

# South Dakota

## Minimum EMS Staffing Requirements Survey Results

### July 2015

*This online survey sought to understand opinions about minimum EMS staffing and current use of the staffing hardship exemptions. The survey was distributed to all ambulance services in South Dakota via email.*

### 1. Number of agencies responding

58

### 2. Agencies responding to survey

Aberdeen Ambulance service  
 Alcester Emergency Medical Service  
 Bennett County Ambulance  
 Bennett County Hospital  
 Beresford Ambulance  
 Bonesteel-Fairfax Ambulance  
 Bowdle Ambulance Service  
 Brookings Ambulance  
 Burke Ambulance Service  
 Butte Co Ambulance - Newell  
 Butte County Ambulance-Belle Fourche  
 Carthage Ambulance Service  
 CHRISTENSEN AMBULANCE SERVICE, INC  
 Clark County Ambulance  
 Custer Ambulance Service  
 Deuel County Ambulance, Inc.  
 Douglas County - Corsica  
 Douglas County Armour Ambulance  
 Elkton Community Ambulance  
 Estelline Ambulance Service  
 Freeman Ambulance Service  
 Garretson Community Ambulance Corp.  
 Grant-Roberts Ambulance Service  
 Harding County Ambulance Service  
 Hecla  
 Highmore Ambulance  
 Hill City Ambulance Service  
 Hot Springs Ambulance Service  
 Hoven Ambulance Service  
 Humboldt Fire & Ambulance Service

Huron Ambulance  
 Keystone Ambulance Service Inc.  
 Kimball Vol. Ambulance  
 Lake Norden ambulance district  
 Lemmon EMT Association  
 Leola Volunteer Ambulance  
 Marshall County Ambulance  
 McIntosh VFD-Ambulance Service  
 Mellette County Ambulance  
 MIDLAND AREA EMS  
 Missouri Valley Ambulance Service  
 Mitchell Ambulance Service  
 Mobridge Regional Hospital Ambulance  
 Moody County Ambulance  
 Moody County Ambulance-Flandreau  
 Northeast Ambulance Service  
 onida fire dept ambulance  
 Philip Ambulance Service  
 Sanborn County Ambulance  
 Scotland Community Ambulance  
 Selby Volunteer Ambulance Service  
 Spearfish Emergency Ambulance Service, Inc.  
 Springfield Ambulance Department  
 Timber Lake  
 Tripp Couny Ambulance  
 Wagner-Lake Andes Ambulance District  
 West McPherson EMS Inc  
 White Ambulance Service  
 Yankton County EMS

### 3. Annual call volume of respondents

Calls per year	# of agencies
0-50	8
51-100	14
101-200	12
201-300	7
More than 300	18

#### 4. Portion of respondents currently operating under a hardship exemption or having received a hardship exemption in the past five years

22 (37%)

#### 5. Number of active\* EMTs or paramedics and drivers or EMRs currently on respondents staffing roster

Number on roster	Active EMTs or paramedics	Active drivers or EMRs
0-5	7	42
6-10	25	11
11-15	13	5
16-20	6	0
21-30	6	1
More than 30	2	0

\*(active means the member regularly takes call or responds to calls and attends a majority of meetings and trainings)

#### 6. Impact of hardship exemptions

*Of the 22 respondents currently operating under a hardship exemption or having received a hardship exemption in the past five years*

- 15 agencies reported that the exemption had improved their ability to respond to calls
- 6 agencies reported that the exemption had improved their ability to recruit new EMTs or paramedics
- 9 agencies reported that the exemption had increased community support for their service
- 4 agencies reported that the exemption had helped them devise an effective plan for recruiting and keeping EMTs or paramedics
- 4 agencies reported that the exemption had improved the quality of care they are able to deliver to patients
- 7 agencies reported that the exemption had not improved their situation, other than enabling them to be compliant with the laws

