

Sustaining Rural Emergency Medical Services

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Disclaimer

The views and opinions expressed in this presentation are those of the individual presenter(s) and should not be attributed to MDH, Sanford Health, EMSRB, MAA, or other stakeholders mentioned throughout the presentation.

Minnesota Rural EMS Assessment - 2016

2002 “A Quiet Crisis: Minnesota’s Rural Ambulance Services at Risk”

2015 “Rural EMS Sustainability Summit Report

2015 “Rural Ambulance Service Attributes Survey Tool

A Quiet Crisis: Minnesota’s Rural Ambulance Services at Risk. Minnesota Department of Health. 2002

Report on the Rural Minnesota EMS Sustainability Summit Meeting. SafeTech Solutions, LLP. 2015. Available at <https://mnems.org/rural-ems-resources/>

National Organization of State Offices of Rural Health. Rural EMS Survey Assessment Tool. Available at <https://nosorh.org/rural-ems-survey-assessment-tool/>

Minnesota Rural EMS Assessment - 2016

Funded in part through the Medicare Rural Hospital Flexibility Program

Partnership with MDH / EMSRB / MAA's Rural EMS Sustainability Committee

Pilot-tested in Southeast and Greater Northwest EMS Regions

May 2016 survey sent to 230 rural EMS managers - anonymous replies

81% response rate (186)

Key Findings: Characteristics of Rural Agencies

Most rural EMS agencies provide basic life support services to relatively small populations spread across large geographic areas. Along with low daily call volumes, these realities exacerbate the inability to create sustainable business and staffing models.

The median call volume is nearly one call per day

Over half of agencies cover > 200 square miles, 37% > 300 square miles

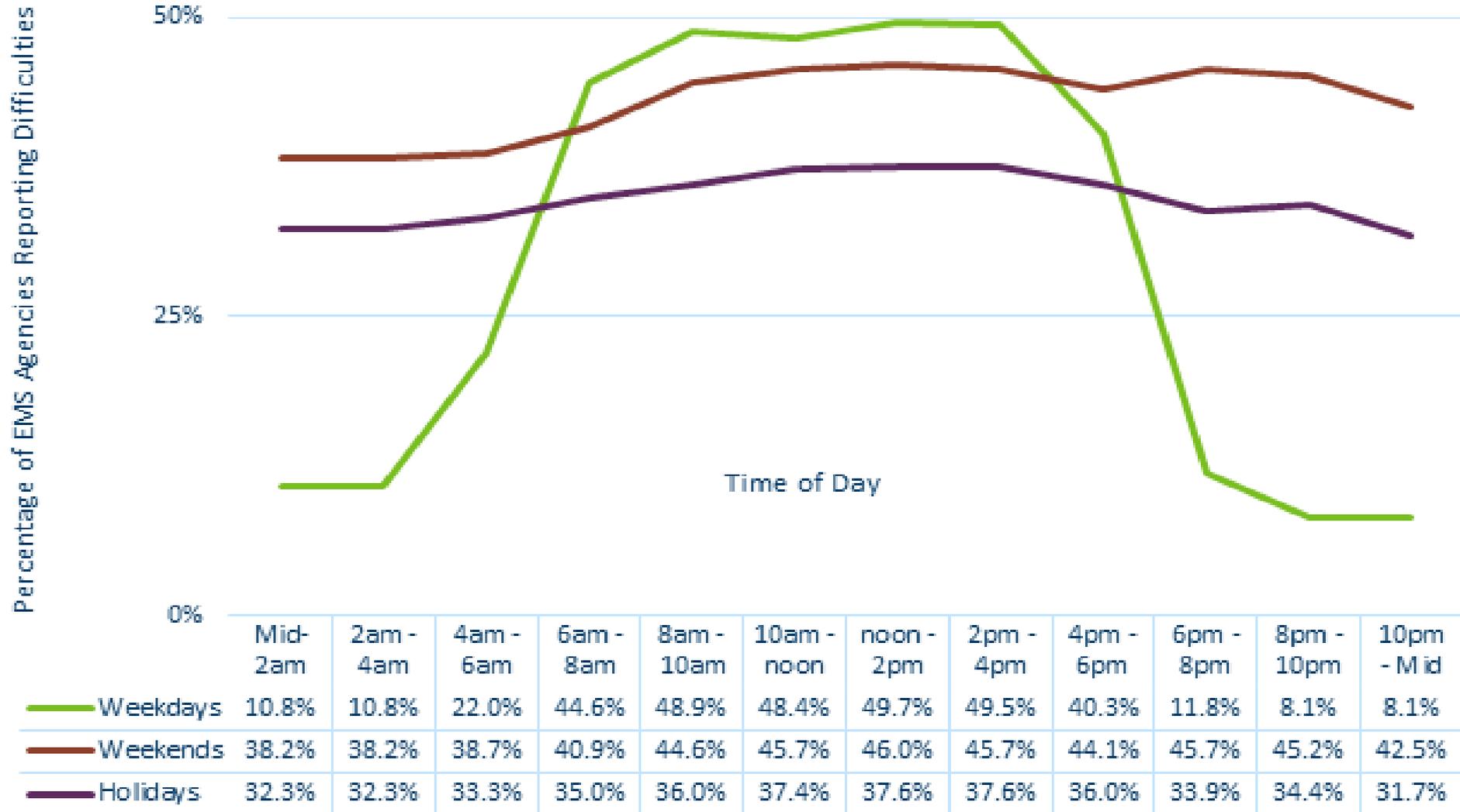
Over half of agencies serve populations < 5,000

