How to Provide Statewide Access to Healthcare Through Emergency Medical Service (EMS) Systems in North Dakota

In January 2006, a committee of emergency service personnel was brought together to discuss an issue and how we could start to solve the problems. Our goal was to look at the problem, identify all the issues that hinder the solution and break each issue down into two categories: smaller solvable issues or issues we have to accept.

Other people and organizations were discussing the same issue: ND Healthcare Association, Legislators, UND Rural Health, and ND Public Health. They were starting to have conversations and looking for solutions.

The issue: how to provide an acceptable standard of pre-hospital care to the citizens of North Dakota in a reasonable amount of time.

Some individuals, such as EMS providers, city, county and state officials, Emergency Managers, physicians and Legislators, have the attitude that "something is better than nothing" when it comes to accessing emergency services. **There has to be a consistent, minimum acceptable standard for EMS services across the state of North Dakota.**

- In a surprisingly large share of rural North Dakota, the viability and overall condition of the Emergency Medical Service (EMS) Industry is troubled. This condition affects public access to emergency, pre-hospital healthcare, and to reliable and timely transportation of sick and injured North Dakotans to hospitals and other care facilities. Without some form of intervention, rural EMS in much of North Dakota will continue to degrade until it reaches a critical situation.

- This is not just a North Dakota issue, Healthy People 2010 survey sited access to quality health services as their top rural health problem, and EMS was frequently named as number 2.

- The North Dakota EMS Association (NDEMSA) believes rural communities and rural ambulance services cannot be left to "fend for themselves" any longer. **There must be a value placed on pre-hospital emergency care.**

- Things having intrinsic value, such as EMS, necessarily and by their nature, have associated **costs.** These costs must be shared by city, county, state and federal governments to ensure quality, timely EMS for every North Dakotan, no matter where they live.

- NDEMSA believes the development of "EMS Systems*" will be a key to maintaining access to healthcare through EMS for all our states citizens and visitors.

- NDEMSA also believes state and local governments must provide a revenue source and organizational structures so that volunteer EMS providers can be utilized where available, and paid EMS providers can be stationed in areas where no volunteers can be found.

- How long is an acceptable time to wait for emergency services to come? (what is the acceptable time to wait in the most rural areas)

- This is going to be a long process. 10 years or so.

- The process for success:

  Identify issues and break them down into solvable problems (18 identified issues)

  Discuss the issues with the providers and get their input.

  Take the issues and solutions to
    EMS Providers
    Community members
    Legislators

  Identify and work with Ambulance Services that need immediate help.

  Secure Emergency relief funding to help the services that have the greatest need.

  Work with DEMS, EMS services, city, county, state government as well as legislators to develop systems, funding sources, recruitment & retention programs, and change legislation and rules to make this work, as identified in our 18 issues.

"EMS System" refers to a network of EMS organizations, with a central "Ambulance Service" acting as the lead agency which is well equipped and staffed for 24/7 operation. Within a geographic boundary (usually a circle with a radius of approximately 40-50 miles but can be larger) there are individual Quick Response Units (QRU) which operate 24/7, and other ambulance services which may or may not be staffed and equipped to operate 24/7. The key feature of an EMS System is that emphasis is placed on rapid arrival of well equipped First Responders or EMT's to treat and stabilize the patient while the Hub Ambulance service is in route.

- Ask EMS providers who serve on a rural squad facing difficult times, "What are your squad's problems?" 99% of them will answer:

  1. People
  2. Funding
  3. Training Requirements

  AND THEY'RE RIGHT!

- Let's come back to those problems later. We'll begin with 15 other factors, gaps, influences, and obstacles that you may or may not have thought of, but NDEMSA has identified as at least "Equally as Important" as the People, Funding, and Training Requirement issues we face. All of which are critical to the ongoing viability of the vast majority of rural EMS.

- **Problem: Lack of Medical Oversight**

Factors:
- Non-involvement
- Apathy on the part of MD's, Squad Leaders, and EMS providers.
- No CQI in PCR's

Solutions:
- Develop a Quality Assurance Program template and make it available to Squad Leaders
- Develop a new set of State Protocols
- Educate MD's and EMS providers about liability risks

- **Problem: Competition with other First Responder Agencies**

Factors:
- Competition at the funding table for $ Dollars $.
- Other agencies would rather exclude EMS in order to increase funding levels for their own agencies.
- Lack of awareness by the public and government officials that EMS is one of the THREE First Responder agencies; Law, Fire, and EMS.

EMS is used of doing things with little or no support and others take us for granted.

