HONORING OUR VETERANS—HONOR FLIGHT AUSTIN

During the July 4th holiday Austin-Travis County EMS was proud to be a part of another Honor Flight Austin trip to Washington D.C..

COMPETITIVE TRAINING TROPHIES

To keep riding skills sharp, Motor Medics cycle through a course of tight cone patterns, emergency braking, and evasive maneuvering during quarterly training. Now, team members also compete for bragging rights, and to be immortalized on a couple motorcycle specific trophies.

SUMMER SAFETY GUIDE

We’ve put together a guide to keep your family safe this summer. Included are tips heat safety, pet safety, outdoor grilling and water safety. A bonus section includes venomous snake safety with tips on how to identify poisonous snakes in our area and what to do if you come into contact with one.

NEW FACES AT ATCEMS: THE RECRUITMENT MESSAGING TEAM

Phase II of the Recruitment Insights project has begun! Design, Technology, and Innovation Fellows will be working alongside ATCEMS staff to develop a revised recruitment messaging strategy and content over the next 3 months.

MEET THE ATCEMS SUMMER INTERNS

For the second year in a row the department is participating in the City of Austin’s Get Ready! Summer Internship program. This year there are two summer sessions, for the first session EMS has eight interns working with the Academy, Supply, Billing, and Knowledge Management (BAR) teams.

ANNUAL ATCEMS AWARDS CEREMONY

The annual Awards Ceremony was held on May 26, 2017. This special section lists all of the award winners and special recognition for those who were not able to attend the ceremony.
Division News

09
EMS BILLING—CHANGES IN THE HEALTHCARE INDUSTRY

Historically, Medicare has reimbursed ambulance providers based on the medical necessity of the transport and how the patient was transported. Since, October 1, 2015, CMS (Medicare) mandated the transition from ICD-9 to ICD-10 medical coding national for all medical providers.

17
SPECIAL OPERATIONS—QUARTERLY RESCUE TRAINING

Quarterly Rescue Medic training consisted of land navigation through the greenbelt, multiple high angle rescue scenarios at Whiteface, a cave rescue scenario at Spring Cave, and more land navigation to finish out an a full day of rescue training strung out over 8 miles of difficult terrain in the Barton Creek Greenbelt.

In Every Issue

34
YOUR PHOTOS

This issue contains photos of the annual Awards Ceremony.

38
EMPLOYEE RECOGNITION

ATCEMS employees receive kudos, special thanks and congratulations for a job well done.

47
CUSTOMER SERVICE SURVEY

Results from the ATCEMS Customer Callback Program.
A very big thank you to everyone who participated in the 10th annual Battle of the Badges! Final totals:

**Police = 255**  **Fire = 137**  **EMS = 134**

This year ATCEMS was presented with a special award for the highest percentage of participation based on department size! Great job everyone, [click here](#) to watch the award presentation on the KVUE morning show.
PUBLIC SAFETY Appreciation Day
Saturday, July 15th
10am-3pm

Fire LIGHTS * Police SIRENS * EMS ACTION

SPONSORED BY THE TEXAS YOUTH PREPAREDNESS COUNCIL.
MEET YOUR LOCAL FIRST RESPONDERS AND LEARN HOW THEY
PROTECT OUR COMMUNITIES! VEHICLES ON DISPLAY!

Westlake High School Softball Fields
Parking Lot
1337 West Bank Drive
Austin, TX 78746
HONORING OUR VETERANS

HONOR FLIGHT AUSTIN

During the July 4th holiday Austin-Travis County EMS was proud to be a part of another Honor Flight Austin trip to Washington D.C.. Honor flight Austin provides transport to our most senior veterans from Austin and 14 surrounding counties to visit the memorials dedicated to honor their service and sacrifices.

Austin-Travis County EMS paramedics accompany these heroic men and women on their trip of a lifetime to Washington DC. Paramedics ensure that these Veterans are safe and well cared for throughout the duration of their trip; they never leave these Veterans’ side.

Paramedics also manage medications, stay with the Veterans at the hotel, assist with logistics and transportation and makes sure everyone stays fed and well hydrated while visiting all the memorials throughout Washington DC and the surrounding area.

ATCEMS paramedics **Liz Yankiver and Craig Fairbrother** accompanied the Veterans on this trip, and **Commander Ed Piker** has been on every flight since the program began! Because the Veterans were in D.C. for the 4th of July they had a special itinerary.

**Day 1**

The trip starts with everyone meeting at the Austin-Bergstrom International Airport (ABIA). The Veterans are greeted by Honor Guards, patriotic bands and cheering crowds.
The flight to Washington D.C. (DCA) takes about three hours, on the plane ATCEMS paramedics serve lunches, help them to the facilities, and provide support during the flight. Arrival in D.C. is usually followed by transport to the hotel, dinner and lights out but this year the group was treated to a Capitol Fourth Ceremony at the Air Force Memorial with fireworks, music and celebration.

Day 2

After breakfast, the Veterans loaded buses and headed to the WWII Memorial for a special ceremony followed by the following sites:

- Vietnam War Memorial / Korea War Memorial
- Iwo Jima Memorial (Marine)
- Arlington National Cemetery, Changing of the Guard Ceremony, and Arlington Wreath Laying Ceremony
- Navy Memorial
- Air and Space Museum
- Smithsonian American History Museum

By 4:00 pm the Veterans are back at DCA and ready to head home. For the Veterans chosen for these special trips there is zero cost. Honor Flight Austin pays for everything (flight, hotel, meals) to honor these brave men and women.
News & Updates

Two St. David’s HealthCare facilities received the **Mission: Lifeline® Quality Achievement Award** for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks. St. David’s North Austin Medical Center and St. David’s Round Rock Medical Center earned the Gold Plus Achievement Award. This is the fourth consecutive year for St. David’s North Austin Medical Center to receive this award and the second consecutive year for St. David’s Round Rock Medical Center.

Three St. David’s HealthCare facilities—St. David’s Medical Center, St. David’s Round Rock Medical Center and St. David’s Georgetown Hospital—have received the American Heart Association and American Stroke Association’s **Get With The Guidelines®—Stroke Gold Plus Quality Achievement Award**. The award recognizes a hospital’s commitment to—and success in—ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines.

**StDavid’s Children’s Hospital**

**Save the Date**

Our next collaborative Pediatric Education Event for EMS providers takes place on **Tuesday, July 25, at noon** in the Dell Children’s Medical Center Signe Auditorium. Hilton Gottschalk, M.D., and Matthew Ellington, M.D., will join us to discuss the management of pediatric orthopedic fractures.

**REGISTER:**
gsignupgenius.com/go/30e0c4caeae22a13-pediatric

stdavids.com
Historically, Medicare has reimbursed ambulance providers based on the medical necessity of the transport and how the patient was transported.

