



# **South Dakota Community Leader EMS Survey 2018**

## **Executive Report**

**To:**

The South Dakota Department of Health  
South Dakota Office of Rural Health, EMS Program

**By:**

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October 20, 2018

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## I. Executive Summary

Over the past decade, South Dakota has experienced changes that have posed challenges to the state's emergency medical services (EMS). Increasing demand for out-of-hospital and emergency healthcare services, along with changes in the healthcare landscape, has required ever-higher levels of preparation and skill from community ambulance services, even as declining volunteerism and continued regionalization in rural healthcare complicate efforts to keep services adequately staffed. Emergency medical services in South Dakota has reached a critical juncture and faces important questions about its future and direction.

This report contributes to the conversation about the state and future of South Dakota's emergency medical services by addressing leaders' understanding of EMS in their communities. While we find widespread acknowledgement of the importance of emergency medical services to community health, a clear understanding of the cost, challenges, funding, staffing and elements of long-term sustainability remains limited. This report addresses the knowledge gap about emergency medical services and offers insight into where and how a clearer understanding of the challenges and needs facing (particularly rural) EMS in South Dakota might benefit leaders.

The survey this report is based on was designed by SafeTech Solutions, an independent consulting firm with experience working with ambulance services and EMS systems across the United States, and in particular, in rural settings. Input was provided by the South Dakota Department of Health, Office of Rural Health, which also helped distribute the survey online. SafeTech Solutions finds that results of the survey show a limited understanding of EMS amongst community leaders, and that what is understood about the challenges, costs, and needs of community ambulance services is mixed and paradoxical. Survey results suggest community leaders would benefit from more information about EMS – particularly rural EMS – and the elements supporting its long-term reliability and sustainability.

Some important themes arise from the survey results. Among the challenges ambulance services in South Dakota face, staffing emerges as a top concern. Nearly 60% of respondents listed staffing as among the top three challenges facing their local ambulance service, and only 27% of respondents see the current means of staffing their community ambulance service as sustainable. Decreasing volunteerism, small populations (especially in rural areas) and other barriers to entry underpin critical staffing shortages in EMS in South Dakota.

Other themes emerging from the survey results relate to the staffing concerns discussed above. These themes include funding shortages, challenges associated with recruiting and maintaining a volunteer workforce, and many respondents' strong belief that volunteerism can be preserved if the requirements and regulations around EMT certification were eased or reduced. Among survey respondents, 71% reported the use of some form of volunteer labor, and only 30% view their community as providing adequate financial resources for EMS. Although nearly all (97%) of survey respondents view EMS as an essential service, similar to law enforcement, public works, and schools, only 32% agree that their community would provide more funding or subsidization for local EMS.

The problem of reconciling the need and expectation for emergency medical services with declining community investment in EMS, in terms of volunteerism and funding, is challenging. The survey results also suggest, however, the belief that information sharing and education about EMS and its challenges would benefit communities and community leaders and help the project of ensuring long-term EMS sustainability. Of survey respondents, 76% agree that their community could benefit from learning more about EMS, how to ensure an adequate EMS workforce, and how to better work toward long-term EMS reliability and sustainability. More about South Dakota community leaders' perceptions around and knowledge of EMS and local ambulance services is discussed in more detail in the following pages.

