

The Double Edged Sword, Recruiting and Retaining Top Personnel in Fire and EMS



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EMS Recruitment and Retention: Separate but the Same

BY ROB WRONSKI

You know the question is coming at some point. Whether you're the fire chief talking to the county administrator or a battalion chief going in for the deputy chief interview: "Tell me what we can do better for recruitment and retention, chief?" The beads of sweat break out, the palms become moist, and the pupils widen noticeably when we're confronted with this question. It doesn't need to be that way; as EMS professionals, we should have solid plans in our pockets for both. Here are some tips and tricks from industry leaders for both sides of the problem.



BREAK UP THE PAIR, BUT KEEP THEM TIED TOGETHER

"Recruitment and retention" are all too often thrown together as a single problem, with the same solutions, much like we do with QA/QI. While they are tied together, they are two completely separate processes of identifying trends, and then adopting positive changes we find, or correcting the negatives. Stop thinking of them as being the same and think in two dimensions to let one help solve the other.

What are our long term goals? We want a fully staffed department with well-trained, diverse, and knowledgeable personnel. That requires both

recruiting those that are the best of the best (difficult to do in a shrinking talent pool) and then keeping them, as well as seasoned staff, around.

Sometimes the leakage is so bad that we must take urgent, even emergent steps to stop the bleed to be able to hold the talent we have and keep our citizens safe and covered. Our people need to feel safe, protected, and have a sense of purpose in their work to plug those holes.

Chief Justin Sypolt speaks directly to the retention question in terms paramedics understand in *Are Staffing Levels Seemingly Pulseless? Let's Review the H's and T's*, (*JEMS*, 12 May 2022). Chief Sypolt discusses in detail easy tips to make your current employees around while you rebuild your ranks. Show them you care, give them the tools they need, and treat them like people and not just a number. Provide for their basic human needs and if those needs are met, they aren't even looking at other jobs, they are looking for more people to bring into your organization!

IF WE PAY THEM MORE, THEY WILL COME (NO).

While this may be true in the short term, it's becoming apparent we can't "buy" our way out of the staffing shortages, in the long term. The rates of pay demanded now by EMS professionals may be acceptable in the short

term and we can find the money for a few quarters, but it's evident among leadership that this is not a sustainable business model. Wes Ward brings forth this stark reality of slow-motion movement in changing compensation packages and the even more "molasses in January" movement of CMS to come through in his article *Modern EMS Recruitment and Retention*, (*JEMS*, 11 March 2022).

Your teammates now require more. They must have a sense of purpose in their jobs, as well as self-worth. Wes reminds us that simply pushing the "public service motivation" isn't enough any longer. Our personnel also demand more to prevent them from burning out and leaving as well. Dr. Remley Crowe found in a 2017 study of EMS personnel, the top ways to prevent burn out were (paraphrasing for space): keep them well trained, keep them well equipped with working modern gear, and keep them informed of their clinical abilities with solid interaction with their Medical Control.¹ Are you doing this for the staff you have or are you making them "do more with less" because pay raise have eaten up your training and cap ex budgets? Worry about the pay, yes; worry more about the person you're hiring and how to keep them!

FORGET THINKING OUTSIDE THE BOX, THROW THE BOX AWAY

Some EMS leaders talk about it, good EMS leaders use it occasionally, great EMS leaders dive deep into their data and use it to develop real, out of the box solutions. Dr. Martin Sellberg explains in *Combatting the EMS Shortage with Data*, (*JEMS*, 20 September 2022) using data to create new solutions to problems is a quantifiable means of presenting ideas to your leadership, boards and citizens to improve EMS delivery in these lean times. Using economies of scale, combining smaller districts into EMS Authorities to spread the wealth and increase resources, and facilitating more efficient patient movement makes for a more resourceful EMS team and data can get you there.

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Are Staffing Levels Seeming Pulseless? Let's Review the Hs and Ts

BY JUSTIN SYPOLT, BS, NRP - | 05.12.2022

DISTRICT CHIEF JUSTIN SYPOLT SHARES INSIGHTS IN RETAINING EMS EMPLOYEES BY USING SIMPLE TIPS TO CREATE A MORE WELCOMING ENVIRONMENT.

EMS staffing is in a state of crisis. It has been and it will be. That is, unless the mentality of leaders within the field changes to better understand the next generation of EMS professionals and why it is that these folks are abandoning agencies and a field they once loved.