Since, October 1, 2015, CMS (Medicare) mandated the transition from ICD-9 to ICD-10 medical coding national for all medical providers. This transition was the use of a more specific medical coding system. CMS gave all Medicare intermediaries the authority to implement this transition in their jurisdictions as they see fit.

Novitas Solutions the Medicare intermediary for Texas enforced this transition by adding additional requirements specific to what required treatment did the patient receive and was the patient transported to the nearest appropriate facility. These changes were implemented at the same time as the ICD-9 to ICD-10 transition.

Prior to October 1, 2015 a patient with chest pain who was transported on the stretcher was considered a reimbursable claim including mileage.

Effective October, 1, 2015 the same patient with chest pain transported by stretcher had to receive a treatment that Medicare deems necessary for transport such as continuous EKG monitoring/continuous hemodynamic monitoring or continuous IV therapy/continuous airway management/or required other machines (see list below). In addition, Medicare mandates that the specific treatment is documented on any claim submitted for reimbursement. Each claim must also insure that the patient was transported to the closest appropriate facility. If the patient was transported to a further facility the department had to identify any additional mileage and submit that mileage separately on the claim for denial of excess mileage.

A Medicare claim will be reimbursed only if the patient’s condition supporting the medical necessity for transport is documented in addition to one or more of the following interventions:

- Continuous EKG monitoring/Continuous hemodynamic monitoring or;
- Continuous IV solutions infusion/Continuous airway management/other machines required or;
- Patient was bed confined or;
- Patient required physical restraints.

Any PCR that does not meet these requirements will be denied by Medicare and the patient will be billed for services rendered.

If you have questions, please contact Rick Branning 512-972-7258.
A Day in the life of a Rescue Medic

Recently, ATCEMS Special Operations Rescue Medics conducted their quarterly training in the Barton Creek Greenbelt.

So what really takes place on the far side of the cliff’s edge?

Rescue medics practice assessing and treating patients in many conditions and locations, where ever the patient may be the rescue medics will assess, treat and evacuate the patient.

In the video you will see an abbreviated version of a cliff side scenario:

- Rescue medics arrive to the reported location
- The team evaluates the terrain
- They then evaluate the challenges of patient access
- A rescue medic quickly makes patient access
- Patient injuries are evaluated and care begins

Other members of the team handle the complicated rigging and extraction planning to safely remove the patient to the ground and on the way to the hospital as quickly as possible with safety as a number one priority for all.

ATCEMS Rescue Medics train rigorously for any scenario that may come their way. They are specialized in high angle, low angle, swift water and cave rescues just to name a few. If you should ever find yourself in a perilous situation off road, rest assured our rescue medics will be there to help you out of it.

The training plan for the day consisted of land navigation through the greenbelt, multiple high angle rescue scenarios at Whiteface, a cave rescue scenario at Spring Cave, and more land navigation to finish out an a full day of rescue training strung out over 8 miles of difficult terrain.

The video on the opposite page provides an aerial view of our rescue medics in action. You will have a new appreciation and a new perspective of the training involved to be a rescue medic.
A little friendly competition has been recently added to the ATCEMS Motor’s quarterly training.

To keep riding skills sharp, Motor Medics cycle through a course of tight cone patterns, emergency braking, and evasive maneuvering. Now, team members also compete for bragging rights, and to be immortalized on a couple motorcycle specific trophies.

The winner of each quarter’s “Technical Riding Time Trial,” which pushes riders to race through cone patterns and then incorporate a medical or operational skill like START Triage, is awarded the “Vickery Cup”. This is a set of gold dirt bike handlebars mounted on a wooden base, with the names of the winners embossed on a race plate.

The “Slow Ride” champion is the person who can ride the slowest through a cone pattern without putting a foot down. This is a skill that Motor Medics utilize often on pedestrian crowded streets. This winner’s trophy is a disc brake wedged into a wooden base with the winged wheel symbol commonly associated with motor officers. The “Lynchbardi Trophy” also has the winner’s names embossed right on the metal rotor.

Both trophies are handed down from winner to winner, like the Stanley Cup. They may be displayed at Station 33 above the motorcycles, at the winner’s home station, or possibly even at Headquarters. The trophies were awarded to Captain Nick Baker (Time Trial), and Medic II Jeff Gaytan (Slow Ride) for their March training. Since they both work at Medic 4, the trophies are displayed there currently, but they won’t be there for long. During June’s training Tactical Medic Luke Mueller won The Vickery Cup, and Medic II Shedrick Cheeks took the Lynchbardi Trophy!

Please, congratulate these guys if you see them. They trained hard to earn this recognition, and the competition is fierce. Turns out medics are a competitive bunch.
Summer Safety Guide
BE SAFE IN THE SUN
6 Summer Safety Tips

Leaves of 3, let them be!
Teach kids to identify and avoid plants like poison ivy, poison sumac, and poison oak.

Practice sun smarts
Avoid direct sunlight during the hottest part of the day (between 10AM and 4PM).

UV Protection
Apply SPF of 30 or higher every 80 minutes or more frequently if sweating or swimming. Don’t forget to protect your eyes as well with UV sunglasses.

Be water wise
Always supervise kids in the water, around pools, hot tubs and ponds.

Hydrate, hydrate, hydrate
Don’t wait until you’re thirsty to drink water. Drink water before, during and after outdoor activities.

Check for ticks
Don’t forget to look behind your child’s ears, under arms, in the scalp and in the groin area.

Safe Summer

NEVER leave children, elderly or pets alone in a car for any amount of time!
Heat stroke in dogs

A dog's body temperature:

- **107–109°F** (41.7–37.7°C): Heat stroke
- **≈104°F** (40°C): Heat exhaustion
- **100.5–102.5°F** (38–39.2°C): Normal

**Signs of heat stroke:**

- Heavy panting, difficulty breathing, excessive thirst
- Bright red tongue and mucus membranes, which turn grey as shock sets in
- Thick saliva, drooling, vomiting, and/or diarrhea
- Unsteadiness and staggering
- Lethargy

By the time the signs of heat stroke are visible, it's often too late.

Some dogs are more at risk:

- Short-nosed
- Long-haired
- Young

**The dangers of heat stroke:**

- 104°F (40°C) body temp. → >15 mins of suffering → ⚠️ Collapse
- ⚠️ Seizures
- ⚠️ Coma
- ⚠️ Organ failure
- ⚠️ Death
GRILLING SAFETY TIPS

- Keep grill 10 feet away from structures and trees.

- Clean grill regularly removing grease and fat buildup

- Check for gas leaks

- Keep decorations, hanging planters and paper products paper away from the grill.

