History of Volunteer EMS

- Where we started
- Where we are now
- What will the future look like?
Redesigning Volunteer EMS

“This was like all fine adventures. All we need to do is reach out - and there are people to respond.”

~ Julian Wise, Founder Roanoke Virginia First Aid and Lifesaving Squad Est 1928

The headlines are everywhere. Volunteer EMS is in “crisis.”
Don’t Believe The Headlines!

- Every day, EMS volunteers answer up to two thirds of the nation’s 911 calls.
- Up to 90% in most rural states.
- Over 60% of EMS providers volunteer, including more than 40% of career providers.
- *Without volunteers, most of rural America would be without EMS.*

Cognitive Bias

“Awareness is a key to reducing the influence of cognitive biases on decision making. Simply knowing that cognitive biases exist and can distort your thinking will help lessen their impact.” 

~ Psychology Today

History and Evolution of EMS, and the Birth of Volunteer Ambulance and Rescue Squads

- EMS began in France around 1700, on Napoleon’s battlefields.
- In 1865, the first EMS was established in the US in Cincinnati, Ohio.
- First Volunteer Rescue squads formed, separate from Volunteer Fire Departments
- Roanoke, Virginia 1927
- Sommerset, NJ 1928
History of Volunteer EMS: The Beginning

- 1930's-40's
- American Red Cross provides basic medical training to rescue squad members, including CPR & mouth-to-mouth resuscitation.
- Hearses were used to transport patients. Medical staff consisted of largely untrained funeral home workers.

Medical and community leaders however, had an alternate view and began the advancement of innovative EMS programs that provided medical services, not just transport.
- Stand alone first aid, rescue and lifesaving squads are being organized in most states.
- Rescue squads begin carrying medical supplies to assist physicians attending patients in the field.

Evolution of EMS: 1960-early 70's

- In 1960, only 6 states had a standard “rescuer” course.
- In most of the country, EMS was unregulated, disorganized and sometimes had very poor care.
- It documented the absence of quality emergency care in the US and revealed that more than 36,000 people were dying in MVC's annually.
- More people were dying on US highways every year than during the entire 8 years of the Vietnam War.
Redesigning Volunteer EMS

- The assignment of EMS to the Department of Transportation rather than the Department of Health reflects the federal government’s view that EMS was to be primarily a transport service.
- Medical and community leaders continued to focus on the advancement of innovative EMS programs providing field care of medical emergencies, not just trauma and transport.
- Military Medics returning from Vietnam became available to apply their training in prehospital care to civilians.

Redesigning Volunteer EMS

- 1973 – Star of Life adopted as national EMS symbol
  - Six points: integrated components of EMS
  - Central staff symbolic of medicine and healing
- 1973 – EMS Services Development Act
  - Authorized federal grants to develop a comprehensive EMS System nationwide
  - NAEMT is formed
- 1980 – NREMT publishes first national standard exam (EMT-A)
- 1981 – The Omnibus Budget Reconciliation Act decreased funding from the Federal Government and decentralized EMS activities and direction to individual states.

Volunteers in EMS: The Early Culture

- Rescue groups consisted of friends and neighbors, using phone trees for communication, babysitting each other’s kids, developed a tight social circle.
- The squad members are well known, respected, appreciated for the service provided for the community.
- Care initially consisted of basic first aid with the goal of rapid transport to the local doctor’s office or hospital.
Transport by Cadillac type ambulance (basically a modified hearse) equipped with bandages, oxygen delivery system, radio communication equipment.

Often the patient was alone in the back.

**The Volunteer Culture Change**

- Meanwhile... *America changed, too.*
- Two income families become the norm, creating a void in members available for daytime coverage.
- Young adults moved out of town either because of rising home values, or lack of local jobs.
- Young urban professionals who had grown up with an perception of EMS based on TV dramas, and unfamiliar with volunteer emergency services, moved into suburban and rural areas.


*Emergency! & M*A*S*H*

TV shows bring prehospital care into living rooms all over America.
Widespread adoption of the 911 system, combined with TV shows and media representation, have created unrealistic expectations about speed of access and availability of EMS care.

People have been conditioned to call 911. The unintended consequence is that almost half of all emergency calls do not actually require EMS.

The Evolution of EMS

The first nationally recognized EMT-A (ambulance) curriculum was not established until 1969, consisting of roughly 80 hours of trauma care taught primarily by physicians.

1994 - revised EMT Class is 110 hours.

2000 – "EMS Education of the Future" released, with the EMT class now consisting of 150–190 hours class time, plus varying clinical hours and specialty training (NIMS, HAZMAT, EVOC).

