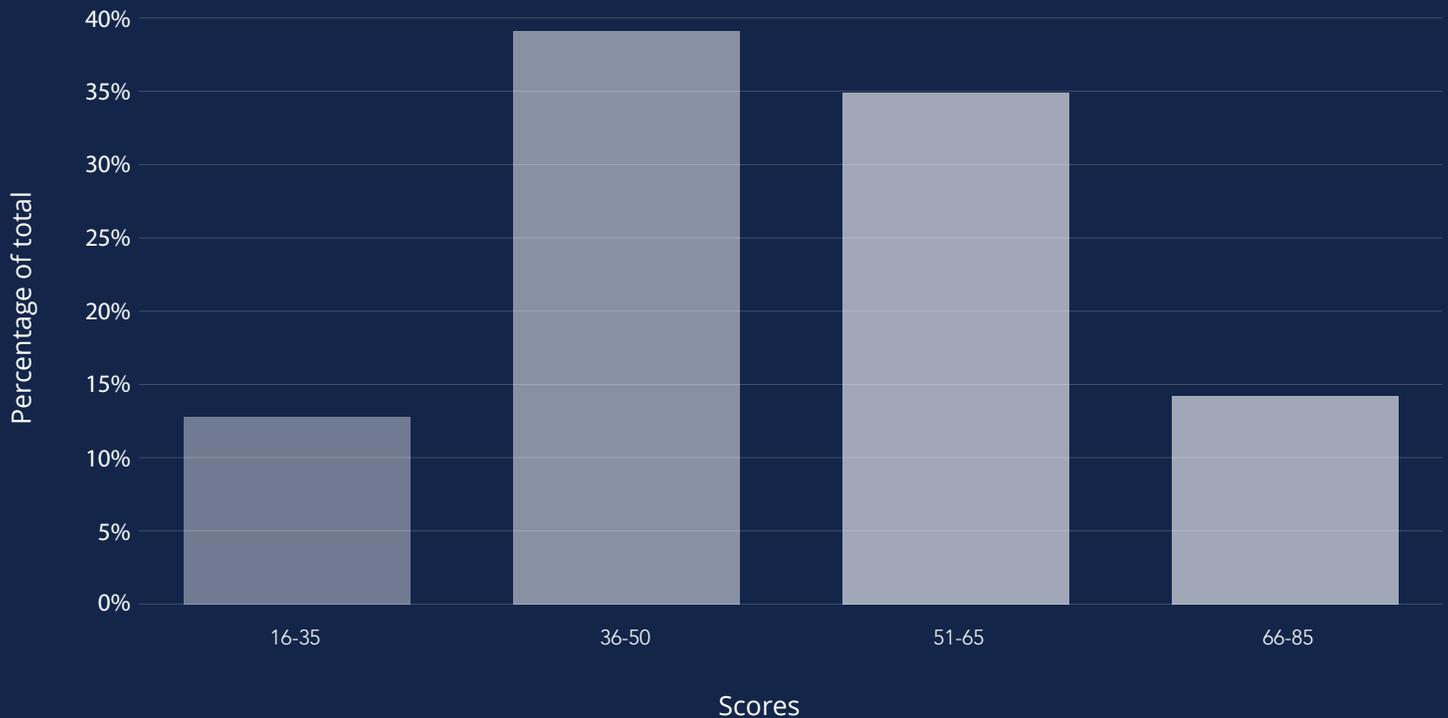
HOSPITALS AND HEALTHCARE PARTNERS

When it comes to identifying partners in the community, some are obvious. Every day, EMS systems work closely with hospitals, with patients being picked up and dropped off, and field providers sharing information with hospital staff. Despite that relationship, many EMS professionals report less-than-ideal collaboration with local hospitals. While most said their agencies meet often with emergency department leadership, conversations with hospital executives happened much less frequently. More than one third said they either never, or only on rare occasions, meet with hospital chief executives, chief financial officers or chief medical officers. At the same time, more than 90% of respondents indicated that their relationship with the hospital is a priority.

With ambulances and helicopters transporting patients to and from hospitals every day, health system executives are crucial partners.

HOW COLLABORATIVE ARE WE, REALLY?

We surveyed more than 200 EMS leaders and providers about collaboration and here are the average scores.



Didn't get a chance to participate in the Fitch/EMS1 Cornerstone Collaboration Survey online?