If your own employee roster doesn't convince you, a quick search on the internet will populate dozens of articles and news stories reporting on EMS staffing woes. Staffing issues are not unique to EMS. There is a widespread issue which some are calling the "Great Resignation." Interestingly, the phenomenon also been deemed the "Great Renegotiation" as employees are considering their own value and values while leaving current positions to search for jobs that create more personal fulfillment, promote a work-life balance, and recognize employee contributions to the workplace.¹

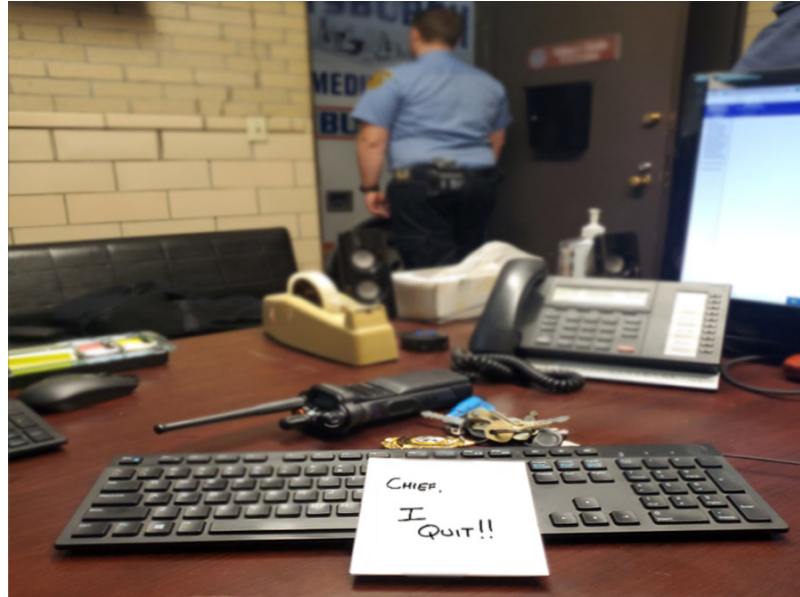
The proposed solution thus far has been a major focus on recruitment efforts in many fields. Some systems offer wages for nurses and paramedics that have never been seen before. Conversely, some agencies are having trouble competing with unskilled, or low-skilled jobs that are offering higher wages for positions that also offer little or no mandated overtime, less responsibility, controlled work environments, decreased risk of exposure to diseases such as COVID-19 and a lower chance of developing post-traumatic stress disorder. Considering all of that, how can we find a way to reduce the hemorrhaging of providers from our ranks?

Simply put, do what we do? Search for the reversible causes, or as ACLS would have us remember, review the Hs and Ts.²

To develop a solution to the problem of employee engagement and retention, we must first evaluate what is causing employees to leave their positions and our fields of work in general. People have now realized their longing for purpose is greater than the desire for a paycheck. A validating article by the Harvard Business Review (HBR) provides that workers have now begun to question the value of their work and the sense of meaning it provides them.³ HBR references recent research by McKinsey and Co., citing the top two reasons that employees have left or are considering leaving their jobs is because they didn't feel their work was valued by their organization or they lacked a sense of belonging at work.⁴

Money or happiness: which is more valuable? John Wright, the manager of Quality and Standards at Sussex County EMS in Delaware gave me his perspective in an interview by proclaiming: "I don't care how much you pay people, if you treat them poorly, they are going to leave."⁵

Wright touches on what so many other EMS officers overlook, the value that individuals place on their treatment and their satisfaction in the workplace which cannot generally be quantified or monetized. Wright also suggests that developing an organizational culture of engaging employees at all levels to participate in the core functions of the department which breeds job satisfaction and permits higher level executives an opportunity to communicate openly with



"I Quit" original photo taken by Justin Sypolt, content credit to John Mooney. (2022)

all levels of personnel about what is good and what is bad within the agency. It also allows for open discussion about the strategic goals of the agency in general and gives ownership of those goals to all personnel, not just the ones at the top.

Another human resources leader, Cathy Guthrie, put it bluntly: "If you're happy, you're not even looking at other jobs."⁶ A simple and straightforward thought, but how do we gauge the overall happiness of our workforce? Happiness is to the individual what morale is to the organization. So, while it may not be possible for leaders of larger organizations to know the intimate details of every employee's life, leaders must engage their front-line supervisors and labor leaders to gauge the levels of morale in the department.

