

The State of our Nation's Rural EMS System

Aarron Reinert



Just the facts...

- 80% of the nation's ambulance services are rural, and primarily use volunteers
- These services provide 20% or less of the nation's emergent responses
- These services provide coverage to 80% or more of our nations geographic area
- Said differently, 20% of the nations ambulance service provide 80% of the calls to 80% of the population

If you do not use volunteers, should you care???

- Being asked to cover areas from further away, with increased expenses, and increased liability
- Unusual and customary
- Our costs already exceed our expenses
- Finding and keeping the right people
- What a community wants versus what they will pay for...
- Opportunities for partnership

What we have learned

Rural EMS faces a **growing and potentially dangerous crisis.**

On the surface, this crisis is about **declining volunteerism** and the difficulties associated with ensuring ambulances are appropriately staffed and able to respond when needed.

At a deeper level, this crisis is about navigating a major change in **how rural EMS is understood, envisioned, valued and funded.**

What informed these opinions

- 2010 North Dakota Rural EMS Improvement Project
- Studies of EMS systems in
 - MN, SD, MI, NE and now WY
- 1500 plus rural EMS services as students of the EMS Leadership Academy
- Work with multiple state EMS offices

How rural EMS developed

- **Without a mandate**
- **Locally**
- **Organically**
- **Without significant funding**
- **Volunteer subsidy**
- **Clubs vs business**

The elephant in the room

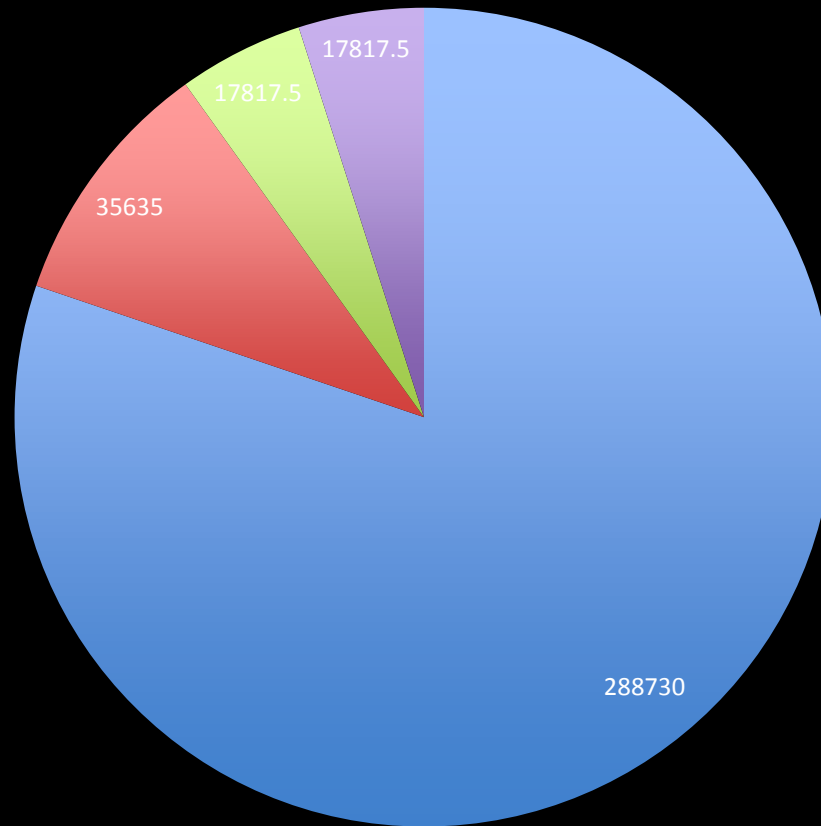


Costs and funding?

- **\$474,186** - to operate one 24/7 rural BLS ambulance in the United States
- **\$70,000** - other costs (vehicles, radios, equipment, facility, supplies)
- **\$404,186** - staffing costs (two, 24/7, at \$23.07 / hr)
(Bureau of Labor Statistics)
- **Funded by: transport revenues, taxes, donations, volunteer subsidy**
- **National the volunteer subsidy is worth 4.5 billion**

Volunteer subsidy

Paying for a rural ambulance service



■ Volunter subsidy ■ Transport revenues ■ Mill levy ■ Donations

Volunteer subsidy disappearing

Why?