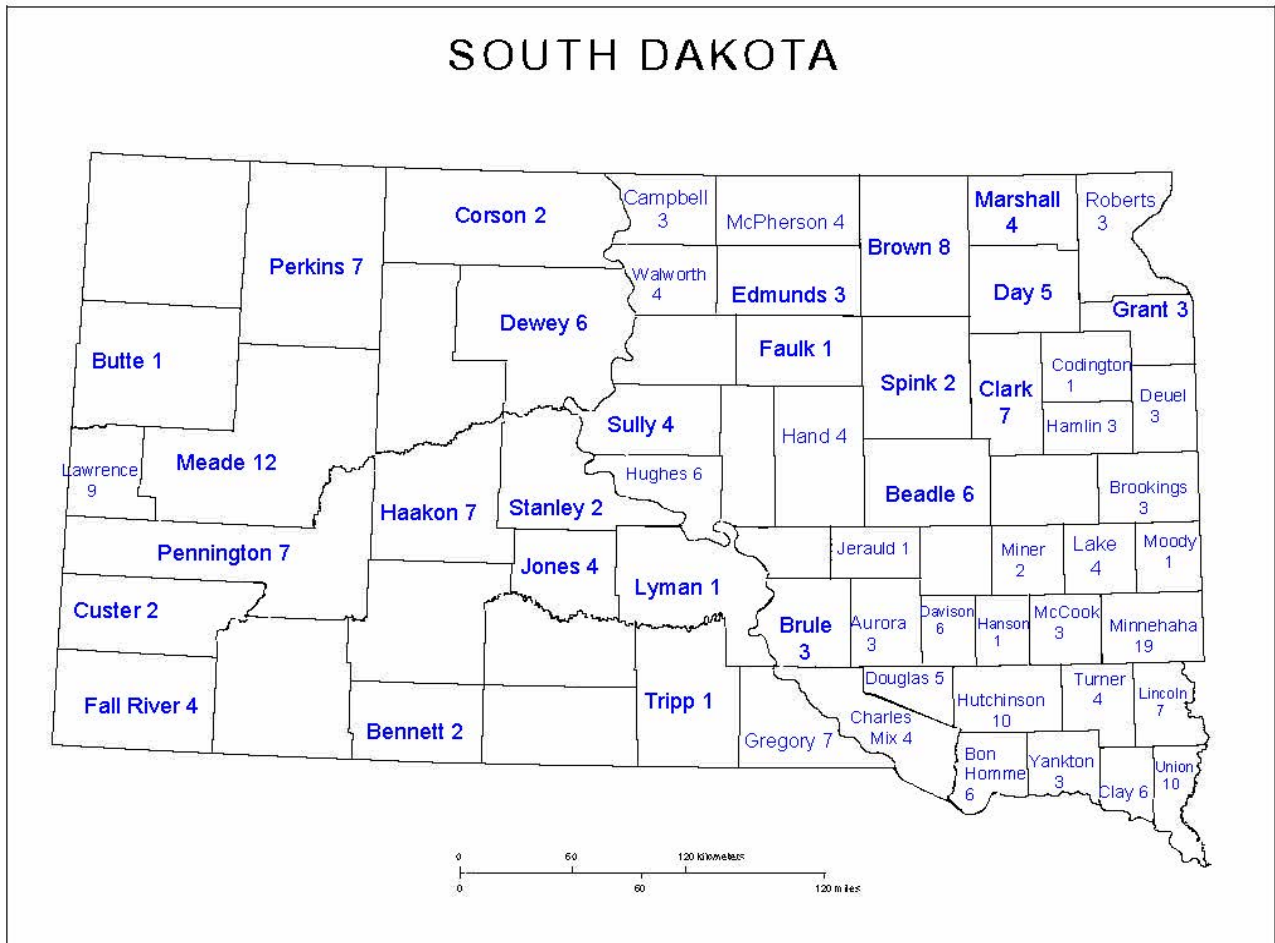
## II. About the Survey

The 2018 South Dakota Community Leader EMS Survey gathered responses from community members, city and county government officials, and local community and business leaders from across the state. The survey was designed to help the South Dakota Office of Rural Health’s EMS Program better serve rural communities in ensuring they have reliable and sustainable emergency medical service response and ambulance transportation.

The survey was created by SafeTech Solutions, LLP, an independent consulting firm, and was delivered online. Responses were anonymous, and no one at the South Dakota Office of Rural Health had or has access to individual responses.

## III. Survey Response Profile

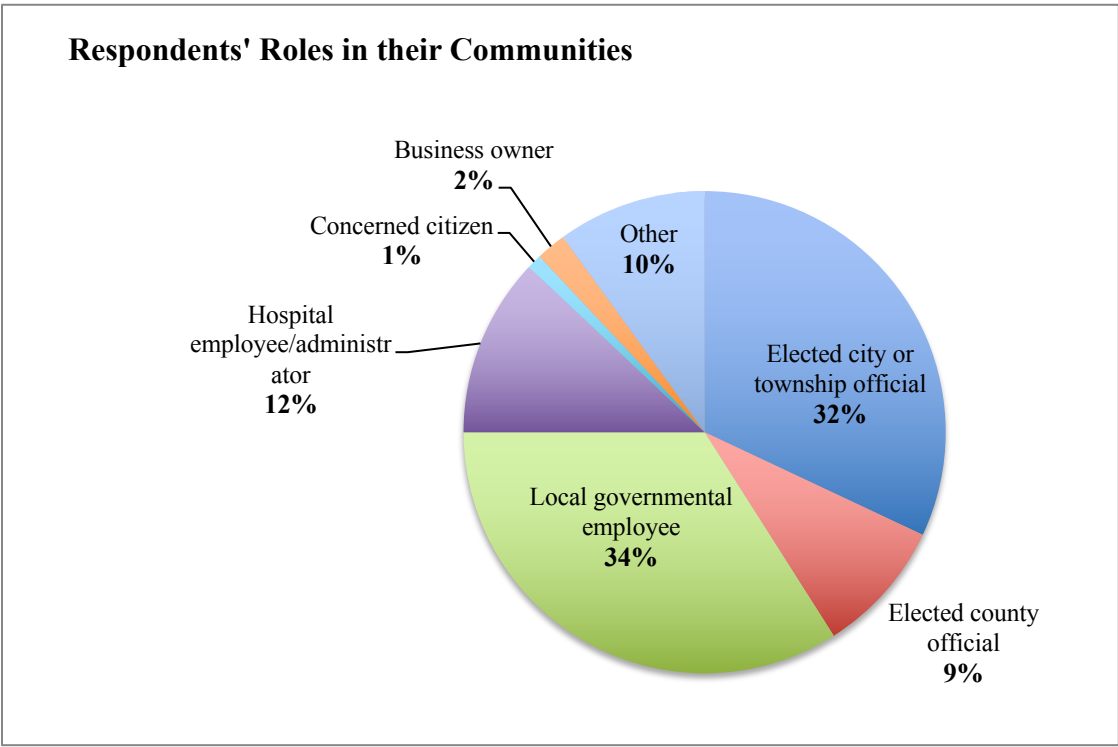
A total of 245 respondents chose to participate in the survey. A majority (65%) of respondents reported coming from communities of 3,000 people or less, and only 19% of respondents come from communities with populations over 10,000. Survey participation is broken down by county and shown in the map below:



Participation was solicited from individuals serving their communities in a variety of leadership positions and roles. Respondents indicated their roles at the outset of the survey, as is illustrated in the table and graph below.

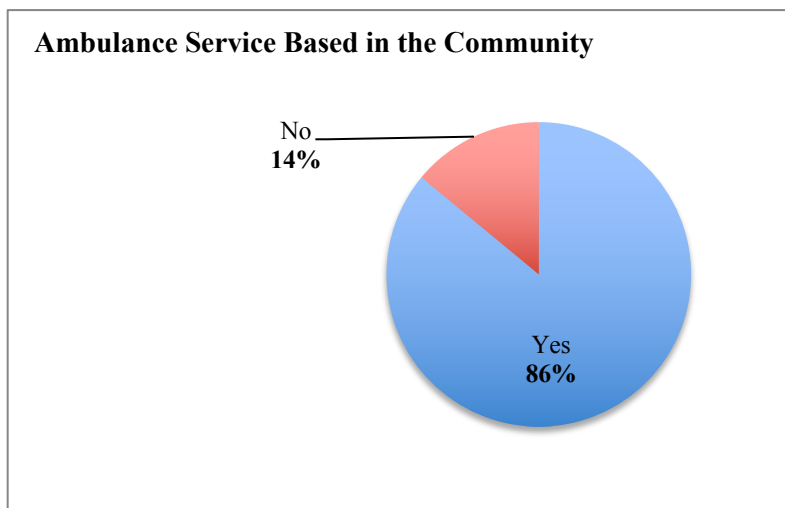
Role	Reporting
Local governmental employee	34%
Elected city or township official	32%

Hospital employee/administrator	12%
Elected county official	9%
Business owner	2%
Concerned citizen	1%
Other	10%



#### IV. Respondents' Communities and Ambulance Services

Respondents were asked to indicate whether or not there was an ambulance service based in their community. Eighty-six percent (86%) said, "Yes," while fourteen percent (14%) said, "No."