Key Findings: Workforce and Staffing

The active roster decreased for half of the agencies from the previous year

About 60 percent of agencies have inadequate staff to cover their call schedule without undue burden to the agency.

59 percent of agencies do not have their shifts 100 percent covered at least 24 hours in advance

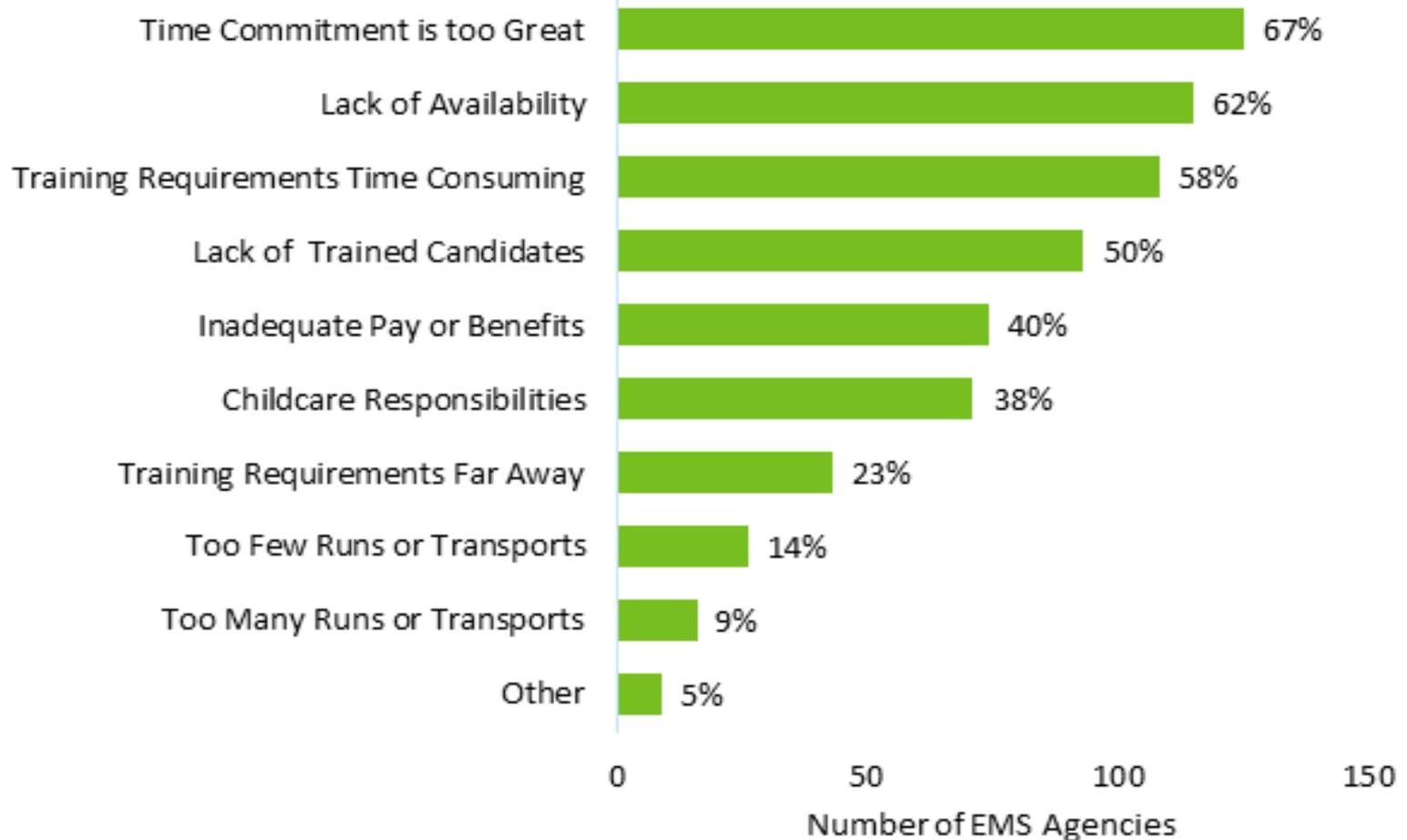