Although the "new" training requirements are often blamed for declining volunteer recruitment, the need for the additional training was recognized and the new curriculum developed over 20 years ago.
Recognition of the difference that prehospital care can make in critical medical patients—cardiac, stroke, sepsis, ARDS—and not just trauma, was the impetus for the additional emphasis on pathophysiology, anatomy, critical thinking and enhanced assessment skills.

Electronic patient care reporting designed to improve patient care, streamline insurance billing, and collect data on a national level (NEMSIS) require a level of technological skill that has been problematic for many long term providers whose have had little prior training in computer skills.

Volunteerism Today

- Long-established volunteer squads are closing their doors.
- EMS is losing much of its history.
- EMS and fire department volunteers save the US taxpayers billions of dollars annually.
- America cannot afford to lose our local volunteer ambulance and fire services.
Will Your Agency Survive?

The average American taxpayer believes that EMS is tax funded.  

- Much of it is not.  
- There is no Federal mandate, and state and local mandates for funding are rare.  
- The vast majority of citizens have no idea how the EMS system actually works, or how or if the local ambulance is paid.  
- Taxes are high, and most people believe that EMS is included in their property tax.  
- An aging population and misunderstanding of appropriate use of the 911 system has dramatically increased call volume.

Costs are going up.  
Reimbursement is going down.  
THIS IS NOT A SUSTAINABLE MODEL.

Everywhere you look, media pundits and EMS industry leaders are tolling the death knell of volunteer EMS.  
Recruitment and retention, rising costs, and dwindling reimbursement are challenges shared by all models of EMS delivery.  
In the future, we’re going to have to abandon traditions and practices that no longer work in today’s healthcare and economic climate.  
If we’re going to survive, we have to redesign Volunteer EMS.
“If you do what you've always done, you'll get what you've always gotten.”
Anthony Robbins
pre-kpages.com

“The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low, and achieving our mark.”

~ Michelangelo

The most dangerous phrase in the language is "we've always done it this way."
How 'Redesigning Volunteer' EMS Got Started

- Connecticut - 70% mostly BLS volunteers for 911
- Louisiana - volunteer EMS almost nonexistent.
- Negative press & volley bashing...
- Response to EMS1.com
- "Why Volunteers Are Crucial to the Future of EMS"

Objectives

- Using a SWOT Analysis format, we will talk about these things:
  - Survival is a Darwinian process. Discuss how to make your agency the fittest and most adaptable to change.
  - Demonstrate that volunteer EMS still provides the "biggest bang for the buck" of all EMS delivery models.
  - Discuss the importance of focusing on the business of EMS and ending the "clubhouse" mentality.
  - Understand that to stop vollie bashing, we have to commit to transparency, accountability, and professionalism in volunteer EMS.
What is a ‘SWOT’ Analysis?

**Strengths**

- Years of service to the community have created public loyalty to the organization.
- Your service will always be needed, and the need will most likely increase.
- Majority of EMS providers are volunteers.
- Volunteers are passionate and fiercely dedicated to their mission.
- The volunteer/non-profit model can be by far the best service, and bang for the buck for almost all rural, and most suburban communities.

**Weaknesses**

- Community Loyalty

- Respect, appreciation from community

**Opportunities**

**Threats**
SWOT: Opportunities for Volunteer Agencies

- Educate the public on the importance and benefit of maintaining a local non-profit EMS system.
- Become an organization that people are eager to belong to.
- Shape the future of EMS
- Community health improved

Educate the Public

- Crew makeup 96% volunteers
- 38 VBEMS SCA patients returned to family
- Annual report: 117 pages of compelling info:
  - Public support

Community Health = Created Value

- LVAD education
- Diabetes education
- Vaccinations
- Autism awareness
- Terrorism response
- Disaster response
- Vial of Life
- Pet first aid
- CPR programs
**Improved Community Relations**

- Public education and awareness
- School visits
- Visit Senior centers
- Event standby
- Assist with fund raisers
- Well-being checks

**Resource Sharing and Regionalization**

> Coming together is a beginning, keeping together is progress, working together is success.

**SWOT: Weakness Common Issues in Volunteer Agencies**

- Response Failures:
  - Failure to meet performance standards
  - Lack of financial and management expertise
  - Cultural stagnation
  - Inability to attract new members
  - Lack of professional image
  - Complacency
Response Failures

Leadership Issues
- Lack of personnel management experience
- Lack of financial management experience

Cultural Stagnation

"DON'T TRY TO WIN OVER THE HATERS: YOU'RE NOT THE JACKASS WHISPERER."
Inability to Attract New Members

Redesigning Volunteer EMS

Doom and Gloom
Nobody’s rushing to buy tickets on a sinking ship

Clubs respected by the community
- Rotary Club
- Lions Club
- Kiwanis Club
- Hibernians
- ‘Clubs’ can be great service organizations
- Not ‘Pee Wee’s Playhouse’!