It is up to us, the incoming generation of EMS leaders, to solve the problem. We're in the second half of the resuscitation, we have tried what we thought worked, we have assessed the situation, acquired some background information, and recognized that current treatments are not working, what do we do now? You guessed it, let's review the Hs and Ts, but this time, of EMS leadership.

HONOR YOUR PEOPLE

An article titled Millennials Work For Purpose, Not Paycheck tells us millennials want fulfillment at work and are "constantly seeking purpose in what they do."⁷ People search for honor in their work. Professionals today want to know that what they are doing matters. In EMS, I doubt that many would argue that the work is not honorable. What could be more honorable than saving a life, or bringing a new one into the world?

So, why are we so bad at honoring the people who do it? How do you honor them? Did you just mutter "with a paycheck" under your breath? Do you pop out of the office during EMS Week to hand out a few awards only to see your shadow and retreat for another year like Punxsutawney Phil? Let your team know that what they do really matters.



HOLD PEOPLE ACCOUNTABLE

Honor good employees by holding the bad ones accountable. Demand excellence. That means you too. As a leader, you are accountable to your people even though they may not have voted you into Chiefdom. You owe it to them to be the best that you can be. Hold your officers accountable for their part. Are they holding their subordinates accountable for their actions or are they playing “good cop?” People generally want to be part of something great and good people are ruined quickly when under performance is permitted or even promoted. Holding people accountable, at all levels, lets your team know that the success of the agency is everyone’s mission.

HUMILITY

John Wright described an environment where chief officers engage employees of all levels to participate in core functions of the department. The action recognizes the equal importance of all personnel within an organization. Leaders must recognize that all personnel have a vested interest in the success of the organization and should be able to participate in core functions, such as strategic planning for the future and defining the mission of the agency. To lead is to serve. Leaders must realize that no part is greater than the sum and maintain a fervent desire for the success of the team. Becoming a chief officer is not the finish line, it’s the starting point of what should be your life’s greatest work.

HUMAN

Just today, I had to mandate an EMT to cover an overtime shift; one that he did not want to work. My partner explained, “Hey, it’s extra money.” The EMT replied: “I have enough money. I want to be with my family.” As leaders, it must be recognized that you hired people to do God’s work. These people have families, hopes, desires and dreams that don’t necessarily involve the back of an ambulance. Once you get that nice cushy office job, you can’t forget that some people still work weekends, nights, and holidays.

At your dinner table, think of the other house that has an empty seat where mom or dad should be if they weren’t riding the bench. If right now you are thinking “I paid my dues,” or “get some time on the job,” you are the problem. When people are thought of as a number instead of a person, they will rapidly lose interest in giving you what you are so ready to take, their time.

HONESTY/TRUTH

Does your team know what the mission and values of the agency are? Have you shared the strategic plan? Is there one? Be open and honest with your team about the mission of the agency and the direction it is heading. Let them know what you expect of them and what they can expect of you. Create an environment where you and they have no question about the agency’s vision or values and ensure they are adhered to.

TRUST

I don’t mean trusting that the few bucks you left on the table when the tones dropped will be there when you get back. I mean, do you and your team mutually trust that you have each other’s best interests in mind? Do you have an open door policy, but nobody comes in? As a leader you must create an environment where your team can trust you enough to come to you with problems, even if you are the problem.

Teams must be able to openly discuss and even debate agency problems without the fear of reprisal. Does your team trust you to support them on all fronts and to work to achieve the mission of the agency? Do they trust you to hold them

accountable for their actions? Do you trust them? Try assigning responsibilities to personnel in lower ranks. Just because they don’t have a gold badge, doesn’t mean they’re incapable. What you achieve together can surprise you.

TEAM

Many, if not all, leaders will say when asked that their employees are their most valued asset, but their actions tell another story. A friend and colleague explained the problem to me in this way; “We are the players, we’re out here doin’ it,” he said, “and you all are the coaches. We are supposed to be a team.” As a coach, it is your job to make sure your team has what they need to succeed. Whether that is training, equipment, or a moment to decompress. Build the team mindset, we are stronger together. My soon to be seven-year-old son reminds me regularly, “teamwork makes the dream work.” If he can figure it out, you can too.