Key Findings: Workforce and Staffing

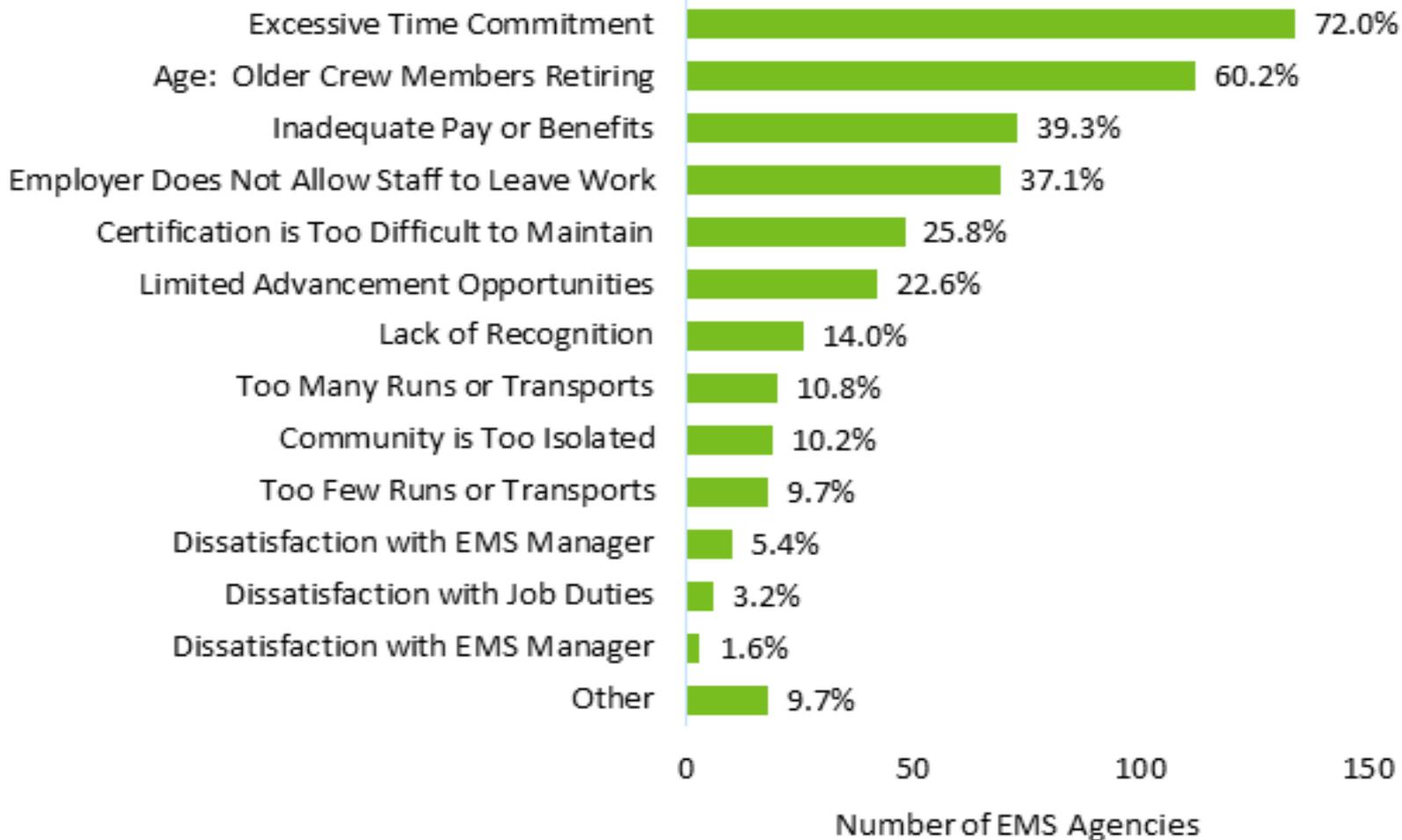
Recruitment and retention is a significant challenge even though:

- Emergency Medical Responders are widely used to actively staff agencies
- Most agencies cover full cost of the continuing education course for staff
- Most eligible recipients take advantage of state EMS training reimbursement

