

# EMS WORKFORCE SUMMIT:

*Delivering Care into the Future*

Best Western Ramkota Hotel  
Pierre, SD  
Saturday, July 31, 2010

# Summary



# Agenda

## EMS WORKFORCE SUMMIT: *Delivering Care into the Future*

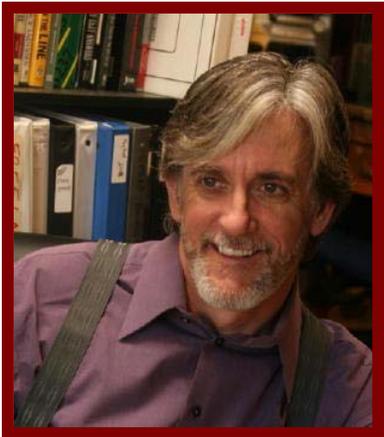
Best Western Ramkota Hotel  
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### *AGENDA*

- 9:00–10:00 Registration
- 10:00–10:15 Welcome—Sandra Durick, Administrator, Office of Rural Health  
Daniel Hayes, Director, Emergency Medical Services
- 10:15–10:45 John Becknell “The Amazing Shrinking Rural EMS Workforce”
- 10:45–11:30 Workgroup sessions—Identify Challenges
- 11:30–11:45 Workgroup presentations
- 11:45–12:15 Luncheon
- 12:15–1:30 Robert Wendover “Connecting with the Millennial Volunteer”
- 1:30–1:45 John Becknell “Imagining the Future Now”
- 1:45–2:30 Workgroup sessions—Future Actions & Solutions
- 2:30–3:30 Robert Wendover “Recruiting the Most Diverse, Wired, Impatient, Skeptical, Demanding, Fun-Loving Volunteers in EMS History”
- 3:30–3:50 John Becknell “Finding the Right Story to Tell”
- 3:50–4:00 Closing—Sandra Durick, Administrator, Office of Rural Health



# Speakers



## John Becknell

John Becknell has been involved in EMS for 30 years. He is the publisher of Best Practices in Emergency Services, a monthly newsletter providing business information for leaders in the EMS and Fire industries. John is a consultant to a variety of EMS organizations and the author of numerous articles on EMS administration, management, and workforce related issues. He is the author of Medic Life and the Communicating Manager and former Editor-in-Chief of JEMS.

## Bob Wendover

Robert W. Wendover has been researching and writing about workforce trends for more than 20 years. He currently serves as Managing Director of the Center for Generational Studies.

Mr. Wendover has authored the Center's training curriculum *Generations: Understanding Age Diversity in Today's Workplace* and nine additional books. He serves as the editorial director of the Center's monthly newsletter, *GenTrends*, has written or contributed more than 200 articles for a wide variety of publications and is a regular guest on radio and TV across the U.S.



# Attendees



The EMS Workforce Summit was attended by a broad representation of people. Attendees included:

- Volunteer and paid ambulance service employees
  - Emergency medical technicians
    - First responders
    - Legislators
  - EMS educators
    - Tribal EMS
- Community representatives



# Workgroup Sessions

Workgroup sessions allowed participants to share ideas in a small group. The morning sessions focused on discussing workforce challenges of an emergency medical service. During the afternoon, participants gathered again in different groups to discuss future actions and solutions. Notes were recorded in each session and compiled into one document. The following pages are a summary of the workgroup sessions.



# Challenges and Issues

## Education and Training

- Rural areas underserved
- Instructors lack experience
- Maintaining proper paperwork for certification
- Time commitment required for classes
- Time for additional training required after initial certification
- Cost and location of quality education
- Cost to pay for course
- Cost to agency to provide courses
- New NREMT curriculum requirements
- Local EMT classes not supporting local volunteer needs
- Services need to promote on-the-job training for new EMTs
- Lack of confidence in test taking skills – test anxiety
- Differences between what is taught and what is tested
- Limited number of test sites

## 24 Hour Call Coverage

- Weekday coverage difficult in many communities
- 24 hour coverage is a large commitment for a small group of volunteers
- Local employers not allowing volunteers to leave work for calls
- Difficult to require volunteers to take less desirable shifts
- Realization that completing documentation is part of time commitment
- Residents of small communities often work out-of-town
- If paying on-call staff, cost for 24 hour coverage is high
- No backup for volunteers for unforeseen circumstances
- Quality can suffer when call shifts are filled with under prepared staff
- Large rosters but small active group of volunteers
- Complacency in shift coverage
- Turnover – burnout is higher when smaller numbers carry the load
- Long transfer times keep volunteers away from work and family and sleep
- Unscheduled call means too many people for a “good call”, not enough for others

## Compensation

- Paying for EMT classes does not guarantee a quality, active volunteer
- Many services do not compensate members
- Some are compensated just for time on a call, not the time spent on-call
- Additional training & education may be the only compensation

## Funding

- Lack of focused federal funding
- Ineffective billing practices or no billing system
- Keeping current on Medicare/Medicaid changes
- Access to, or knowledge of grants
- Difficult for private companies to qualify for grants
- Unfunded mandates cost local agencies
- Need for increased funding