Solutions:
- Support National EMS Trade Associations
- Educate Squad Leaders on the importance of involvement in the LEPC process
- NDEMSA to strengthen relationships with ND's Washington Delegation

- **Problem: Small town "Attitudes" about loosing Services** (creating EMS Systems)

Factors:
- By nature, people (EMS providers & leadership) are resistant to change.
- Does the town really need an ambulance?
- When EMS Systems are developed, some communities and providers will feel a loss of control.

Solutions:
- Educate the public and EMS providers about how EMS Systems will allow for continued, high quality EMS services in their communities.
- Educate on success stories, i.e. Steel, Walsh County, Golden Heart
- Educate on other successes such as school consolidations; resisted at first, but accepted as successful in the end.

- **<u>Problem</u>: Competitiveness between squads**

  Gaps:
  - The pride and egos of squad members sometimes gets in the way of sound management decisions.
  - People don't want to quit or be known as quitters; especially to the neighboring towns.
  - Most individuals are hesitant to open themselves to alternative viewpoints.
  - Some individuals become defensive of an organization that they feel has been operated successfully for a long period. They don't recognize the full impact of the threat.
  - The ALS/BLS gap; is one provider group better or worse than the other?
  - The Paid/Non-paid gap; is one group better or worse than the other?

  Solutions:
  - Educate on the virtues of EMS Systems and how a "Team Approach" to problem solving actually gets things done.
  - NDEMSA to offer services of a "go between" or mediator in an effort to tear down artificial barriers that exist between ALS/BLS and Paid/Non-paid providers
  - NDEMSA to be a more inclusive organization inviting all "so called" groups of providers and organizations to be a part of the solution.
  - ALS and BLS services work together now successfully during ALS intercepts – build on these successful relationships.

- **Problem: Larger services don't want to cover other service areas**

  Factors:
  Domino effect
  Unfunded mandate

  Solutions:
  Develop a system approach
  Funding assistance for hub services

- **Problem: Poor administration of services, lack of leadership**

  Factors:
  No training for service directors
  No requirements
  DEMS & NDEMSA do not communicate enough with providers
  How do you fire a volunteer?

80% of all EMS systems in ND are managed by volunteers and use a volunteer organizational system.

NDEMSA believes that one of our major downfalls of rural EMS is the lack of quality leadership. When most businesses require experience and education to be a manager. Most ambulance services directors/squad leaders lack business knowledge and management experience.

Many squad leaders/service directors don’t have the time to learn these skills so they do the best they can.

Liability issues, reimbursement, state and federal rules and regulations are complex and require managers to be knowledgeable and have the time and resources to learn and be made aware of these issues. A volunteer organization that is mainly concerned with treatment and transportation of patients has little or no time to dedicate to the administrative responsibilities. If these organizations have to prioritize what gets done it will always be patient care and the administrative duties will suffer.

Solutions:
Make training available
Create minimum standards
Develop methods of recognition

- **Problem: Diversity of EMS organizational structures**

  Factors:
  Private services
  Hospital based
  Fire based
  County
  Rural ambulance service districts
  No county support (no mill levy money)
  County funding

  One size doesn’t fit all

  Solutions:

- **Problem: Public apathy, attitude, Ignorance**

  Factors:
  The public does not understand what we do, or appreciate the training and time EMS providers spend on call or on calls.

  EMS is taken for granted; we are somewhat to blame for this as we have been providing EMS without asking for help or making others (city, county, state) officials aware of our problems or needs

  Solutions:
  Educate the public (create value)
  What is an EMT
  Why do we need EMS

- **Problem: Small town economics**

  Factors:

  Lack of resources to support an ambulance service. There are many services who could not fund their system even if they were to receive 100% reimbursement for services.

  There are some EMS systems that are to far from another service to lose but there is not even enough tax base to fund their service.

  Funding

  Solutions:

  Educate and Subsidies

  Draw parallels to (community's contract for services)

  - Law/Police
  - Fire
  - Social Services
  - Schools

- **Problem: Too many < 25 call services, to close together**

  Factors:

  Do we need all the ambulance services?

  It depends on location (how far from another service)

  Solutions:

  We need to identify, strategically where we absolutely need ambulance services, or systems. We do not want to limit the number of services just prioritize the systems that need help and fund them by priority.

  Development of EMS Systems (one size does not fit all)

- **Problem: Political subdivisions/Mill levy problems**

  Factors:

  Legislative issue

  Tied to the closest ambulance law

  Counties are not necessarily primary service areas

  Solutions:

  Educate on different available funding sources

  Lobby for legislative changes

- **Problem: Educational requirements**

  Factors:
  Too many hours required for recertification
  Too many hours required for initial training
  Lack of quality education
  Lack of standards for Instructor coordinators
  Lack of understanding of how education can be attained
  ND Testing process

NDEMSA believes that education requirements for EMS providers are not the problem. There are many ways to get education. All educational requirements can be accomplished right in their community. When the providers are asked, they will say it is the time it takes to go to the education (outside of the community) that takes the time. The requirements only takes five, two day weekends in a two year recertification period to achieve the 72 hours that are required.

