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

- Volunteer subsidy: 288730
- Transport revenues: 35635
- Mill levy: 17817.5
- Donations: 17817.5

Legend:
- Volunteer 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