Obstacles to recruiting EMS staff



Obstacles to retaining staff



Key Findings: Leadership & Financial Management



Key Findings: Leadership & Financial Management

86 percent of services did not have high turnover of their managers

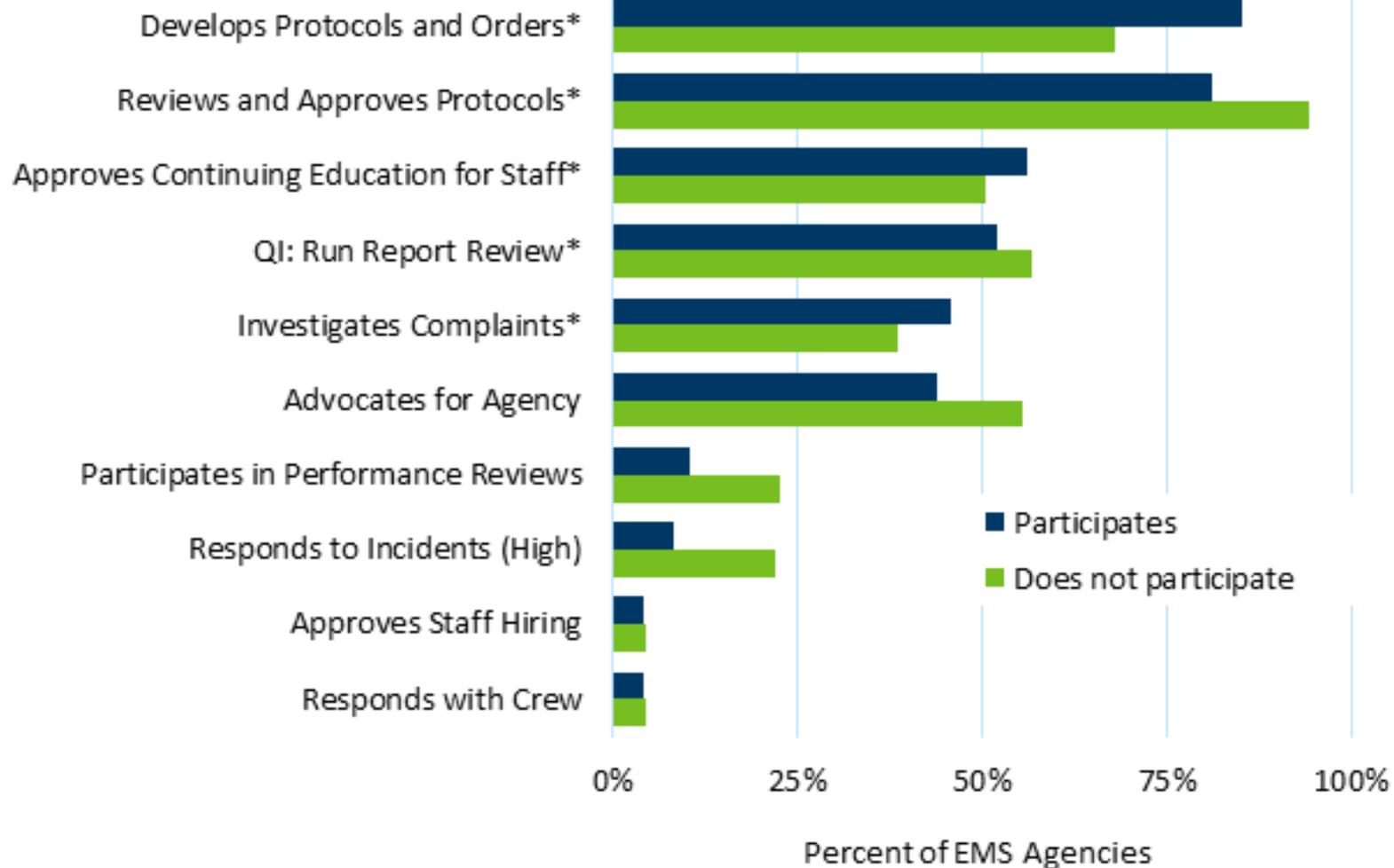
81 percent of rural EMS managers have a role in developing their annual budgets

81 percent use other resources to bill, with billing agencies as the most common at 52 percent

Key Findings: Medical Direction

88 percent report that they do not have difficulty recruiting or retaining a medical director