Answer the questions at the end of this report and compare your agency to your colleagues around the country.

WHAT THE SCORES MEAN

16-35 Your organization needs to begin reaching out and forming better relationships to prepare for the future. Collaboration and regional cooperation are critical to the success of any public safety or healthcare organization.

36-50 While your organization has taken some steps toward building relationships with community partners, more work is needed. Take a proactive approach to finding ways to enhance your service through partnerships and collaboration

51-65 You've seen the benefits of increasing collaboration and communication with community partners, but still have some room to improve. Take that extra step to form new relationships or strengthen the ones you already have.

66-85 Congratulations! Your organization is highly collaborative and positioned to be a community leader. But the work never stops—keep looking for new ways to enhance collaborative efforts in order to best serve your communities and customers.

Whether simply reviewing current policies, finding out what is high on their priority list, or discussing innovative ways to improve care for patients and reduce inefficiencies, the future of your organization likely relies on working closely with these leaders. It's not just about making sure they know and appreciate the value of EMS—you must also become a true collaborative leader, one who brings ideas that will not only achieve your organization's mission, but the partners' missions as well. For example, you can point to research that indicates hospitals that collaborate closely with EMS are the same hospitals that perform highly when treating acute myocardial infarction patients. According to [Landman et al:](#)

Interdisciplinary QI committee membership, with representation from each clinical discipline involved, is increasingly recognized as essential for quality improvement and patient safety activities. Even though many EMS agencies are external to the hospital, the higher performing hospitals in our study recognized prehospital providers as key stakeholders in AMI care and involved them in quality improvement efforts. EMS representatives were treated equally to other committee members and encouraged to actively collaborate on problem solving.

Here are some other ways to build collaborative relationships with hospital and health system partners.

HEALTHCARE COALITIONS

While their main mission is typically emergency preparedness and response, regional healthcare coalitions also serve as a forum for EMS to engage with other healthcare providers in the area. Take advantage of these opportunities to meet and talk with the leadership from hospital systems, long-term care facilities and other healthcare entities. If the meetings typically are attended by mid-level managers and other staff, suggest a special meeting with top leadership to ensure the people who sign off on decisions are all on the same page, before a crisis hits.

STRATEGIC PLANNING

Many organizations see strategic planning as an internal process. But how can an EMS service know where it needs to be in one, five or ten years without collaborating with its community partners? Use strategic planning—whether it's a formal effort or even an informal one—as an excuse to ask hospital and health system executives what they see in their futures, and how EMS fits into that picture.

WHY COLLABORATE?

- 1 It's more efficient
- 2 Take advantage of multiple skill sets
- 3 Accomplish goals faster
- 4 Promote a friendly pressure to get work done on time
- 5 Productivity doesn't depend entirely on one person or organization
- 6 Take advantage of ongoing feedback
- 7 Increase learning opportunities
- 8 Solidify accountability
- 9 Share the lows and highs
- 10 Promote synergy

PAYERS AND CARE COORDINATION ORGANIZATIONS

Changes to the healthcare landscape and EMS funding streams have made partnerships with payers more important than ever. While many EMS leaders have traditionally seen insurance companies and other payers simply as the name on the check, several have now reached out directly to those organizations in an attempt to change the way their agencies are reimbursed. These relationships will be especially useful as EMS looks to innovate and provide services such as community paramedicine.

“Only 10% of respondents reported that their agency is communicating with payer organizations to a large extent—and more than 40% said they have not had any discussions with payers.”

Establishing these relationships early, before launching new programs, could be critical to the success of any partnership. Find out who your largest payers are—and ask them what they need. Then you can see if you have the ability to help solve those problems in a way that serves the patients’ needs and is fiscally sustainable for both your organization and the payer.

Care coordination organizations also are looking for ways to partner with other community resources, such as EMS, and reduce costs. For example, in Massachusetts, the Commonwealth Care Alliance, a non-profit that acts as both a health insurer and a care provider for elderly, disabled or low-income people, partnered with EasCare Ambulance on a community paramedicine pilot program. The alliance was finding that unnecessary trips to the emergency department were increasing costs, exposing patients to infections and disrupting care plans.

