

# South Dakota EMS Stakeholder Group Meetings

## May-August 2015

### Final Report

This is a report of recommendations from a diverse group of emergency medical services (EMS) stakeholders to the South Dakota Department of Health. The group was convened by the Department of Health and met four times in Pierre between May and August 2015. The process was facilitated by Aarron Reinert and John Becknell of the consulting firm SafeTech Solutions, LLP.

#### Background

EMS is a vital component of the healthcare system in South Dakota. Out-of-hospital emergency medical services are provided by 123 local ambulance service agencies scattered across the state. These independent agencies and their personnel are licensed, certified and regulated by the state. In recent years, many of South Dakota's rural EMS agencies have faced challenges related to staffing, increasing demands and changes in rural socioeconomics, demographics and healthcare.

In early 2015, the EMS program within state government moved from the Department of Public Safety to the Department of Health and was located within the Office of Rural Health. With a desire to ensure EMS planning is focused on the right priorities, leaders within the Department of Health convened a facilitated stakeholder group charged with offering recommendations that the Department of Health could use for internal planning purposes.

Stakeholders from across the state were invited to participate, and included ambulance service leaders from services of varying size, state legislators, representatives of state, county and municipal government; physicians; fire service leaders, hospital administrators, representatives from state EMS associations and other relevant organizations.

The specific charge of the stakeholder group was as follows:

*To provide recommendations to the Department of Health on EMS sustainability and ensuring access to quality EMS in South Dakota, particularly in rural South Dakota, by identifying key issues and suggesting strategies.*

## Process

The group met at four monthly meetings beginning in May and ending in August, 2015. The facilitated meetings were held in Pierre and lasted between 5 and 6 hours each.

Early in the process, the group agreed how participants would work together. The group agreed to work toward recommendations that were:

- Meaningful (must make a difference);
- Actionable (must be something that could reasonably be accomplished);
- Measurable (must be able to measure progress or success); and
- Connected to the charge of the stakeholder group.

The group agreed to strive for consensus, but to utilize a simple majority in the absence of consensus.

To identify issues and formulate recommendations for those issues, the facilitators employed large group discussion, topic-specific presentations, small group discussion, data gathering, a survey of EMS providers, and process of drafting and reviewing specific recommendations.

## May Meeting Summary

Facilitators presented a historical review of how rural EMS developed in the United States and led a discussion of how EMS developed in South Dakota.

Recommendations of the 2002 assessment of EMS in South Dakota conducted by National Highway Traffic Safety Administration's Office of EMS were reviewed and discussed.

The current structure of EMS in South Dakota was reviewed including the different functions performed by the EMS program and the Board of Medical and Osteopathic Examiners (BMOE).

Facilitators led a discussion about EMS at a national level including issues, trending and recent activity related to reimbursement.

Stakeholders were invited to identify the most pressing topics or issues they believe the stakeholder group should explore and address. This was done using small groups. A large list of topics or issues was identified and then organized into themes and categories with the help of the facilitators. The biggest themes are sustainability and the EMS program responsibilities at a state level.

## June Meeting Summary

The goal of the second meeting was to explore rural EMS sustainability and to form recommendations related to sustainability. A key element of rural EMS

sustainability in South Dakota is the *hardship exemption*. Facilitators interviewed members of the Department of Health about this process.

The hardship exemption conversation generated additional discussion about ambulance service staffing and its connection to education requirements, staffing levels, bridge courses, and interfacility transfers. The discussion also included how the hardship exemption program connects to the changes in volunteerism and the social economic changes in small rural communities.

SafeTech Solutions presented its finding from work in other rural states such as the fact that rural EMS has always been subsidized (most commonly through volunteer labor). The group discussed whether or not volunteerism could be reinvigorated by reducing education requirements, requiring employers to allow EMS workers to leave work for ambulance calls, and incentivizing volunteerism with stipends. The group discussed the reality that volunteerism will not be a sustainable staffing model for many rural communities in the future and that EMS agencies may struggle with change away from volunteerism due to their deep pride and commitment.