26 percent of rural EMS agencies participate in a medical direction consortium

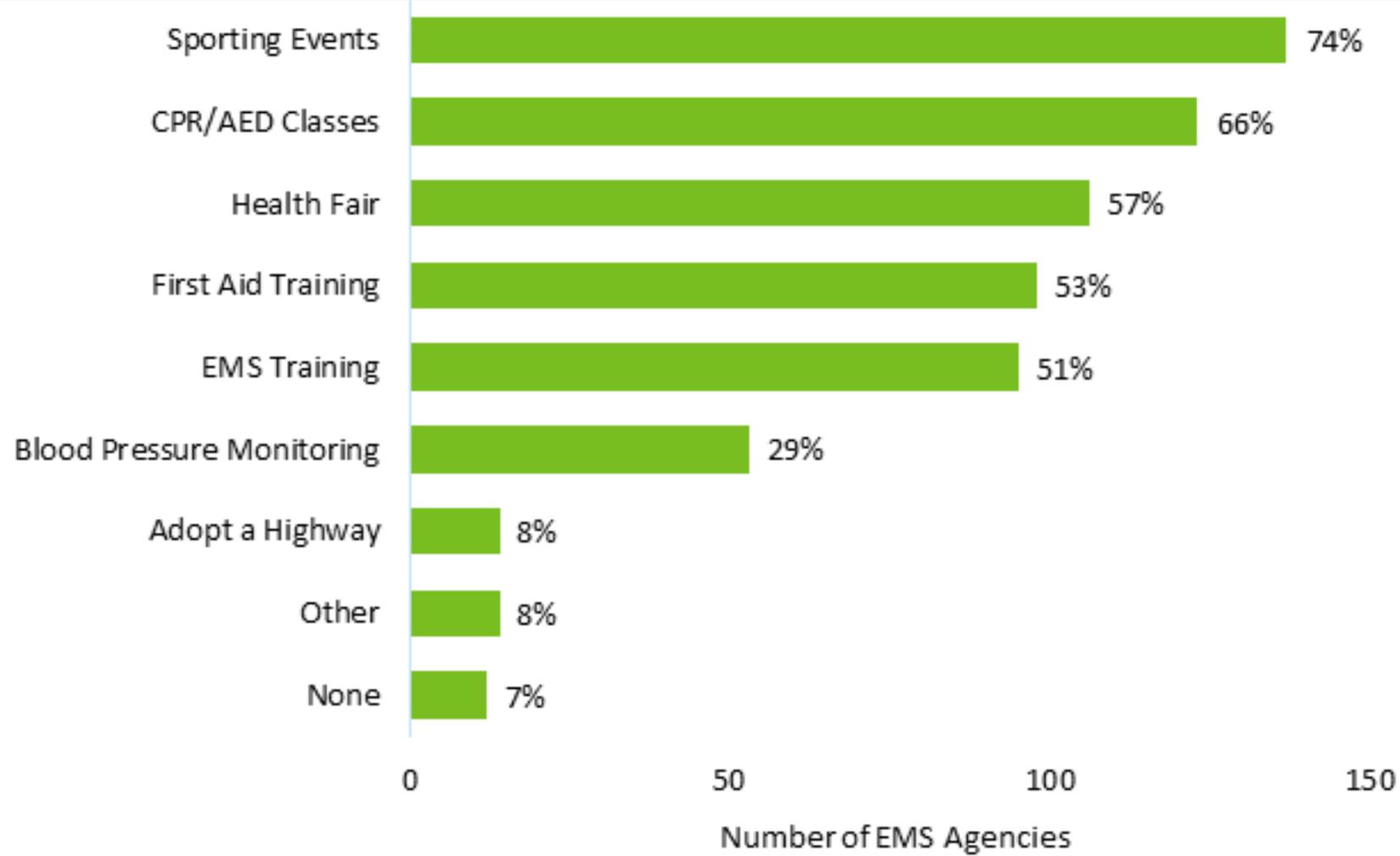


Key Findings: Community Relations

94 percent of rural EMS agencies provide additional non-response services to their communities

More than 62 percent of agencies believe that community support for EMS is similar to other public services

82 percent do not have a community advisory board



Summary

With some small exceptions, rural EMS has remained the same in Minnesota from 2002-2016. The same business problems of economics and structure exist. For example:

Low transport volumes | Low and sparse populations served | Population changes in seasonal density and distribution | Large geographical primary service areas | Availability of a sustainable workforce, including dependence on volunteers | Need for fully engaged medical directors | Need for non-transport revenue

Summary

Need for further and deeper understanding of what this means

EMS is a vital link in the healthcare continuum

Without EMS, patients in need of time critical care for conditions such as trauma, stroke, allergic reactions and cardiac emergencies will suffer unnecessary death and disability.

EMS must survive for Minnesota's rural citizens and visitors to have the best chance to survive these and other emergencies

Rural EMS Sustainability

Vision: To develop and promote comprehensive solutions that enable rural ambulance services to operate sustainably.

Sustainability is the endurance of systems and processes. - *Wikipedia*

Sustainability is: Supporting a system that meets the needs of our communities.

Sustainability is not: Supporting a system the meets the wants of everyone.

Straight From the Horse's Mouth

Leadership: Leaders have a lack of direction. How do they know where to go for the future?

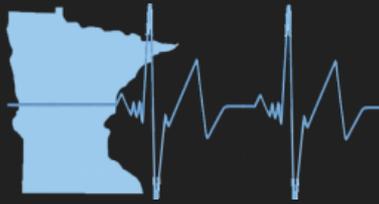
Workforce: There is a balance between quality employees and an employee who shows up, in rural areas people have other jobs, responsibilities.

Funding: Many have donation based systems, i.e. fundraisers. Very few are completely self-sustaining.

