

**The National EMS Advisory Council**

**Final Advisory on Planning for Leadership Assessment and Development in EMS**

**Adopted on May 17, 2013**

**A: Problem Statement**

We recognize there is a lack of outcome based research concerning the impact that the quality of EMS leadership has on key EMS indicators including, improved clinical outcomes, operational performance, and financial performance. We believe the issue is so significant that it is essential that we present recommendations regarding the assessment and measurement of quality EMS leadership, and the quality of EMS leadership available while continuing to gather data.

According to Romero, 2010 there is a distinction between leadership and management. Management's essential function is managing daily operations, while leadership is the ability to influence behavior (Nelson, 2005; Washbush, 2005). Similarly, a manager is a person with authority making decisions to carry out responsibilities (Washbush, 2005), while leadership is a person who does the right things, has vision, passionate commitment, integrity, and the ability to inspire (Trotman, 2007; Kibort, 2004). Most agree these characteristics are valued at all levels of an organization. Ultimately, many of the characteristics and competencies overlap and the primary distinction between leaders and managers is the percentage of time spent doing activities related to one or the other (Romero, 2010).

As we discuss leadership and succession in EMS, it becomes impractical to separate leadership and management, as they become inextricably intertwined. Ensuring competency at all levels of management and leadership is necessary.

Dechurch et. al (2010) recognized three levels of leadership that include supervisory, middle management, and executive leadership. There is evidence to suggest leadership should be integrated at all levels of an organization beginning with the individual and progressing to the team and unit to positively influence outcomes (DeChurch, et al., 2010). Competencies are necessary at all levels of management and leadership (McKimm & Swanwick, 2011). It is the position of the committee that there is not an industry wide consensus on the identification of various levels and characteristics of EMS leaders therefore, for the purposes of this document three levels of leadership are recognized as identified by Dechurch.

While there are numerous sister disciplines that have developed leadership and succession programs, curriculums, and training it is our goal to identify important management and leadership competencies for EMS utilizing the information identified by disciplines such as the fire service, emergency management, nursing, and law enforcement. It is not our intent to develop a specific curriculum but rather a core set of competencies upon which training and educational programs can be formed.

Leadership and management programs exist; however, there appears to be a lack of awareness, and access to these programs. There are various reasons for the lack of access to management training in EMS whether geographical location, a lack of funding resources or financial and professional support to

attend such programs. Many EMS managers and leaders who could benefit from this training do not due to a lack of universal access. Additionally, many agencies do not place a high value on the achievement of these skills. The lack of value coupled with the difficulty in access make it unlikely that members of the EMS workforce will be motivated to obtain these necessary skills.

Many organizations promote personnel into supervisory positions based on longevity or performance as a clinical practitioner in the field however, provides little or no additional training (Touchstone, 2009). As expressed by Waugh (2008), “New leadership strategies are recommended that derive their power from effective strategies and the transformational power of a compelling vision, rather than from hierarchy, rank, or standard operating procedures”. Unfortunately, management and leadership development in EMS does not generally reflect this philosophy. In fact, in the *An Agenda for the Future (NEMSMA, 2008)* document refers to, the “scattered and on-the-job approach” preferred by many agencies and calls for a more formal system of management and leadership training to meet the continuously evolving responsibilities demanded of EMS systems.

Preliminary research indicates several challenges associated with developing leaders and managers in EMS. Surveys submitted to NEMSMA report the following challenges:

- a lack of a clear industry wide career ladder
- a lack of funding to develop leadership
- difficulty retaining leaders due to a lack of appropriate compensation
- a lack of local leadership development
- no common terminology

While we recognize recruitment and retention are two different issues, requiring different approaches, there are times we use the terminology together because they are identified together in documents that were reviewed. A significant number of systems identify recruitment and/or retention as being the highest concern in their organization. Pugh (2005) has identified a lack of leadership as fundamentally impacting recruitment and retention. Transformational leadership positively affects staff retention and satisfaction (Weberg, 2010), as does improved leadership skills (Kooker, 2010).

There is early evidence to indicate an association between the quality of leadership and implementing a culture of safety (Squires, 2010; Wong, 2007). This has also been acknowledged by the Safety Committee (NEMSAC Summary Report 2010-2012). Evidence also suggests a positive relationship between improved financial outcomes and high quality leadership (Goetz, 2011).

Integrity has been identified as a characteristic that is necessary in all members of the EMS workforce and is essential to high quality leadership (Caton, 2001). Limited research indicates new employees do not model ethical culture from their leadership therefore, leadership must actively provide education concerning the role integrity plays in EMS systems (Sine, 2009).