#### 7. Opinions about minimum staffing

- 56% agree or strongly agree that staffing minimums should be changed to one EMT and a driver and the hardship exemption should be eliminated (29% disagree and 15% are neutral)
- 40% disagree or strongly disagree that staffing minimums should remain two EMTs (30% agree and 30% neutral)
- 43% agree or strongly agree that changing minimums to one EMT and a driver will significantly improve rural services ability to recruit volunteers (28% disagree and 29% are neutral)
- 41% agree or strongly agree that changing minimums to one EMT and a driver will significantly impact the quality of clinical care (26% disagree and 33% are neutral)

## Comments about minimum staffing requirements and hardship exemptions

*I think that minimum staffing needs to be looked at perhaps on a case by case instead of a blanket policy. If we have a stable patient that needs a transfer to another facility for treatment, perhaps only one EMT would be needed. In that case one EMT/driver would work. However, for emergent and non-stable patients two or more EMT's would be needed. Maybe more discretion needs to be given to each service. They know the needs of their community and the training, capabilities of the staff.*

*We think making it so ambulances can be equipped with one emt and one EMR*

*EMTs are not the only persons that can drive ambulances. They cannot render care to patients while they are driving. Only one EMT per crew does not necessarily mean decreased quality of care. Drivers and EMRs can be taught in a relatively short amount of time to do spinal immobilization, bleeding control, bandaging, vital signs, CPR, etc. to assist the EMT in the care of a patient. In the case of a patient either severely injured or a code, the driver or EMR can function as the extra set of hands for whatever is needed or assist with CPR.*

*In the smaller communities the pool of possible EMTs is drastically less than in the larger communities - population has more elders not able to become an EMT, less young people. The younger people most times aren't sure if they want to commit to all of the hours of training to become an EMT possibly thinking that they may not like it once they complete the required course.*

*The idea that small services have to hold public meetings, put notices in the paper, spend their off duty time recruiting, etc. in order to get or keep a hardship is not productive. Most times they have done all of that already, that is why they are on hardship.*

*Keeping the requirement at two EMTs per crew with no other way to run will cause a loss of ambulance services. That will put strain on other services to pick up the service to those areas."*

*Letting us have only 1 EMT and 1 driver makes for easier transfers. Our transfers take about 6 hours to complete and we struggle to get people to go. This has helped us a lot. It has not thought helped us recruit new EMT's because no one wants to take the very long class.*

*"My fear with not having 2 EMT's is the quality of care not being the best if the EMT on the run is not as experienced or does not have as good of skills. In this case a 2nd EMT would be there to over see and stop the chance of mistakes from happening in the care of a lower skilled EMT.*

*In the event of using just one EMT and a driver that is not at least trained at some level of medical care could put the patient or ambulance service at risk. If a service sends out an ambulance with one EMT and a driver they could get to the scene and need additional help. If they need to call extra help it will slow down response time and sometimes that could mean the patient(s) is not treated and transported in a short time. If we do not have more than one EMT answering the call then it must be because a second one is not available. So if the first EMT goes out and*

*finds they need more help it could be at least 20 minutes or more before someone else might arrive on scene. Many times pages don't reflect what care is going to be needed on scene."*

*Although we do not have a hardship exemption, it would benefit us to have the minimums changed to one EMT and 1 Driver especially during the day when help is the shortest. When the hardship exemption only lasts 3 months, there isn't time to recruit, have a class, and get people adequately trained before the exemption period ends. And the whole process of having to hold a public meeting to extend the exemption is tedious and pointless. More people would be willing to take an EMR course than the lengthy, expensive EMT classes. People don't have the time/money to spend on something that "will get them nothing".*

*I personally would not want to go with one EMT....but in an emergency....one would be better than having to wait 45 minutes for someone from another town. The person providing direct patient care WILL ALWAYS BE an EMT - this is the source of quality clinical care. The driver is the driver - they don't need to be an EMT. Minimum requirement should be CPR with AED and First Aid for the driver. They could be a fire fighter, LEO, cadet, life guard, etc.*

*Minimum staffing of 1 driver and 1 EMT for us has made it easier to respond effectively. Having to apply for exemption every year is a pain as we need to do this each year for compliance. As a volunteer service (ultra rural) it is difficult with our demographics to recruit as is everywhere other than here. We at Northeast Ambulance are able to service our community with the solid core we do have. The ability to have minimum staffing has not affected our care but has lessened the stress thus improving it and it is crucial to us for operating. We do require all our drivers to be CPR certified, and EVOC trained. We continue to seek out more volunteers and have been getting a few "bites" for EMT and have picked up a driver. yippee for us!! Without the hardship exemption the current minimums would be difficult to meet for every call.*