Community Awareness: The average person makes the assumption that fire and EMS are interchangeable. Hospital staff don't always know how EMS works.

Education/Training: Education is becoming too demanding, takes too much time and is expensive

Medical Direction: Access to the medical director when you need them is important



MAA Rural EMS Sustainability Committee

Includes Representation from:

- MAA
- EMSRB
- MDH ORHPC
- Regional EMS programs
- Many other stakeholders

Goals of the Committee with the Future in Mind

- Develop a fundamental leadership program for EMS leaders.
- Expand the Statewide Mentor Program.
- Create resources to educate stakeholders on EMS workforce sustainability.
- Define “community” and “awareness” to understand how we can benefit.
- Engage the MAA education committee.
- Develop a baseline understanding of funding models.
- Promote the delivery of successful medical direction.

Leadership

- Developing the capacity of local ambulance service leaders.
- The best-run rural ambulance services have stable, prepared, respected, and proactive leadership.
- Investing in leadership development helps overcome local unique challenges.
- MDH grant for leadership course
- Mentor (pilot) program

Create Resources to Educate Stakeholders on EMS Sustainability

- Many resources available
- <https://www.health.nd.gov/media/1320/ruralems-leadersurvivalguide.pdf>
- Studies show our current model is not sustainable.
- Volunteerism is not sustainable
- Based on the MDH survey results we know our current staffing model is failing

Define “community” and “awareness” to understand how we can benefit.

Thank You To Our EMS Volunteers



THIS IS MY STORY

NAME:
Kathy Martin

POSITION:
EMT

OCCUPATION:
BANKER

JOINED IN:
1996

RESCUE SQUAD:
STATION 17/
SANDBRIDGE

“I used to be afraid of hospitals and blood. Volunteering helped me overcome my biggest fear, and now I can help my neighbors.”

Join

VOLUNTEER

RESCUE SQUADS

OF VIRGINIA BEACH
385-2911 livesneedsaving.org

Funded by the Virginia Beach Rescue Squad Foundation

What can I help you with?

“ Siri I'm bleeding really bad can you call me an ambulance ”

From now on, I'll call you 'An Ambulance'. OK?

Cancel

Yes

Engage the MAA education committee.

- The MAA Education committee was tasked with creating recommendations to a Rural EMS Sustainability Committee goal.
- The goal we were given is to define barriers to certification/education/recertification related to rural EMS sustainability.
- The group drafted a document outlining issues and solutions



Develop a baseline understanding of funding models.

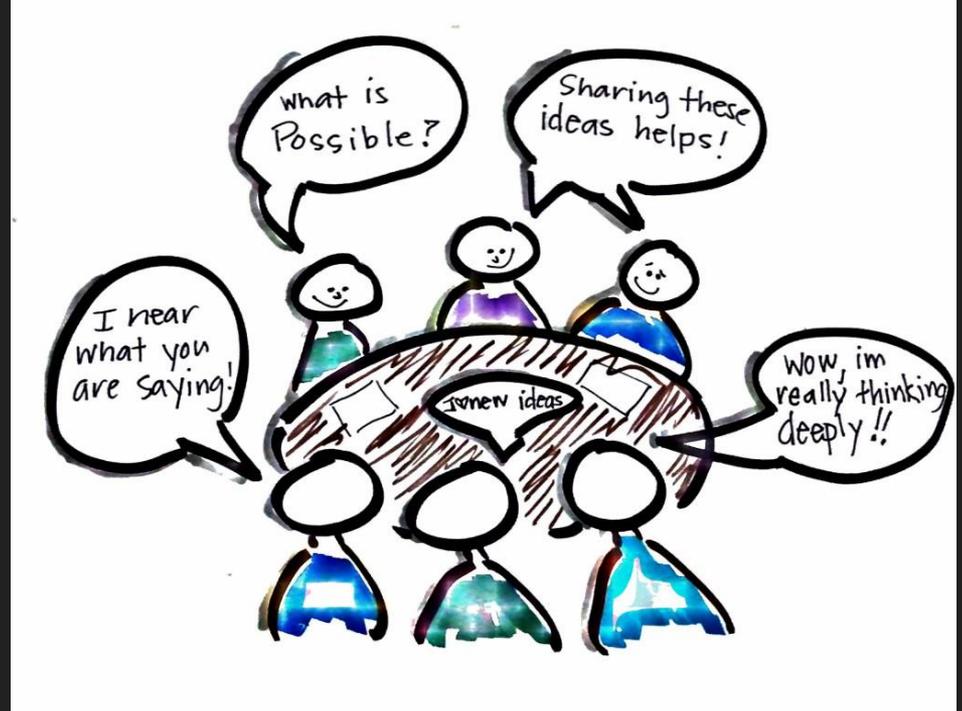
- Find alternative funding
- Find methods we can help (us and) others understand what it takes to fund an EMS system.
- Develop funding fact sheets, which has been developed on other states.
- Outline what it takes to run an EMS system

Promote the delivery of successful medical direction.

