

# SORH & EMS

## Learning Session

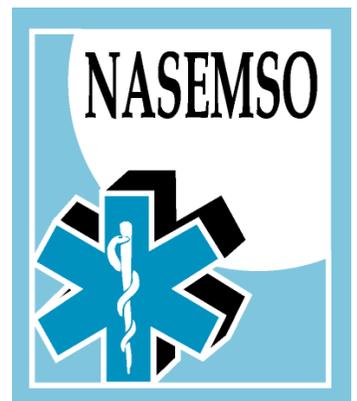
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*“In Utah we found a big disconnect between statute and practice for resource hospitals and medical directors.”*

Robert Jex,  
*Utah Office of Primary Care and  
Rural Health*

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# Introduction

*Today, residents of America's rural areas are older and sicker than our urban counterparts. While only 20% of America lives in rural areas, 60% of trauma happens here (Report on Injuries in America, National Safety Council 2003). Unfortunately, in rural areas people who are injured or become sick are often far from needed specialty care. As such, Emergency Medical Services are becoming an increasingly important part of the health care delivery system in rural America. But many challenges face the system. Persistent shortages of EMS personnel (many of whom are volunteers), generally poor reimbursement (and problems in the structure of payments) from governmental and private payors, lack of access to capital, and poor integration of EMS, as a sector, into the larger health care system all contribute to a fragile EMS infrastructure in rural America.*



*"Many of the problems we have had were due to the fact that EMS leaders didn't have a comprehensive knowledge of appropriate rules and regulations. With our [EMS managers] training course, we now have 116 graduates who are out there communicating among themselves and with others, sharing ideas on how to move departments ahead."*

Dean Cole,  
Nebraska EMS/Trauma Program

## NOSORH and NASEMSO: A History of Collaboration

State EMS Offices have directly confronted these challenges for many years. For State Offices of Rural Health (SORH), recognition of the difficulties facing rural EMS is a more recent phenomenon. However, with the passage of the federal Rural Hospital Flexibility (FLEX) Program in 1997, State Offices of Rural Health were presented the opportunity (and funding) to look at ways to enhance EMS in rural areas. Thus, in 2001, the State Offices of Rural health decided to establish a rural EMS committee under the auspices of their national association, the National Organization of State Offices of Rural Health (NOSORH). A natural partner for NOSORH was the National Association of State EMS Officials, or NASEMSO (then known as the National Association of State EMS Directors). Within a year, the federal Office of Rural Health Policy, with funding from the federal EMS-Trauma Program, brought together representatives of NOSORH and NASEMSO to discuss ways that the associations could work together to improve states' use of FLEX funds for



EMS and to look at other opportunities to collaborate. One project that emerged from these discussions was the creation of the *Rural and Frontier EMS Agenda for the Future*. This document, published by the National Rural Health Association, was designed to serve as a companion to *EMS Agenda for the Future* published by the National Highway Traffic Safety Administration in 1996. While lauded as a critical “roadmap” for EMS system development, the 1996 *Agenda* made only cursory references to many of the specific challenges of rural EMS. With the publication of the *Rural and Frontier EMS Agenda for the Future* in 2005, rural EMS now has a distinctly rural roadmap. Several other important policy documents were published on the heels of the “rural agenda,” including two seminal IOM reports.

*“We have been doing education using telehealth systems for many years. The rural providers have totally embraced it.”* Renee Anderson, Inland Northwest Health Services

Armed with new vision - and new energy - from publication of these key reports, NOSORH and NASEMSO planned to move forward. In 2007 a number of SORHs and state EMS offices convened in Kansas City to begin laying the groundwork for future collaborative work. A year later, in May 2008, representatives once again converged, on the eve of the Second Rural EMS Summit, to continue this dialogue. The 2008 session, summarized in this document, focused on elements of one of the biggest challenges facing rural EMS: the EMS workforce. Specific objectives of the meeting, dubbed the “SORH/EMS Learning Session,” were to:

- Understand barriers to educating rural EMS medical directors and describe strategies to overcome these hurdles;
- Understand emerging models for improving management and leadership skills among rural ambulance service directors;
- Develop strategies for using emerging technologies such as distance learning to educate and train rural providers, and
- Discuss opportunities for SORH and State EMS collaboration.

Held on May 20, 2008, the learning session was attended by almost 30 participants representing 13 state EMS offices and 8 SORHs.