*"For staffing minimums, there needs to be at a minimum of an EMT and an EMR. Based on that there would no longer be a need for hardship exemptions. EMR training is less hours but there would still be a person on the ambulance that has medical experience that can help the EMT in the field. Also the driver doesn't just drive. They are an intricate part of an ambulance service and the EMT will still need help getting the patient from the house or location of incident to the ambulance. At least with having an EMR, there will be another person with some medical training.*

*I do not feel that changing the minimums to an EMT and a driver will improve services. Communities will still and continue to have issues with finding personnel that can drive the ambulance, take time off from other jobs to volunteer or work on an ambulance.*

*I do agree that changing those minimums to one EMT and a driver will impact the quality of clinical care because that puts added stress on the responding EMT of feeling like*

*they are alone (even though there is a driver); they don't have another EMT to bounce things off of."*

*Being able to run with an EMR and an EMT and eliminating the hardship would be HUGE stress reliever.*

*so far has not affected us. i feel a 2 EMT minimum is good for patient care, a little more redundancy so nothing gets missed.*

*I think dropping the min of one EMT will help the rural and small services in staffing; but the problem will still remain regarding the lack of individuals willing to take a 160/hr EMT Course. I hear from a number of small services that they can't find folks to commit to this long course.*

*There is no straight answer to your questions. One EMT and a driver can safely transfer a patient from a nursing home to the hospital if there is no significant injury or life threat. With 2 EMTs there still is only one in the back with the patient. Having another emt available for any run is always good if there is serious injury or illness. The ambulance service should be able to determine what is needed for their area and know when extra help is needed.*

*I believe that if the law was changed that only one EMT was required it would open up options to have an EVOC driver cover call. Ideally two EMT's would be great, but if I can only get 1 EMT to cover call then I have to be called out of service. If I had the option to have an EVOC driver then the service could remain ready for duty. I say give each service the option to switch between an EVOC driver and /or EMT.*

*We are fortunate to have 2 Paramedics on our squad so this does not apply to us as much. Our city took responsibility and paid for the Paramedics education and in turn they have to give 5 years of service to the city.*

*My opinion is, in our case, that 60% of our calls could be handled with one EMT and one driver. For the more serious cases we are usually able to get a bigger crew together or we call the nearest town for an intercept.*

*In a small community it is hard to find the current minimum staffing requirements when the full time EMT'S are off duty, by changing to the minimum staffing requirement to one EMT and one driver without having to apply for a hardship would be beneficial to our department. There are numerous times that we have 2 EMT's on schedule but that could change at any time and the need for an EVOC to cover is needed.*

*If we were not under a hardship, we would not have an ambulance service. We have a hospital in our community so it is vitally important for us to have an ambulance service*

*The problem is not lack of interest during recruitment. The problem is the lack of getting our students to pass the NREMT test (20% pass rate) regardless of method or personnel teaching the course. At this rate, we will not have to worry about minimum staffing requirements. Small town volunteer depts. like ours will no longer exist and the patient's "golden hour" time standard for care will be gone and the patient may have to wait for hours until help from a service w/paramedics will arrive. That will NOT improve public health care! WE NEED A NEW TESTING SYSTEM!!!*

*As an EMT and having been under a hardship the past year, I wish to express my concern about just 1 EMT and 1 EVOC driver. It is not sufficient ideally, but it is better than NOTHING where the community is concerned. However, I believe a great solution to our problem was the EMR we had to help us out. Our EMR is very capable to assist and I would like to see SD lower the minimum to 1 EMT and 1 EMR with driver. My Name is Karen if you would like to speak further.*

*Staffing rural services is a critical necessity for rural health care in South Dakota. Response times on calls in rural areas is essential.*