- **Socioeconomic changes**
- **Demographic changes**
- **Changing attitudes about community**
- **Increasing demands** (calls, distance, transfers, preparedness)
- **Regionalization of healthcare**
- **Generations asking tough questions**

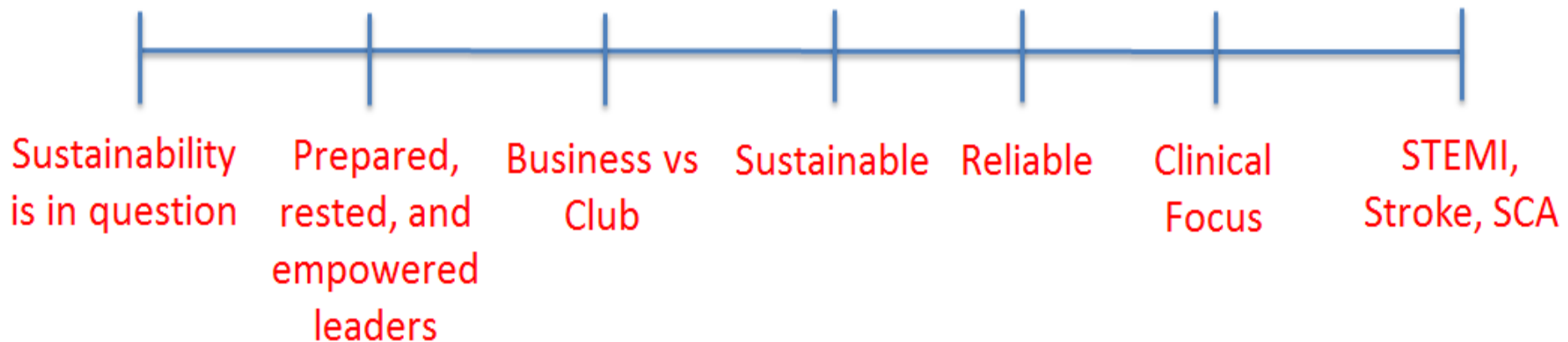
Is volunteerism a sustainable
staffing model going forward?

Improbable successes

- Great leadership
 - Prepared, rested, empowered, and leadership comes first
- Culture
 - Fun, friendly, family like
 - Great education (MD involved)
 - High and enforced expectations
- Sustainable roster numbers
 - 14 active per staffed ambulance
 - 100 people for every 1 volunteer
 - Often requires a catchment area of 1,000 people

Improbable successes

- More business than club
- Safe and human scheduling
- A possible disconnect



What have we learned about sustainability

- Roster trends
- Response reliability
 - 100% response
 - Chute time
- How the leader is selected, empowered, and retained
- Culture
- Structure

Leadership/Management more difficult

- **Demands more time, knowledge and skill**
- **Leaders taking excessive call (> 80 hours per week).**
- **Leaders exhausted and stressed**

Evolution of change

- 3 plus years
- Recognition that there is a sustainability, viability and reliability problem(s)
- Acceptance that volunteerism is not a path going forward
- Understanding the true cost of providing EMS
 - Accepting that EMS has been subsidized
- Begin to have a community conversation about whether or not EMS is an essential service and how to replace the subsidy

Options for most service

- **Continue as they have been**
- **Operate with fewer and fewer people**
- **Go out of service**
- **Transition to paid**
- **Become a QRU**
- **Become a substation**
- **Consolidate**

Options continued

- MIH/CP
- Become part of hospitals
- Private
- Various cost shifting strategies
- EMS has always been subsidized, a community needs to decide what the next subsidized
- Partnership

Recommendations

- Invest in leadership development
- Support local conversations
- Promote collaboration and regional planning
- Promote a uniform story about EMS
- Practice workforce planning
- Structure (club vs business)
- Engage PSAPs (data/performance)
- Make workforce a priority

The challenge

- Help EMS transition without increased morbidity and mortality
- Honoring local roots and political climate of local EMS
- The urgent (time sensitive items) vs the future (local conversations)
- The biggest challenge – the lack of funding to assist in all of the above
- A slowly evolving disaster

For more information

Aarron Reinert

(651) 248-4239

aarron@safetechsolutions.us

John Becknell

(858) 349-4539

john@safetechsolutions.us