- Our goal is that all ambulance services will have engaged, successful medical direction.
- Develop a higher degree of collaboration with available resources.
- Provide services resources to effectively engage medical directors.
- 88 percent report that they do not have difficulty recruiting or retaining a medical director
- 26 percent of rural EMS agencies participate in a medical direction consortium

Summary

- Develop Leaders
- Engage Stakeholders
- Find Sustainable Solutions!
- Stimulate Change!



History of EMS

EMS 1.0 – Fast response and transportation

EMS 2.0 – Fast response of quality care and transportation

Accidental Death and Disability: The Neglected Disease of Modern Society – NHTSA 1966

EMS Systems Act of 1973

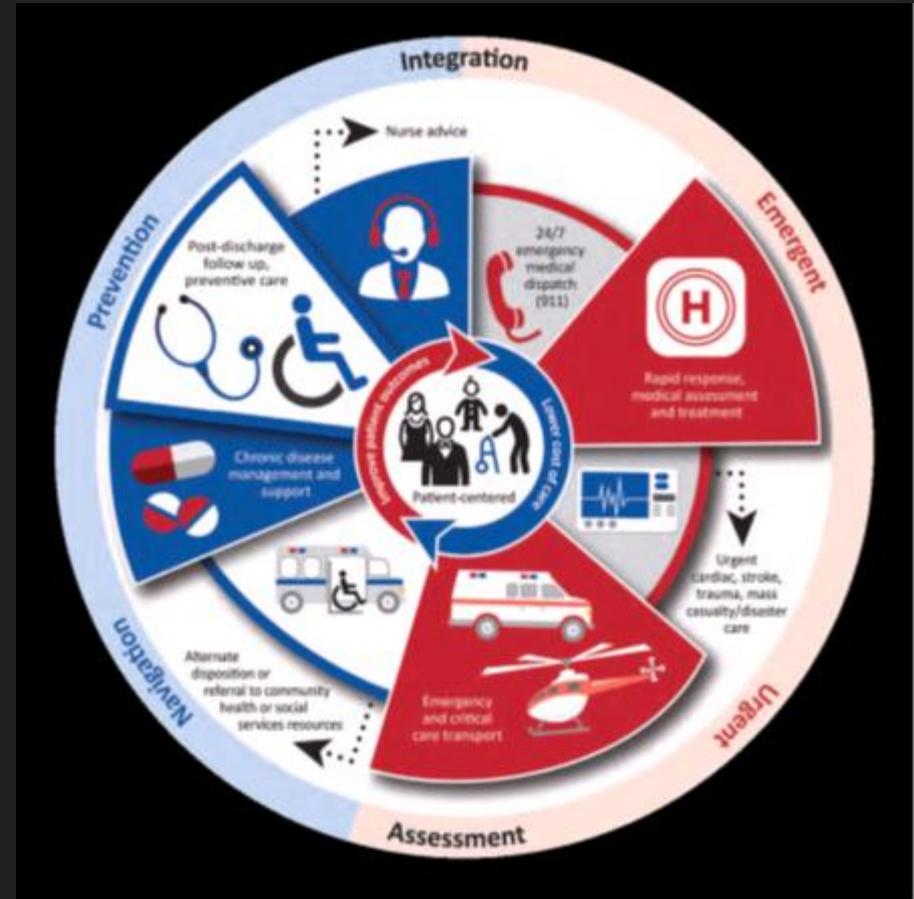
Suppliers of transportation

Rewards EMS for driving up healthcare system costs by using the highest-cost transportation resource (an ambulance) to transport patients to the highest-cost healthcare provider (an emergency department) without any real proof of value for most patients. *EMS 3.0 The Future of Service Delivery, Reimbursement, Education, Dispatch, Medical Direction, Technology and Regulation. - NAEMT*

