



THE REVIEW

Central Arizona Fire and Medical - 8603 E. Eastridge Dr., Prescott Valley, AZ 86314 – Oct 1, 2021

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"You can't make an omelet without breaking a few eggs." Sometimes you just have to break some things to make them into something good.... Just say'n

– Someone

Check out our new Join Us page on the CAFMA web-site!

<https://www.cazfire.org/join-us>

The Chief's Desk

Another week, another number of transports by our Rescues, and another notice of investigation from the Arizona Bureau of EMS under the Department of Health Services (DHS). I'll touch more on that in a bit. First, I'd like to thank all of you for your hard work and dedication during these very difficult times. It has taken a lot of extra effort and aggravation on your part to staff the Rescues, move the Rescues around, and decide whether or not to transport. Trust me, we at the Staff level are just as frustrated with this situation.

Between August 2 and September 28, 2021 Prescott Regional Communications Center (PRCC) logged **368** instances during which AMR/Lifeline was at Level Zero, i.e. no ambulances available. We've all either experienced it for ourselves or listened to the radio traffic as engines are dispatched to critical calls, while at the same time being told no ambulances are available. Additionally, some of you have had to sit on scenes with a "non-critical" patient for an hour or more. Waiting on scene that long for transport is absolutely unacceptable, whether the patient is critical or not.

We started sharing our concerns with DHS in earnest six years ago. Over that period of time our call volume has increased nearly 40%. To address the increased work load, we have added a 40-hour engine to help maintain our response times and reliability ratings. Six years ago, AMR had roughly 11 ambulances staffed to cover the Quad Cities. Even with 11 units they were unable to provide adequate coverage. Today, we typically see three units staffed in our system, sometimes four or five. So, in short, we have experienced significant growth in our area that has greatly increased call volume for which CAFMA has adapted. In contrast, AMR has contracted the number of staffed units in our system.

For an area with a population of 156,000 residents, when AMR has three units staffed that equates to one unit per 52,000 people. Bear in mind, 156,000 is simply our resident population. That number does not include tourists or people who travel to our area for work or to attend college and the university. So, the one unit per 52,000 is actually one unit per some much larger number of people.

In the last week, we've received two letters from the AZ DHS Bureau of EMS entitled "*Notice of Investigation*." We are up to a total of six notices at this point. The first letter last week was in regards to our rescue transport protocol.

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Upcoming Events:

Oct 4: Senior Staff Meeting, Visit PRCC
Oct 5: Labor Management Meeting, Record Podcast, AFCA/AFDA Ed Committee Meeting
Oct 6: Meet with Exec Coach, FRI Planning Meeting, CON Meeting, Article 9 Rules Committee, John Brambila Swearing in, PV Citizens Academy
Oct 7: AFDA meeting, Coyote Crisis board meeting, Chiefs interview

Board Meetings:

Oct 12 Administration – Special Meeting – CAMFA – 1700-1600

Oct 25 Administration CAFMA – 1700-1830

What NFL star Peyton Manning had to say about leadership at a Utah tech conference

By: Art Raymond

A Nebraska city nestled up next to the Missouri River, certainly, but for millions of NFL fans it's a term that evokes memories of one of the game's greatest quarterbacks of all time: Peyton Manning.

Manning — for whom "Omaha" became a favorite, and expected, part of his line-of-scrimmage play calling — kicked off the annual user summit Wednesday for Utah financial technology innovator MX, hosted at the mountain destination Snowbird Resort.

Manning, the son of former NFL quarterback Archie Manning and brother of another pro QB, Eli Manning, was a first-ballot inductee into the NFL's Hall of Fame earlier this year. At the opening day of the MX Summit, he shared personal insights and takeaways from his 18 years in professional football and what life has been like since he left the league in 2015 after securing his second Super Bowl title.

Peyton Manning is one of three sons of Archie, all of whom followed in dad's footsteps in playing football as kids. But in a family that many may believe was overly focused on football, Manning said there was never pressure to get in the game from his father, a longtime quarterback for the New Orleans Saints.