- Keep a spray bottle of water nearby for flare-ups

- Never leave grill unattended

- Don’t overload grill with food

- Never turn grill on with lid closed, this can cause gas buildup.

Always keep children and pets away from grill area
WATER SAFETY

In the U.S. every day, on average 10 people die due to drowning.
Drowning is the 2nd largest cause of death for children 14 years and younger.
Children of color drown 3x more often than their Caucasian peers.
Drowning is the leading cause of death for children 5-years and younger.
Drowning is the 2nd largest cause of death GLOBALLY.

* Always swim near a lifeguard.
* NEVER swim alone.
* Supervise children closely, even when lifeguards are present.
* Don’t rely on flotation devices, such as rafts or floaties, you may lose them in the water or they may deflate.
* Alcohol and other drugs and swimming don’t mix.
* Don’t swim after dark.
* Know your limits and don’t push them.
* Stop swimming if you hear a storm approaching; go for shelter.
Venomous *Snake* Safety

Texas is home to over 105 different species and subspecies of snakes. Only 15 of those are potentially dangerous to humans.

Pit vipers are venomous snakes that have an opening on each side of the head between the eye and the nostril. In Texas, we have 3 groups of these snakes: Copperheads, Cottonmouths, and Rattlesnakes.

**Copperheads**

Copperheads have chestnut or reddish-brown crossbands on a lighter colored body. These snakes are found in rocky areas and wooded bottomlands and are rare in dry areas. In the spring they can be found along streams and rivers, as well as in weed-covered vacant lots. There are three subspecies of Copperheads in Texas; Southern copperhead, 20-30 inches long and found in the eastern one-third of the state; Broadbanded copperhead, about two feet long, widely scattered in central and western Texas; and the Trans-Pecos copperhead, 20-30 inches in length and found near springs in the southern part of the Trans-Pecos.

**Cottonmouths**

The Latin name piscivorous means 'fish eating,' indicating its dietary characteristics. Also known as 'water moccasins', only one recognized subspecies is found in Texas; Western cottonmouth. Cottonmouths can be dark brown, olive-brown, olive green or almost solid black. They are marked with wide, dark bands, which are more distinct in some individuals than in others. Juvenile snakes are more brilliantly marked. The cottonmouth gets its name from the white tissue inside its mouth, which it displays when threatened. This heavy-bodied snake, which averages about 3-1/2 feet in length, is found over the eastern half of the state in swamps and sluggish waterways, coastal marshes, rivers, ponds and streams.

**Rattlesnakes**

There are two groups of rattlesnakes, the more primitive forms belong to the genus Sistrurus. Texas has two:

Western massasauga, light gray, with brown oval blotches along the middle of the back and smaller blotches along each side. They are two feet in length and found through the middle of the state in grasslands, marshy and swampy areas. Desert massasauga, lighter in color than the western massasauga, smaller and more slender. Found in the Trans-Pecos, western Panhandle and the lower Rio Grande Valley.
Texas is home to six more advanced forms of rattlesnakes

**Western diamondback**, Brown, diamond-shaped markings along the middle of the back and alternating black and white rings on the tail. Averages 3 1/2 to 4-1/2 feet in length, and can reach seven feet. This is the most common and widespread venomous snake in Texas, found in all but the easternmost part of the state.

**Timber rattlesnake** also known as Canebreak rattlesnake is a large, heavy-bodied snake averaging 4-1/2 feet. Brown or tan with wide, dark crossbands. Tail is entirely black. Found in the eastern third of the state in wooded areas in wet bottomlands.

**Mottled Rock rattlesnake** is light bream or pink background with widely spaced, dark crossbands and mottled areas between the crossbands. Small and slender with an average length of about two feet. Found in the mountainous areas of West Texas.

**Banded Rock rattlesnake** Similar to the mottled rock rattlesnake, but darker greenish-gray in color. Found only in the extreme western tip of Texas.

**Blacktail rattlesnake** is gray to olive green with dark blotches along the back and a black tail. Averaging a length of 3-1/2 feet, it is found from Central Texas throughout most of West Texas in bushes and on rocky ledges.

**Mojave rattlesnake** is similar to the western diamondback in markings, but smaller and more slender and found only in extreme West Texas.

**Prairie rattlesnake** is a slender rattler that is greenish or grayish, with rounded blotches down the middle of its back. Average length is about three feet and its found in the grassy plains of the western third of the state.

**Coral Snakes**

The brightly colored Texas coral snake is the state’s only member of the Elapidae family, which includes the cobras of Asia and Africa. The coral snake is slender with a small indistinctive head and round pupils, and is usually is 2-1/2 feet or shorter.

Its distinctive pattern is a broad black ring, a narrow yellow ring and a broad red ring, with the red rings always bordered by the yellow rings. Several harmless snakes are similarly marked, but never with the red and yellow touching.

Remembering 'Red on yellow, kill a fellow; red on black, venom lack,' is a handy way to distinguish the highly venomous coral snake from non-venomous ringed species. Coral snakes are found in the southeastern half of Texas in woodlands, canyons and coastal plains.
Precautions and Responses for Snake Bites

HOW TO AVOID
Learn to recognize the snake species that are likely to be in the area. Please do not kill a snake - even a venomous one. Snakes serve a valuable function in the environment. The majority of bites result from people taking unnecessary or foolish risks with venomous snakes. Understanding what snakes look for in suitable habitat can help you know when to be wary. Understanding their behavior will help you know what to do if you encounter one. Snakes like tall grass.

- Keep the lawn around your home trimmed low.
- Remove any brush, wood, rock or debris piles from around the residence - they make great hiding places for snakes and their prey - rodents.
- Always wear shoes while outside and never put your hands where you cannot see them.
- Be careful when stepping over fallen logs and rock outcroppings.
- Take care along creek banks and underbrush.

Snakes do not prey on humans and they will not chase you, in fact they usually retreat or escape if given the opportunity. The danger comes when they are either surprised or cornered. Do not play around with a dead snake, they have been known to bite and envenomate. Get a good field guide and keep it handy especially in the field.

WHAT TO DO IF BITTEN
1. Assume envenomation has occurred, especially if initial symptoms are present. Initial symptoms of pit viper bites include fang puncture marks; in addition, they almost always include immediate burning pain at the bite site, immediate and usually progressive local swelling within five minutes, as well as local discoloration of the skin. Initial symptoms of coral snake bites include tremors, slurred speech, blurred or double vision, drowsiness or euphoria and a marked increase in salivation within four hours; however, life-threatening effects from coral snake envenomation may not be evident for 24 hours or longer.

2. Identify the species of venomous snake that inflicted the bite, if possible, taking care to avoid another person being bitten. Identification is not necessary, but may be helpful.