THEM

Sorry chief, it isn’t about you. It’s about them – your team, your community, your patients and their families. Show them that you truly care about them and their wellbeing. Make the effort to show your people that you care, send them a birthday card, recognize their years of service and their personal achievements. Show the community you care about them by working with community leaders on public health initiatives. Show patients you care by maintaining a professional and empathetic workforce, be willing to hear their concerns and share the ways you plan to address them. The first step to solving your agency’s problem is admitting that you have one. Be honest with yourself and your team. Admit that you can do better. It’s not meant to be easy, nothing worth doing is. Stay humble, it isn’t about you, it’s about them. Honor your people when they do good and hold them accountable when they do not. Provide them with what they need to succeed. Have trust in your people and strive to earn theirs, they will thank you with their loyalty and willingness to go above and beyond for the team.

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Modern EMS Recruitment and Retention

BY WILLIAM "WES" WARD | 03.11.2022

Emergency medical services (EMS) is a relatively new profession with its foundations in the late 1960s.¹ Today, almost every area of the United States enjoys EMS services, and the general public expects access to EMS. The U.S. Department of Labor's Bureau of Labor Statistics (2019) reports that EMS work demands cognitive, physical, and emotional labor in a high-stress and unpredictable work environment. The EMS workforce is distributed among fire departments (48%), private ambulance companies (21%), governmental non-fire agencies (12%), hospitals (11%), air medical (3%), and other (5%) with the vast majority of EMS workers (72%) listing 911 response as their primary job function.²

There is also a significant part of the workforce that is volunteer or pseudo-volunteer. The majority of EMS workers are paid and are employed by municipal fire departments. The median annual salary for this group is \$36,450.³ However, there exists a wide variance in the profession with regard to pay depending on geographical location, organization of the employing local government, and tenure. This complex landscape of subcategories within EMS confounds the study of the workforce.

Traditionally, the public sector of the EMS workforce has been the highest paid and has enjoyed low turnover rates.⁴ However, the rate of retention for EMS workers in the public sector has declined dramatically in recent years.⁵ Simultaneously, the demand for EMS services in the U.S. is predicted to continue

to increase substantially.³ A thorough understanding of the factors affecting the recruitment and retention of EMS workers is necessary to formulate effective strategies moving forward.

RECRUITMENT

Many U.S. fire departments are finding it increasingly difficult to fill their paramedic positions.⁶ This phenomenon has created a need for EMS directors to delve into the unfamiliar area of recruiting. Many traditional economists would advise that increases in compensation are necessary to solve the problem. However, public service EMS employers are rarely in a position to change compensation packages to meet the needs of the job market. Additionally, compensation is generally limited to the ability of the organization to raise funds. Transport fees for EMS do generate revenue for both public and private providers. However, rates for these fees are tightly controlled by the Centers for Medicare and Medicaid Services (CMS) and the private healthcare industry. Change in that area is likely to come much too late to solve the current crises in EMS recruitment.⁴ Recruitment solutions may be linked to factors other than compensation.

The main motivator for workers seeking employment in public sector EMS has long been assumed to be exclusively public service motivation.⁷ Public service motivation is an intrinsic motivator that exists in some portion of the population



which steers people toward public service jobs to suffice a desire to serve their community. Public service motivation has been well-studied and quantified. Public service motivation is required to fill EMS positions with relatively high job demands and low pay in the traditional rational economic view. Availability of education for EMS workers in an area is an important factor that particularly affects rural communities.

The educational standards for EMS certification and licensure have increased since the adoption of the National EMS Educational Standards in 2007 by the Department of Transportation. These higher standards were adopted in response to public demand for a more-qualified EMS workforce. However, the higher standards further diminished the availability of a segment of the population for EMS work. Many rural areas heavily depend on volunteers or pseudo-volunteers to provide EMS. These same areas are likely to have substandard foundational educational opportunities and limited availability of affordable EMS education. These factors have significantly hurt EMS recruitment in rural America.⁷

Public service motivation is an important factor in public service recruitment, but the importance of public service motivation is limited.⁸ Other factors such as job fit and organizational fit also play an important role in recruitment. Recruitment messaging was once thought to be a very important factor in public service recruitment. However, Asseburg et al. (2018) argue that recruitment messaging is likely to have little impact on potential candidates who do not possess the proper public service motivation. Also, the work environment and organization fit for the potential candidate seems to be more important than ever. This suggests that clever recruitment messaging is important, but that well executed recruitment messaging is only a small part of the recruitment solution.⁸