"My dad really never pushed us into playing sports, he encouraged us ... but he never pushed us," Manning said.

He noted that light-touch parenting approach played a role in the love both he and his brother Eli carried into their careers.

"Eli and I had brought a passion for football into our pro careers because it was fun growing up," Manning said.

Raised in a football family

While all three brothers were successful high school football players that advanced to college careers, Cooper Manning, the oldest, suffered a career-ending injury while a freshman wide receiver at Ole Miss. Peyton Manning would later honor his older brother by choosing jersey number 18, the number worn by Cooper Manning as well as their father in college, when he joined the Indianapolis Colts as a first-round draft pick in 1998.

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Chief's Desk Continued

I was able to speak with the State's Medical Director and Bureau Chief Garcia on Thursday this week concerning our protocol. In the end, we agreed that CAFMA was simply providing the Bureau the protocol to ensure they were informed of our operations. In addition, I agreed we would add language under the end notes that states our intent is to continue working with the current CON provider in the best interest of our patients. In the end, that is exactly what we are doing. We are not in competition with AMR, rather we are trying to fill gaps that clearly exist in the system today.

The second *Notice of Investigation* outlines 15 complaints filed against us by AMR for transporting patients. In part, the statement in bold near the bottom of the page states the following,

"CAFMA inappropriately transported a patient when it was not medically necessary."

The first alleged inappropriate and not medically necessary transport submitted is listed as:

August 20, 2020 Chino Valley – 8-month-old infant – cardiac arrest.

What the????? Of the 15 complaints filed, one was actually transported by the complainant AMR/Lifeline, not us, one was a refusal, and the other 13 have been deemed medically necessary by our medical control physician. Some of the highlights of those deemed "not medically necessary" according to the complaints include a patient actively having a stroke, a gunshot wound, a trauma patient from an MVA transported to a waiting helicopter, an allergic reaction with difficulty breathing and facial swelling, a patient actively seizing, another trauma patient, etc.

If an 8-month-old infant in cardiac arrest is not regarded as a patient necessitating medical transport, then I am absolutely baffled as to what Lifeline/AMR would consider medically necessary. So, I called the Bureau and asked. The representative I spoke with was unable to clearly articulate an answer. They advised we were not being investigated; instead, they are just seeking some information because AMR/Lifeline had filed complaints. Again, I'm confused because the letter that was sent was entitled "*Notice of Investigation*." The title, at least to me, seems to indicate that we were being investigated, but what do I know.

As part of our conversation on Thursday this week Bureau Chief Garcia clarified for me that the Bureau had deemed all complaints since they began receiving them in early July to be unsubstantiated. She acknowledged that the correspondence we received was not reflective of the message she intended to send. In addition, the City of Mesa received one of the nasty grams as a result of loaning us two pieces of fire department equipment to use as Rescues or alternative response vehicles. I communicated with Assistant Chief Hayes Thursday night. She received a call Thursday afternoon from Chief Garcia apologizing for the correspondence and telling her to disregard. The Chief has always been honest and upfront with us, so we take her at her word that she was not aware of the messages being sent by some of her staff members.

So, where do we stand? We have yet to make any real headway with the Bureau regarding the current challenges. As mentioned above, we've worked on this for six years and during that time the service has contracted, not expanded to meet the needs. Yet, the state has ignored our concerns. We did have two meetings this week with a representative from the Governor's office. Our request was for the Governor to issue an emergency declaration allowing us to operate as a transport ambulance service immediately, and to ensure our Certificate of Necessity (CON) application is expedited. It is clear that no one at the state has the intestinal fortitude to pressure the Governor to issue a declaration. Despite all that has been provided, they either do not understand the magnitude of the problem, or they just do not feel it's important enough to ensure our constituents are provided the care and transport they need. That said, it is a catch 22 because we are picking up the slack at this point using Rescues. I think you feel the same way as me i.e. we will not allow a patient to suffer just to illustrate the transport crisis we face.