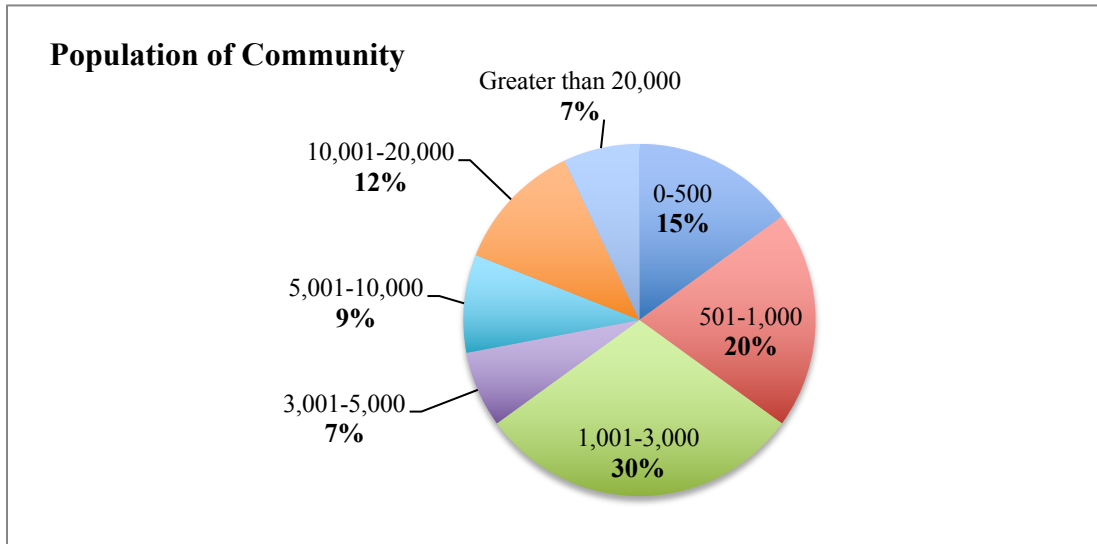


Respondents were asked to share more about their communities and their communities' ambulance services, if applicable. We asked respondents to tell us the approximate population of their community, how their local

ambulance service is staffed, and the ownership structure of their local ambulance service. If respondents did not know the answer to a survey question or were unsure, we asked them to indicate that, too. Information about respondents' communities and local ambulance services is shown in the tables and graphs below.

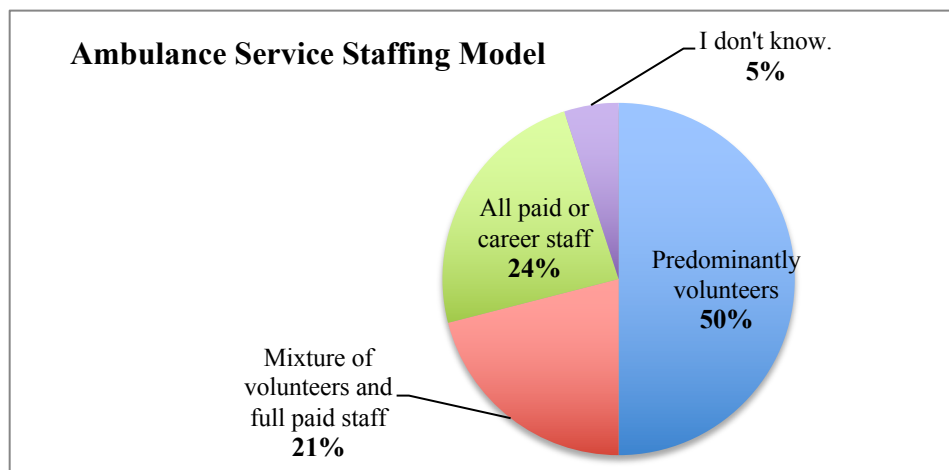
**a) Population of Respondents' Communities**

0-500	15%
501-1000	20%
1001-3000	30%
3001-5000	7%
5001-10,000	9%
10,001-20,000	12%
Greater than 20,000	7%