One part of the solution is to realize that an EMS organization's best recruiters are the current EMS workers. Family and friends with like values are receptive to recruitment into the profession. This is particularly true when the lifestyle of current employees is considered to be favorable by potential candidates. The reputation and community engagement of the agency are also important to this process. In the current digital age of instant communication and expectations of instantaneous response, the selection and onboarding process must be streamlined. Candidates are very likely to look elsewhere if there is an extended hiring and onboarding process. Continuous communication with candidates is essential in preventing the loss of candidates during this phase. These strategies are important, but they are cannibalistic to other EMS agencies. The more important issue is to attract candidates to the profession at a much higher rate to increase the pool of candidates. Much of what improves retention also directly improves recruitment.

RETENTION

Public sector EMS organizations are also experiencing increased turnover rates which compounds the recruitment problem.⁹ This increasing turnover rate negatively affects the quality of services provided by public EMS organizations, and the increased turnover rate comes with a monetary cost. In the Patterson et al. (2010) study, the median cost of EMS turnover was \$71,613. The study also determined that there was a wide range of turnover rate and associated cost in EMS organizations depending on the type of organization and the locality of the organization's operation. Whatever the associated cost, there does exist a price for employee turnover, and that price reduces the overall pool of funding available to offer as compensation. The findings of the study must be tempered because of the extremely small sample size and limited volume of data collected.⁹ This study does reinforce the complexity of the EMS workforce and illustrates many of the obstacles in studying human resource management in EMS.

The reasons for the increasing rate of turnover in EMS are also complex. Blau and Chapman (2016) conducted a small-scale study to determine why EMS workers leave the profession. This qualitative study found that EMS workers are generally satisfied with their job. Interestingly, EMTs reported a significantly higher job satisfaction than

paramedics. The self-reported likelihood to leave the EMS profession was also lower among EMTs than it was for paramedics. The principal reasons for leaving EMS among paramedics included pursuing higher education and deciding to move to a new location.⁵ These findings might suggest that the lower-trained EMTs who generally have less job responsibilities are more content than their paramedic counterparts in a significant way. Many public EMS organizations provide incentive pay to paramedics and several organizations have experimented with performance pay for paramedics to improve retention and job performance.⁵ However, others would argue that EMS is not suited for performance incentives.

Woolhandler and Ariely (2012) point out that incentive pay for healthcare workers can actually decrease job motivation and performance.¹⁰ Many studies have illustrated that incentive pay can increase work performance for jobs that mainly require physical labor.¹¹ However, the dynamic changes when intellectual and emotional labor are added to the mix. Incentivized pay programs tend to measure performance per unit of time which increases the pressure on the worker to make faster decisions in scenarios which require critical thinking. The perception of time pressure already exists in many tasks for EMS, but most EMS work scenarios have some discretionary time for critical decision making. Adding more time pressure through incentive pay programs leads to increased mistakes for healthcare workers.¹⁰

EMS providers are also required to perform emotional labor which requires the worker to behave in a way contrary to their emotions to fulfill the requirements of the job. Emotional labor is shown to cause exhaustion and other manifestations of negative stress. Decreases in job performance are also likely to exacerbate the effects of emotional labor.¹⁰

Most public sector EMS workers are affiliated with fire departments which often have an internal culture of incivility towards each other.¹² This incivility is accepted as organizational culture for most emergency workers, and interpersonal incivility can even be seen as a method of group identification and group cohesiveness in some emergency response organizations. Many fire departments sharply divide their workforce into fire suppression and EMS groups through organizational constructs. This organizational structuring lends to the development of subcultures within the organization that pits fire suppression personnel against EMS personnel. Also, most fire department managers and executives relate to the fire suppression group over the EMS group. This set of circumstances leads many fire department EMS workers to seek employment with other organizations or leave the profession entirely.¹²

STRATEGIES

One of the most important motivators for recruitment and retention is the meaningfulness of work.^{11, 13} Many people strive for their work to be meaningful to themselves and others. EMS has a great advantage in this area with frequent and explicit occasions where EMS worker action has a positive impact on patient outcome. However, EMS agencies are not always proficient in explicitly stating the meaningfulness of their workers' efforts. Regular recognition for positive outcomes, frequent mention of meaningfulness, and messaging that emphasizes the meaningfulness of EMS work are proven strategies for recruitment and retention.

