

South Dakota Community Meetings on EMS

South Dakota Office of Rural Health – EMS Program

October – December 2018



Background

- EMS Office within DOH prior to 2003
- 2003 to 2015 EMS Office within DPS
- 2015 Executive Reorganization to DOH
 - 2015 Summer Stakeholder Meetings
 - 10 Recommendations | 4 Topical Areas
 - Workforce
 - Quality
 - Infrastructure
 - Sustainability
 - All initial objectives met-many infinitely ongoing

Background

- Minimum Standards Legislation
- Emergency Medical Responder Legislation
- Scope of Practice-worked directly with SDMOE
 - BLS Administrative Rules-Complete | ALS-Future
 - BLS Guidelines Statewide
- ImageTrend ePCR Implementation
- Various other deliverables met
- EMS Program—Regulatory yet a “catch all”

EMS Leadership Classes

- Provided over the course of 5 years
- 4 levels of classes
- Assisted with the development of Leaders
- Club vs. Business Concept
 - Focused on EMS Service Directors
 - Many times employees themselves
 - Open, comfortable, welcoming, and
 - Safe area to vent and learn
- We were missing something? The Owners

Purpose of Community Meetings

Survey followed by 8 Regional Sessions

- Bring more awareness to EMS and its challenges
- Foster an ongoing conversation
- Present findings from survey
- Solicit input from community leaders and residents
- Provide an update
- Strengthen relationships

Who we are

- Marty Link, Director of EMS and Trauma, Assistant Administrator, Office of Rural Health
- John Becknell, PhD, SafeTech Solutions, LLP

EMS in Community Life

- Quality of life element
- Essential part of healthcare and life safety
- Out of view until needed
- Facing challenges in SD
- 2016 survey
- 2018 survey



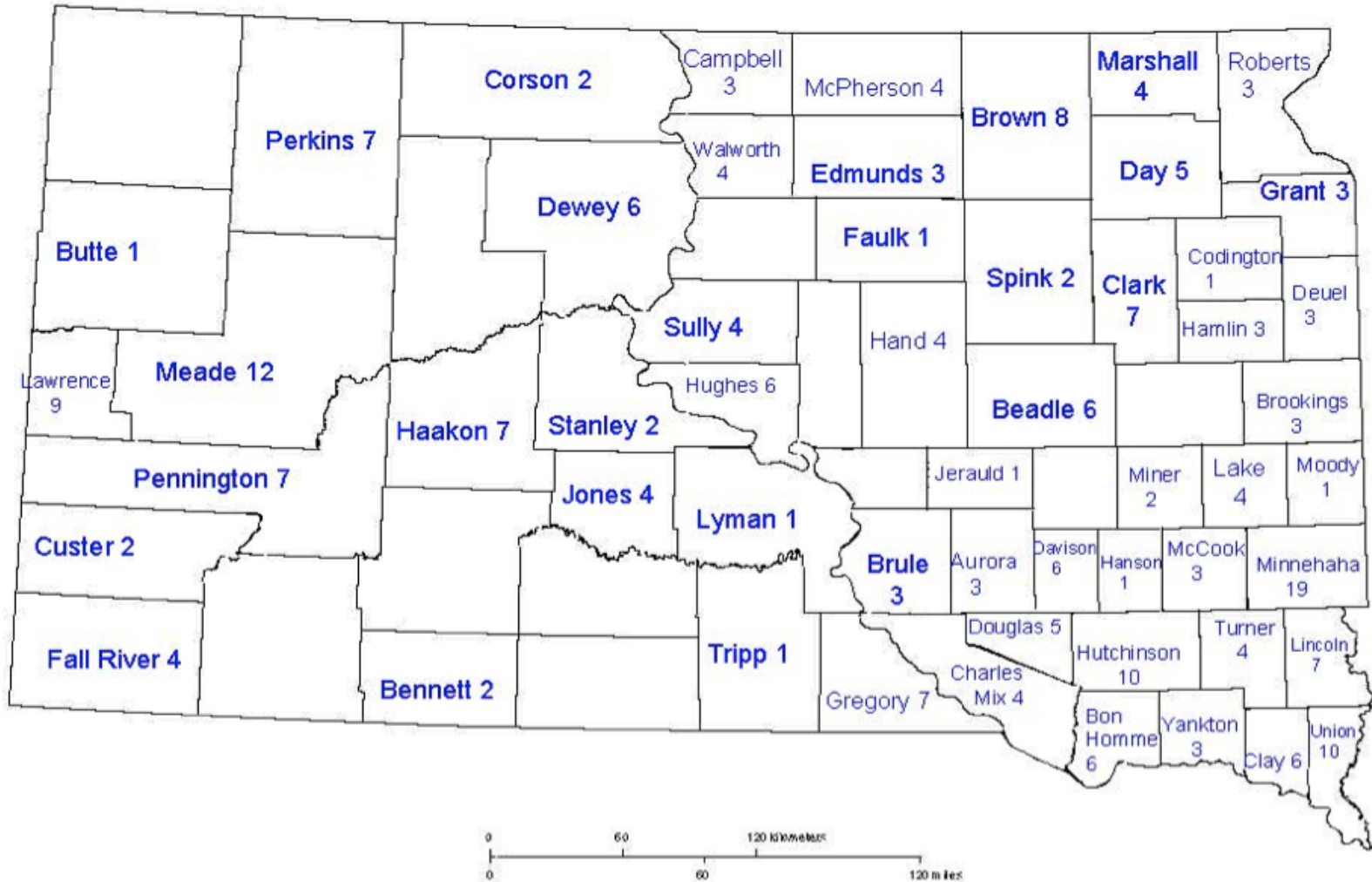
South Dakota Community Leader EMS Survey 2018