3. Keep the victim as calm as possible. This helps reduce the spread of venom and the onset of shock.

4. Keep yourself and any other members of the group calm as well. This will help reassure the victim and ensure that the appropriate first-aid measures are followed, as well as preventing anyone else from becoming injured.

5. Know and be alert for the symptoms of shock, and institute the proper treatment should it ensue. Difficulty in breathing and/or kidney failure are frequent symptoms of envenomation.

6. Wash the bite area with a disinfectant if available.

7. Remove jewelry such as rings and watches, tight-fitting clothes, before the onset of swelling.

8. Reduce or prevent movement of a bitten extremity, using a splint if possible; this helps decrease the spread of venom. For the same reason, position the extremity below the level of the heart.

9. Get the victim to a medical facility as soon as possible and begin treatment there with intravenous anti-venom, crystalloid solutions and antibiotics. Anti-venom treatment is generally most effective within the first four hours of envenomation, and is ineffective after 8-10 hours.
WHAT NOT TO DO

1. **Do not** make incisions over the bite marks. This can result in significant damage to already traumatized tissue, and can damage intact structures such as nerves and blood vessels, enhance bleeding caused by anticoagulant components of venom and increase the rapid spread of venom throughout the body if the circulatory system is compromised. A suction device, such as the Sawyer Extractor™, may be used without making any incisions. This device may remove significant quantities of venom, although its efficacy has yet to be conclusively determined.

2. **Do not** use a tourniquet or other constricting ban except in extreme cases of envenomation, and then only if properly trained in the technique. Such devices are of no value if applied more than thirty minutes after the bite, and if improperly used they can restrict blood vital blood flow to the traumatized tissue and possibly result in the amputation of an extremity. Unbearable pain can also result, and the improper loosening of such devices can allow sudden systemic absorption of venom.

3. **Do not** use cryotherapy (including cold compresses, ice, dry ice, chemical ice packs, spray refrigerants, and freezing) for the same reasons that the tourniquets should be avoided, and also because it can increase the area necrosis.

4. **Do not** use electroshock therapy, a method popularized following publication of a letter from a missionary in South America reporting its effectiveness in treating bites from snakes of uncertain identity. Several controlled clinical trials and at least one on humans have failed to demonstrate any positive result; moreover, the potential negative results from the uncontrolled use of an electric charge are obvious.

5. **Do not** drink alcohol, as it dilates blood vessels and increases absorption from the circulatory system, and thus helps spread venom faster.

6. **Do not** use aspirin or related medications to relieve pain, because they increase bleeding. A pain reliever not containing aspirin, however, may be used.

7. **Do not** use the pressure/immobilization technique, which consists of firmly wrapping the entire limb with an elastic bandage and then splinting, especially for pit viper bites. The theory behind this treatment is to confine the venom to the area of the bite until reaching a medical facility, but studies have shown the technique to be ineffective or worse with venoms which produce local swelling and tissue damage.

8. **Do not** administer anti-venom in the field unless properly trained in the procedure, unless evacuation to a medical facility will take many hours or days, or unless envenomation has been extreme. Intramuscular or subcutaneous application of anti-venom has proven to be much less effective, and in some cases ineffective, than intravenous administration. Acute allergic reactions to anti-venom can occur, and contemplated field administration of anti-venom should include provision for a sufficient supply of epinephrine (adrenalin) to counteract any such potential effects.

These images of actual bite mars by venomous snakes show that marks may or may not be clearly visible. Bite marks are dependent on the type and size of snake in question.
Phase II of the Recruitment Insights project has begun! Design, Technology, and Innovation Fellows will be working alongside ATCEMS staff to develop a revised recruitment messaging strategy and content over the next 3 months. They are excited to help attract a larger pool of resilient and diverse applicants who have what it takes to do good work alongside you and your teams. This is a project that several of you helped bring about as part of a broader recruitment program effort that has been developing over the last 6+ months. Thank you for your continued support.

You will see some new faces around headquarters so please feel free to say “hi” and ask about the project. The team will be providing regular share-outs and opportunities for testing the resources they design, but please feel free to ask them about their work at any time. They will be working in the recruitment office and in Keith Simpson’s office. Michael Henderson (far right right in photo above) is the project manager and is very excited to get this project rolling. Somehow we captured him in the photo above during a rare moment in which he wasn’t smiling, sorry Michael! Marion Sanchez is a Community Engagement Consultant with CPIO and is also a member of the team (pictured below).

**Team Members pictured above from left to right:**

**Back row:** Lisa Sepulveda, Rance Marion, Chief Gardner, Julia Byron, Courtney Morgan, Tina Graves, Michael Henderson

**Front row:** Mary Hoad, Soham (summer intern), Angela Hanson, Hillary Funk

Not pictured: Marion Sanchez
Get Ready! is a summer internship program that offers internship opportunities to about 160 youth between the ages 15-18. The program is divided into two six week sessions this summer. Each intern is working 20 hours a week at various COA site locations in occupational areas that contain one of the S.T.E.A.M. areas of focus: Science, Technology, Engineering, Arts, and Math.

These internships allow youth to work in a professional work environment, giving them the opportunity to gain work ethic, work experience, and learn more about a S.T.E.A.M. centered career field. The goal of the program is to increase knowledge, engagement, and internship in fields that will be in high demand by the time they enter the workforce, all while providing youth with a meaningful summer work experience.

For the first summer session, EMS has eight interns working with the Academy, Supply, Billing, and Knowledge Management (BAR) teams.
Academy

**Anish Katta** (pictured on page 23) is participating in the Academy during his summer internship. While he is here, Anish will be integrated into all the activities that the cadets participate in. That means Anish is not only leaning everything our cadets are learning, PT included, he’s also taking tests!

EMS Supply

This year, when the call went out from the City’s Youth and Family Services Office, EMS supply team opened its doors to a cadre of aspiring young summer interns.

When you happen to visit the main warehouse, between June and August 2017, take a peek inside, say “HI” and see what they are learning and at the same time, doing for EMS!

Interns are **Raven Adamson, Cyrena Matingou, Joanna Sanders and Rushmia Hoq.** These inspired students are learning the ins and outs of working in a warehouse environment, safety, responsibility and accountability.

Each is being assigned tasks such as nebulizer kit building, housekeeping, customer order filling, receiving and restocking the commanders and special events after-hours cabinets and inspecting lot numbers.

While a welcomed short term temporary manpower source, the overall objective is to enlighten and inspire these young students in the expectations of a future career in any endeavor. After all…..they will be the workforce of the future!