Often, EMS workers feel under equipped to accomplish the job requirements. The acquisition of quality equipment and vehicles is expensive. Purchasing equipment is cheap compared to the cost of turnover. Continuous training is also important. The only thing more stressful than running a critical EMS call is running a critical EMS call and not knowing what you are doing. So, effective and frequent training becomes a tool for retention.

When EMS workers leave the profession because of alienation from managers who prefer to identify with fire suppression or because of incivility from their peers, then the agency has experienced a preventable loss. Leaders cannot allow incivility in the workplace in the current cultural environment.



When EMS workers are treated well, recognized for the meaningfulness of their work, and are given proper training and resources, then that worker becomes the best recruiter the organization can have. Job satisfaction and job dissatisfaction are contagious. Higher turnover rates cause the need for increased recruitment. Poor recruitment can lead to unfilled positions which can increase retention problems. These problems are intrinsically connected and irreducibly complex.

CONCLUSION

One way to help understand the interplay of recruitment, retention, and organizational performance is to view the problem from a job resources versus job demands perspective.¹⁴ The job resources-demands theory holds that a public service worker has resources which are used by job demands. These factors interact with each other in a variety of feedback loops. For example, a worker with high public service motivation performs his or her job well with good job engagement and receives both intrinsic and extrinsic rewards.

This cycle strengthens the worker's public service motivation. However, if the worker is overwhelmed by job demands, then the job performance is decreased, and this causes a reduction in the worker's positive feedback and an eventual drop in public service motivation. In this light, the goal is to achieve and maintain high public service motivation and high job performance as an overriding strategy to improve recruitment and retention.

The job resources-demands theory lends itself to public EMS human resources management. Job resources such as continued medical education and public recognition for high job performance are within the purview of EMS directors and managers. Also, careful attention to work hours, equipment status and administrative job demands should be carefully monitored and evaluated to minimize amenable job demands. These steps are clearly part of the solution for the current recruitment and retention issues within public EMS organizations. However, there are likely other solutions which haven't come to light. The complexity of the EMS workforce and the nature of the profession has made reliable empirical data on the issues scarce. More concentrated research in this area is required before all possible solutions are revealed.

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Combatting the EMS Shortage with Data

BY MARTIN SELLBERG, MD | 09.20.2022

MARTIN SELLBERG, MD, EXPLAINS HOW A DEEPER LOOK INTO DATA AROUND LOCAL EMERGENCY MEDICAL SERVICES LEADS TO BETTER EMS RESOURCE MANAGEMENT.

Across the country, local emergency medical services operations are increasingly challenged to staff ambulances, leading to excessive wait times for patients in potentially life-threatening situations.

In Boston, on-time response rates reportedly declined to 58% in November 2021 after hovering around 80% for most of the earlier part of the year.¹ In Atlanta, city officials are planning to launch their own EMS service after becoming inundated with complaints about slow response times from one prominent EMS provider.² And in Northeast Ohio, EMS insiders openly lament that the industry is on the verge of collapse.³

Despite the geographic diversity of the EMS worker shortage problem, most of its causes are the same across the nation: low pay, stress and COVID-19 related burnout. Industry groups are lobbying Congress for additional funds to train and pay emergency medical providers, but the impact of these efforts will not be seen for years.

The workforce shortage also seems here to stay, at least in the short term. One focus for immediate relief is to practice strategic resource management to better utilize the existing EMS workforce. Patient movement data is central to this strategy. When EMS administrators have the data necessary to analyze and predict patient volumes, acuity, location, and demand peaks, they will be better equipped to appropriately match resources to service area needs.

At its highest level, an ultra-efficient EMS system is one in which local resources match patient needs not only according to geography and response and scene times, but also in relation to diagnoses and the standardized assessment of acuity. This requires looking at the patient's condition in more discrete terms than code green, yellow, or red, and tying that information to what matters most for time-critical patients: the time to definitive care.