Purpose

- Learn more about how EMS is understood & viewed by:
 - + community members
 - + city and county government officials
 - + city and county employees
 - + local community and business leaders
- Prepare for community meetings
- Deepen conversation and understanding between communities and Department of Health, Office of Rural Health and EMS Program

Survey Response

- 243 respondents



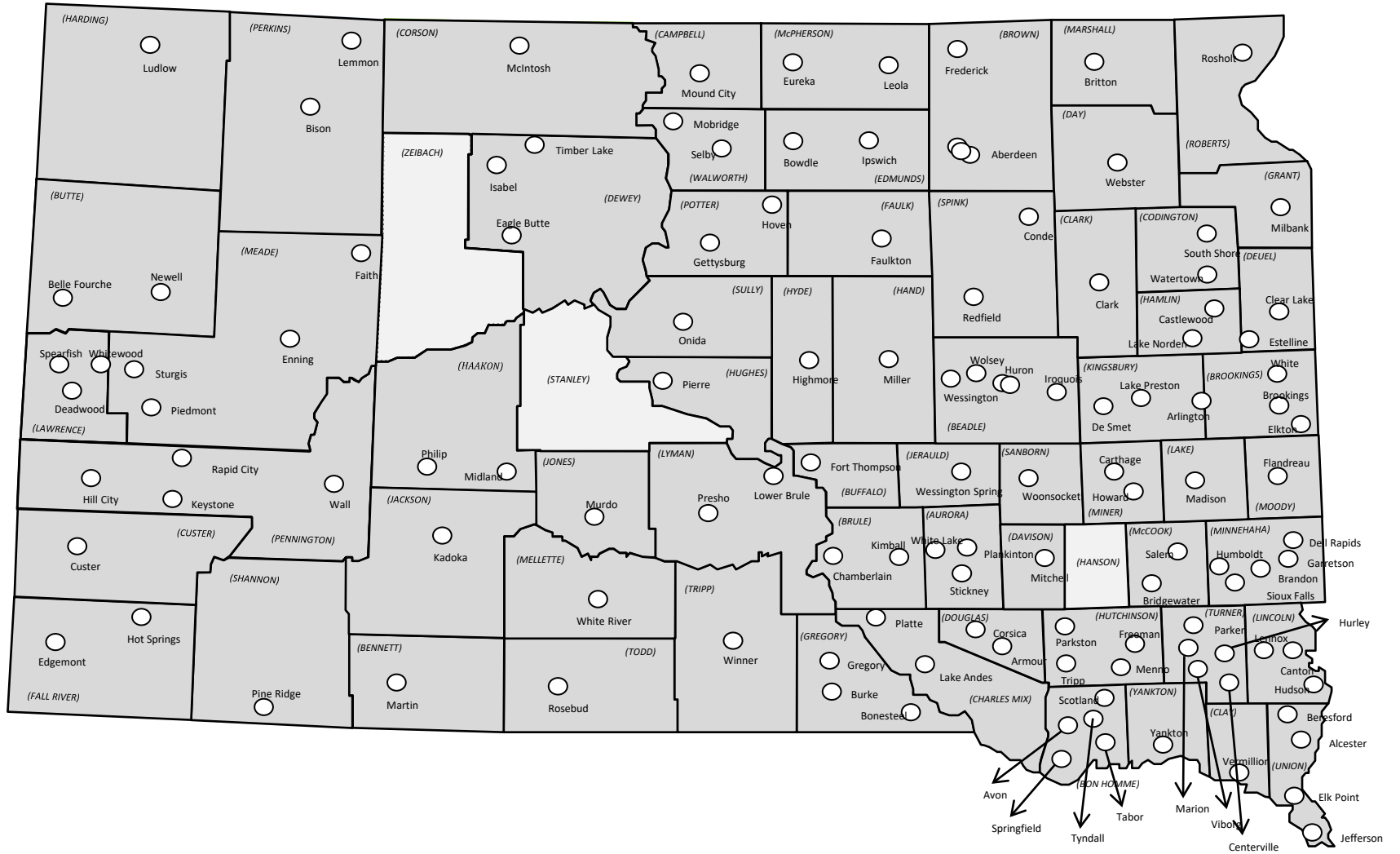
Key findings

- Staffing, funding and certification requirements
- 97% view EMS as an essential service
- 76% view their community as benefiting from learning more about EMS and sustainability
- 63% do not view the current staffing model as sustainable
- Estimating value of volunteer labor is difficult
- 40% view local service as having adequate numbers for safe and humane staffing
