

COUNTY COMMISSIONERS' COURT

Public Participation Form

Instructions: Fill out all appropriate blanks. Please print or write legibly.

NAME: TIFFANY SCHAEFFER

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PLACE OF EMPLOYMENT: TEXAS HEALTH RESOURCES CLEBURNE

EMPLOYMENT PHONE: _____

Do you represent any particular group or organization? NO

If you do represent a group or organization, please state the name, address and telephone number of such group or organization.

Which agenda item (or items) do you wish to address? _____

REQUEST FOR PROPOSALS

Other concerns or items to be addressed to the Commissioners Court _____

Signature: Tiffany Schaeffer

NOTE: This Public Participation Form must be presented to the Court Assistant 15 minutes prior to the Court being in session.

Tiffany Schroepfer
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November 10, 2014

Honorable Judge Harmon, Commissioners Bailey, Howell, Stringer, and Beeson
County Judge, County Commissioners
Johnson County Texas
2 N. Main Street
Cleburne, TX 76033

Honorable Judge Harmon, Commissioners Bailey, Howell, Stringer, and Beeson:

I have lived and voted in Johnson County for all of my adult life. I attended paramedic school and received my associates' degree in Emergency Medical Services from Hill College in Cleburne. I was employed by CareFlite as a paramedic for Johnson and Hill counties from September of 2009 until September of 2011 when I chose to resign rather than comply with new policies which violate my code of ethics. After leaving CareFlite, I was hired by Air Evac in West, Texas, and served with them for one year before I gave up flying to devote myself to my teaching responsibilities at UT Southwestern. Flying with Air Evac provided me a functional knowledge of helicopter EMS.

I would like to begin by commending your decision to request proposals for ambulance service. We have already learned that CareFlite itself *could* be providing services for \$300,000 a year *less* than they currently are. If "not for profit" means what people think it means, why have we not been receiving the lower price automatically? What additional benefit has the County seen in exchange for the 380% subsidy increase, though CareFlite's call volume has only increased 152%? [1] What offer might CareFlite make if they were actually faced with competition, instead of merely the possibility that they *might* face competition? While I understand the desire not to deal with the inconvenience of drafting a proposal, why do they seem so concerned about this? If they are truly best, wouldn't this opportunity to prove their superiority be welcome?

I wish to respectfully bring to your attention the policies which violate my conscience. They are still in place, and yet another has been added since I resigned.

The job description CareFlite currently has posted for a paramedic for Cleburne, Texas, includes the following language:

ESSENTIAL DUTIES/RESPONSIBILITIES:

“In the 911 systems, to move patients towards hospital care and, if calling for air, to utilize helipads when a helipad is available within 10 minutes driving time of the scene. To move transport priority of 1 and 2 patients to the nearest hospital unless transport time exceeds 15 minutes in which case air should be utilized.”

“Documents clearly in PCR and other appropriate forms the reason for the course of action taken including reasons why a patient was not taken to the closest hospital and/or why a Priority 1 or 2 patient more than 15 minutes’ drive time (within the speed limit) from the scene to the appropriate or closest hospital was not flown.” [2]

I would like to explore what these policies can mean from a paramedic’s and patient’s perspective.

1. **“...Utilize helipads when... available within 10 minutes”**

A common reason to meet at a helipad is safety, because the pilot is familiar with the location and has landed there before, eliminating some unforeseen risks. The issue here is that in many cases, there are equally appropriate landing sites on the scene itself, and if a patient is transported even half a mile by ground ambulance, that patient (or their insurance) will receive a bill for *both* ground transport and air transport. CareFlite hires good medics and excellent pilots: why can’t it be left up to *them* to determine whether it is in each individual patient’s best interest to be transported to a specific helipad or whether there’s a perfectly good landing zone already on scene? Is it acceptable to automatically require patients to receive two bills for no reason?