Once the group had a common understanding of rural EMS sustainability issues the stakeholder group was divided into five small groups and asked to form recommendations on how the State could help a struggling fictitious ambulance service in a town called Dakotaburg. These recommendations were compiled and formed the basis for the start of discussions at the July meeting.

### July Meeting Summary

The group reviewed the conversation that began at the last meeting about sustainability, minimum staffing and the hardship exemption program.

Facilitators presented information on a non-scientific poll of EMS leaders who participate on a national listserv. Of the respondents from 25 states, 23 of the 25 states reported minimum staffing for a Basic Life Support (BLS) unit as being one Emergency Medical Technician (EMT) and something less than an EMT. The “other than EMT” staff level varied from state to state. For example, some required just a driver, some a driver with emergency vehicle operations training, and some the certification of emergency medical responder.

The group reviewed responses to a survey that had been sent to all EMS agencies in South Dakota during the first three weeks of July. The survey sought opinions on the following questions:

- Should SD modify the minimum staffing requirement? (Currently two EMTs)
- Should SD change or eliminate the hardship exemption?

Survey results may be found in the July meeting summary.

The group moved into four small groups to discuss two main questions: 1) Should South Dakota modify the minimum staffing requirements? and 2) Should South Dakota change or eliminate the hardship exemption?

The consensus of the stakeholder group was to recommend to the Department of Health to change the minimum staffing requirements for ambulance services to be one EMT and something less than an EMT. The group also recommended that the hardship exemption program be eliminated and no variance be allowed less than the minimum standard.

The group next began a conversation around how the EMS program could help rural EMS in South Dakota. To facilitate the conversation both the EMS program and the BMOE gave presentations to the stakeholder members on their unique role in regulating EMS in South Dakota. The EMS program focuses on BLS personnel and ambulance services while BMOE focuses on licensure and regulation of Advanced Life Support (ALS) personnel.

The stakeholder group broke into small groups to discuss and develop possible items to consider as recommendations.

### **August Meeting Summary**

The final meeting of the Stakeholders' Group was spent fine-tuning recommendations made to the Department of Health over the course of the previous three meetings. The following represents the group's final recommendations, categorized into four main topic areas: Workforce; Quality; Sustainability; and Infrastructure.

#### **Workforce**

- ◆ Change the minimum staffing requirement for an ambulance from two EMTs to one EMT and a driver and eliminate the hardship exemption.

A driver must have a valid South Dakota driver license and within one year complete the state-approved EVOC course and healthcare provider CPR training and demonstrate competency in:

- HIPAA awareness;
  - Infection control;
  - Patient movement; and
  - Equipment and communication systems knowledge.
- ◆ Support the development and implementation of programs, activities, and efforts to encourage and support EMS workforce development (including recruitment and retention) across South Dakota with an eye toward future needs.

## Quality

- ◆ Support the development, education and continuing support of local EMS leaders across South Dakota through leadership and management education and training.
- ◆ Study the need for and effectiveness of the state's system for local, regional, and state-level medical direction and medical leadership.
- ◆ Explore how to most effectively meet the growing demand for interfacility transfers across the state with the goal of meeting needs and ensuring access to quality EMS care.
- ◆ Evaluate the role of the EMS program and BMOE in EMS education/continuing education with a goal toward efficiently using resources in the EMS program.

## Sustainability

- ◆ Develop the capacity to provide communities with assistance in transitioning from unsustainable to sustainable EMS models. This assistance should include:
  - Assessing sustainability;
  - Evaluating the full costs of providing EMS;
  - Exploring various EMS delivery models that may fit the community's unique needs, desires and resources;
  - Facilitating community discussions around matching needs with resources; and
  - Guiding and coaching through the transitional process.

## Infrastructure

- ◆ Seek regular input from EMS stakeholders to help lead the South Dakota EMS system.
- ◆ Conduct a review and update of South Dakota's statutes and rules that pertain to EMS.
- ◆ Ensure a seamless experience for EMS providers and local agencies in dealing with service and personnel licensing and certification between the EMS program and BMOE.