- 30% agree residents provide adequate financial resources
- 32% agree residents would subsidize or increase subsidies for EMS
- 13% agree that local EMS would be open to merging, consolidating or working with other regional EMS
- 30% aware of delayed or missed calls in past 2 years

Development of EMS in South Dakota

- Follows a national trend in 1966-1980s
- Development of EMS in South Dakota
 - Locally and organically
 - No mandate
 - No statewide planning
 - Resource deployment
 - Limited funding
 - Use of donated labor

130 Ground EMS Services
5 Air medical Services

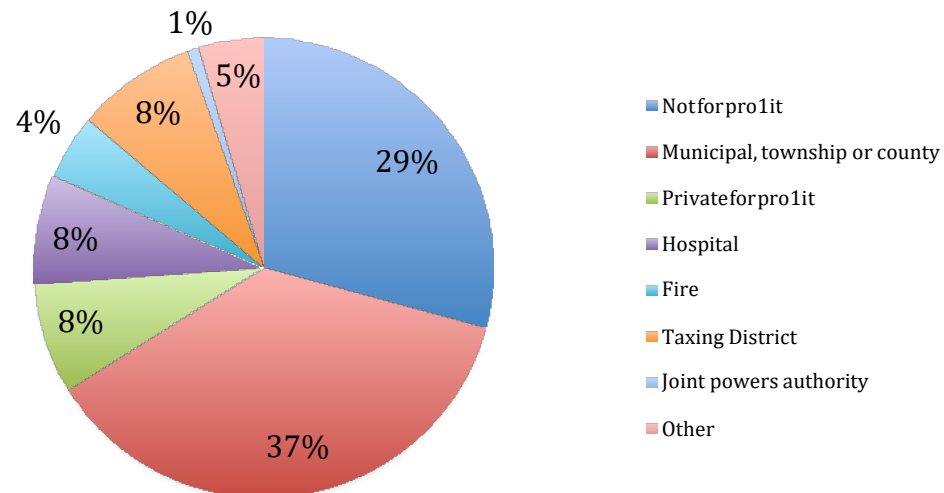


Organizational structure

agency ownership

Municipal, township or county	48 (37%)
Not for profit	38 (29%)
Taxing district	11 (8%)
Private for profit	10 (8%)
Hospital	10 (8%)
Fire	6 (4%)
Joint powers authority	1 (1%)
Other (tribal, federal, unknown)	6 (5%)