2. **“...[if] transport time exceeds 15 minutes... air should be utilized”**

Sending a patient by air is widely recognized as more dangerous than transporting by ground ambulance; if the patient’s medical condition and distance from appropriate hospital warrants the risks of flight, it may be wise for the paramedic to utilize air; but this should never be absolutely required by a policy. Many patients, even “Priority 1 or 2” (patients in critical or serious condition) can be equally managed by the paramedics on ground ambulances. These are the same ground ambulances that transport *all* patients when an aircraft cannot fly due to weather. Transporting a patient by helicopter is a risky medical decision that should be made by the medical professional treating that patient, *at the time* of treatment. Is it wise for someone in an office somewhere who will never see the patient, and may or may not have any current medical training, to mandate unnecessary flights? Especially if this person may benefit when patients get charged thousands of dollars for a flight instead of only hundreds for a ground transport?

3. **“... [if] transport time exceeds 15 minutes... air should be utilized”**

Here I am grateful for my friends at CareFlite Air and my helicopter experience with Air Evac. 15 minutes appears to be an arbitrary and absolutely ridiculous time frame. Helicopters of all types generally require 5-7 minutes from notification to even get in the air. Then 5-15 minutes to get to the scene. There is usually a 5-10 minute transition, moving the patient from the ground crew's care to the helicopter, explaining the patient's condition and what treatments have already been performed. Then you have the actual flight time, 5-20 minutes, depending on where the patient was picked up. Now you have offload time: many helipads are on the top of the hospital, necessitating a trip from the helipad to the elevator, then finally all the way down into the Emergency Department... once again, we're talking 5 minutes at best, often up to 10 minutes. Add that up, and you've got *at best* 25 minutes from activation of the aircraft until the patient is at the Emergency Department; this is most often closer to an hour. Why 15 minutes? Is it because *much of Johnson County* is more than 15 minutes from a hospital? Why is it policy to send a patient by air even when the ground ambulance could *beat the helicopter to the hospital by a significant amount of time*?

4. **“15 minutes' drive time (within the speed limit).”**

One of my fellow paramedics received a 60 hour (more than a week) suspension for driving 72 miles per hour *on the interstate*. Obviously, it's better to drive carefully and avoid accidents than to rush and have a wreck. But is it best to drive *exactly* the speed limit, though Texas state law makes it clear that emergency vehicles are permitted to exceed the speed limit? [3] Is it best when you're on a clear open road, trying to get to an infant who is not breathing, or when responding to panicked family members who are trying frantically to do CPR on their loved one, or when you're on the highway, responding to a car crash with people trapped? Really? How many of us drive exactly the speed limit (or 2mph under, so you don't take the risk of accidentally going 1mph over and getting suspended, now unable to pay the bills)? Why would a company require this? Are they trying to slow the medics down so that more patients are farther than that special 15 minutes? Do they want medics to have to send more patients by helicopter instead of taking them by ambulance, costing them and generating for the company thousands instead of hundreds of dollars for each transport?

5. **“Documents clearly.... why a patient was not taken to the closest hospital.”**

This gets tricky. There are patients who don't *clearly* need a higher level of care, but they *might*. Some local rural hospitals can't effectively treat a heart attack; a patient with chest pain might not be demonstrating *all* the symptoms of having a heart attack, but the paramedic's tests can't prove for sure that they *aren't* having a heart attack. Acting in the patient's best interests would mean taking them to the further hospital downtown, but could also mean suspension or getting fired for the paramedic. Why not just take them to the closest rural hospital if it's not *clear* that they *need* to go to the further one? Because if the paramedic takes the patient to the closest hospital, and it turns out that hospital *can't* give them all the care they need, now the patient will receive a second transport bill [are we seeing the pattern?] not to mention a second ER bill, and, most concerning, a possibly critical delay in receiving the care that they needed in the first place. Why can't CareFlite's paramedics be the ones to co-decide with the patient him/herself what is truly *best* for the *patient*? Why is someone who doesn't have contact with the patient deciding to which hospital they should be transported? Does receiving payment for two transports justify giving a patient inappropriate care?