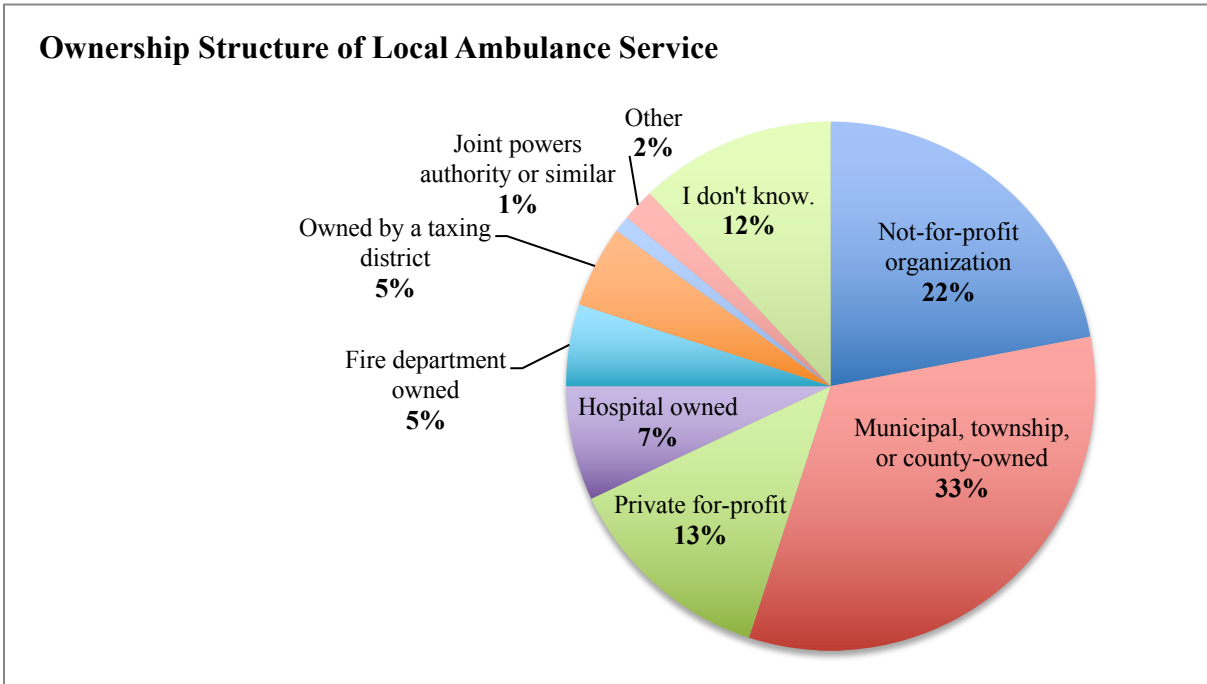
**b) Ambulance Service Staffing Model**

Predominantly volunteers	50%
Mixture of volunteers and full paid staff	21%
All paid or career staff	24%
I don't know.	5%



**c) Ambulance Service Ownership Structure**

Municipal, township, or county-owned agency	33%
Not-for-profit organization	22%
Private for-profit business	13%
Hospital owned	7%
Fire department owned	5%
Owned by a taxing district	5%
Part of a joint powers authority or similar configuration	1%
Other	2%
I don't know.	12%



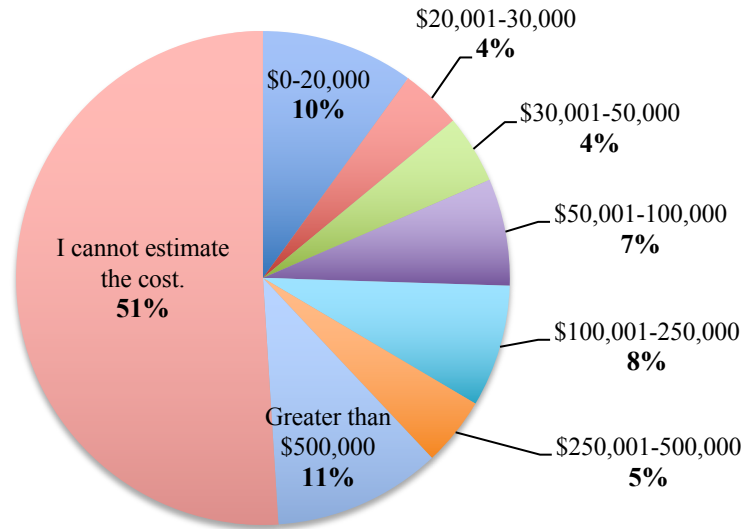
**V. Views of Costs and Funding**

Survey respondents were asked several questions about costs and funding related to providing ambulance services in their communities, including the value of donated (volunteer) labor. Response results are shown in the tables and graphs below.

**a) Estimates of Total Annual Cost of Ambulance Services**

\$0-20,000	10%
\$20,001-30,000	4%
\$30,001-50,000	5%
\$50,001-100,000	7%
\$100,001-250,000	8%
\$250,001-500,000	5%
Greater than \$500,000	11%
I cannot estimate the cost.	51%

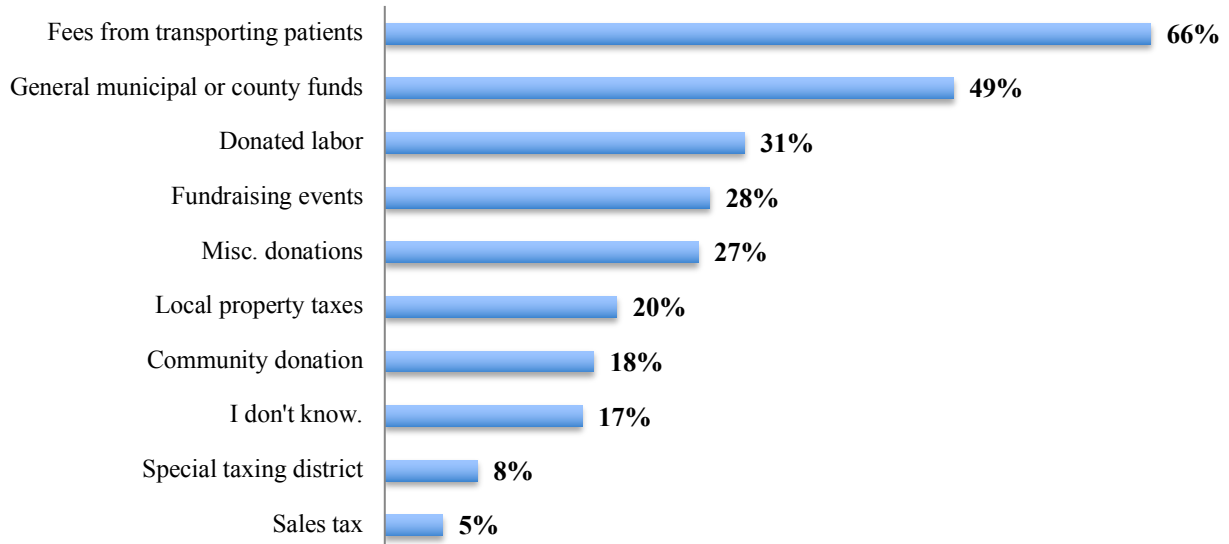
### Estimates of Annual Cost of Ambulance Services



### b) Funding Sources of Ambulance Services

Local property taxes	20%
General municipal or county funds	49%
Special taxing district	8%
Sales tax	5%
Donated labor (volunteers working for less-than-regular wages)	31%
Fees collected from transporting patients	66%
Fundraising events	28%
Miscellaneous donations	27%
Community donation	18%
I don't know.	17%