*I realize that many communities are losing their ambulance services as a result of not being able to recruit volunteers. I believe that we need to work with businesses, etc. and the younger generation to get them all to realize that in small rural communities we have to work together as we are healthcare in these areas. Businesses must be able to let their employees go on runs when ever they are called and we have to set up some type of daycare/babysitting service to allow younger people the opportunity to become EMTs and to go on runs and not use the excuse they have kids and can't.*

*It just keeps getting harder and harder to find people to volunteer or help out ambulance services .*

*I feel there should be 2 EMTs on all calls.*

*i have seen ambulance services that go with 2 emts where one is the driver, this is ok by the rules but that emt driving is of no help in the back of rig. in a perfect world there should be 2 emts in the back of the rig but with hardships harder to get now and only temporary the smaller services could end up not having an ambulance at all. in my opinion 1 emt and a driver is better than not having an ambulance*

*and having to wait for a service 30++ miles away to respond. Luckily in the past 5+ years it has not been an issue for us but with 6 emts on staff and 4 of those working out of town it could very easily become an issue*

*There are certain calls where you need the knowledge of two EMT's to treat the patient. Hardships exemptions are necessary for us but we take two EMTs the vast majority of the time.*

*"Operating under the minimum staffing requirements and hardship exemption is the only way we can keep our service.*

*We simply do not have the people to be EMT's. Yet the people we do serve still need emergency health care."*

*A medical director should be able to obtain a hardship exemption for a service with a phone call and signature since he knows his services better than the state. I would stay with two EMT's, but be able to have just an EVOC certified driver*

*In our situation, we use drivers as a last resort. Our crew has discussed the benefit of using a driver on facility transfers as a helpful way to keep emt's available for emergency runs. I also believe that if you remove the hardship process, you have a higher potential to have a decline in care back to levels at the beginning of EMS in South Dakota. For us, having to go thru hardship provides us an opportunity to drive community awareness and support. I know we have to change somehow. But a full reversal would be detrimental. I would be in favor of allowing EMR as the second person without hardship. But not just a driver.*

*1 EMT and 1 EMR for BLS inter-facility transfers and returning patients to a nursing facility should be the MINIMUM allowed. 911 responses should remain 2 EMT staff.*

*Patient's should get quality care not just the minimum*

*We use this exemption very cautiously as we try to have 2 EMTs or greater on all calls and use the unlicensed provider only when needed.*

*In small communities it is hard to get volunteers to become EMT's. I think the hardship exemption is a good thing. It helps communities that are struggling keeping EMT's and it's better that having people driving themselves to the hospital.*

*We have been under a hardship for as long as i can remember. I strongly believe they should change the*

*requirements to 1 EMT and one driver as we still have problems with day calls and we have been able to have 1 driver and 1 emt and quality of care remained awesome.....If 1 emt is driving and 1 emt is in back.....whats the difference if we have CPR certified EVOC drivers. They would used in the same scenario.....Time to think about things people!!*

*A hardship exemption should be a tool only to get from point A to B. A driver and a good EMT can provide quality of care for a short time and distance. How ever this can only work if the Service and the State EMS can put together a program that will bring the service back in to the fold of a minim of two EMT's. The hardship should have a time limit and the service needs to know that it can not be renewed. If this is not what the service can live with than they need to think about closure. If we don't draw the line at some reasonable point we will end up with services out in our state being no more than a YOU CALL WE HAUL operation. We have come to far for that to happen. Thanks for asking for my input Mark*

*"It is important that there are at least 2 EMTs on the call as we all know that calls can be pretty complicated at times and having two EMTs can help alleviate any issues.*

*However, having worked with a service that claimed to have a hardship exemption for a while but did not have one and consistently ran with one EMT and a driver I don't feel that the care of the patients was less than adequate. However, having that second EMT there with proper training could be helpful in difficult situations."*

*The hardship exemption should be eliminated - services should be allowed to run with one EMT and driver if that will benefit their ability to continue providing services. Changing minimum staffing will allow us to cover 911 calls and take transfers from the local hospital.*

*It would be nice to be able to go on a call with just one EMT and a driver legally if that is the only option, but I think that would encourage members to not respond to calls, more than they do now.*

*I know that it would be of benefit to us during the daytime hours, to go one emt one driver. We are a small community and not that many people are around during the day.*