

National EMS Advisory Council Committee Reporting Template FINAL

Committee: Adaptability & Innovation

Title: Rural and Volunteer EMS Recruitment and Retention

A. Executive Summary

The ability to recruit and retain rural and volunteer EMS practitioners has become increasingly difficult nationwide.

Accurate statistical data on the number of EMS practitioners (first responders, emergency medical technicians (EMTs), advanced EMTs and paramedics) is lacking. Existing data can also be misleading due to duplication within a registry, combinations of volunteer and paid practitioners, dual roles (fire and EMS), or multiple provider registrations. Analysis of EMS practitioners (rural, volunteer and fire) may be used to begin the assessment process of recruitment and retention issues; however, more accurate, specific data is necessary to fully understand the challenges.

The evaluation of existing data and research related to EMS recruitment and retention is necessary to identify and adequately understand the difficulty attracting and maintaining EMS practitioners in rural and/or volunteer organizations. Research should include the study of successful rural and volunteer organizations to identify best practices in recruiting and retaining quality EMS practitioners. Convening a panel of subject matter experts (SMEs) to determine appropriate data collection and to analyze the root causes, will allow gap analysis with recommendations to address the rural and volunteer EMS practitioner shortage. Publication of a resource manual or tool kit through electronic media is key to the successful dissemination of information learned from the SME panel.

B. Recommended Actions/Strategies:

National Highway Traffic Safety Administration

Recommendation 1:

The National EMS Advisory Council (NEMSAC) recommends the National Highway Traffic Safety Administration (NHTSA) assemble a committee of subject matter experts to identify root causes that impact the ability to recruit and retain rural and volunteer EMS practitioners and study successful providers to identify best practices.

Recommendation 2:

NEMSAC recommends that NHTSA publish the findings of the aforementioned SME panel into a resource manual or tool kit for use by rural and volunteer EMS providers for the purpose of improving their recruitment and retention efforts. The resource manual and/or tool kit must be made available electronically for nationwide dissemination throughout the EMS community.

C. Scope and Definition

57 million people live in rural areas of the U.S. (King, et al, n.d.). The ability of rural and volunteer EMS providers to support their communities and provide EMS practitioners has been shown to be inadequate and, in some cases, non-existent, resulting in prolonged response times in some jurisdictions. These longer response times can impact patient outcomes. 69% of rural EMS directors report difficulty in recruiting and retaining volunteers (King et al, n.d.). Additionally, mutual aid compacts are not always in place in rural areas, which may create calls for service that go unanswered or are inadequately answered.

The root causes for the recruitment and retention issues should be identified by subject matter experts to develop and recommend actions to be taken by the struggling EMS provider in order to improve their ability to staff their shifts and keep skilled practitioners in their organizations. Best practices from successful rural and volunteer EMS providers should also be included in this project.

D. Analysis

According to the Bureau of Labor Statistics, overall volunteering hit an all-time low in 2012, with the lowest volunteer hours among the 20 to 24-year old (Nicholson and Heaton, 2014). The volunteer shortage may be a result of the declining middle class, where individuals may find that, although they are interested in volunteering, they are unable to because they need to support their families first. Many Americans work second jobs to pay their bills and just don't have the time to volunteer (Knox, 2014). Dr. Kelly Nix of West Virginia University cited a cultural shift is occurring that places value on the "what's in it for me" mentality over a sense of community (West Virginia Office of the State Fire Marshal, 2016).

The U.S. Fire Administration also noted that every region of the country is affected by the volunteer decline in emergency services. It was also noted that "larger populations do not usually translate into larger number of volunteers" (U.S. Fire Administration, 2007, p.14). In 2017, the National Volunteer Fire Council noted that the number of volunteer firefighters in the U.S. reached a new low, while call volume has tripled over the past 30 years. An example is the state of Pennsylvania, which boasts a rich history of volunteerism. Since 2012, that state has seen a decrease of 6,000 EMTs and 4,000 paramedics. Overall, the current estimate of the number of EMS practitioners in the state is approximately 17,000, down from a recent estimate of over 30,000 (Pennsylvania State Resolution 6 Commission, 2018, p.8). According to Malongowski (2016), volunteer firefighters

in Pennsylvania have declined 80 percent over the past 40 years.