We have the new protocol signed by Dr. Lampe and the Dignity attorneys. I will include the document in this edition. It seems that at least for now the state and CAFMA have a mutual understanding. The new protocol will take some of the guesswork out of when we should transport and when we should wait. Ultimately, we will be waiting a lot less than we are now.

As you saw in Chief Feddema's email, we will start staffing two of the Rescues beginning October 1, 2021 during peak hours utilizing overtime. The hours are currently set so that if you take OT on the Rescue, you do not move on the OT list. That said, the BCs have the authority to request the person on the Rescue remain on OT for additional hours as needed. Again, it will not affect your place on the OT list. The Rescues will be used as alternative response vehicles (ARUs) with transport capabilities. This means the unit will be able to respond for a handful of low acuity calls on its own, as well as respond for more significant calls as part of the assignment.

Additionally, the union and staff are working with a public relations professional to gain some valley media coverage concerning our challenges. We are also working on a page for our web-site that will clearly articulate the challenges we are facing; it will have a call to action section. The page will include statistical data, documents, as well as snippets of radio traffic. Ultimately, if we want things fixed, we need support from the citizens of Arizona. After all, we've been told by the legislature that they just don't have the appetite to deal with this.

We have a Special Board meeting scheduled for October 12 during which the Board will review our CON application and make the decision whether or not to move forward. If approved, we plan to drop the application ASAP.

As I said in the beginning, you are all doing a great job ensuring those that call 911 remain our number one priority. The protocol should reduce the questions regarding whether to transport or not. And, we will continue to support the decisions you make in the field erring on the side of quality patient care. I'd also like to thank Mesa Fire and Medical and Northwest Fire District once again for the loaner Rescues/ARUs!

We also have offers to loan us equipment from Golder Ranch, Phoenix FD, Daisy Mountain – basically any fire department that has ambulance-looking vehicles that are considered Rescues within our jurisdiction. They recognize the severity of the situation, not sure why the State does not, or why it's so hard for the State to make the right decisions. Meanwhile, it seems AMR will continue with their shenanigans while they continue to fail at their one job.

RESCUE COMPANY TRANSPORT

ADMINISTRATIVE ORDER

Inclusion Criteria:

A Central Arizona Fire and Medical Authority (CAFMA) transport capable Rescue Company may be utilized to transport a patient(s) within the CAFMA Fire District under the following conditions:

- Unstable or critical [1] patient where it is deemed not advisable to wait for the arrival of a certificated ambulance.
- Unavailability [2] of Ambulances as advised by Fire Alarm (level 0).

Note: *For Stable Patients; CAFMA will wait for an ambulance for transport when units are available. (>level 0)*

Inclusion Criteria Met: Prepare the Patient for Transport

- If an ambulance arrives prior to loading a critical or unstable patient on the gurney for transport; CAFMA will transfer care and accompany the patient as necessary.
- If a critical or unstable patient is loaded on the gurney for transport prior to an ambulance arrival; CAFMA will cancel the responding the ambulance and transport the patient as necessary.

Perform regular hospital notification using:

- Courtesy Notification, or
- Patch for Medical Direction

END NOTES

1. Unstable/critical patient will be determined by the first arriving on scene paramedic based on their training, pre-hospital protocols and clinical judgement. The first arriving on scene paramedic will make the decision based on their assessment for patients needing immediate ALS interventions and transportation to definitive care.
2. Unavailable means there are no Lifeline Ambulance (LLA) units available to be assigned to the call therefore we will respond a rescue. Specifics related to how this will be guided and managed are as follows:
 - a. If LLA makes a unit available and it arrives prior to loading a critical/unstable patient CAFMA will have LLA transport the patient.
 - b. For a non-critical patient if LLA makes a unit available and the timeframe for them to get to the scene is < 30 minutes LLA will transport the patient.
 - c. To avoid delays in patients being transported there will be no specific wait time for LLA to respond an ambulance when there are no units available when CAFMA is dispatched.

It is CAFMA's intention to work with the current CON provider in the best interest of the patient.