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Robert Parker

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Jeff Hockman, dark coat, and Dan Bojolad, light coat, help EMS technicians carry injured boy from North Detroit home.

The Crisis in Health Services

Emergency Run

By ROBERT PARKER/Editor

Medic 15, respond to 22 29 East Lawn. It's a two-year-old having convulsions. Run number 193.

Run 193. Two-year-old child with convulsions at 2 2 2 9 East Lawn. 15 on the way.

Dispatch, would you do a favor and call 911 again. We're getting no results. Could you push them?

What do you have there, Medic 9?

We have a definite child DOS.

Is that natural causes?

Yes, it looks like it.

A child dead on scene. OK, Medic 9, we'll call it in . . . .

Medic 16, I have one for you now. Respond to 8420 John R. This is a boy with a head injury. Run 198.

198. 8 4 2 0 John R. Head injury. Sixteen on the way . . . .

The boy is lying on the living room couch. He is breathing with difficulty and moaning, his body twitching. He looks about 14.

"How long ago did he fall, sir?

"It's alright, son. It's alright.

"Can you come with us to the hospital, sir, or is there someone here you must stay with?"

The two medical technicians gently lift the boy onto their portable stretcher and carry him outside. Observing them is Geoffrey Hockman, a senior consultant in the Detroit office. He helps them strap

the boy onto a wheeled stretcher and then runs to open the rear doors of the ambulance parked at the curb. The vehicle belongs to the city of Detroit's new Emergency Medical Service (EMS).

Jeff is the architect of this service.

Jeff Hockman has directed the field operations of two major EMS engagements, one for the city of Detroit serving 1.5 million people in 144 square miles, the other for the Washington, DC region, covering 3 million people in 3,000 square miles. In Detroit, his assignment was to create a program that did not exist; in Washington, it was to coordinate an overlapping service for 11 different communities, ranging from the inner city to rural areas.

What kind of man does this call for?

"Jeff listens to people, he relates to them," says partner John McCreight, who has been in charge of the EMS engagements. "He's there to understand a client's problem, not to show off what he knows."

"You can't just talk to people, you have to get out on the street where it's happening," adds Daniel Bojolad, director of Detroit's EMS. "That's what Jeff does. And he does more than observe. I've seen him care for a child whose mother was hurt at an accident scene."

"Jeff calls it a 'bottoms-up' approach," recalls Jack Webb, chief of EMS for the District of Columbia fire department. "He got the men in the street involved in suggesting their own improvements; he wasn't there to pick us apart and then tell us what to do."

The story of Touche Ross and EMS begins in 1972 in the office of

Detroit Mayor Roman Gribbs. The firm's consulting team was doing an operations analysis of the city's police and fire departments, in an attempt to improve service and reduce the city's budget. At the same time, the city was being deluged with complaints about its emergency ambulance service.

"Ill or injured citizens were being taken to hospitals in police cars or fire department rescue rigs," explains Hockman. "The policemen applied no first aid at all, and the rescue rigs were often out fighting fires. Neither department wanted to be in the business, because it took men away from their main mission—fighting fires or controlling crime."

After living in fire houses for a month and asking the firemen their view of both problems, Jeff Hockman worked out an answer with the consulting team. He sold the firemen on an "unheard of" reduction in engine crews from five to four men, and with the $2.5 million this saved the city he designed an EMS system at a cost of $1.8 million that would return the fire department's seven rescue squads to fulltime fire-fighting—in effect increasing the complement of men for fighting fires.

During this period, Jeff Hockman worked with fire captain Dutch Hollen. "What impressed me right away," Hollen says, "is that Jeff told me, 'Nothing is going to happen in your department that you don't agree to.' And he kept his word." A city councilman once asked Hollen why the city needed Touche Ross when its own people could figure out a solution. "He was right, except to accomplish anything in a city bureaucracy, you need a third party, and that's where Touche Ross came in, with a directive straight from the mayor's office."

Dispatch, can you give Medic 11 an address check?

That's 8424 Chrysler, Medic 11, It's supposed to be in the rear downstairs where the overdose is.

That's where we checked. The lady at the door said she didn't call.

OK, if she didn't call, it's probably a false alarm. Will you take another one, a heart attack at 2810 St. Antoine in building 1201. 204.

2810 St. Antoine, building 1201. 11 on the way . . . .

Medic 6 to Detroit Hospital, code 3.

Medic 6, since you're going code 3 to Detroit General, could you check a man having a heart attack?

Negative, Dispatch, we have a psycho . . . .

With the only problems being presented by competing private ambulance services and by doctors who claimed that EMS personnel were not sufficiently trained, the

LEFT: Jeff Hockman reminisces with fire captain Dutch Hollen, his liaison in original Touche Ross study. TOP RIGHT: Hockman and Bojolad visit EMS unit 16 in North Detroit; unit is located in new building attached to Engine 56 of fire department. BOTTOM RIGHT: As electro-cardiogram is given to heart attack patient at North Arlington Hospital, Virginia, Dr. Douglas Koth, director of emergency department, explains machine's data to Jeff Hockman.

Detroit service went into operation in 1972, within six months after approval. It has been a different story, however, in Washington, DC. Here EMS programs in operation in three states comprising 11 jurisdictions were told that in order to receive federal funds to upgrade their system they would have to organize their service regionally.

"We needed an agreement on one plan among mayors, doctors, councilmen, consumers, and EMS personnel in a 3,000 square mile area," sums up Jeff Hockman. "This means we had to talk to each jurisdiction to find out what it wanted and then consolidate their ideas into one regional plan."