Future of EMS

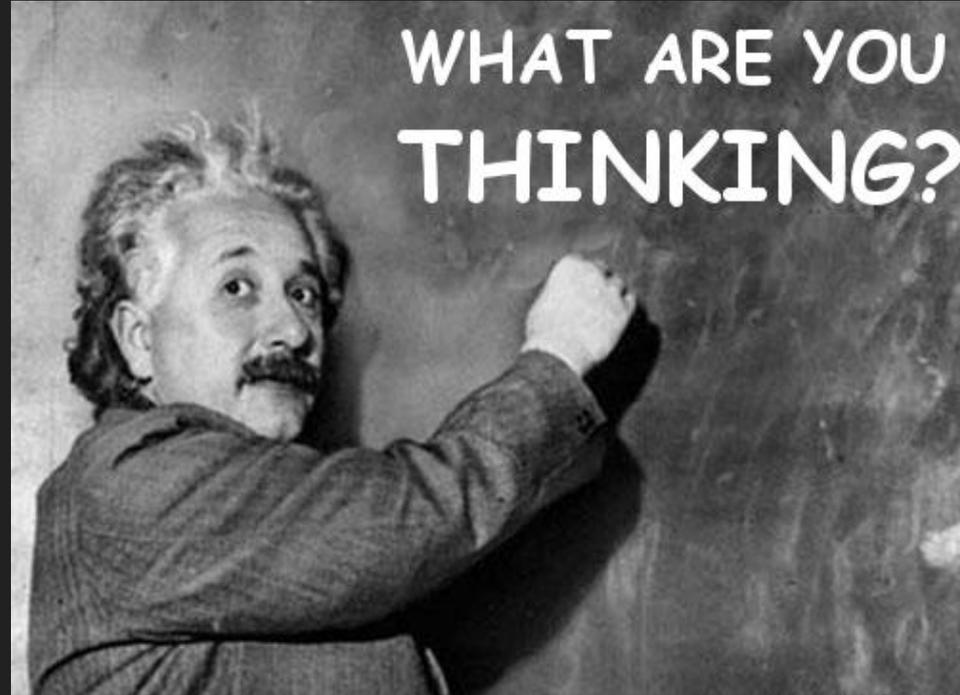
EMS 3.0

- Emergency Medical Dispatch
- Emergent response and assessment
- Clinical intervention and transportation for time-sensitive emergencies
- Navigating the health-care system for most appropriate destination
 - Chronic disease management and support
 - Post-discharge follow up, preventive care
 - Nurse advice



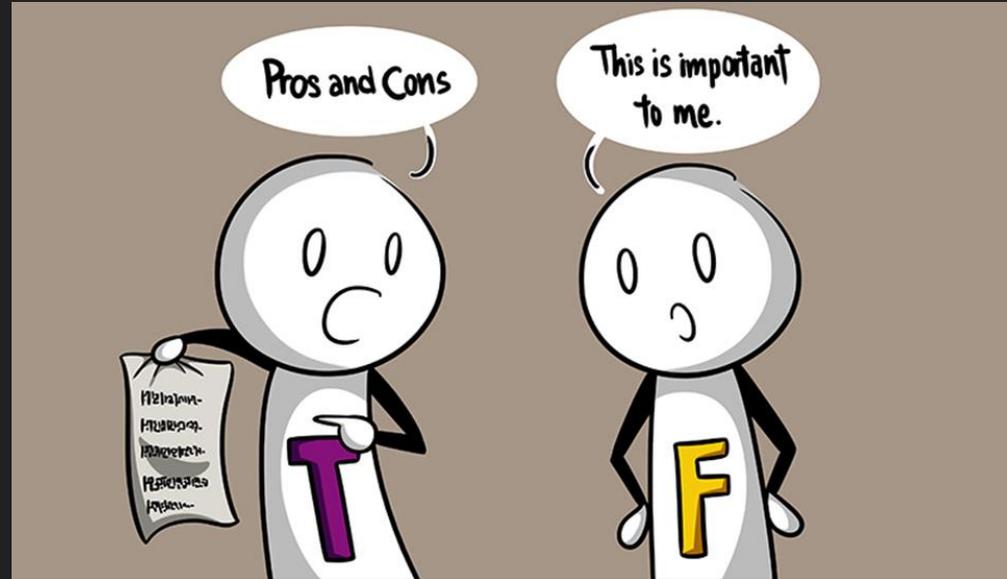
Final Thoughts

- Many rural EMS system models are not sustainable.
- Is the EMS system in your community sustainable?
- What are the struggles locally?



Final Thoughts

- Is EMS in your region sustainable?
- What is your role in EMS sustainability?



STAY IN LANE

A green rectangular sign with a white border. The text "STAY IN LANE" is written in white, bold, sans-serif capital letters. Below the text, there are two white arrows: one pointing to the left and one pointing to the right.

FUTURE

A green rectangular sign with a white border. The text "FUTURE" is written in white, bold, sans-serif capital letters. Below the text, there are two white arrows pointing downwards.

PAST

A green rectangular sign with a white border. The text "PAST" is written in white, bold, sans-serif capital letters. Below the text, there are two white arrows pointing downwards.

References

John Becknell, A. R. (2011). A Crisis and Crossroad in Rural North Dakota Emergency Medical Services. SafeTech Solutions, LLP.

National Association of Emergency Medical Technicians. (2016) *EMS 3.0 The Future of Service Delivery, Reimbursement, Education, Dispatch, Medical Direction, Technology and Regulation.*



Let's

Talk