Knowledge Management (BAR)

**Soham Patel** comes to us from McNeil High School where he will start his Senior year in the Fall, focusing on Engineering classes. Soham has spent this internship helping the BAR Team with various web and research projects. He spent the first half of his internship putting content into our online Annual Report and the second half helping the ATCEMS Recruitment Messaging Team with gathering research recruiting efforts of other companies, as well as looking at analytics for our website and social media accounts. He has been a great asset to the team!
Billing

The billing division had to opportunity to take on two summer interns this year, **Swati Yaragadda and Sarah Lucas**. Both of these ladies have expressed their interest in wanting to work in healthcare after they have completed their education. Swati and Sarah are very bright and have been very enjoyable to work with the billing offices.

**Swati Yarlagadda** has been assigned to the 2nd floor billing office to assist with accounts receivable. She has been processing paper claims daily and attaching required documentation such as medical records and insurance EOBs. She has also been assigned to assist on a VA cleanup project where she scans the received hospital records for VA claims and checks for VA eligibility prior to assisting the billing staff in sending a revised claim. She has been exposed to Medicare denials CO109 and PR96. She has been taught to check eligibility and research the validity of the CO109 denials. Swati is working PR96 denials by updating the patient account to setting the RescueNet schedule to next payer. Swati will be learning how to complete a CR for payments received the billing office for the finance unit to process.

**Sarah Lucas** has been assigned to the 3rd floor billing office to assist with front-end billing processes. She has been processing patient invoice batches daily and ensuring all invoices are printed on the correct forms. Sarah is also closing third party refusals on an as needed bases. Sarah is being taught how to process insurance EOBs and post zero payments to the patient account to properly reflect insurance denials. She is posting the denial reasons in each patient account and setting the account to process to the correct next payer or sent to a billing staff member for further research. Sarah is also posting MAP adjustments to patient accounts that have Travis County MAP. Sarah will be learning how to complete a CR for payments received the billing office for the finance unit to process.

Both interns will be scheduling ride outs in the month of July to better understand the operations side of the EMS business. The billing office has truly enjoyed working with Swati and Sarah as they gain exposure to the revenue cycle of the healthcare industry.
Austin-Travis County EMS

Awards Ceremony

May 26, 2017
UNIT CITATION

This award is granted for unit achievement in such areas as innovation, efficiency, effectiveness, projects, or unit contributions to the Department or other appropriate organizations or groups.

Business Analysis & Research

Andersen, Dave
Cohee, Lynn
Funk, Hillary
Murphy, Patrick
Quarles, Pamela
Tomasek, Mark
Villalobos, Myka

Designated Medical Officers

Gilliam, Jason
Maxwell, Aaron
Villasenor, Marco

Facilities

Arellano, Gadiel
Stanford, Mason

Fleet

Anderson, Scott
Kinel, Greg

Supply

Arnett, Brad
Jones, Dominick
Lawrence, James
Lichtenberger, Josef
Martinez, Lazaro
Patrick, Kelsey
INDIVIDUAL CITATION

This award is granted for individual achievement in such areas as innovation, efficiency, effectiveness, individual projects and personal contributions to the department or other appropriate organizations of groups.

Aleman, Tracy  Herron, Bryan  Ruiz, Reyna  
Bradford, LaShondara  Marks, Esme  Stanford, Leslie  
Castillo, Lisa  Murry, Richard  Thornhill, Caitlin  
Hernandez, Raul  Phillips, Heather  Valenzuela, Maria

STORK CITATION

This citation is given in recognition of a provider assisted child birth in the pre-hospital setting.

Cole, Michael  Harvey, Esme  Monroe, Jonathan  
DeMayo, Lisa  Jeans, Christopher  Montana, Danielle  
Ferguson, Thomas  Johnson, Andy  Mooney, Loretta  
Fleming, Haley  King, Albert  Nudelman, Lee  
Frame, Gerrod  Kutra, Aaron  Payne, Jessica  
Garcia, Hector  Martinez, Henry  Phillips, Katherine  
Harris, Chase  McCabe, Royce  Sanchez-Rodriguez, Edwin
awarded for confirmed cardiopulmonary arrest saves that are discharged from the hospital.

Acox, Robert  Canales, Kristy  Fleming, Haley
Adams, Meghann  Carr, Angela  Flores, Robert
Akers, Jason  Chang, Howard  Flynt, Johnathan
Almodovar, Alejandra  Chapa, Anthony  Fogley, Damon
Aldovar, Andrew  Chavez, Jacob  Frame, Gerrod
Andersen, Scott  Chorzewski, Matthew  Garcia, Felipe
Angelovich, Jon  Claro, Matthew  Garcia, Freddie
Arnold, Douglas  Cole, Michael  Gardner, Caleb
Azelton, Andrew  Coleman, James  Gastelum, Aaron
Baker, Amanda  Collins, Corey  Gregoire, Robert
Baker, Coty  Cornwall, Angela  Guest, Zach
Becker, Brian  Craghead, Holly  Guinta, Anthony
Bergstrom, Chance  Crowley, Nathan  Hadas, Brian
Bess, Luke  Cummings, Daniel  Hagan, Jonathon
Blumberg, Kimberly  Curvin, David  Hagood, Will
Boone, Janelle  Davis, Kenneth  Hairston, Christopher
Boyce, Malorie  Delashmit, Kevin  Hall, Johnnie
Branning, Walter  DeMayo, Lisa  Hall, Melissa
Broadwater, Michael  Donohoe, John  Hardy, Blake
Brockman, Jeffrey  Durham, Beau  Haston, Ryan
Brown, Christopher  Eaves, Patrick  Hengst, Kathleen
Brown, Kurtis  Eeten, Jaefithe  Hernandez, Raul
Bumpus, Ross  Elias, Jeffery  Holder, Cliff
Bundick, Keith  Ender, Daniel  Holohan, Sean
Burke, Bret  Falls, Aaron  Holt, Heath
Burrows, Robert  Ferguson, JC  Housewright, Kendall
Busell, Stephen  Ferguson, Thomas  Howell, Luisa
Cadena, Claudia  Fitzpatrick, Bryan  Huit, Andrew
awarded for confirmed cardiopulmonary arrest saves that are discharged from the hospital.

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<tr>
<th>Name</th>
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<tr>
<td>Hunsicker, Erin</td>
<td>Martin, James</td>
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<td>Palmer, Jacob</td>
<td>Sainz, Keegan</td>
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<td>Harvey, Esme</td>
<td>Patterson, Roger</td>
<td>Sanchez-Rodriguez, Edwin</td>
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MEDICAL PHOENIX

Schulz, Douglas
Schutt, Kyle
Settlemyre, Walter
Smith, Craig
Smith, Rick
Smith, Tyler
Stanislaw, James
Stem, Lisa
Stevenson, Adam
Stewart, Michelle
Stewart, Steven
Stowe, Chad
Stubbs, Brian
Taylor, Brandon
Thomas, David
Thomas, Temple
Thompson, Andre
Thornton, Sarah
Todd, Joshua
Torres, Gil
Trujillo, Javier
Turner, Cole
Urben, Frank
Villasenor, Marco
Vorhies, Angela
Watkins, Jeff
Weller, Gregory
West, Kerri
White, Stephen
Wright, Michael

SHINING STAR AWARD

Awarded to individuals who exemplify our City’s PRIDE values of Public Service & Engagement, Responsibility & Accountability, Innovation & Sustainability, Diversity & Inclusion and Ethics & Integrity.