Lack of a Professional Image
- Peers
- Other healthcare professionals
- Public
Redesigning Volunteer EMS

Larry the First Responder

Do paid providers who interact with volunteers respect them?
Stereotypes are widespread.
Everybody knows a “Larry.”
SWOT: Threats to Volunteer EMS Survival
- Resistance to change
- Failure to evolve
- Losing sight of the mission
- Inability to demonstrate value and benefit to the community
- Failure to implement successful recruitment and retention program
- Financial instability
- Low expectations become a self-fulfilling prophecy

“Face reality as it is, not as it was, or you wish it to be. Change before you have to.”
— Jack Welch

Resistance to Change

The most dangerous phrase in the language is "we've always done it this way."
Failure to Evolve

That was a very well laid out rational point.
But I will still hold to my emotional opinion based on no facts or evidence.

Losing Sight of the Mission

YOU CALLED AN AMBULANCE FOR THAT
YOU CAN'T BE SERIOUS

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Redesigning Volunteer EMS

Low Expectations Equal Lack of Accountability

Social Media: FAIL
Accountability

The right thing is not always the popular thing.

NO.

An Absolute Truth

EMS people will find a problem for every solution.

This is a weakness we must overcome.

Demand Excellence

In the business of saving lives, mediocrity is never acceptable.
Failure to evolve and a willingness to lower standards to the lowest common denominator out of desperation to fill the roster, are the beginning of the end.

Cultural stagnation and a focus on interpersonal dissent and drama are the hallmarks of a dying organization.

Low expectations become a self-fulfilling prophecy. Negativity, fear mongering, excuses and anger pervade both internal and public meetings.

These agencies will not garner community support for funding, attract new members, or retain their most dedicated responders. Their days are numbered."

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The Future of EMS

- Darien, CT Post 53
- All high school students
- Tiered system running 1500 calls annually
- No government funding
- Adult advisors, but students run the system
- It is the only student-run EMS organization in the nation.

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Where We Stand Today

- EMS is still not an essential service.
- Despite the recommendations of every study and white paper written in the last 20 years, and efforts by elected officials in several states, EMS is still not defined as an essential service by the federal government or most state governments.
**Where is the money appropriated for EMS?**

- Most states appropriate funds for trauma systems and EMS through various means such as add-ons to traffic and criminal violations and tobacco taxes. Those funds are often funneled into a general fund or utilized as a slush fund to balance deficits in state budgets, never reaching the EMS initiatives it was intended for.

**Are citizens resigned to reliance on luck?**

- The Montana report summary warns that without change the state's citizens and visitors are reliant on luck. The report states, "We hope government officials and community members in rural Montana are able to identify and implement sustainable solutions before their luck runs out."

- Hope and luck are two words that have no place in a discussion regarding the provision of EMS.

**No Volunteers**

- Washington state
- Arizona
- Hawaii
- Michigan
- Georgia
- Florida
- Illinois
- Tennessee (the Volunteer State!)
Redesigning Volunteer EMS

1 - 10% Volunteer Response
- Utah
- New Mexico
- Missouri
- Louisiana
- Mississippi
- Alabama
- South Carolina
- Kentucky

11 - 50% Volunteer
- Oregon
- Idaho
- Oklahoma
- Iowa
- Arkansas
- Wisconsin
- North Carolina
- Pennsylvania
- New York
- New Jersey (20k volunteers!)
- Massachusetts
- New Hampshire
- Maine

> 50% Volunteer Response
- Alaska
- Nevada
- Montana
- Wyoming
- Colorado
- Texas
- Kansas
- Nebraska
- South Dakota
- North Dakota
- Minnesota
- Indiana
- Ohio
- Virginia
- Connecticut
- Rhode Island
- Vermont
- Delaware

$31 million savings
$37 million savings
A lack of data inhibits EMS workforce planning focusing on the challenges of volunteers, particularly in rural EMS systems.

There exists little data showing a relationship between EMS workforce factors and patient outcomes. Much of the workforce planning that is done is based on perceived community needs rather than data.

32 States have different criteria for classifying paid and volunteer work; a “volunteer” in one state may be classified as “paid” in another.

Volunteers save taxpayers $140 billion annually. Number is likely higher because of variances in reporting, and because we suck at data collection.

70% of voters would okay taxes to ensure service. 85% of EMS calls are non-life-threatening.

~ Kevin McGuiness

NASEMSO
Summary

Volunteer EMS isn’t failing... unless we let it.

“Those who continually look to the past will never see the future.” ~ JFK

Clinging to old paradigms is the path to failure.

http://tinyurl.com/vollyems

Remember Six C’s for Success

Commitment
Communication
Coordination
Creativity
Culture
Change

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