LEADERS OF THE EMS SYSTEM IN COLORADO SPRINGS, COLORADO, RECOGNIZED THEY HAD A PROBLEM

Leaders of the EMS system in Colorado Springs, Colorado, recognized they had a problem—with more than a dozen fire and EMS agencies and five hospitals, providers had many different procedures for communicating vital patient information to emergency department staff. The hospitals were each part of two major competing hospital systems, further complicating efforts to get everyone on the same page. Nevertheless, local EMS officials brought everyone together by unifying them around their shared goal: providing optimal care to members of the community and eliminating potential delays to time-sensitive care for strokes and heart attacks.

“Recognizing that this potential was a system problem, not an EMS problem, local EMS and fire department leaders sat down with members of the stroke and STEMI teams from both hospitals,” wrote E. Stein Bronsky, MD,

medical director for the Colorado Springs Fire Department and the local AMR system, in an article published in *JEMS*. “Although wary at first, the competing hospital systems soon recognized that finding a regional solution would benefit both hospitals, and, most importantly, all patients.”

By serving as the “neutral” party, the EMS and fire departments brought the hospital systems together, leading to a collaborative effort to improve communication and, subsequently, patient care. Now, nearly every EMS provider in the county is using the same software platform to communicate vital information to emergency department and specialty team staffs—something that was only possible because EMS leaders already had worked to build those relationships.

BEND, OREGON

In Bend, Oregon, a fire department captain determined to increase cardiac arrest survival rates knew that he could only do it with the help of the county's emergency 911 center. So he approached them about a partnership; now, the two agencies and others in the county work hand-in-hand to improve cardiac arrest response. The captain, Petar Hossick, shares data, coordinate policies, and talks regularly with Megan Craig, the communications center's training coordinator, and her colleagues.

"We could not have done it without Megan and 911," Hossick said in an article about the collaborative effort published in the *Journal of Emergency Dispatch*.

Not only has the community seen a tremendous improvement in cardiac arrest survival rates, but now the first responders in the field and those in the 911 center have a stronger connection than ever before, paving the way for future collaborative efforts to save lives.

"Correcting these issues would require greater communication, more frequent interactions, and close partnership between CCA's practitioners and EasCare's paramedics as they assessed members' clinical status and made a determination about the best course of care," according to [a white paper](#) published by the two organizations.

The partnership meant that Commonwealth Care patients received care in their home from paramedics who were coordinating closely with primary care providers, reducing unnecessary emergency room visits and ensuring patients' doctors were always aware of what was going on. And it was only successful because that collaboration and communication occurred at every level—with the individual care providers, physician clinical leaders and administrators.

PUBLIC SAFETY PARTNERS

Whether your EMS service is public or private, part of the fire department or its own independent agency, chances are you and your people interact with other public safety organizations every day. Collaboration between fire, EMS and law enforcement happens in the field, on the scenes of cardiac arrests, car crashes, drug overdoses and more.

But what kind of collaboration is occurring at leadership levels? Are your operational leaders working together to ensure one organization's standard procedures don't conflict with yours?

Examples of how local public safety organizations are collaborating include the evolving response to active violence. The National Fire Protection Association recognized the importance of this integration when it released NFPA 3000, a standard for active shooter and other hostile events. Unlike many NFPA response standards, which focus on the role of just fire and EMS, NFPA 3000 took a holistic approach, recognizing that the fire and medical response to such incidents only succeeds if it is highly coordinated with the law enforcement response.

Interestingly, EMS leaders who responded to the survey had a much more favorable view of the extent of collaboration between public safety agencies than field clinicians. Don't just assume collaboration is high because you regularly see other chiefs at council meetings or other high profile events—check with your people in the street to find out how those relationships can improve.

CROSSING BORDERS

Unfortunately, collaboration often stops at borders. More than half of survey respondents indicated that conversations with services in neighboring jurisdictions were not happening frequently, and often not happening to any extent. We know that emergencies often ignore borders and first due areas, so keeping an open dialogue with neighboring jurisdictions is critical. There are also potential cost-savings and other improvements that can be realized by sharing resources—either through basic automatic and mutual aid agreements, and also in communications, training, specialty teams, purchasing vehicles and supplies, and much more.