A consulting job is often a matter of making people see the light and agree on something they originally did not intend to do. "The problem is a human one,' says Jeff. "People do not want to lose control. You have to get them to think on a broader scale. First, you need to win credibility by discussing their day-to-day problems—for without credibility you are dead—and then progress is a matter of inches, not miles. You have to have patience, to keep coming back to the major points. And also be a good listener."

The final result was the development of a regional plan for improving EMS services. A second engagement then produced a grant request to provide federal funds to implement the regional plan. According to Dr. Martin Levy of the Metropolitan Washington Regional Medical Program, "Some consultants just tell you what to do, but Touche Ross people lent us their hands and arms so the region would be able to implement the new system when they left."

How does the EMS system work? It begins with a call to emergency number 911. The operator notifies the EMS dispatcher at the fire department communication center. In Detroit, she currently writes the information on an electrowriter, which simultaneously prints her writing in front of the dispatcher. The EMS vans are located at firehouses throughout the city, each with a two-man crew on an eight-hour shift. If the crew is at the station, the dispatcher calls it by phone; if it is in the street, he calls by radio.

Sirens wailing, lights flashing, the EMS van speeds through the city streets at more than 50 miles per hour. Response time in the city is a maximum of five minutes. On the scene, the crew must first stabilize the patient's condition—such as stop the bleeding or apply a splint, which may be in the midst of shooting or an angry mob.

The victim is transported to the nearest hospital by one of three codes, from code 1 with sirens screaming to code 3, which follows all traffic laws. The crew notifies the hospital by radio of the type of case it is bringing in. Equipment in the vans includes oxygen tanks, burn kits, bandages, tourniquets, cold packs, vaseline, rubber gloves, and plastic tubes for mouth-to-mouth resuscitation.

Medic 12, respond to 2229 East Lawn, a two-year-old with a high temperature not breathing very well. Apartment No. 6. 213.

D'spatch, was 15 there before?

Yes, Medic 12, I see it's the same address. Medic 15, what did you find at 2229 East Lawn?

A kid running temperature of 104. There was no parent, only a babysitter there. Do you have Apartment 6? We had the wrong apartment before.

Medic 12, take another look over there. She says the baby's not breathing very well. Apartment 6.

OK, we'll check it out. Apartment 6. 12 on the way . . . .

Medic 6, we've got one for you at the Camelot Hotel, 2646 Park. Room 323, that's a cutting. The squad car is already there. Run 216.

2646 Park at the lovely Camelot. 6 on the way . . . .

There are many measurements of EMS' effectiveness. In 1974, the Detroit program made 104,000 runs, compared to about 50,000 annually when the police and fire departments handled the calls. From this number, only nine complaints about service were received.

Director Dan Bojolad is proud of this figure. "Our technicians are welcome anywhere, because the street people realize we are there to help them, not report on them. They also earn respect by the dangers they expose themselves to."

LEFT: In Washington, Jeff Hockman checks similarity of vans to those in Detroit with, from left, Lynn Gilroy, Lt. Maurice Kilby, and Thomas Johnston. TOP RIGHT: James Flynn reviews EMS dispatching with Jeff at Washington, DC fire department communications office. BOTTOM RIGHT: The Hockman family includes Mixie, the twins Jeff and Beth, 6, Jason, 2, and the dog, Sancho. The family traveled with Jeff on his Washington assignment. "Otherwise it is a long week when Jeff is away," says Mixie, "but the career rewards make up for it."

Patients are charged $35 in Detroit if they are taken to the hospital, plus $5 if it is an emergency run and $7 if oxygen is given. In any given month, payments may range from 20 to 60 percent of the number of billings. This reduces the cost per run to the city to under $20.

Director Bojolad initially did not think a city official should worry about money in a life-and-death situation. "But I've since changed my mind. For one thing, the payment factor cuts down on indiscriminate calls, keeping our 'no code' runs at least manageable."

EMS is a program whose time has arrived. Programs today exist in such cities as Los Angeles, Baltimore, Dallas, San Francisco, Houston, Seattle, Columbus, and Jacksonville. "It is saving lives at the annual cost of approximately $1 per capita," asserts Jeff Hockman, "compared to around $15 to $20 each for fire and police protection."

It can still be improved, of course. Advanced life support systems—meaning the use of drugs, electrocardiograms, and electric shock—are being developed in both Detroit and metropolitan Washington. A six-month study in Montgomery County, Maryland, showed that 250 lives could be saved annually—or 1,600 in the entire region—if such a system was installed.

But for the moment, the need is to get the basic service working. "We could have done the job ourselves without Touche Ross," reasons Dan Bojolad, "but it would have taken five years more—that's 500,000 runs not made, five years of firemen and policemen not doing the work they should and five years of how many lives not saved?"

"You have to deal with technical, political, and emotional realities," concludes Jeff Hockman. "When half of all heart attack deaths occur within the first hour before help arrives, when you think that you yourself can have an impact on a life-and-death situation, the quality of life in a community, this feeling makes up for all your frustrations. I don't know how these three years could have been more satisfying."

Medic 11 calling Dispatch. We've got building 1201 but not St. Antoine, and the lady says she didn't call; but she says there's a 2810 St. Antoine on the other side.

Medic 11, the operator said it was a child saying her father was having a heart attack.

OK, Dispatch, we'll go to St. Antoine and see if we can find them.

Medic 14 on scene, waiting for police.

Medic 14 awaiting police. Medic 4, respond to 8903 Pearson, near Joy Road, that's a person injured by a fall. 217.

Medic 5 in service, no code. Ah, what's that run on Pearson, we can handle it.

OK, Medic 5. Medic 4, disregard, Medic 5 is a block away, they'll take it. Medic 5, respond to . . . . △