Ownership / Structure of Agency

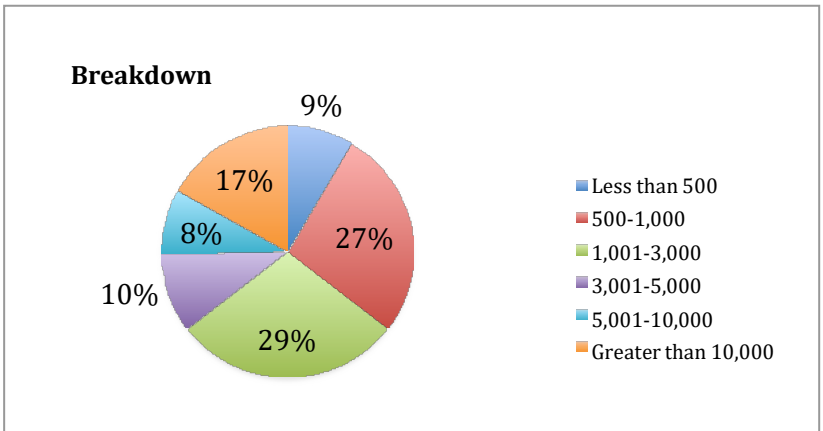
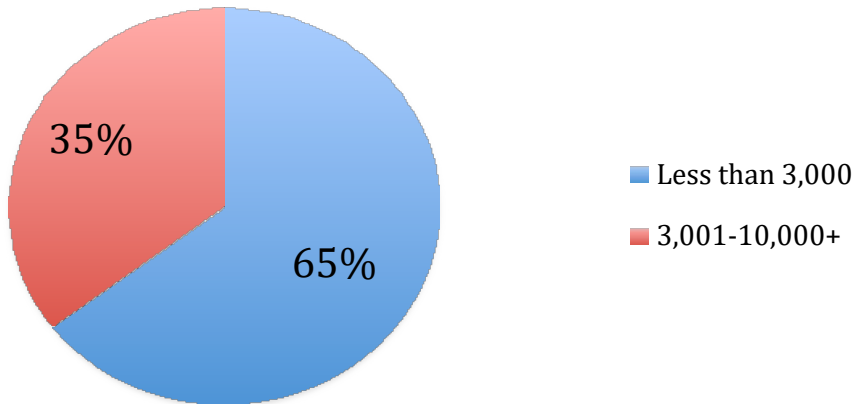


Populations served

46 agencies (36%) serve populations of 1,000 or less
85 agencies (65%) serve populations of 3,000 or less

Less than 500.....	11 (9%)
500-1,000.....	35 (27%)
1,001-3,000.....	38 (29%)
3,001-5,000.....	13 (10%)
5,001-10,000.....	11 (8%)
Greater than 10,000.....	22 (17%)

Population of Service Area

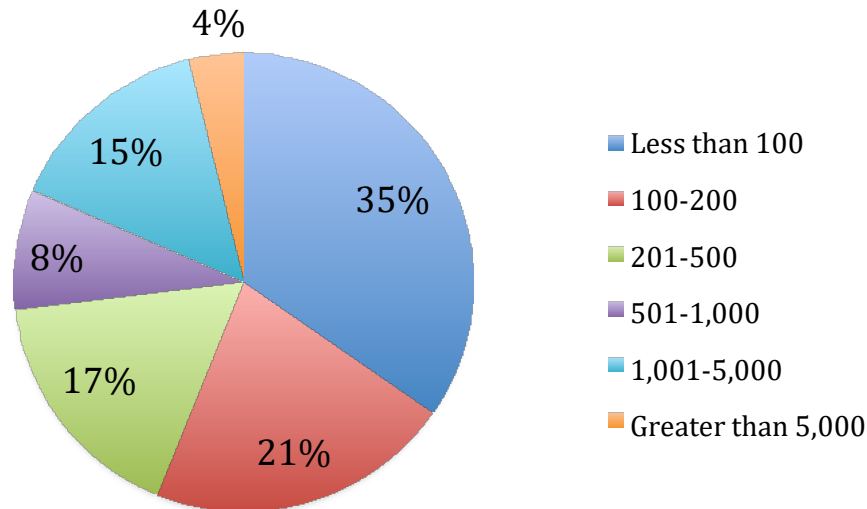


Approximate annual call volume

95 agencies (73%) have 500 or few calls per year

Less than 100	45 (35%)
100-200	28 (21%)
201-500	22 (17%)
501-1,000	11 (8%)
1,001-5,000	19 (15%)
Greater than 5,000	5 (4%)