# Challenges and Issues

## **Community Appreciation and Involvement**

- Need for additional community support
- Volunteers assume a high amount of personal liability
- Communities expect professional service from volunteer agencies
- High degree of responsibility placed on volunteers
- Agencies need to be involved in the community outside of emergency response
- Communities need to know & understand EMS: requirements & capabilities
- Communities suffer when commuters lose connection with the local community
- Community leaders need to understand "in-kind" value of volunteers
- Need for additional communication between local hospitals and EMS providers

## **Generational Differences within Agencies**

- Commitments and ties to the community differ
- Younger volunteers often leave community after receiving education
- Differences in commitment to the "service" of EMS and on-going training
- Differences in ability to adapt to change
- Differences in interpersonal skills
- Differences in knowledge and comfort of technology
- Younger volunteers often seek more action, opportunity and pay
- Adding technology without proper training

## **Decrease in Number of Volunteers & Loss of Volunteer Interest**

- Shrinking population in rural areas
- Some communities seeing diverse cultures with varied views on volunteering
- People no longer staying in smaller communities after high school graduation
- Some volunteers are not interested in learning a new skill
- Little or no pay
- Lack of interest in emergency medical care
- Need for good local leadership
- Frequent leadership changes create challenges to implementing new ideas
- Lack of interest/input from medical directors
- Loss of confidence in skills due to small call numbers
- Lack of organized, regular training and meetings
- Limited follow-up or quality assurance for responses
- Limited input on equipment purchases
- Time commitment continues to increase for volunteers
- Burn-out/turnover/fatigue

## **EMS Issues in South Dakota**

- Need to develop long-term resolutions to EMS issues in South Dakota
- General lack of interest in EMS
- Burn-out/turnover/fatigue
- Sustaining EMS in South Dakota

# Future Actions and Solutions

## **Education and Training**

- Practice test taking during EMT classes – focus on how to take a test
- Prepare students for the electronic testing process
- Increase number of testing sites
- Be innovative in course delivery, schedules and testing options
- Develop education and testing options for students
- Encourage students to seek assistance to prepare for testing
- Provide childcare for parents who want to take EMT courses
- Promote distance learning courses and recertification
- Provide training to EMT instructors on how to properly teach adult learners
- Explore and promote EMT classes for college credit
- Explore options of EMS career path in local schools
- Offer scholarships for taking and completing EMT class
- Set standards for training materials and equipment
- Increase awareness and accessibility of recertification process

## **Funding**

- Explore new or alternative funding sources
- Explore options for EMS tax districts
- Partner with grant professionals to seek more opportunities
- Improve billing practices and explore other billing options
- Strengthen lobbying efforts
- Explore options for offering grant writing classes/seminars
- Encourage agencies to determine the value of volunteers time

## **Community Appreciation/Involvement & Marketing**

- Promote recruitment events to raise awareness
- Explore community recognition in non-monetary ways: discounts, memberships
- Raise awareness by popularizing volunteerism
- Strengthen relationships with other public safety agencies
- Make presentations to local government and organizations
- Encourage services to partner with each other to raise awareness
- Seek non-medical volunteers for: grant writing, billing, and marketing
- Market EMS at state and local levels
- Partner with other healthcare providers at health related events
- Increase EMS visibility in community at all events
- Use print and radio spots to raise awareness through positive testimonials
- Advertise EMT courses in local papers
- Use social media to promote services and the benefits of volunteering
- Create strong, positive relationship with local media
- Develop mentoring or explorer programs to increase interest
- Develop and implement a statewide marketing effort

# Future Actions and Solutions

## **Number of Volunteers & Volunteer Interest**

- Promote EMS in schools as a medical career
- Partner EMS with other programs: scrubs camps, explorer programs
- Create educational materials for schools
- Explore opportunities to reach parents through children
- Develop programs and marketing that reaches out to non-traditional volunteers
- Teach experienced EMT's how to properly mentor
- Encourage shift scheduling

## **Leadership**

- Provide educational opportunity to meet the needs of EMS directors, i.e. conflict resolution, human resource management, leadership
- Create statewide clearinghouse for information & guidance
- Create opportunities to network and share best practices and successes
- Strengthen relationships and involvement with medical directors

# Next Steps

The Office of Rural Health, South Dakota Department of Health; Office of Emergency Medical Services, South Dakota Department of Public Safety; and the South Dakota EMT Association are working together to plan the next steps to increase and stabilize South Dakota's EMS workforce. Based upon input received, these entities are working together to begin the implementation of the following recommendations:

- Develop a statewide promotion and marketing campaign
- Organize meetings with ambulance services and EMTs
- Increase number of test sites
- Host educational session for medical directors
- Provide ambulance service director training
- Provide networking opportunities

If you would like to be involved in building and sustaining South Dakota's EMS Workforce, please return your name, mailing address, email address and phone number to Josie Petersen at [josie.petersen@state.sd.us](mailto:josie.petersen@state.sd.us) or call 605-773-3517.