We find this statement on the CareFlite membership page:

“If Members’ private or third party insurance deems transport usage not medically necessary or denies claim for any reason, once CareFlite has appealed the denial and refiled the appeal, then CareFlite will bill member for only 50% of the CareFlite Charges and Caring-Heart Membership Program Fees will absorb the remaining 50% of fees.” [4]

In plain English, if you don’t have insurance or your insurance said the transport *wasn’t medically necessary*, you personally are stuck with half the bill, potentially many thousands of dollars if it was a helicopter transport.

During the time I worked for Air Evac in West we would often hear CareFlite helicopters being dispatched to calls to which our helicopter would have been closer by *both distance and time, including our start and board or “lift” time*. Is this ethical? Is this acceptable to us as potential patients? Is owning the dispatch system and owning an aircraft an overriding conflict of interest, rendering CareFlite incapable of doing what is best for the patient?

Why do I care?

I live here. My mother, father, brothers, sisters, and friends live here. I don’t want the ambulance driving less than the speed limit on 171 or 67 or I35 on their way to help my family member. I don’t want my family member being put through the risks and expense of a helicopter ride they didn’t need. I don’t want them transported to a local facility that can’t manage their medical problem. If they do actually need a helicopter, I don’t want them waiting for one that was further away simply because it is owned by the same company that does the dispatching.

I was a ground paramedic for CareFlite about 3 years ago when most of these policies suddenly came into effect (only the “transport to designated helipad” requirement came later). I resigned, knowing that if I were to remain an employee I would have to either violate my code of ethics and leave patients with service delays, double bills, and inappropriate services; or face getting repeatedly suspended then dismissed, which would have likely made it difficult to get hired at other services. I chose to resign in such a way as to leave myself eligible for rehire, then expressed my concerns directly to CareFlite’s CEO.

I sincerely regret that I did not approach you all at the time these policies were enacted, but as a young paramedic and not a politician, I was unaware of the proper channels of appeal. Recent events, Facebook pages, and newspaper articles have made it clear that you, our elected officials, have the authority, power, and final responsibility in this matter.

I considered addressing the Johnson County public via social media and newspapers at the time these policies were first enforced, but I elected not to take that route; I despise drama and highly value discretion. However, current events have brought this matter fully into public view, and it may be time to make our citizens aware.

Do I dislike CareFlite? No, not at all. I believe they run an excellent service. They employ some of the best paramedics, nurses, and EMT's that I have ever met. Many of my friends are employed by CareFlite. The problem is *not* the medical teams; nor is it even the company itself. If these policies were reversed, I would be delighted to again serve my home county as a CareFlite paramedic. The problem appears to lie solely with upper management who seem willing to force the ground and air crews to make apparently legal but unconscionably unethical choices that could financially benefit the company at potentially serious risk and perhaps expense to the patient.

Should CareFlite be replaced? Should revision of the contract include commissioner-mandated policy changes? *Can CareFlite's upper management be trusted to not develop other policies of financial benefit but questionable ethics, if these specific policies are reversed?* If CareFlite is replaced by a different company, will it be any better? I trust you, Judge and Commissioners, to make wise, impartial, and informed choices, using whatever resources are necessary to determine the best course of action.

I welcome any questions and thank you for your attention.

Sincerely concerned,



Tiffany Schroepfer

References:

[1] Burleson Star article referencing call volume increase and subsidy increase:

http://www.burlesonstar.net/ci_26838286

[2] Job Description for CareFlite Cleburne Paramedic

https://careflite.candidatecare.jobs/job_positions/preview/2545

[3] Texas State Law regarding emergency vehicle speeds:

<http://www.statutes.legis.state.tx.us/Docs/TN/htm/TN.546.htm>

[4] CareFlite's Membership page:

<http://www.careflite.org/membership.aspx>