In New York and Connecticut, the same decline is being felt. According to Ann Smith, the program director for North Country Regional EMS Agency (New York), many EMS providers are closing or are barely scraping by due to the lack of volunteers and the services provided are impacted by much longer response times (Belanger, 2019). If the closest provider cannot provide an ambulance and crew, the next closest provider is contacted, which may be many miles away (Belanger, 2019). In a 2019 report to the Northeastern Connecticut Council of Governments, it was noted that 30% of their EMS practitioners work for more than one provider and that most providers could handle a single call, but second and third call coverage proves difficult (NECCOG). “Many volunteer fire departments are the primary or only provider of EMS in their community” (U.S. Fire Administration, 2016, p. 22). Providers have ceased operation due to lack of volunteers, funding, or both (Pennsylvania State Resolution 6 Committee, 2018).

There have been multiple observational and anecdotal articles about volunteer EMS recruitment and retention issues written in online EMS publications. An example of this is the 2017 article written for *EMS1* by Arthur Hsieh which suggests that rural emergency medical services providers *are on life support*. Belanger (2019), also indicated that ground and air ambulance emergency services are facing the same challenges in rural areas. Articles about new and creative staffing models to combat the volunteer shortages have been written, including some that call for non-medically trained practitioners to drive the ambulance while an EMT or RN cares for the patient (EMS1.com, 2019).

Although widespread, the issues in volunteer EMS provider recruitment and retention are not universal. Some organizations continue to thrive in their communities. An example of this is the Virginia Beach Volunteer Rescue Squad, the 2018 NAEMT Volunteer EMS Service of the Year (NAEMT, 2018). Best practices from volunteer EMS providers like this and other successful providers may provide some insight as to actions that could be implemented where challenges to recruitment and retention exist.

E. Strategic Vision

A review and analysis of the challenges faced in recruiting and retaining quality rural and volunteer EMS practitioners and the best practices of successful providers will provide the research needed to produce recommendations for improvement and gap filling in many areas, including locations where EMS practitioners are the only option for emergency care. The National EMS Advisory Council recommends to the National Highway Traffic Safety Administration that a committee of subject matter experts be assembled to investigate root causes that impact the ability to recruit and retain rural and volunteer EMS practitioners and study successful providers to identify best practices.

F. Strategic Goals

A committee of the subject matter experts, assembled by NHTSA and/or FICEMS, to initiate research within the next two years.

Reference Material:

A. Crosswalk with other standards documents or past recommendations

The NAEMT Position Statement (n.d.) calls for the recognition of EMS as an essential public function. As noted in the position statement, this recognition would enable the funding for EMS to be shared between the local, state, and federal governments, potentially alleviating some of the issues facing volunteer EMS providers.

National EMS Advisory Council, in position papers written in 2009 and 2011, recognized the essential services provided by EMS in protecting the health and welfare of the country. In 2009, the council stated that “Meaningful healthcare reform cannot ignore the significant role of EMS in improving health outcomes and lowering healthcare expenditures” (2009b, p.21). In 2011, the council noted that emergency medical services is a critical national resource because EMS responders protect health and welfare during incidents of national significance in addition to providing daily medical care for thousands.

In *Emerging Issues in EMS and 911*, NHTSA noted that National EMS Advisory Council has adopted the opinion that the lack of recognition of EMS as an essential service impacts the efficiency, equity, and effectiveness of the nation’s healthcare and disaster preparedness (NHTSA, 2014).

In a position paper discussing healthcare reform, National EMS Advisory Council included in the key guiding principles that any reform to the healthcare system must ensure the stability and performance of a viable, funded EMS system (2009b). The council also recognized EMS as a “key healthcare infrastructure investment essential to protect the public” (p.1). Additionally, the position paper called for core funding for EMS regardless of delivery model.

United States Congress bill, H.R.5429, the Supporting and Improving Rural EMS Needs Act of 2018 (SIREN Act of 2018), called for the reauthorization of rural emergency medical services training and equipment assistance program (Govtrack, 2018). In this act, the use of funds is identified to recruit and train EMS personnel and acquire EMS and PPE equipment. According to Zavatsky (2019), \$10,000,000 for each fiscal year 2018 through 2022 have been authorized, but not funded.

B. Sources/references related to the issue

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