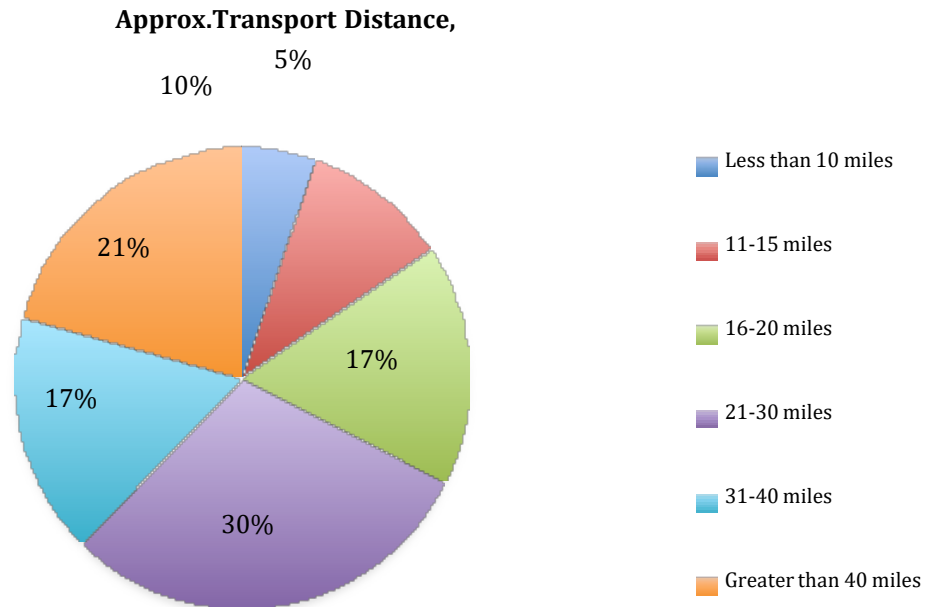
Approximate Annual Call Volume



Agency information

distance traveled to nearest hospital

74 agencies (57%) do not have hospital in their community
Of those agencies 52 travel more than 20 miles to a hospital

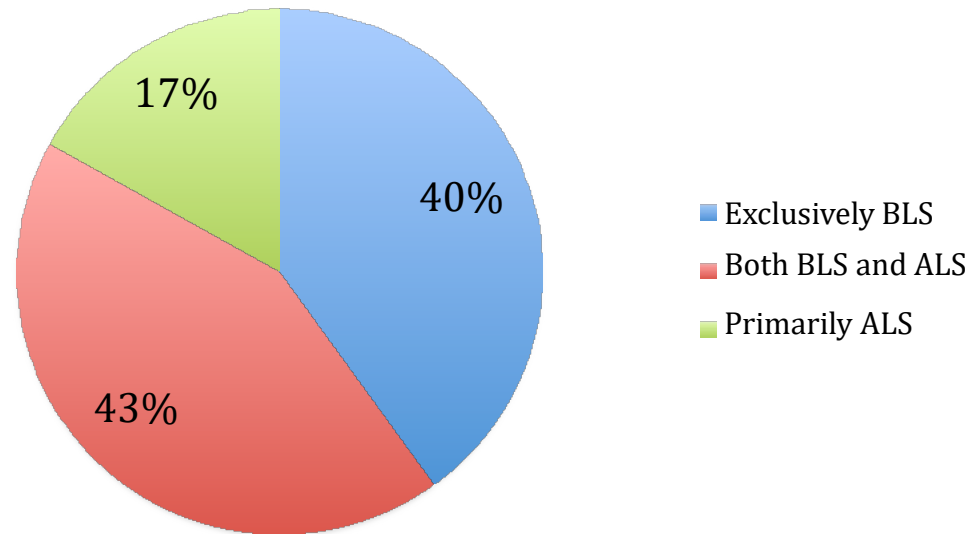


Agency information

level of clinical services

Exclusively BLS	52 respondents (40%)
Both BLS and ALS	56 respondents (43%)
Primarily ALS	22 respondents (17%)