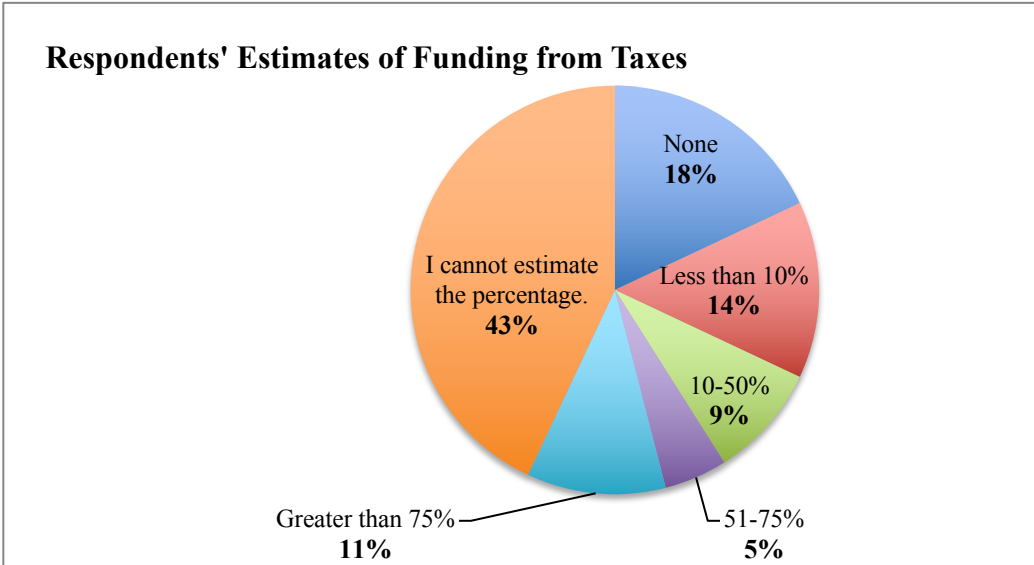
### Funding Sources of Local Ambulance Services





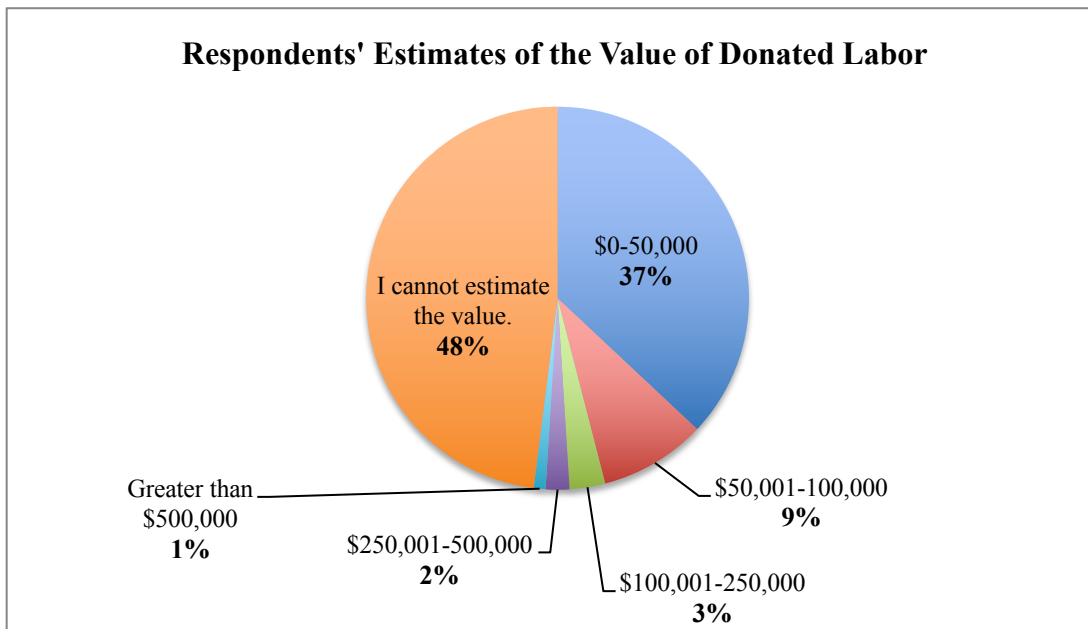
**c) Estimates of Funding Provided by Taxes**

None	18%
Less than 10%	14%
10-50%	10%
51-75%	5%
Greater than 75%	11%
I cannot estimate the percentage.	43%



**d) Volunteer Ambulance Service Labor Estimated in Dollars**

\$0-50,000	37%
\$50,001-100,000	9%
\$100,001-250,000	3%
\$250,001-500,000	2%
Greater than \$500,000	1%
I cannot estimate the value.	48%



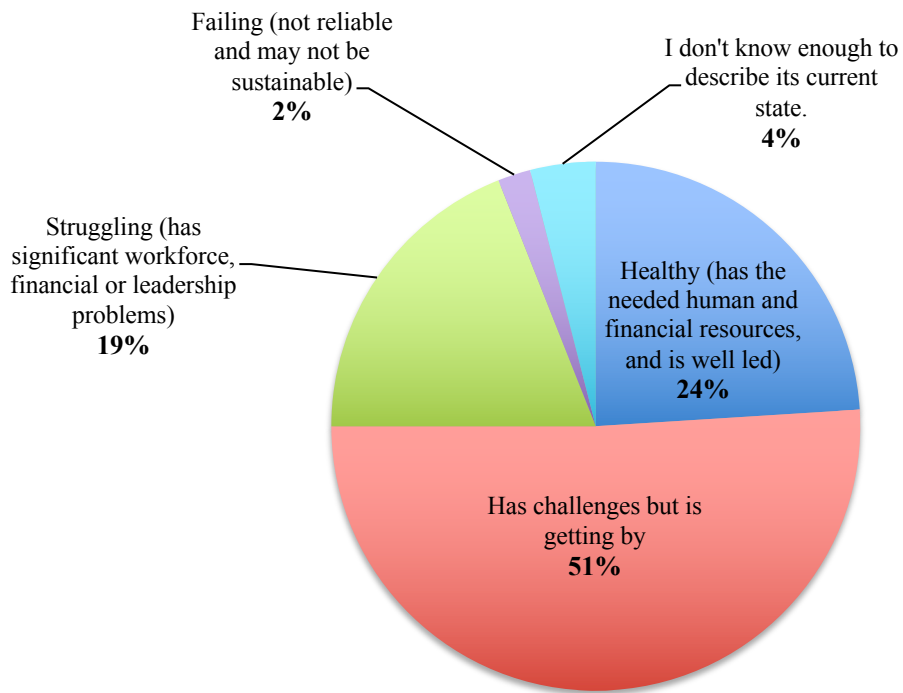
## VI. Views of Local Ambulance Service Performance and Challenges

Respondents were asked several questions about the state of their local ambulance service, its operations, and the challenges their local ambulance service faces or will face in the future. Response results are shown in the tables and graphs below, and in the summaries of responses to open-ended questions that follow.