*"There is evidence to show distributive learning can be as effective, and in many cases more effective, than the traditional teaching model. It is important that people understand that alternate delivery systems work - they are not merely poor substitutes for the classroom."*

Nels Sanddal,  
CIT Foundation



# The Agenda

## *Using Distance Education to Train Rural Providers: Challenges and Opportunities*

In order to have an adequate workforce, EMS needs to have mechanisms in place to educate and prepare its workforce. Because rural residents often reside far from academic programs and travel to education programs represents a burden (particularly for volunteers with other jobs and limited financial incentives for training), developing methods of education that allow EMS professionals to learn close to home is essential. Featured speaker Nels Sanddal, Director of the Critical Illness and Trauma Foundation (Bozeman, MT) discussed barriers to the use of distance education to train rural EMTs. Barriers identified by Mr. Sanddal include: 1) misconceptions that “distributive learning” is not equivalent to, and should only be used as a “substitute” for, face-to-face teaching (some evidence suggests on-line learning is as good as, or maybe better than, traditional methods), 2) concerns about access to appropriate technology in rural areas, and 3) lack of promotion. His presentation was followed by remarks by Renee Anderson, Professional Education Coordinator for Inland Northwest Medical Services. She described the services’ EMS Live@Nite program that provides continuing education programs through “live” interactive video conferencing to EMS professionals. The program saves time, travel funds, and has received rave reviews from participants.



*“Our authors took the material for a one day course and condensed it for conciseness.”*

*Teri Sanddal, Critical Illness Trauma Foundation*

## *Roles and Responsibilities of Ambulance Managers*

Managers of ambulance services in rural areas are characterized by integrity and commitment to service and are often excellent clinicians. They are also expected to be competent managers, though very few resources are dedicated to helping EMS managers acquire and maintain management and leadership competencies. Utah and Nebraska are two states that have implemented EMS manager training. In Utah a manager's conference is held every year, described Paul Patrick, director of EMS for the state. In Nebraska they have developed a course that is held over three weekends and is comprised of three 6-hour sessions. Dean Cole of the Nebraska EMS/Trauma Program explain that the course covers ten areas including "soft skills" such as dealing with different personality types and resolving conflict. Because EMS managers are often thrust into this role with limited opportunities for preparation, Critical Illness and Trauma Foundation has now developed an online Service Manager Awareness Course. This offering is designed as a "crash course" to give new managers a limited but critical "toolkit" to manage the job in those first challenging months. The course was developed through the Rural EMS & Trauma Technical Assistance Center, funded by the Office of Rural Health Policy before the EMS/Trauma program lost its federal funding. In order to ensure maintenance of the online program, CIT will offer the course at a break-even fee. The program will be available through [www.remsttac.org](http://www.remsttac.org).

*"We have focused on managers. Rural volunteer agencies need strong leadership, and we realized we needed to provide the appropriate training."*



Paul Patrick,  
Utah Office of Primary  
Care and Rural Health

## *Roles and Responsibilities of EMS Medical Direction: Training Rural Providers*

**P**roviding medical direction is an on-the-job learning experience for nearly all EMS medical directors. There are some courses available to train these medical directors, but cost can be prohibitive, and traveling to courses often represent a burden for rural physicians that have a busy practice and many other responsibilities. Programs to help physicians learn the competencies associated with EMS medical direction are offered at the state level in both Idaho and Utah, and these programs were both discussed at the Learning Session. Monique “Neeki” Larsen (*pictured at left*), Development Manager for the Idaho EMS Bureau, described efforts in Idaho. Robert Jex, Health Systems Specialist in the Utah Office of Primary Care and Rural Health, dis-



cussed a process whereby medical director training in Utah is provided in each of three recognized regions in the state. Also, another course will soon be available that will condense the material offered in the National Highway Traffic Safety Administration’s “Guide for Preparing Medical Directors” into a concise on-line offering. This course was described by Teri Sanddal, Chief Program Officer of the Critical Illness and Trauma Foundation. This program is divided into modules corresponding to those in the *EMS Agenda for the Future*, and it contains a wealth of resource links as well as state-specific information regarding state EMS statutes and practices.

*“The Idaho EMS Physician Commission is unique in the United States.”* Monique “Neeki” Larsen, Idaho EMS Bureau

## *SORH and EMS Updates*

**C**hris Tilden, chair of the NOSORH Rural EMS committee, described recent successes of the NOSORH rural EMS committee. He reported on recent NOSORH survey results in which EMS manager and EMS medical director training were cited as the most prevalent EMS concerns by both SORHs and state EMS Offices. These survey results were the basis for the selection of workforce, and particularly management/leadership training, as the primary focus of the Learning Session. He indicated that he hoped the survey can be used to generate further discussions on “best practices” among states that are offering - or hope to offer - such programs. Jim DeTienne (*picture at right*), chair of NASEMSO’s Rural Committee followed with an overview of recent activities of this committee. These activities include a number of partnership-based projects related to education, including medical director training, training on EMS budgeting, and an EMS Performance Academy.