Level of Clinical Services Provided

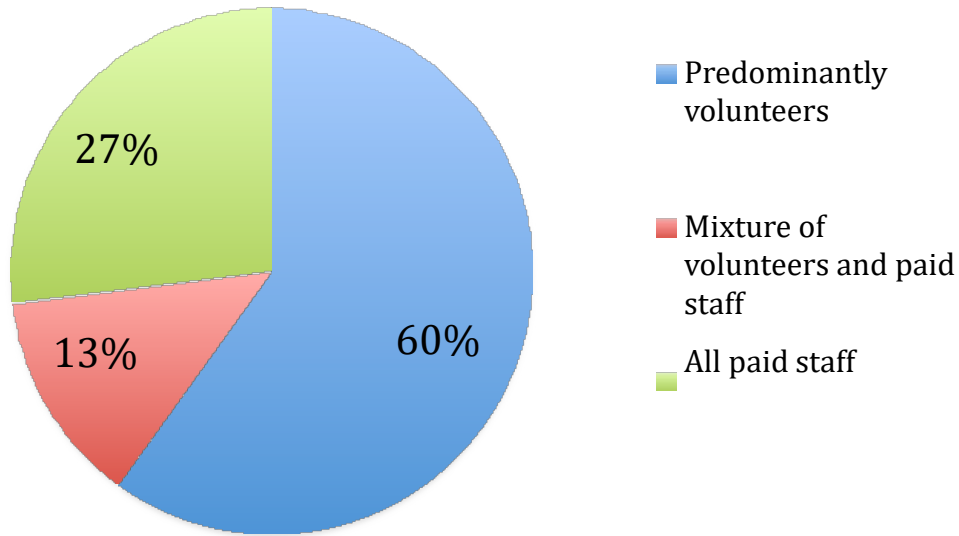


Agency staffing

95 agencies (73%) utilize volunteer labor

Predominantly volunteer	78 (60%)
Mixture of volunteers and paid staff	17 (13%)
All paid staff	35 (27%)

How Agency is Staffed

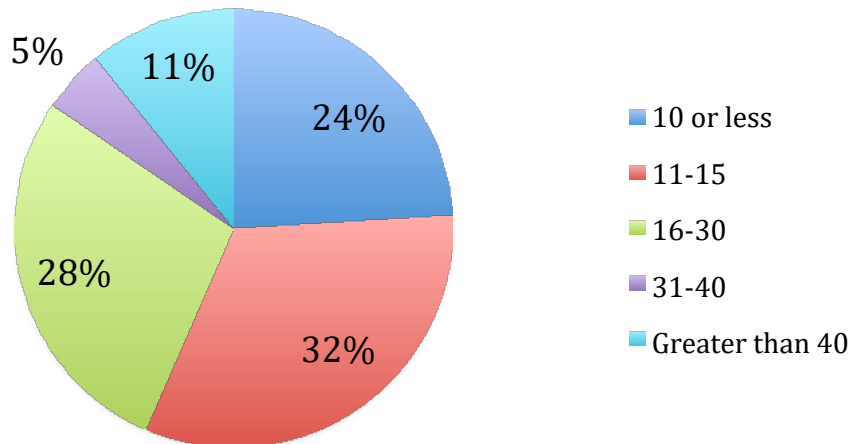


Numbers on rosters

73 agencies (56%) have 15 or less on roster

10 or less	31 (24%)
11-15	42 (32%)
16-30	36 (28%)
31-40	6 (5%)
Greater than 40	14 (11%)