Warren, Milissa

PERSEVERENCE AWARD

Awarded to individuals who are dedicated, committed employees who selflessly and graciously meets the needs of others with honor, dignity, compassion and professionalism while maintaining high standards.

Chhabra, Randy
HUMANITARIAN AWARD

Given to recognize the selfless acts of employees who volunteer to make our community a better place to live.

Piker, Ed

OUTSTANDING UNIT AWARD

Awarded to organizational units which have distinguished themselves by exceptionally meritorious service or outstanding achievement that clearly sets the unit above and apart from similar units.

Peer Support Team

Alvarez, Paul  Fairbrother, Craig  Latta, Sam  Stutsman, Brynnen
Andry, Jacinto  Ferguson, JC  Lydon, Cassandra  Thomas, Fiona
Boone, Janelle  Flores, Roman  Lyon, Natalie  Thornhill, Caitlin
Canales, Kristy  Guest, Zach  Migl, Ray  Vickery, Randy
Castleberry, Jason  Hadas, Brian  Naranjo, Lisa  Yankiver, Liz
Cinquina, Keri  Holt, Heath  Nicholes, Kevin
Craghead, Holly  Hopkins, Wesley  Oskouee, Neda
Crouch, Jordan  Landers, Janelle  Price, Amber

Public Information Office & Community Relations

Benavides, Mike  Leal, Clemente  Schwall, Sheila
Chhabra, Randy  Noak, Darren  Sepulveda, Lisa
Cook, Shannon  Rutledge, Rick  Yankiver, Liz
MERITORIOUS SERVICE AWARD

Awarded for an event or action of particularly meritorious service to the department which reflects positively upon the individual and the Department.

Michael Wright

CLINICAL EXCELLENCE AWARD

Awarded by joint agreement of the Medical Director and Department for ongoing, exceptional delivery of/or contributions to the advancement of the practice of medicine within the A/TCEMS system.

Fleming, Haley
Hernandez, Raul

MEDICAL DIRECTOR AWARD

Awarded by the Medical Director to an individual that is committed to and exemplifies the art and science of an exemplary practice of field medicine.

Carr, Angela
Captain Mark Hawkins participated in the National EMS Memorial Service and two of the National EMS Memorial Bike Rides again this year.

Day three at the end of the Southern Route at the Virginia Public Safety Memorial, Mark is standing next to the Bike Ride Memorial poster of Raymond Davis who was one of the first Medics he worked with as a green EMT. Mr. Davis was inducted into the Memorial this year after a LODD from a heart attack at work.

All told, Mark rode the last two days of the East Coast leg of the National EMS Memorial Ride, then transitioned into Honor Guard duty for the National EMS Memorial Service. He was back on his bike the next day for the three day Southern route into Virginia.

Honor Guards from ATCEMS, Lubbock EMS, MEDSTAR. Not pictured are Geoff Winslow and PHI Honor Guard who also attended.
Beware of Buying Previously Owned Test Strips

The FDA is aware that some sellers are marketing pre-owned or secondhand test strips to consumers. These are unused test strips previously owned by someone else. These pre-owned strips may be sold at lower prices when compared to new strips. For instance, you may see flyers advertising cheap test strips in your neighborhood, or you may see sellers marketing cheap test strips online.

It is technically legal for people to resell their test strips. But the FDA does not recommend that you buy pre-owned test strips or that you resell your unused strips. That’s because pre-owned strips can give incorrect results—and may not be safe to use with your device.

Here’s why:

- Test strips should be properly stored to give accurate results. If you buy pre-owned strips, it is hard to know whether the strips were stored properly. Test strips also could be expired. A lack of proper storage or using expired strips could put you at risk for getting incorrect results from your glucose meter. And incorrect results can put you at risk for serious health complications—and even death.
- Test strip vials that have been opened by another person may have small amounts of blood on them, which can put you at risk for infection.
- Pre-owned test strip vials may have been tampered with, which means that they may not be safe to use. (For instance, the expiration dates might have been changed or covered up.)
- Pre-owned strips also may not have been cleared by the FDA for sale in the United States. (If instructions aren’t in English or the strips look different than other strips of the same brand, this can be a sign of unsafe strips.)

The bottom line? The FDA recommends that you buy unopened vials of glucose test strips designed for your meter—and that you do not buy pre-owned test strips.

You may be a pro at testing your blood sugar levels, but consider these safety reminders.

Follow instructions carefully. Glucose meters and test strips are sold with instructions for use. You can call the manufacturer of your device or your health care provider if you have questions.

Ask your health care provider to watch you test yourself. He or she can tell you if you are using your device correctly.

Do quality control checks of your device. Regularly test your meter using a control solution to make sure the test strips and meter are working properly together (read the meter’s instructions for use to see how often you should test it).

Understand what the meter display means. Be sure you know how high and low glucose values are displayed on your meter. Sometimes they are displayed as “LO” or “HI” when the glucose level is beyond the range than the meter can measure. Talk to your health care provider if you have questions.

Know which test site gives the most accurate results. Readings from other areas of your body may not be as correct as fingertip readings.

- Readings from alternate sites—such as your forearm or palm—can be less accurate than fingertip readings when your glucose levels change quickly (like after you eat or during exercise).
- Take a reading from a fingertip if you think your blood glucose is low, if you don’t normally have symptoms when your blood glucose is low, or if results from an alternate test site don’t match how you feel.

Know when and how to clean and disinfect your glucose meter. Cleaning and disinfection instructions can vary, so always read and follow the directions in your manual.

Know when to report device problems. In an emergency, call 9-1-1. For non-emergencies, the FDA encourages you to report any issues to MedWatch, the FDA’s voluntary reporting program. (Problems may include devices that don’t work, suspected incorrect results, or any other problem with your meter or test strips.)

More Safety Considerations for Glucose Meters and Test Strips
Employee Recognition

FANTASTIC

Mason, Bryan
Koesterer, Shannon
Date of Service 05/05/2017
Run#17-58843

This letter is to thank all EMS personnel involved in the emergency call on May 5, 2017 at my daughter’s home in Austin. At first, my symptoms looked like a stroke or heart attack and thankfully, that was not the case. My family and I appreciated the professionalism, courtesy and patience shown by the EMS team that responded to the call.

