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The U.S. Fire Administration maintains the **Emergency Management and Response – Information Sharing and Analysis Center (EMR-ISAC)**.

For information regarding the EMR-ISAC visit www.usfa.dhs.gov/emr-isac or contact the EMR-ISAC office at: **(301) 447-1325 and/or emr-isac@fema.dhs.gov**.

The InfoGram

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GAO: Air Ambulances Need Better Data Collection

After a recent review of air ambulance programs, the Government Accountability Office (GAO) found prices for transport service doubled in four years from around \$15,000 in 2010 to \$30,000 in 2014. This steep rise in pricing had a cascading effect on a patient's ability to pay, insurance or Medicare payment rates, and ultimately the balance billed back to the patient.

The GAO lists several gaps in data collection methods that, if resolved, could lead to better understanding of this problem and how to best address it. This includes information on billing and costs as well as where complaints should be sent and how they are handled. [The GAO made several recommendations](#) on data collection, complaint streamlining, and consumer disclosure statements; the Department of Transportation agreed with most but not all of these recommendations.

Patients being transported by helicopter have little say or choice in the matter and often the results are financially overwhelming. GAO's recommendations may help keep costs from skyrocketing further, protecting both the patient and the provider.

(Source: [GAO](#))

Cost of Violence to Hospitals and Health Systems

The American Hospital Association (AHA) recently conducted a comprehensive study on the financial impact of violence to hospitals and healthcare systems, the first research of its kind. It studied both community or public violence as well as in-facility violence, prevention and preparedness costs, and post-incident costs.

The AHA estimates [proactive and reactive violence response cost hospitals and health systems in the United States approximately \\$2.7 billion in 2016](#) (PDF, 341 kb), broken down as such:

- \$280 million in preparedness and prevention addressing community violence.
- \$852 million in unreimbursed medical care for victims.
- \$1.1 billion in prevention of violence within hospitals.
- \$429 million spent as a result of violence against hospital employees.

These numbers are further broken down in the study results. The AHA presents this data to highlight the enormity of the problem and the demands placed on the medical community and make the information available for further research and action; it does

The InfoGram is distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures.

not make any recommendations on addressing the issues.

(Source: [AHA](#))

The Most Valuable Commodity is the Membership

The National Volunteer Fire Council (NVFC) released a series of six short videos demonstrating how the health and safety choices firefighters make don't just impact the individual – they affect the entire department and the community being served. [Watch the videos and share them with your department.](#)

Five of the videos are animated and address cancer prevention, annual physicals, seat-belt use, and physical and mental fitness. The sixth video consists of interviews with firefighters expressing why they make health and fitness a priority.

More information on the [Serve Strong Challenge](#) and an extensive set of resources are available at the NVFC website.

(Source: [NVFC](#))

New Campus Emergency Management Offerings

The U.S. Department of Homeland Security (DHS) and The University of Utah are hosting the [2017 National Seminar and Tabletop Exercise for Institutions of Higher Education](#) (NTTX) October 10-11, 2017. This event includes workshop sessions, a tabletop exercise and an after-action review session on preparing participants to respond to a campus emergency. The event will focus on a failure in campus infrastructure caused by a cyber-attack.

Higher education leaders are invited to register to participate alongside federal, state and local representatives. Because emergency planning involves a team of individuals from across an institution, DHS recommends a team of up to five senior leaders representing various functions. See event website for more detailed information and registration requirements.

The Federal Emergency Management Agency's 2018 [L0363 Multi-Hazard Emergency Management for Higher Education](#) host application process is now open. This course provides institutions of higher education knowledge and planning strategies enabling them to protect lives, property and operations more effectively and efficiently within the context of comprehensive emergency management. This course is offered through the Emergency Management Institute.

The free three-day instructor-led training promotes participant discussion and networking. It is important to maximize recruitment of emergency management partners not just within the host institution, but within the surrounding area. Each team should have 4-8 members representing a range of job positions for the course to be most effective. The minimum class size required to hold an offering is 24 participants from 4 different institutions; the target class size is 30-40.

Institutions interested in hosting an offering must [complete the application](#) (PDF, 88.6 kb) and submit it by 5:00 p.m. Eastern, August 31, 2017. Host requirements are listed in the application. If you are unable to submit the application electronically via Adobe Acrobat, scan the completed form and email to [Tina Hovermale](#) with a subject line of "2018 L0363 Host Application." Please contact Ms. Hovermale with any questions.

(Sources: *Various*)

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For information specifically affecting the private sector critical infrastructure contact the **National Infrastructure Coordinating Center** by phone at **202-282-9201**, or by email at **nicc@dhs.gov**.