Rural Ambulance Service Sustainability

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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.

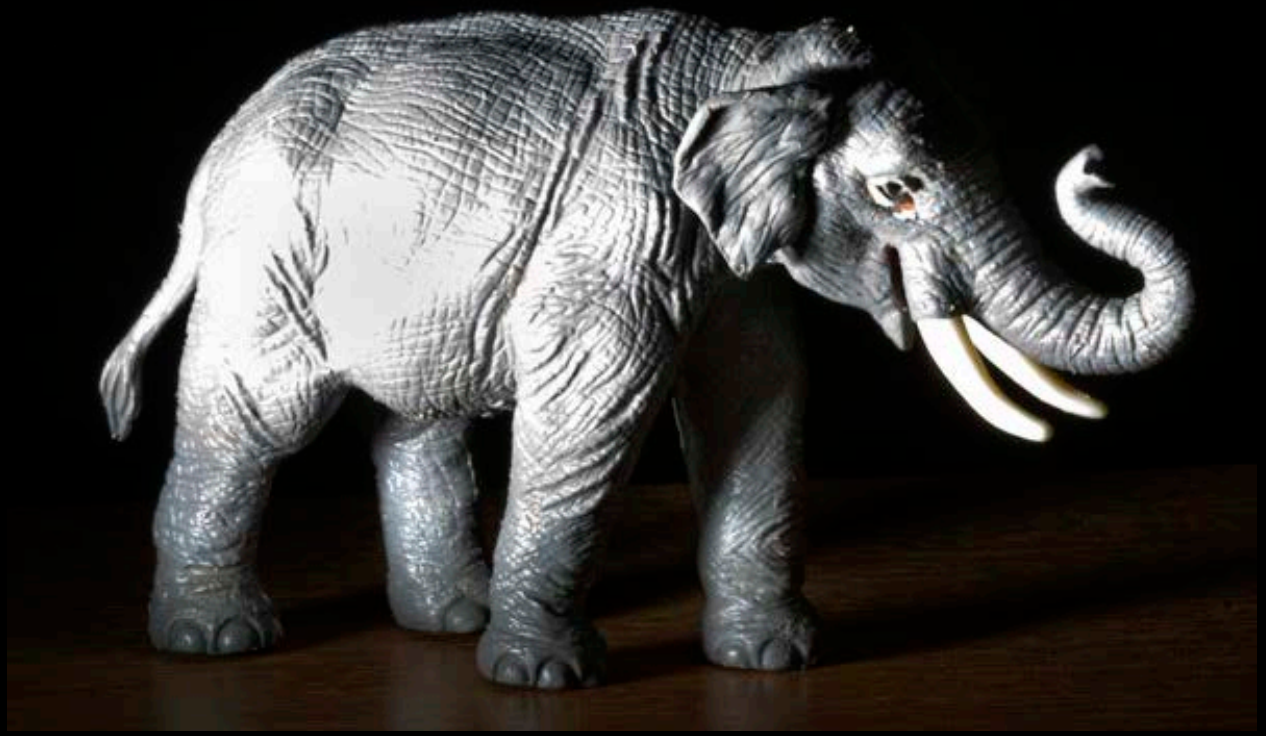
What informed these opinions

- 2010 North Dakota Rural EMS Improvement Project
- Studies of EMS systems in
  - MN, SD, MI, NE
- 700 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

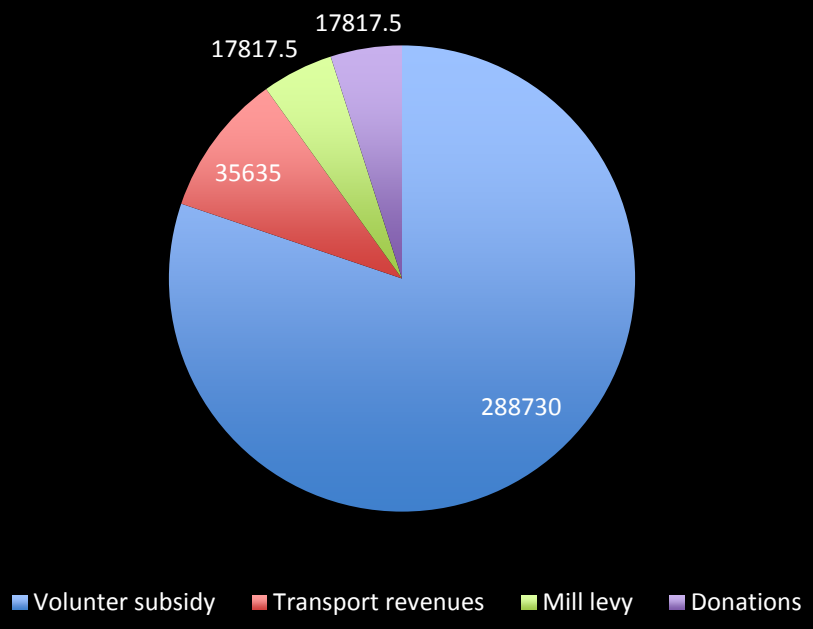


Costs and funding?

- $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



Volunteer subsidy disappearing

Why?

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

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

Improbable successes

- More business than club
- Safe and human scheduling
- Population of around 1500
- 100 population per volunteer recruited

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 essenital 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

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)

For more information

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