I only remember one name, Brian; however, even if I don’t know the other EMS team members’ names, they do have my gratitude and thanks. It was obvious to me (even during the “event”) that I was in capable hands.

Again, many thanks for a job well done.

Sincerely,

Barbara Guidry
New Iberia, LA

Great job Mason and Shannon! This is a testament of your commitment to your profession, the organization, and the citizens we serve. Thank you for representing us all in such a manner. You both made a difference in her life.

Bravo Zulu!

Mikel J. Kane, Division Chief

WELL DONE

All,

While on Navy Annual Training (June 24, 2017) in San Diego, I was made aware of the recently published ATCEMS Rescue Medic Training Video. Many attending this annual training are from the Texas, Pacific Northwest and California. As word traveled throughout the group I noticed phones lighting up all searching and viewing this video.

During breaks the vast majority of those in attendance approached me and commented "how cool that video is from a production standpoint" and "what you guys do is bad@&$!".

You all [communications team] should be very proud of what you do, where you do it, and who you do it for! I’m very lucky and privileged to serve with you all.

Great job all!

(You all know what’s coming....)

Bravo Zulu!

Mikel Kane
Division Chief
South Command
Special Operations
Austin/Travis County EMS
**KUDOS**

**Commander Migl** has been a great leader these past 5 months at DC06 over Demand 3. Commander Migl has gone out of his way on several occasions to ensure the crew of DM3 are taken care of and fit to respond. Commander Migl has met up with us face to face almost every shift to ensure we have all the equipment we need, our truck has been taken care of by EMSG or the radio shop, and on several occasions assisted us on changing out equipment at the garage and supply.

Commander Migl has also gone out of his way to communicate any concern or question between field and command and has always returned with a clear answer and explanation of what changes or procedures that are in place. This kind of leadership is rare and by far the best I've seen in my career even before working here at ATCEMS. I look forward to working with him throughout my career. He has given me so much pride to come to work every day and be the best I can for this department. He serves as a great role model for any medic here.

**Jake Palmer, LP**
Medic I – EM2808

I would like to take a moment to recognize **Meagann Wade** for her contributions to the Service with PRIDE training. Meagann went above and beyond in to make this program a success. She demonstrated great leadership capability within the trainer team. Her dedication to quality and to her desire to make improvements within her organization were readily apparent, and her efforts greatly enhanced the success of this initiative.

Best,

**Kyle Boisjoli, M.A., Corporate Performance Consultant, Organization Development**
City of Austin Human Resources

**AWESOME**

We recently received a kudo via our Facebook page for **Darren Rodgers** and **Aaron Jackson**. They were working M01 on Friday April 14th and ran call to Eagle Feather Dr / Dawn Song Dr for a 15 y/o where 2 bicycles collided/ one with broken wrist.

**Ms Paula Farrell Mayberry wrote:**

My son was in a terrible bike accident several weeks ago, and the two medics that worked on him were outstanding. I couldn't have ask for 2 more professional and devoted men. They took my son, Logan Mayberry, to St David's South Austin Medical Center. They took great care of Logan. They also checked on him a couple of times later that evening. Logan has since had surgery and is expected to make a full recovery. Tell them "Thank You" again from me and Logan. It was a very serious break and they calmed us down, stabilized his arm for travel and got Logan to the hospital in a very short time. They were amazing!

On June 6, we had to have EMS come to our house to tend to my husband and transport him to the hospital. They were in Medic 8. The EMTs were:

**Matthew - EM1955**
**Tyler Smith EM2776**

These young men were wonderful. They were very professional and very personable, patient, efficient and very careful with my husband, Franklin and also concerned about how I was doing. They took great care of Franklin and gave me clear instructions of what to get to take to the hospital.

Thanks to Matt and Tyler. We are so lucky in Austin to have such wonderful first responders.

Sincerely,

**Dena and Franklin Houston**
David LeClere and Matt Higgins,

I want to express my sincere gratitude to you both for taking such wonderful care of my grandmother (Sophie Pribble, a.k.a. “Nana”) on Tuesday night when you responded to my call.

I consider Nana to be my mother, as she played in a key role in raising me from the moment I was born. As you may imagine, at 91-years-young, the parent-child roles have reversed over the past few years, and it breaks my heart. When she was lethargic and unable to maintain consciousness for more than a few seconds at a time on Tuesday evening, I panicked and prayed that she would be okay as I dialed 9-1-1 and awaited your arrival.

From the moment you arrived on scene, I could tell that Nana was in good hands. Matt, within a few minutes of you talking to her and going through your protocol, she transformed into a completely different person as compared to when I had initially made that desperate phone call. She is hearing-impaired, but you spoke loudly and clearly to ensure that she would stay informed as to what actions you were going to perform on her; I appreciate this more than you know, as many nurses, doctors, etc. often treat her like an invalid by disregarding her dignity and emotions simply due to her age.

David, thanks for encouraging me to ride with you and Nana in the ambulance to the hospital (rather than follow), as I know that she felt more at ease with me onboard. Despite her repetitive compliments on your “wrinkle-free” skin, you humored her with a kind comment of appreciation every time; thank you for your patience and kindness toward her. I was also impressed that you were able to successfully start her IV, in a bumpy ambulance nonetheless, as it always takes her nurses at least ten tries to find a decent vein... Thank you for not turning Nana into a pin cushion! I know that “Miss Sophie” enjoyed visiting with you on the ride to the hospital, as she even remembered you the following day; since she has mild dementia, her short term memory is scarce, so such a recollection was a pretty big deal!

Overall, I could not have asked for a more kind, personable, and competent EMT duo to respond to our call... Nana and I appreciate your incredible patience and professionalism, and I want to ensure that you are recognized for providing exceptional service to your community. Thank you!

Sincerely,
Stacy Kazmir
Melody Malone, Explorer Post 247 and the Explorer Post Honor Guard,

A very special thank you to Medic I Melody Malone, Post 247, and the Explorer Post Honor Guard for an outstanding job representing ATCEMS at the annual Juneteenth Parade! Melody Malone—thank you so much for picking up the unit on the morning of the parade and driving it during the entire parade procession. Post 247’s Honor Guard proudly led the parade while Chief Rodriguez, Chief Hawley, Chief Johnson, Medic I Jay Remson and the Post walked alongside. What an impressive site! Great job thank you again to everyone who attended.
On May 1, 2017, at approximately 18:43, M18 was dispatched to an AFD Box Alarm at 8900 N IH 35 SVRD SB, the Avesta Capella Apartments. AFD Engine 23 (Bailey, Jacob; Clowry, Lawrence J; Garcia, Raul; Johnson, Mitchell R) were first on scene, where they found a working apartment fire. Medic 18 was second on scene, and we found no patients, initially.