One of the arguments for the continued requirements is that in rural areas of the country, especially in North Dakota where 1/3rd of the services do less than 50 calls per year. The providers have a hard time retaining their knowledge & skills because of lack of usage. This is a strong argument to make the educational requirements even greater or enhance the education that the providers receive. It is not the quantity of the education it is the quality. We believe if educators used competency based education we could decrease the amount of education for the providers who are competent and keep the requirements the same for the providers who need more practice.

Solutions:
Study other states
Get the I/C society and the Test team on the same page
Look at changing testing process
Higher standards for EMS Instructor Coordinators

- **Problem: Increased Responsibilities**

  Factors:
  Disaster preparedness
  NIMS/ICS (Unfunded Mandates)
  Increased Liability
  Higher public expectations
  Larger service areas

  Solutions:
  Education: these do not add to the hours needed.

- **Problem: Regulatory (DEMS rules) (State EMS Office)**
  Should we allow first responders to transport
  Part time ambulances

For years EMS providers and others have believed if we were to allow a lower standard of care in the ambulance (use of First responder level providers) we would be able to keep ambulances in rural communities. Although in some ways it makes sense that something is better than nothing, we have to make sure that a licensed ambulance service is staffed with providers who have been trained to use the equipment, lift and move the patients, use spinal immobilization and extrication, pharmacology, ambulance operations and documentation. When comparing the first responder curriculum to the EMT-Basic curriculum (40 hrs FR curriculum, 110hr EMT-B curriculum) at least 40 hrs would have to be added to the FR curriculum to make sure FR are trained to transport and take care of emergency situations. It would be a breach of responsibility of the ND Health department to allow providers to provide services if they are not trained to do so.

NDEMSA believes that even if we were to allow FR to transport, the problem is not the number of hours required to obtain minimum certification, it is a people and volunteer problem.

Solutions:
Change the law that mandates a separate license for different stations
Develop EMS systems, that creates a system of local healthcare providers (FR, EMT-B's, EMT-I's, EMT-P's, LPN's, RN's,) that work with the local ambulance service. The development of an EMS system could allow a community to staff an ambulance when there are providers available and the ambulance service license would come from another community.

- **Problem: Spirit of volunteerism**
  Factors:
  Lack of volunteers (not just an EMS problem)
  People have to many other things to do
  People have more than one job
  Generational differences
    The X-generation just don't feel they need to volunteer
    The X-generation does not feel the community commitment
    The X-generation would rather pay to have it done so they don't have to do it. They have better things to do

The NDEMSA association is not giving up on the use of volunteers; in fact we believe we can create a statewide recruitment and retention program that will rejuvenate the spirit of volunteerism. Not necessarily to the level it once was but to a level that will allow some rural communities to keep services in their community.

The age of our EMS volunteers is getting older and older and we are not replacing them at the same rate they are retiring. Looking at this it is obvious that we will eventually run out of volunteer providers. We must look at ways to recruit and retain EMS providers

Solutions:
Incentives for those that do volunteer
Tax breaks
Retirement (Minnesota)
Health insurance
Pay for call time
Bring in paid staff

- **Problem: People (that are available)**
  Factors:
  Depopulation of rural North Dakota
  Aging population in rural North Dakota
  People work outside of their community
  Employers do not let the volunteers take cal during work hours

  Solutions:
  Use paid staff during difficult time and volunteers for other time
  Motivation of providers
  Present providers
    - Pride
    - Community support

  New recruits (X-generation)
    - Status
    - Money

  Recruitment & Retention programs

- **Problem: Funding**
  Factors:
  Services
    - Low call volume
    - Do not understand the billing process (reimbursement)
    - Lack of community support (funding)
    - No State support (funding)

  NDEMSA
    - $30.00 membership supports all activities (volunteers are not only providing the care but they are funding it) (donating over $10,000,000 in staffing to ND)
    - No State support (funding)
      - The fire service receives direct funding
    - No Federal Support (Funding)
      - Fire and police receive $ through direct support and grants

Solutions:
Educate NDEMSA BoD (problems facing EMS and solutions)
Educate EMS providers (problems facing EMS and solutions)
(NDEMSA BoD educate EMS Providers)
Educate Legislators (problems facing EMS and solutions)
(NDEMSA BoD, Providers educate Legislators)
Educate the general public (what we do for them, create value) (problems facing EMS and solutions)
Study (Development of systems and the associated costs)

We as a group of professionals need to be involved at every level of the discussions.