

South Dakota EMS Stakeholder Group Meetings
June 24, 2015
Summary of Meeting Activity

Emergency Medical Services (EMS) stakeholders from across South Dakota again met on June 24, 2015 in Pierre to continue a discussion of challenges facing EMS in South Dakota. This was the second of four meetings hosted by the South Dakota Department of Health.

As with the May meeting, the gathering was facilitated by Aarron Reinert and John Becknell, of the consulting firm, SafeTech Solutions, LLP. SafeTech Solutions has extensive experience working with EMS organizations in South Dakota and across the Great Plains.

The meeting began at 12 p.m. with participants being welcomed by Tom Martinec, Division Director and Halley Lee, Administrator of the Office of Rural Health. Following individual introductions, the charge and goals of the stakeholder group were reviewed, as were the agreements of how the group would work together and make decisions.

During the last meeting the group identified seven areas or categories it wished to explore and make recommendations. These areas or categories were:

- Rural EMS Sustainability
- Standards for EMS
- Funding
- Medical Direction
- Advocacy
- Data
- Miscellaneous

The two areas garnering the most interest were Rural EMS Sustainability and standards for EMS.

The facilitators presented the goal of this meeting to be:

- exploring rural EMS sustainability; and
- forming recommendations related to sustainability.

The facilitators led a discussion about rural EMS sustainability by talking about how reliability and sustainability can be evaluated in rural ambulance services.

- Reliability is measured by evaluating:
 - Whether or not a service responds to 100% of all calls
 - The chute time (the time from notification of the call to the time wheels start moving towards the patient) of the service
- Sustainability is measured by evaluating:
 - Workforce (number of active members)

- Community Support (does the community actively and financially support ambulance services)
- Funding (current budget and reserves)
- Structure, leaders, culture (does the structure serve the sustainability needs of the ambulance service).

A key element of rural EMS sustainability in South Dakota is the *hardship exemption*. Facilitators interviewed members of the Department of Health about the hardship exemption.

Currently the minimum staffing requirements on all ambulances is two EMTs. A hardship exemption allows the service to operate with one EMT and one driver on calls. The hardship exemption is for one year and must be renewed. The group discussed the following:

- South Dakota currently has 32 ambulance services on hardship (and more may be operating below minimum staffing requirements). Length on hardship ranges from three months to ten years.
- The program is designed to help services struggling with staffing be able to operate while rebuilding their staff. To qualify the services must complete an application outlining their hardship, rational for needing an exemption and have the application signed by the service's medical director.
- The State can grant a temporary three-month hardship but during that time the service must hold a public hearing in the their community with state officials attending. The goal of the meeting is to bring community awareness to the needs and begin the process of formulating a plan for staffing compliance. Based on the meeting the hardship can be granted for one year.
- Concerns were raised about the impact of the hardship program on patient care.

The hardship exemption generated more 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 Solution 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.

The group discussed how a community moves from an unsustainable model to a more sustainable model. Change often takes three or more years and includes:

- Recognition that they are not sustainable;
- Understanding the full costs of local EMS;
- Exploring whether or not EMS is an essential service;
- Exploring various models for sustainability;
- Deciding on a path forward; and
- Motivating community, EMS providers and key stakeholders to make change.

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 factious ambulance service in a town called Dakotaburg. The Dakotaburg ambulance service operates in a rural area where there are 1,400 people, responds to 130 calls per year, has 12 members on its roster but only five are active. The closest hospital is 60 miles away and the neighboring ambulance services are between 25-45 miles away. Annual revenue is derived from transport revenues, donations, and \$20,000 in tax support from the county.

Some ideas and themes that emerged from the group discussions are as follows:

- Implement programs, activities, and efforts to support EMS workforce recruitment and retention
 - Student loan reduction
 - PR and marketing (high school / local government)
 - Bridge courses from different levels to higher levels
 - Online and subsidized EMT courses
 - High School EMT courses with dual credits
 - Legislative advocacy for EMS work release
 - Mental health support for EMS
 - Expand Department of Health recruitment and retention program
 - State provided education to be available online
 - State educators be certified
 - Partner with DOE for EMS classes
 - Statewide EMS marketing
 - Incentive programs
 - Employer benefit program
 - New training model
 - eAmbulance/telemedicine
- Modify the Hardship exemption program (no broad consensus on how to modify the program. Some wanted more “teeth” and some wanted less “teeth.”)
 - Statute of limitations
 - Limit hardship to two years
 - Change hardship program or do away with it
 - Timeline expectations
 - Regionalization based on hardship status
 - Eliminate hardships

- Streamlined process for licensure/certification
- Develop, educate and support EMS leaders through leadership and management education
 - Sponsored by Office of Rural Health/EMS
- Encourage local financial support of EMS
- Develop technical assistance opportunities for rural EMS agencies
 - Assessment and review (comprehensive survey)
 - Stakeholder meetings
 - Assisting agencies
 - Facilitating discussion around tiered response
 - Statewide regionalization
 - State Consultation / Assessment followed with regulation
 - Facilitate expert in DOH, community liaison
- Consider different staffing models for interfacility transfers

With all participants back together in a large group, the group summarized its work in the following draft recommendations:

- Implement programs, activities, and efforts to support EMS workforce recruitment and retention
- Modify the Hardship Exemption program
- Develop, educate and support EMS leaders through leadership and management education
- Develop technical assistance opportunities for rural EMS agencies that assist communities in changing from unsustainable to sustainable models.
- Consider different staffing models for both 911 response and interfacility transfers

The next meeting will be on July 23 in Pierre at the Ramkota from 10:00 a.m. – 4:00 p.m. CDT.