

CASE STUDY – Fusion ePCR Kanawha County Emergency Ambulance Authority – November 2009

**Kanawha County Emergency Ambulance Authority
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Kanawha County Emergency Ambulance Authority in Charleston, WV has been serving as a beta tester for the new Fusion ePCR program.

If a picture is worth a thousand words, then perhaps a graph is worth ten thousand words. That's the way Larry Cole, Director of Finance for Kanawha County Emergency Ambulance Authority (KCEAA), described one way they are using the new Fusion ePCR program in their operations. "In our area, we have an issue with triage time, and with the data points that we can now easily collect with Fusion ePCR, our ability to measure the time it takes from arrival to get a bed has increased ten-fold," said Larry. "When our ambulances are parked in front of ER, it costs us \$105/hour. Last month alone, that totaled \$56,000. I can measure dates, times, facilities, etc. with Fusion ePCR and when I meet with the policy people in those facilities, I can now show them a graph, which is worth ten thousand words."

Since Larry and his staff run an average of 300 calls a day, the QA process was very labor intensive, time consuming and less thorough than the process they are now able to use with Fusion ePCR. Before implementing Fusion ePCR, they had been using a paper system for patient care reporting. "Since fields can be set to 'prompt if missing' for a visual cue," Larry explained, "information is more thorough and there is less likelihood that something is missed in the QA process that could result in audits." Fusion ePCR enables a sampling based on a percentage of calls, which translates into statistically relevant samples and better judgment.

When asked how Fusion ePCR has affected patient care, Larry explained that he can see a call immediately by connecting remotely from the office or home into a medic's machine in the field. "I can see the call immediately and if there is anything wrong with the call, I can interview the crew further, take any kind of corrective action needed, or notify the Medical Director (who will soon also have direct access to the call) so that we can be on top of any situation that needs our attention or is high risk," said Larry. Larry also uses the remote connection capability to show a medic in the field how to do something in the system, rather than just attempting to explain it over the phone. The other day, one of the field crews noticed the IVP-dye wasn't listed in the allergy section, and after notifying Larry, it was added into the Fusion ePCR system and Larry (with administrative rights) enacted the change globally, so that when the field units synched up within the hour, the requested allergy had been added to the list. "The system is very flexible and easy to customize to your agency's needs," said Larry. "We can add items very quickly and the field crews get them within an hour or less." KCEAA embraces technology and believes that as an industry, EMS also needs to do the same. Larry explained, "We need to do things cleaner, faster and better in order to make it; there is no one out there giving us a handout [no federal dollars anymore]."



KCEAA employs 220 people and runs 36 ambulances at peak. They have seven Fusion ePCR units currently deployed and Larry said they have crews asking when they will get theirs. "I have a 23-year-old medic that I would be in a fist fight with if I took it (*the Fusion ePCR unit*) away from him," explained Larry. KCEAA used to use a one-page paper PCR, and now collects seven pages worth of information in the same amount of time it used to take to fill out the one page on paper. With the thoroughness of the information, and the electronic transfer to the *Sweet-Billing* application, KCEAA can now bill the calls coming from the Fusion ePCR units within an hour of the call.

Under the old paper PCR system, the KCEAA staff was able to bill a call within four to seven days of the call. Once the new Fusion ePCR system is fully in place, Larry expects to achieve zero-day billing. With the information from Fusion ePCR electronically transferring into the *Sweet-Billing* system, data entry will be reduced significantly. When paper is lying around on a desk, as Larry explained, it's like money lying on the desk. For KCEAA, that translates into \$70,000 a day, which is a lot of money to be just lying around. At 300 calls a day, bringing down the days in AR means positive revenue results.

"We are committed to Ortivus," said Larry. "You [Ortivus] are heads-and-shoulders above anyone else on customer service." Larry said he was impressed with Ortivus' decision to move away from the *Sweet-Field Data* platform and completely rewrite the entire program, with a more logical flow, to make it easier for field crews. "Often," Larry said, "companies get so 'married' to their platform that they aren't willing to move away from it, even when the means a better product. We realize that there are going to be issues in bringing a brand new product to the market--there always are; but we know Ortivus will work through them, and we are committed to working through them with you [Ortivus]." Larry confirmed his confidence by using the words of his 11- and 14-year-old kids, saying, "It's all good!"

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