After making a fast attack and putting a good stop on the fire, E23’s crew exited the structure briefly and handed M18’s crew one victim from the interior of the involved apartment: a wet, limp, guppy-breathing cat who could not make purposeful movements or sounds.

M18’s crew Brandon, Saul and myself went to work immediately to try to resuscitate the cat.

Using a pediatric non-rebreather, Brandon and Saul delivered high flow oxygen, while attempting to comfort and stimulate the cat. The efforts seemed in vain for a few minutes, but then the cat began to breathe more normally and make audible attempts at meows. M18’s crew continued the oxygen delivery while simultaneously contacting a local emergency animal hospital for further advice and direction.

The apartment owner was located, and he confirmed that the victim was his pet cat, Rosie. He explained that he had just moved to Austin from out of state and that, other than his car, Rosie was practically the only thing he felt he still had in the world after the fire.

As he spoke with us, Rosie showed dramatic improvement. The resilient little cat began to make full, normal meows. She even stood up on her own and walked a bit, no doubt ready to go look for her next adventure. After the resident was cleared to leave the scene by fire and police crews, M18’s crew wrapped Rosie in a stretcher sheet, carried her to her person’s car, and gave him directions to the emergency animal hospital, where he took her for follow-up care.

As they drove away, Rosie showed more healthy movement. She stretched her paws toward the passenger window as she passed Captain Brandon Taylor, and I was sure I saw him wave back with a proud smile.

Kudos to these crews for working hard to help this new Austinite in his time of great need, honoring their duty and commitment to public service in any way they could!

Cheers,
Kenny Pailes, Medic I Field
I am so very grateful for the exemplary customer service demonstrated by Matthew Higgins and David LeClere in the early morning hours of June 5, 2017. These two men were simply superb in the skills they shared with me, skills of both compassion and competency.

I was understandably shaken up a bit after fainting and falling in our bathroom here on the Keith "estate". Mr. Higgins and Mr. LeClere entered our home and I felt quite comfortable and reassured, both medically and emotionally, as they entered our bedroom and began to care for me.

I give these two gentlemen top grades for the respectful ways in which they related to both my beloved husband and to me. Both Mr. Higgins and Mr. LeClere were calm as they proceeded to examine me as well as obtain information about my meds, etc. The patience (no pun intended) of these two men was commendable. Anxiety is not my friend and these two men answered all my questions. They were totally focused on complete patient care, not on just attending to the medical issues which had presented themselves.

Mr. Higgins and Mr. LeClere put me at ease and that helped me feel better right away. I had absolute confidence in both of them, a very precious gift indeed. I asked them how long they had worked together. The answer was that this was their first shift together. I would never have guessed that because the manner in which they related to each other as well as to my husband and me was absolutely seamless.

Something excellent came out of something bad, as these two EMS employees fulfilled their job responsibilities above and beyond all that I expected of them. My beloved husband and I are very grateful for our City of Austin services. The fact that we were able to be served by these two men of the highest caliber reinforces our belief in the priceless value of this city department. These two men are special. Their jobs require skills which I both admire and appreciate.

I hope that it is within the realm of possibility for Mr. Higgins and Mr. LeClere to receive special recognition for their service to me two weeks ago. I continue to maintain an attitude of gratitude towards both of them.

Sincerely,

Deborah "Debbie" K
Dear Andy Johnson and Rachel Lerma,

I’m writing to say thank you for your care and support on the ambulance ride from the scene of my car wreck to Seton NW, and then from Seton NW to Brackenridge. I remember Andy saying that accidents happen—and even though I was feeling very guilty pointing out that no one would think I was doing something wrong to cause a wreck on purpose. You were encouraging me to let go of this guilt allowed me to begin my acceptance of healing responsibility. Thank you Andy.

THANK YOU
for your kindness
and support.

Rachel, I remember you were so kind in driving the ambulance and even apologized for hitting bumps in the road. This made me feel like I was being cared for. Thank you Rachel. You both made a difference for me that day.

With immense gratitude,

Sally N.
Years of Service

C. Shadden 15 years service

Chief Rodriguez 10 years

M. Hoad 10 years service

D. Andersen 10 years

C. Huckle 30+ years service

L. Cohee 20 years service
Customer Service Response:

447 calls were made during **May**. The questions asked focused on measurable customer service actions.

### Customer Service Results

<table>
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<th>Customer Service Action</th>
<th>Percentage</th>
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<tr>
<td>Medic introduced themselves</td>
<td>85.19%</td>
</tr>
<tr>
<td>Medic expressed their yrs of pt care experience</td>
<td>28.85%</td>
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<tr>
<td>Acknowledge pt by name</td>
<td>94.44%</td>
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<tr>
<td>Informed pt of tx plan</td>
<td>98.15%</td>
</tr>
<tr>
<td>Explained interventions/procedure</td>
<td>55.77%</td>
</tr>
<tr>
<td>Pt had no recomended improvements</td>
<td>96.67%</td>
</tr>
<tr>
<td>Thanked pt for allowing them to help</td>
<td>73%</td>
</tr>
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</table>

Respondents were asked to rate the customer service provided by our medics on a scale from 1 to 5, with 5 being the best. 71.25% of the patients rated the customer service they received at a 5 and 26.25% rated their service at a 4. The average rating overall was 4.66 out of 5 for customer service.

*The response we obtained from our customers is evidence of the great medics we have and the tremendous job they do each and every day.*

Patient Comments:

- “They are phenomenal, very kind and professional, and I’ve never had a bad experience with them. I hold them in the highest regard.”
- “The way they listened to our concerns and then explained why they thought they should transport her. They were very professional, concerned and informative.”
- “The treating medic spoke Spanish and was a real gentleman with me, and I was very happy with their service. They were quick to arrive. The 911 operated stayed with me so I could be more relaxed until the ambulance came. They were like angels to me.”
- “Captain Matt was most excellent! Polite, and he got my heart beat down from 150 beats per minutes, since 3:00 A.M., to 100 beats per minute in about 8 seconds!! That was good.”
- “They were friendly and explained everything they were doing for me.”
Shoulder to Shoulder
we will never
walk alone

855-321-3332

CONTACT US WITH YOUR SUGGESTIONS REGARDING...

♦ EMPLOYEE RECOGNITION
♦ PHOTO CONTRIBUTIONS
♦ WRITING A GUEST COLUMN
♦ STORIES FROM THE FIELD/COMMUNICATIONS
♦ ANYTHING YOU FEEL IS RELEVANT, HAVE A PASSION FOR, OR SOMETHING WE MIGHT HAVE MISSED.

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