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Putting Patients First

In my columns I try to keep the focus on things that are happening within the state office. Occasionally, I find myself talking on an issue that comes up frequently that is not necessarily tied to something happening in the office. This time I would like to talk about an issue that has been popping up over the last year that now deserves some discussion. You may consider this an editorial and if that is what it is, so be it. Before I begin, as I usually end my column, I need to assure you that this is indeed about the patient. This discussion will be about cooperation and breaking down the walls between communities and people.

In my position I deal with many services that are trying hard to “do the right thing” and provide staffing and resources to stay in business. As with the rest of the country, they are struggling not only to recruit and keep staff, but also to find ways to pay for training and equipment. Employers are not as willing to allow their employees to take calls during work hours because it costs wages and results in the loss of productivity. The economy and politics are also very real issues in running a volunteer service. Just as the service director comes up to speed with their responsibilities, they are voted out and the process starts all over to train the new director.

As the fire service and law enforcement are “brothers and sisters” within their professions, we in EMS are also bound by that same “code,” and also the desire to help people with their emergent medical needs. Unfortunately, there are many who direct agencies who are only concerned with revenue preservation, territory preservation, and operational authority. I understand these needs because they are essential to the survival of the service.

What I am encouraging is to not take these problems to the streets and put the patients in the middle of the issue. There are many communities that have an invisible line that runs up the middle of a street. If you live to the north side of the street, you get the service that is five miles away. If you are on the south side of the street, you get the service that is two blocks away. Why does the line dictate that they get

prompt or delayed care? Why can't the services work together and use each other in a first response capacity? Oh yeah, I remember, “it's my area and I will respond.” And this is in the best interest of the patient how?

The world is changing and people are trying to do what they need to survive. The old adage of “survival of the fittest” is fine until it interferes with the prompt and efficient care of an injured person. You know it happens, and I am sure that you know someone that was involved, where it did not matter about the patient. “It is in my area and I will do everything in my power to get to that patient,” even if it means I get to them in 20 minutes when my neighbor could have gotten there in five minutes.

Money, territory, and authority mean nothing if people suffer. I applaud everyone who has worked hard to provide emergency services to their communities. You are the people that I admire because of your dedication day in and day out. You have started with a first responder unit, no money, and two people, and through the years have worked hard to become a full-time paramedic service. You are the pride of the community and hold your head high when you walk into a local business. You have flourished and built a model EMS service.

What's that you say? “Too bad my neighbors three miles away can't get their stuff together,” “do we always have to bail them out because they can't get a crew together?,” “I can't believe they treat their patients that way!,” “I would never be caught in their ambulance – who do they think they are?,” or “Don't they have medical control?” All good questions. Now here's one for you: What have you done to help?

Remember that family connection I mentioned earlier? Why do services have so much pride that they can't ask for help? Oh, yeah, that revenue, territory, and authority thing. Please let me be as clear as I can be: Many services are struggling while their neighbors are doing well. In many instances, they are so close to each other that they step on each other's feet – literally. In today's EMS climate

with declining volunteerism, shrinking budgets, increasing costs, and increased call volumes, we cannot remain islands to ourselves. There are ways to cooperate that become in the best interests of all parties, including the patients we serve.

This is a time of solidarity for EMS; there are many changes on the horizon. If your service is struggling, put your hand out. If you can no longer meet your community need, there is no shame and there is no loss of pride. You started your service because you wanted to help. You have grown older and the younger people have not stepped up to help the community. Citizen pride is no longer what it was and people change. We cannot let our struggling service die – we must live. Rest assured, there are ways to survive that will retain your autonomy and community pride. The key is cooperation and the desire to keep the patients as the main focus. Reality and vision can work together to provide cost effective and efficient EMS to your community.

Look around you and see what is going on in your county. Who are the leaders? Is there an EMS council? Is the hospital able to help? There is no simple answer to this question, but a solution can become visible if everyone tears down the walls and people face each other and work together. EMS has some of the best seamless teamwork when multiple agencies work an emergency scene. When the call is over, we fall apart and the walls go back up. Look at your neighbor. When the rubber hits the road, they may be the only ones that can help you survive the times.

In Wisconsin I was involved with two services that put aside their differences and combined their two organizations into one. Community pride and a sense of purpose were put aside to do what was right for both cities. They were able to resolve their staffing problems and actually increased the level of care to both communities. It can work, it will work, and may need to be done sooner than later. We are a culture of people that need to help others. Extend yourselves to your neighbors and everybody wins, especially the patients. ♻️