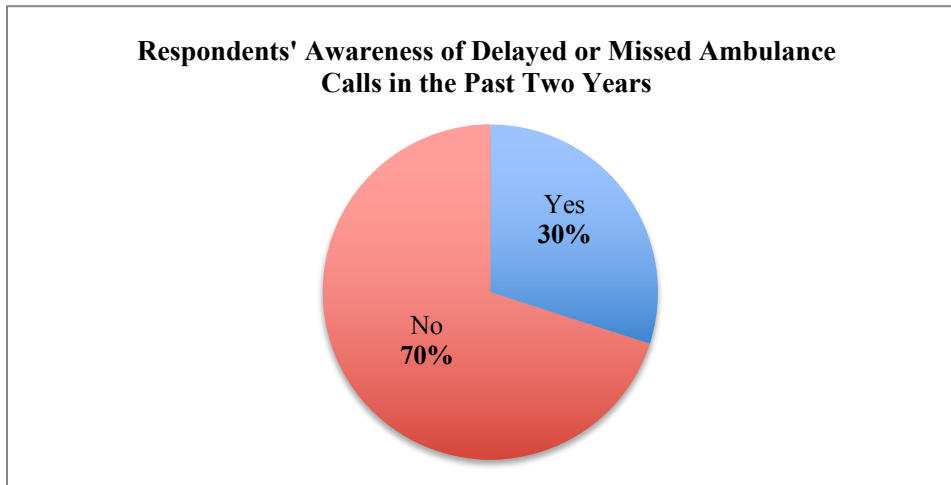
**Respondents' Views of the Current State of their Local Ambulance Service**

Current state	Reporting
Healthy (has the needed human and financial resources, and is well led)	24%
Has challenges but is getting by	51%
Struggling (has significant workforce, financial, or leadership problems)	19%
Failing (not reliable and may not be sustainable)	2%
I don't know enough to describe its current state.	5%

**Respondents' Views of the State of their Local Ambulance Service**



Respondents were asked if they are aware of any delayed or missed ambulance call responses by the local service over the past two years. Thirty percent (30%) said, “Yes,” they are aware of delayed/missed calls, while seventy percent (70%) said, “No.” Results are shown in the graph below.

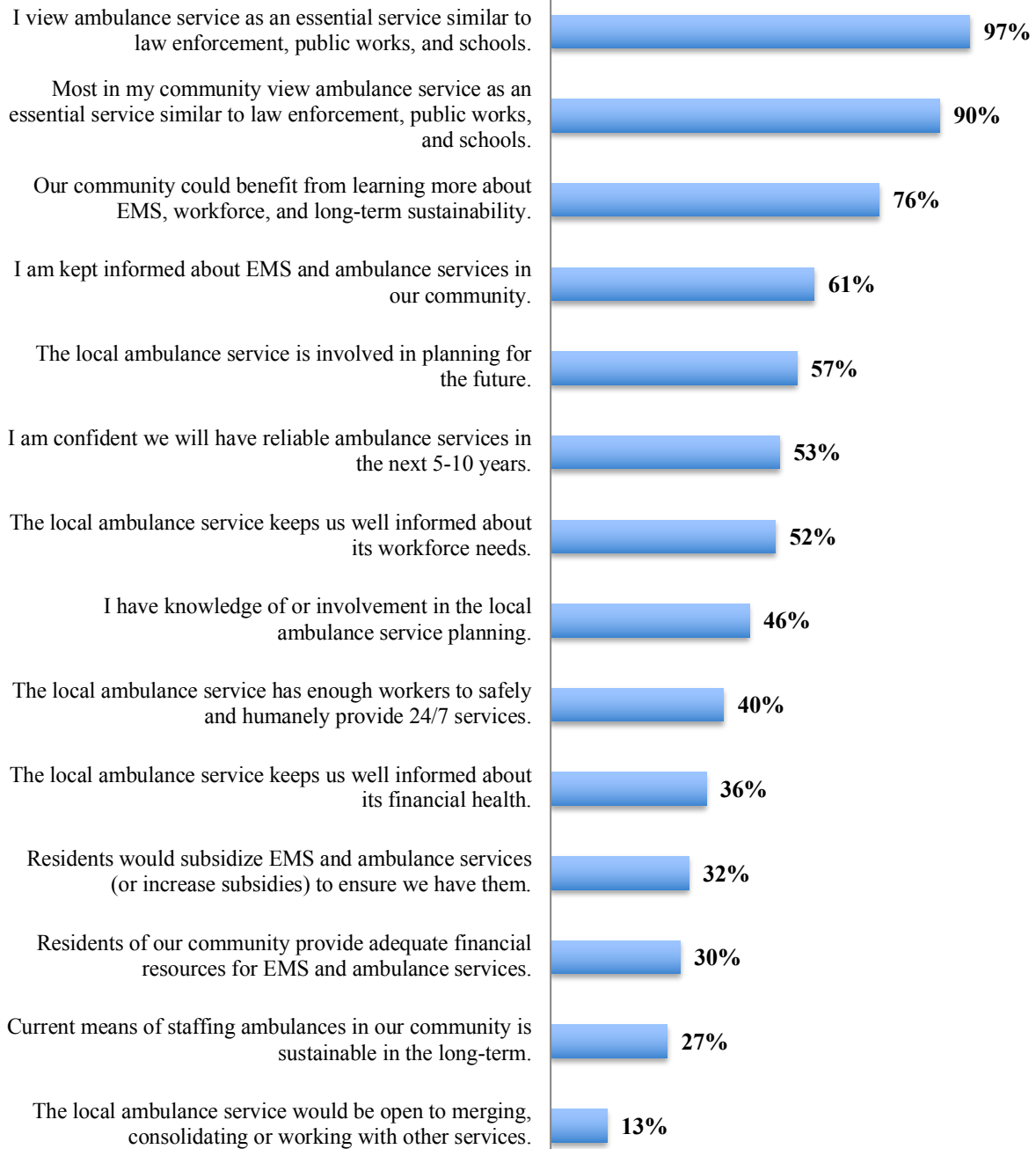


Survey respondents were asked to indicate their agreement or disagreement with several statements about EMS and ambulance services in their communities. The statements are listed in the table below. Respondents chose between the following responses: “Strongly agree,” “Agree,” “Neither agree nor disagree,” “Disagree,” or “Strongly disagree.” For each statement, the percentage of respondents who replied either “Strongly agree” or “Agree” is listed alongside.

