

# Helping Hospitals Achieve Their Goals

**M**any hospital executives think of EMS agencies only in terms of the patients they bring to the Emergency Department. And, true enough, EMS is an important referral source. According to the Emergency Department Benchmarking Alliance, about 23% of adult ED patients arrive by EMS and about 40% of EMS patients are admitted to the hospital.

A true EMS partner can contribute much more in helping a hospital reach its clinical, patient satisfaction and financial goals. If your hospital is in a market with only one EMS agency, communicate often about your internal goals and expectations. If your market is served by more than one EMS agency, **choose your partner wisely**, clearly explain your expectations and be open to feedback that will help your partner to help you reach your goals.

If your hospital has a stroke program or cardiac program, you probably already understand the clinical significance of a strong relationship with your EMS partner. But have you thought about how your EMS partner might affect your patient satisfaction scores? Here are some ways the agency can help:



- Make sure your partner invests in safe, dependable, high-quality ambulances and equipment. Don't assume. Go see who and what are transporting your patients.
- Ask about the agency's driver oversight program to assure patients are transported safely and comfortably.
- Ask about the agency's approach to customer service and the process for handling patient and customer concerns.

Perhaps the **most important customer satisfaction issue**, especially for non-emergency ambulance transports, is the **agency's billing process**. As in most areas of health care, EMS billing is highly specialized and documentation intensive. Care and service that is poorly documented can result in denied claims, often leaving either the hospital or the patient responsible for the charges. With that in mind, understand when your EMS partner must take extra time reviewing the chart or asking a few more questions, and please support your partner with your front-line staff. Your nursing staff is certainly very busy with their own work and documentation and may not care to spend precious minutes answering questions about something as seemingly simple as a transport, but that **extra communication can make the difference in the claim being covered appropriately**.

Through-put has become an increasingly important issue for many of our Texas hospitals. While it may be convenient to lay the blame of unreached through-put goals on the altar of your EMS partner, it would be more productive to invite your partner in for a discussion. Explain your goals and your internal processes for achieving them, then listen to ideas your partner may have about helping you achieve those goals – these may include participation in your bed huddle meetings, earlier requests for service or possibly even having an agency representative on your campus.

**Work together to measure your current performance and then discuss how you can help each other improve.**



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By pursuing appropriate third-party reimbursement, informing the hospital staff when a prior authorization is required and utilizing the right resource for the right patient, your EMS partner can help you control your transportation costs. These are the right steps. The wrong steps, though they may result in short-term savings, can cause tremendous problems in the long run.

The federal anti-kickback statute is clear: **Offering inducements, including deep-discounting for stretcher and wheelchair transports, is a violation and may subject the hospital to significant financial penalties.** In the past several years, hospitals in Florida, California and Texas have been fined millions of dollars for inappropriate relationships with their EMS partners. And the government doesn't have to prove there was intent.

**To put it another way, if your hospital is participating in a pricing relationship that is ruled to be a kickback, there is a presumption that it was intentional.** Discuss this with your compliance experts but stick to fair-market value for goods and services and stay away from deep discounting. If the deal seems too good to be true, it likely is. And remember, besides financial penalties, these kinds of relationships put your participation in the Medicare and Medicaid programs at risk.

In recent years, the value of a strong EMS partner during times of disaster has been **dramatically underscored.** Make sure your plan includes an EMS agency that can handle your needs, should you need to evacuate. And just because you can't see the Gulf of Mexico from your building, don't think you are immune from disasters. Explosions, tornadoes, failed air conditioning systems, even ruptured water lines can result in hospital evacuations. Have your agreements and your plan in place long before you need them.

"Section 6402(f) of Affordable Care Act [ACA] revises the evidentiary standard under the anti-kickback statute. ACA states that in order to establish a violation of Section 1128B of the Social Security Act, including the anti-kickback statute, a defendant does not have to have actual knowledge of, or specific intent to commit a violation of the anti-kickback statute."

--Health Care Fraud and Abuse Laws Affecting Medicare and Medicaid: An Overview, September 8, 2014; 7-5700; RS22743, Jennifer A. Staman, Legislative Attorney for the Congressional Research Service

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## Common Causes of Hospital Evacuations:

- **Hurricanes and Tropical Storms**
- **Explosions**
- **Fires**
- **Tornadoes**
- **Failed Air Conditioning Systems**
- **Ruptured Water Lines**

**Finally, the key to a successful relationship with your EMS partner is communication. Discuss your goals, ask for input, share ideas, find solutions. Your hospital, your staff and, ultimately, your patients all will benefit.**

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