Number of Members on Roster

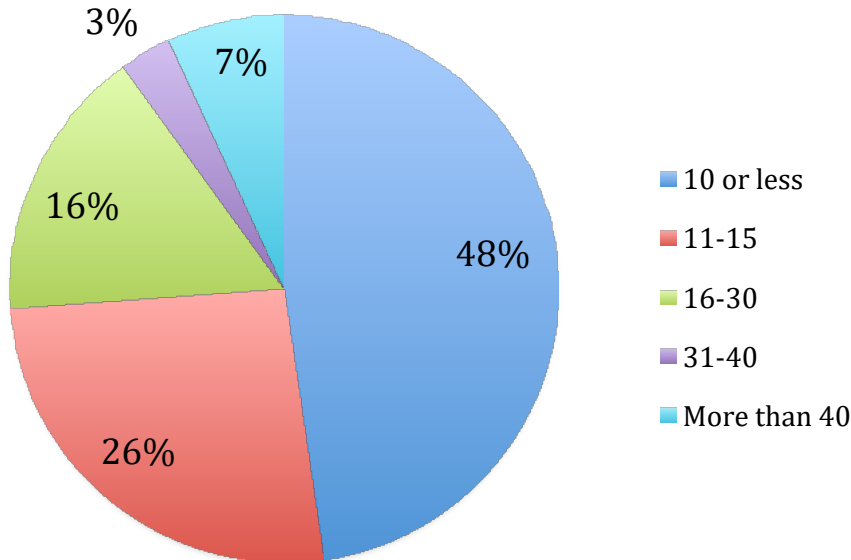


Active on rosters

62 agencies (48%) have 10 or less on their roster

10 or less	62 (48%)
11-15	34 (26%)
16-30	21 (16%)
31-40	4 (3%)
Greater than 40	9 (7%)

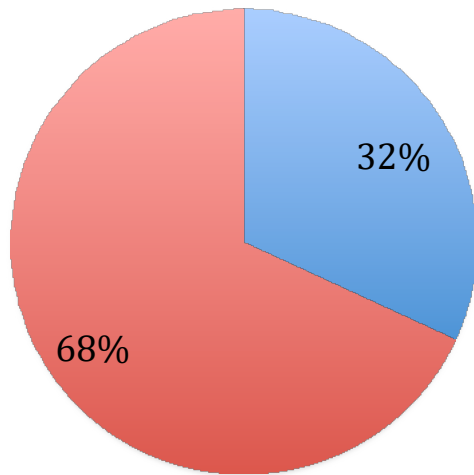
Number of Active Members on Roster



Missed or delayed calls

missed or delayed calls in 2015-2016 (only volunteer agencies)

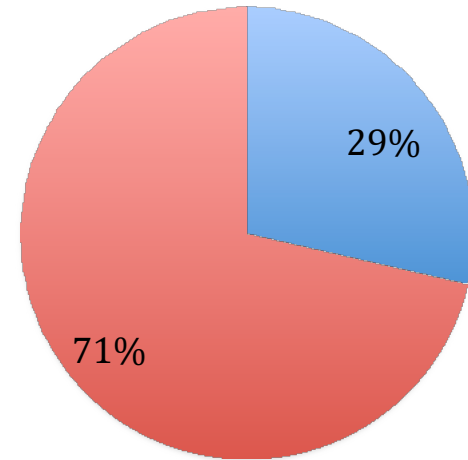
Missed calls due to lack of staff availability



YES
NO

29 (32%)
62 (68%)

Delayed response due to staff availability



YES
NO

YES
NO

26 (29%)
65 (71%)

Decline of volunteerism

- Economic changes
- Social/community changes
- Generational change
- Demands of role and work
- Regionalization of healthcare

Approximate annual cost

- \$443,176 for one 24/7 staffed EMS unit
 - \$70,000 (Vehicle, facility, equipment, supplies, fuel, insurance, etc.)
 - \$373,176 for labor 2 workers 24/7 (based on 2017 value of volunteer hour in South Dakota \$21.30 from BLS and Independent Sector)

Funding for EMS in South Dakota

- Transportation fees – private insurance, Medicare, Medicaid
 - Approximate BLS charge \$750
 - Approximate ALS charge \$1,200
- Subsidy of volunteer labor
- Tax subsidy
- Financial donations and equipment donations

The future

- Reliable, sustainable, quality
- Local pride and independence
- Sustaining volunteerism as long as possible
- Knowing when change is needed
- Preparing for EMS 2.0 in South Dakota
- Visioning project
- Local preparation

ImageTrend ePCR

- Data use
 - Opioid and Naloxone Use
 - Attempted Suicides
 - Chute Times
 - Injury Prevention
- Data Accuracy
 - Narrative vs. medication/procedures
 - Karen--NEMESIS

Upcoming Events

- 1 Day Leadership Retreats
- Tribal Summit
- Community Leader Brochure
- County Assessment
- License Management System
- Naloxone
- Helmsley Trust Initiative