<b>Statement</b>	<b>Strongly agree or Agree</b>
I am kept informed about EMS and ambulance services in our community.	61%
I am confident we will have reliable ambulance services in the next 5-10 years.	53%
The current means of staffing ambulances in our community is sustainable in the long-term.	27%
The local ambulance service keeps us well informed about its financial health.	36%
The local ambulance service keeps us well informed about its workforce needs.	52%
The local ambulance service currently has an adequate number of EMS workers to safely and humanely provide 24/7 ambulance services.	40%
The local ambulance service is involved in planning for the future.	57%
I have knowledge of or involvement in the local ambulance service planning.	46%
I view EMS and ambulance service as an essential service similar to law enforcement, public works, and schools.	97%
Most people in my community view EMS and ambulance service as an essential service similar to law enforcement, public works, and schools.	90%
Residents of our community provide adequate financial resources for EMS and ambulance services.	30%
Residents of our community would subsidize EMS and ambulance services (or increase current subsidies) to ensure we have them in our community.	32%
The local ambulance service would be open to merging, consolidating, or working with other regional ambulance services.	13%
Our local community could benefit from learning more about EMS, how to ensure we have enough workers in EMS, and long-term EMS sustainability.	76%

*(See next page for graph.)*

## Respondents' views of EMS and community ambulance services



## Open-ended Questions

### #1

Finally, respondents were asked two open-ended questions about ambulance services and EMS in their communities. The first open-ended question asked respondents to list the top three challenges facing their local ambulance service. Responses are summarized below, grouped and listed according to theme.

#### ➤ **Staffing**

Staffing emerged as an important concern among survey respondents, with 58% citing staff shortages as a top challenge facing their local ambulance service. Several respondents noted the difficulty of recruiting and retaining qualified staff members, with many specifically noting challenges related to a volunteer staffing model. *“Getting volunteers”* and *“keeping enough trained volunteers”* were common responses. As one respondent commented, *“having a volunteer crew that works full time jobs”* poses major challenges to local ambulance services. Employee and volunteer burnout, as well as small recruitment pools due to community size and/or aging populations, were also included in staffing challenges.

#### ➤ **Funding**

Funding also emerged as an important challenge to local ambulance services. Many respondents cited the lack of funding for equipment and wages, and several noted the challenge of maintaining an ambulance service when operating costs exceed dwindling healthcare subsidies, insurance reimbursements, and collection rates. One respondent commented that *“receiving enough funding to just maintain operations”* is a major challenge. The respondent added, *“We do not have enough funding to upgrade the ambulance or to pay staff.”*

#### ➤ **Requirements and regulations around EMT certification**

Many respondents cited training requirements and regulations around EMT certification as a significant challenge to their local ambulance service and its ability to recruit and maintain volunteers. One respondent commented on the already low numbers of volunteers available to staff the local ambulance service, adding, *“The training is necessary, but the regulations, rules and amount of paperwork volunteers need to do gets burdensome.”* Other respondents similarly cited *“burdensome regulations requiring too much time and expense for volunteers,”* *“more stringent requirements making training harder to complete,”* and the *“EMT test [that] focuses on urban settings, not rural, and is way too in depth and detailed.”*

#### ➤ **Distance and service area**

Some respondents identified travel distances and the size of the response area as challenging for their local ambulance service. One respondent described the *“massive response area”* his/her ambulance service is responsible for, writing, *“We provide intercepts to significant areas that truly do not provide sufficient funding for the costs.”* Other respondents noted how reliability, response time, and staffing are negatively affected by distance. *“Our nearest ambulance is 46 miles away, which is not very good response time in emergencies,”* one respondent wrote.

#### ➤ **Community perceptions and knowledge of EMS**

A challenge that often emerged in relation to other challenges mentioned by respondents is community perceptions of ambulance service performance, or community expectations around

response times, level of service, or costs associated with ambulance transportation and out-of-hospital healthcare. Some respondents identified high or rising ambulance fees and long response times as challenges for their local ambulance service, while other respondents differed by shifting their focus to public perception of costs and public expectations around response times.

➤ **Equipment and vehicles**

Some respondents identified challenges related to equipment and vehicles as important to their local ambulance service. Updating and/or replacing aging equipment, the cost of equipment and vehicles, and keeping current with technology are challenging issues for ambulance services with limited funds.

➤ **Leadership**

Some respondents mentioned leadership as a challenge for their local ambulance service. Besides “leadership,” respondents cited “management,” “the owner,” and “the Board” as challenging.

➤ **Call volume**

Some respondents listed increasing call volume or keeping up with a large or growing call volume as an important challenge facing their ambulance service.

**#2**

The final survey question asked what else respondents would like the EMS Program and Office of Rural Health to know about ambulance services and EMS in their community. Responses are paraphrased and/or summarized below, grouped into common themes.