*“We are building our partnerships because this is where the work gets done.”* Jim DeTienne, Montana EMS & Trauma Systems



## *The Future*

*Participants enthusiastically endorsed ongoing collaboration among NOSORH and NASEMSO. The idea was proposed that collaboration be formalized by actually merging the two committees through a Memorandum of Agreement between the two organizations. The idea was supported by participants and will be pursued through the two organizations.*

## *Postscript*

*The SORH/EMS Learning Session led into a 2-day “Summit at the Lake” sponsored by the Critical Illness and Trauma Foundation. The Summit was attended by approximately 100 rural EMS stakeholders representing a variety of federal and state agencies, EMS services, and other interested stakeholders. The “Summit at the Lake” was the second national rural EMS policy summit, following in the footsteps of the successful 2006 “Summit at the Summit.” Information on the Summit series can be found online at:*

**[www.citmt.org/summit.htm](http://www.citmt.org/summit.htm)**

# Participants

**Rachael Alter**

*Program Specialist*

Idaho Department of Health & Welfare

**Renee Anderson**

*Professional Education Coordinator*

Inland Northwest Health Services

**Harold Brown, Jr.**

*Rural Health Programs Manager*

Alabama Department of Public Health

**Timothy Bundy**

*Chief EMS*

Health & Social Services

**Tracy Burger**

*Program Director*

Florida Association of Rural EMS Providers

**Dean Cole**

*Trauma Program Administrator*

Nebraska EMS/Trauma Program

**Chip Cooper**

*Rural Health Manager*

New Hampshire Office of Rural Health

**John Cramer**

*Section Manager*

Idaho EMS Bureau

**Jim DeTienne**

*State EMS Director*

Montana EMS & Trauma Systems

**Dia Gainor**

*EMS Bureau Chief*

Idaho Department of Health & Welfare

**Joseph Hansen**

*Executive Director*

Critical Illness & Trauma Foundation

**Steven Hirsch**

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Office of Rural Health Policy

**Eileen Holloran**

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Office of Rural Health Policy

**Robert Jex**

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Utah Office of Primary Care and Rural Health

**Janet Kastl**

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Washington Department of Health

**Betty King**

*Program Specialist*

NOSORH

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Idaho EMS Bureau

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*Assoc. Director of Research and Professor*

University of Utah School of Medicine

**Dean Neufeld**

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*State EMS and Preparedness Director*

Utah Office of Primary Care and Rural Health

**Michelle Reese**

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Colorado Department of Public Health & Environment

**Nels Sanddal**

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REMSTTAC

**Teri Sanddal**

*Chief Program Officer*

Critical Illness & Trauma Foundation

**Ron Seedorf**

*Emergency Preparedness Manager/EMT*

Colorado Rural Health Center

**Mary Sheridan**

*Director*

Idaho State Office of Rural Health

**Kris Sparks**

*Director*

Washington State Department of Health

**Carolyn Stovall**

*EMS Education Coordinator*

Inland Northwest Health Services

**Chris Tilden**

*Director*

Kansas Office of Local and Rural Health

# Speakers and Presentations

**Renee Anderson**

*Inland Northwest Health Systems*

[EMS Live @ Nite](#)

**Dean Cole**

*Nebraska EMS/Trauma Program*

[Welcome to EMS Leadership](#)

**Jim DeTienne**

*Montana EMS & Trauma Systems*

[Rural EMS Committee](#)

**Bob Jex**

*Utah Office of Primary Care and Rural Health*

[Utah Medical Director Training](#)

**Monique Larsen**

*Idaho EMS Bureau*

[EMS Medical Directors Training](#)

**Paul Patrick**

*Utah Office of Primary Care and Rural Health*

**Nels Sanddal**

*Critical Illness & Trauma Foundation*

**Teri Sanddal**

*Critical Illness & Trauma Foundation*

[Guide for Preparing Medical Directors Online Course](#)

**Chris Tilden**

*Kansas Office of Local and Rural Health*

[State Office of Rural Health/NOSORH EMS Activities](#)

# National Organization of State Offices of Rural Health

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