In northern Virginia, the fire departments that provide 911 EMS response and transport in several counties and cities work together through a regional system that includes shared technical rescue teams, regional standard operating procedures and more. In part of the region, where fire and EMS apparatus cross borders every day responding to emergencies, several neighboring jurisdictions, each with their own communications centers, use technology to ensure the closest responders quickly get to the call—no matter where it is. They've [connected their computer-aided dispatch \(CAD\) systems](#) through what they call "CAD2CAD," which allows telecommunicators in one county to see the real-time status of units in the neighboring county, and dispatch them directly without a series of phone calls and other delay-causing processes. Collaboration can also help organizations learn from each other and innovate. In North Dakota, state EMS officials brought together several agencies from across a region of the state to form a collaborative focused on quality improvement.

When asked whether their communities focused on regional approaches to responding day-to-day emergencies or creating community health programs, rather than uncoordinated, individual approaches, nearly 30% said "not at all."

"It has been a great experience," said Diane Witteman, operations manager for Mohall Ambulance, in [an article on *ems.gov*](#). "We're a small rural community; our run volume is about 190 runs a year. We've been able to look and see what others are doing, and it gives us a better feel for whether it's something we can do."

Not working across borders leads to miscommunication and missed opportunities that can decrease efficiency, inhibit innovation and negatively impact patient outcomes.

COLLABORATION REQUIRES DEDICATION

Collaboration cannot be an after-thought. It takes a commitment to working with others—from your colleagues across the hall to officials at city hall, and from your competition to organizations in a neighboring jurisdiction. As an EMS leader, you must strive to find ways to work together with new partners. It's not only the right thing to do, but it will be the only way to thrive in our profession as our world and our communities become more interconnected.

DIDN'T GET A CHANCE TO PARTICIPATE IN THE FITCH/EMS1 CORNERSTONE COLLABORATION SURVEY ONLINE?

Answer the questions below and compare your agency to your colleagues around the country.

How collaborative is your organization, really?

For each question, score your organization from 1-5 using the scale below. Then look on page 4 of the report to see how you compare to the more than 200 EMS professionals who completed the survey.

Scoring system:

Not at all – 1

To a small extent – 2

To a moderate extent – 3

To a large extent – 4

To a very large extent – 5

Collaboration

1. My organization's leadership regularly meets with leadership from local hospitals (e.g., chief executive officer, chief financial officer, chief medical officer).

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

2. My organization's leadership regularly meets with leadership from local emergency departments (e.g., ED directors, ED medical directors).

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

3. Our relationship with local hospitals is a priority of the organization and its leadership.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

4. My organization understands the importance of a relationship with local public health officials and social services and is in regular contact with them about issues facing our community.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

5. The relationship between public safety agencies (law enforcement, fire, EMS) in my community is strong and we regularly collaborate on both long-term planning and day-to-day operations.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

6. My organization is active with a local healthcare coalition that includes health and hospital systems, EMS and public health.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

7. My organization has regular contact with skilled nursing facilities, assisted living and other similar organizations through the healthcare coalition or other local or regional committee.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

8. My organization has had discussions with insurance companies, large employers and other payers of healthcare costs about working together to reduce costs and improve population health.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

Regionalization

9. Our region is highly collaborative, with frequent discussions occurring between services in neighboring jurisdictions.

- Not at all
 - To a small extent
 - To a moderate extent
 - To a large extent
 - To a very large extent
-

10. My organization and our neighbors are continuously looking for ways to improve efficiency by further sharing resources and reducing redundancies that are not needed in our region.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

11. Our region has automatic and mutual aid policies that ensure the closest, most appropriate resource responds to a fire or medical emergency, no matter where that emergency occurs.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

12. In our region, we have regional councils and/or committees that help ensure operations involving multiple jurisdictions and/or agencies can run smoothly.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

13. From day-to-day medical emergencies to mobile integrated health or community paramedicine programs, my area focuses on regional solutions, not separate and uncoordinated agency efforts.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

Communication

14. My organization communicates regularly with our external partners and stakeholders when considering a change to policy or procedure that may impact them.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

15. In our region, on-scene communications between different agencies occurs smoothly through interoperable radio systems and other methods.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

16. Our organization participates in programs that share data elements from dispatch or ePCR records to improve regional awareness or quality measures.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

17. Public safety answering points (PSAPs) in my region use interoperable technology or have consolidated in order to improve efficiency and ensure effective dispatch of the most appropriate resources for any situation.

- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- To a very large extent

Total = _____ / 85

Scoring (out of 85)

16-35 Your organization needs to begin reaching out and forming better relationships to prepare for the future. Collaboration and regional cooperation are critical to the success of any public safety or healthcare organization.

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