A DEEPER LOOK AT THE EMS SHORTAGE

Although the COVID-19 pandemic increased demand for all EMS services and workers, the bulk of federal relief money was primarily distributed to hospitals and rural medical providers rather than to EMS services. While the government did give a total of \$1.83 billion directly to ambulance services, the American





Ambulance Association reports that this amount fell far short of what was needed at this vital point of care.⁴

Now these funds have run dry, leaving many EMS providers in a pinch. This is especially the case in rural communities, where long transport times are a given, as EMS typically serves a large and sparsely populated geographic area. The number of hospitals over capacity during the pandemic forced rural hospitals to transfer emergent patients to facilities much further away, aggravating the increased demand by making ambulances unavailable for longer times.

High amounts of turnover and low pay have also contributed to the crisis. For EMTs and paramedics, turnover ranges from 20% to 30% annually, meaning that ambulance services should expect to replace their entire staff around every four years.⁵ Adding to the difficulty of EMT recruitment and retention is the pay scale range. In 2021, median pay for EMTs and paramedics was \$36,930 per year, or \$17.76 per hour, according to the U.S. Bureau of Labor Statistics (BLS).⁶

EMS services will also need to replace the large number of workers who retire or leave the field for other occupations. EMT and paramedic employment is projected to grow 11% from 2020 to 2030, with an estimated 20,700 positions opening each year.⁷ Given the reality of turnover, attrition, and 11% growth, it seems unlikely that the industry can hire its way out of the EMS worker shortage.

BETTER DECISIONS THROUGH BETTER DATA

Intelligent resource management and patient movement efficiency are our most attainable means of combatting the EMS worker shortage in the short term. One promising idea involves eliminating the arbitrarily drawn lines that serve as the borders of EMS service areas, and instead establishing “neighborhood EMS” services. Under the neighborhood model, counties and/or municipalities combine EMS services for a given geographic region, as opposed to maintaining separate services divided by state or county lines.

These arrangements take advantage of economies of scale to generate efficiencies and savings, enabling formerly disparate groups to share resources such as dispatchers, facilities, trainers, education sessions and supplies. Duplicative stations could also be eliminated, reducing costs. In rural Kansas, EMS services that have Advanced Life Support (ALS)-level capacity have entered mutual aid and assist agreements to provide ALS level of care support to surrounding counties that provide only a Basic Life Support (BLS) level of care, thus providing access to advanced care over a broader area. This is a substantive step to integrating a clinical resource throughout a larger EMS neighborhood.

Of course, the downside of a mature neighborhood EMS model is that it takes considerable work to standardize and combine fragmented systems. Revenue distribution is also a thorny issue, as the model must address how revenue is shared across county or city jurisdictions. The political process of justifying the consolidation requires finesse—and data, which brings us to the most important point.

Naturally, EMS agencies generate a higher volume of patient movement data than hospitals do. However, the specific data points that most services collect typically correspond with the performance priorities of their funding entities, such as counties or municipalities. Much of the information relates to 911 calls, and includes stats such as the time from dispatch call to enroute to arrival on scene, as well as the total time at scene.

EMS services tend to be very attentive to those types of procedural data streams, but there has traditionally been less attention to other data that could spur operational improvements—and lead to more funding from the county. These data points include elements such as the number of missed requests for nonemergent or for interfacility transfers, and the service’s average response time to community hospitals searching for transport for those missions. Having

an independent source provide this data can highlight an organization’s capacity and operational maturity, while revealing areas of true need within the community.

When county commissioners are presented with data that tells a compelling story, analyzes missed opportunities, and proves the need for additional resources, they are more likely to act to rectify the situation. Most importantly, if an EMS organization can explain how many times they refused a hospital’s request to leave the county and take an emergent patient to a receiving hospital—and then show the impact of that delay on the patient’s outcome—they are more likely to receive additional funding.

On average, once a county EMS service turns down an interfacility transfer, it takes the hospital four times longer to safely transport a patient to a higher level of care. Delays have consequences. For example, at the height of the winter COVID surge, patient movement data showed that delays in patient transfer resulted in an increase in mortality in those waiting to be transferred.⁸ Although the delay was due to difficulty in patient placement as opposed to delay in the transport process, the value of timely transfer was emphasized in a most dramatic way. The impact of EMS’s vital role in patient transfers must not be underestimated.

Armed with the right data, EMS administrators can make better decisions about how to best utilize their scarce resources. The EMS worker shortage is unlikely to ease any time soon, but with better data driving strategic resource management and more efficient patient movement, EMS providers can minimize its effects.

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