Minnesota Emergency Medical Services Regulatory Board

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MINNESOTA RURAL AMBULANCE ASSESSMENT PROJECT

FINAL REPORT

NOVEMBER 1, 2004

Project Design

In 2003, the Emergency Medical Services Regulatory Board (EMSRB) approached the Minnesota Department of Health, Office of Rural Health and Primary Care (ORHPC) with a preliminary plan and request for financial assistance to conduct a pilot project to assist stressed rural ambulance services. Through the Federal Medicare Rural Hospital Flexibility Grant, ORHPC provided funding for this pilot project. The EMSRB developed a rural ambulance assessment tool to pilot with four volunteer ambulance services in different regions of Minnesota. The four assessments were conducted between April and August of 2004, with the following ambulance services: Henning Ambulance (West central), Lewiston Ambulance (Southeastern), Floodwood Ambulance (Northeastern), and Lewisville Ambulance (South central).

The pilot project consisted of a two day, onsite assessment of each ambulance operation by a team of four EMSRB staff and board members, and in two cases, the regional EMS program director. The core components of each ambulance operation examined included: 1) management and operations; 2) financial practices; 3) recruitment and retention; 4) medical direction; 5) staff development and training; and 6) community support. The assessment tool included interview questions for stakeholders involved with the ambulance service: current and former volunteers, management and operations personnel, the medical director, community leaders, financial and budget persons, and public officials. The final written reports, along with Power Point presentations, have been presented to the ambulance service governing board and city officials, with an opportunity for discussion. The regional EMSRB Specialist will provide ongoing follow-up support to each ambulance service to assist with strategies for implementing any recommendations. Approximately one year after each assessment report has been presented, the EMSRB plans to provide an additional follow-up analysis describing successes and challenges of implementing strategies recommended in each assessment report.

Successes and Challenges

The overall success and challenge of this pilot project will be revealed in approximately twelve months. At that time, follow-up analysis for each ambulance service assessment will describe progress (or lack thereof) in implementing some or all recommendations presented during each assessment. The EMSRB assessment team is generally satisfied with the assessment tool, in that it identified common themes in each assessment, as well as common recommendations apropos for most rural ambulance services. Common themes identified in all four ambulance operations include: 1) lack of adequate staffing (recruitment and retention); 2) pressure on volunteer services to maintain high standards of operation through "thick and thin" years; 3) tendency for communities to appreciate the ambulance services but take them for granted more often than not; 4) time commitment is often overbearing, for initial and ongoing training and for on call time; 5) the presence or absence of an active medical director can make a difference that affects almost all aspects of an ambulance service, including patient care, management, morale, and recruitment/retention of volunteers.

Note: the "recruitment and retention" issue is of such magnitude in rural ambulance operations that several aspects identified relating to this issue are mentioned here as markers for future analysis and examination in any future assessment projects. These aspects include: 1) time commitment for volunteers – the initial 110 hour EMT-Basic class, ongoing refreshing of skills, and extensive on-call time that limits volunteers in their community involvement outside of ambulance service activities; 2) the rigorous and oft-cited difficulty of the current national EMT certification test required of all candidates for entry as a basic emergency medical technician; 3) the human factor of facing the reality of EMS, the stress of long hours (on-call, routine patient transports, management tasks), coupled with the fear and/or anxiety of traumatic emergencies involving serious injury and death.

Common recommendations that emerged from this pilot project include: 1) a need for more and consistent incentives for volunteers, both for recruitment as well as retaining them for extended service; 2) awareness of financial practices and billing procedures, most often best served by retaining professional billing services; 3) establishing clear lines of authority for management, and establishing a plan for strategic replacement of vehicles and equipment; 4) developing working relationships with neighboring ambulance services to share training, ride-alongs, and skill maintenance activities; 5) nurturing a positive working relationship with the medical director for the ambulance service; and 6) developing strategies to assist volunteers in their on-call duties and responsibilities, including on-call pay and assistance when required for ambulance response, such as an on-call babysitter program.

Future Assessments and Technical Assistance

The model developed for this pilot project has been designed to look specifically at each ambulance organization's unique circumstances, and to provide ongoing and follow-up support for at least one year following the assessment. A final written report (available from the EMSRB) has been prepared for each ambulance service, meetings have been held in each community, and preliminary work has begun to develop implementation strategies that involves the ambulance service personnel, community leaders, EMSRB staff, regional EMS programs, and other interested agencies and individuals. Refinement of the assessment tool will be a priority for future assessments, based upon outcomes derived from this initial project. Technical assistance from the EMSRB, regional EMS programs, and other identified resources will be available as this pilot project progresses through the analysis and implementation stages.

The spirit of voluntarism is evident in rural communities throughout Minnesota. The commitment, dedication, and willingness of ambulance service personnel to serve their communities in this way depicts volunteerism at its highest level, even in these days of diminishing human and financial resources available to rural areas of the state. Appreciation is extended to the ORHPC within the Minnesota Department of Health for providing resources to conduct the pilot project. The goal is to continue this type of assessment project in such a way that it contributes to more viable ambulance services, capable of providing a vital service to Minnesota's rural communities for years to come.