➤ **Staffing concerns**

The majority responding to this question reiterated comments about staffing challenges facing their local ambulance service. *“Our ambulance service doesn’t have adequate staffing,”* one respondent wrote; another similarly reported, *“We are extremely short staffed in all areas of EMS. We are not able to recruit new volunteer members.”* Many comments expanded on the challenges of running a volunteer staffing model. One respondent, for instance, wrote, *“Having a volunteer service attempt to be staffed with volunteers 24/7 is very draining on staff.”* Similarly, another respondent wrote, *“Our ambulance service is very understaffed. I don’t know if it’s because of the time required to become a qualified EMT or if it’s because there isn’t a large enough population in the town to provide volunteers.”* Still another commented, *“It is hard to find young people to take the classes and then volunteer. I am an EMT and am 78 years old with no one to replace me.”*

Some of the respondents who commented on staffing added that the lack of staff (particularly volunteer staff) cast the future direction and sustainability of their local ambulance service in doubt. For example, one respondent wrote, *“They have a good group of people now, but I’m not sure, without younger people stepping in, how long it will last.”* Another person wrote simply, *“There is a definite need for more EMTs if we are to sustain our service into the future.”*

➤ **Concerns about regulations, requirements and barriers to EMT certification**

Related to comments about staffing challenges, comments about the regulations and requirements around EMT certification were common. One respondent wrote, *“Certification requirements for EMT-B testing need review.”* The respondent went on to characterize certification requirements and testing standards as *“the biggest deterrent for gaining new EMTs.”* Another

respondent wrote, *“I don’t understand why it’s so difficult to go through training and why the test is so difficult. We need the service, but training is a barrier to getting volunteers. Training is very important, but the number of required training hours and the difficulty of questions are too much for basic EMTs.”* Yet another respondent summed it up, *“We need volunteers, and we need fewer or easier regulations for volunteers to become certified.”*

There was some variation, however, in respondents’ opinions. One respondent clarified his position, writing, *“I don’t necessarily mean less training, but more leeway in the delivery of it, the time in which one can start working, and making the process more simple and easy for volunteers to step up to.”* Another respondent worried about the effect of lessening requirements and/or speeding up the certification process, writing, *“I fear they [newly certified volunteers] won’t be knowledgeable enough to actually go on runs.”* Agreement emerges from the comments, however, that volunteerism can be supported by changing the regulations and requirements around EMT certification in some way.

#### ➤ **Need for more information and education about EMS**

Another theme emerging from the comments concerns information sharing and the need for community leaders and the public to learn more about EMS. Some respondents and community leaders wanted the Office of Rural Health to know that they lacked information about their community ambulance service and were interested in knowing more. One respondent wrote, *“The ambulance service is not associated with the city in any way. We at the city have no knowledge of how their operation is running.”* Another wrote, *“My information comes from our volunteer fire department and their EMTs. I know little to nothing about the for-profit ambulance services, which have shared nothing directly with the city.”* Addressing this information gap, a respondent wrote, *“In my opinion, providing information on a periodic basis to all concerned would be beneficial.”* Similarly, another respondent stated, *“Local officials need to know the needs of their EMS and work towards meeting those needs in a collaborative manner.”*

Respondents also expressed the need to share information about EMS with a wider public to help ensure the future of their communities’ ambulance services. One respondent wrote, *“I believe that more education would help the public learn that EMS plays a vital role in our communities and that financially supporting local services is an important part of healthcare in the community.”* Another respondent similarly wrote, *“Ambulance services are the unseen providers of care to our sick and injured. The public needs to know that being unseen doesn’t make ambulance services eligible for elimination.”*

#### ➤ **Funding concerns**

Funding concerns also came up in responses to this question. *“More funding is needed to spark interest and keep current employees,”* one respondent wrote. Another stated, *“Our ambulance service is all volunteer and serves a wide area. They are in need of some equipment but are unable to fund it at this time.”* Similarly, one respondent added, *“EMS struggles daily with adequate funding to pay the non-volunteer shifts, and we have difficulty filling shifts that are not paid. An ambulance district would help, but county and municipal funding will have to keep contributing or the funding issue will continue.”*

Respondents commenting on funding concerns also asked the Office of Rural Health for solutions. One respondent urged, *“Try to work together to get better funding.”* Another respondent wrote, *“Find funding solutions. Show small communities why they have to pay to be part of the service. How do other cities make this a sustainable service with decreasing revenue, decreasing Medicare payments and decreasing insurance and patient payments?”* As one respondent wrote, giving voice to the disjuncture around funding needs and community support, *“Our community sees EMS as an entitlement but does not think it should be funded with tax dollars.”*

#### ➤ **Merging and/or cooperation between ambulance services**

A few respondents commented on the possibility of cooperation between and/or consolidation of ambulance services. One respondent wrote, *“Recently, we have discussed the possibility of working with neighboring communities [that] are struggling trying to maintain their current services.”* Another wrote, *“We need methods to merge services to enhance overall community response and sustainability.”*

That said, another respondent pointed out the drawbacks of merging for rural communities, writing, *“Our ambulance service is in a very rural area, and there is no way we could merge with another service and respond in a timely manner.”* The respondent added, *“We need an active group of people that live in town for response time, not people living outside the limits.”* A few other respondents identified remote and rural areas that lack or have very limited EMS. *“The large area in the central part of SD with limited ambulance service is a major concern,”* wrote one respondent. Another wrote, *“Our ambulance service is one of the very few in NW South Dakota. We often travel long distances to pick up and transport patients.”*

➤ **Positive feedback regarding local ambulance services**

Finally, a great number of respondents chose to use this response space to express support and positive feedback about their community ambulance services. *“Our volunteer EMTs are very dedicated and change their lives/schedules to help ensure the community has coverage,”* one respondent wrote. *“They are a very dedicated group and essential to the health and well-being of our community.”*

Some respondents noted the current health or strong state of their community ambulance service. *“At this time, our service is strong and well positioned,”* wrote one respondent. *“We have a great service, and I hope it continues that way in the future.”* Others expressed appreciation for their community ambulance service but also noted areas of need or uncertainty. *“We have an awesome group of volunteers,”* one respondent wrote, *“but sometimes they run themselves short. They are in need of a new ambulance and more, younger volunteers.”* Another commented, *“We are very fortunate with our ambulance service. Currently, they have great leadership and staff, but like most rural areas, the long-range future is unknown. Recruiting new or additional staff is always a challenge.”* Respondents underscored their belief that *“EMS services are vital to our community,”* and that *“it is very important for this service to be continued.”*