A lack of formal education and a clear career path for those entering the profession of EMS is a primary concern for many. Our most talented individuals often choose to pursue a career path in another

discipline due to perceived lack of career progression in EMS (Barishansky, 2007). Every person identified as an “emerging EMS leader” by EMS Magazine in 2007 cited a lack of education as an issue in EMS.

We recommend a broader approach toward developing EMS leaders that includes formal education, EMS field experience, and recognizes the importance of contributions to the profession (including participation in research, working with legislators, publishing in a peer reviewed journal etc.).

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### **C: Crosswalk with Other Documents and Past Recommendations**

Several documents advocate leadership as an ongoing issue in EMS however; few provide a framework for addressing the current lack of leadership and succession planning in EMS. The document that most clearly recognizes the magnitude of the leadership issue and addresses it most comprehensively is the *Emergency Medical Services Management and Leadership Development in America: An Agenda for the Future*. This document generated by the National EMS Management Association, recognizes leadership as fundamental to provide quality patient care. These recommendations include experience, training, education, and credentialing as among the areas of achieved competency to develop a competent leader (NEMSMA, 2008).

While many documents such as *The EMS Agenda for the Future* and the *Future of Emergency Care: Emergency Medical Services at the Crossroads* recognized the complexity of EMS would continue to increase, the reference to leadership was minimal. The influence of leadership and management were noted in all documents. This indicates an understanding that as EMS becomes more complex, leadership

will become a more essential component in its continuing evolution. The EMS Quality Project was funded by NHTSA and generated *A Leadership Guide to Quality Improvement for Emergency Medical Services Systems* acknowledging the importance and the role of leadership however, there is no plan for attaining it.

The *Rural and Frontier Emergency Medical Services Agenda for the Future*, produced by the National Rural Health Association suggested the development of a comprehensive national EMS training paradigm to be distributed to all EMS entities. This has yet to come to fruition.

While the *Future of Emergency Care: Emergency Medical Services at the Crossroads* produced by The Institutes of Medicine and the National Academies recognized that leadership influenced the performance of EMS systems the document failed to address EMS leadership specifically.

The quality of current management in EMS was questioned in the *EMS Workforce for the 21<sup>st</sup> Century: A National Assessment* and its effect on recruitment and retention. Rural agencies have fewer resources, juggle numerous responsibilities with less access to management education and training therefore, access to these types of programs may improve issues related to recruitment and retention, which is becoming a greater challenge in these areas (Academies, 2006).

#### **D: Analysis**

Ensuring high quality leadership and management education as part of the EMS system is one way to assure that the EMS system has the greatest possible positive impact on public health and safety.

Racht stated in an interview for an article with EMS World that healthcare systems do not understand the role of EMS or the potential impact partnerships could have on healthcare or on patient care (Goodwin, 2011).

It is clear that the quality of leadership in EMS agencies is believed to have measurable impact on EMS systems, and ultimately an impact on public health and safety. Despite this, there has been little progress to determine the application of best practices to EMS leadership.

Current **thinking** indicates that leadership is an important trait at every level of an EMS organization (McKimm & Swanwick, 2011). The NEMSMA document addresses specific knowledge and skills required for three levels of leadership; supervisor, administrator and executive. This corresponds with the tiered approach identified by Dechurch (2010). Speculating that this is true, leadership education and training should be encouraged throughout an EMS provider's career. It is therefore, important to address leadership needs at each level of EMS, from the team leader at the street level to the top of the organization. We must find ways to develop and employ novel methods to measure performance and enhance the quality of EMS leadership.

### **E: Committee Conclusions**

The committee recognizes the lack of data in this area but considers this issue to be critical and warrants a multifaceted approach to initiate the development of leadership and management training while

Numerous documents recognize the importance of the development of leadership in EMS. A relationship between leadership and a culture of safety affecting the public, patients, and employees as well as recruitment, retention, and ethics have been established. This should be incentive to develop a nationally recognized certification process.

We believe it is not within the scope of NEMSAC to determine a specific curriculum but to identify and establish common competencies and minimum requirements to obtain leadership skills and credentials that will be recognized nationally. A comprehensive list of knowledge, skills, and abilities related to the positions of supervisor, manager/administrator, and leader/ executive were developed by the NEMSMA (NEMSMA, 2008). We are also of the opinion that the recognition of contributions to the profession should be included along with the identified list.

All EMS managers must be good leaders and be provided with the opportunity to receive excellent leadership education; as should the members of the EMS workforce, given the critical role that EMS personnel play in the public health system.

### **Recommended Actions**

**Recommendation #1:** The Department of Transportation should commission a study designed to obtain information and answer the following questions:

- o How to identify the various components of EMS leadership across a broad spectrum of providers, within a commonly accepted nomenclature structure (for example, operations, clinical, administrative, financial, etc.).
- o How to measure and assess the quality of EMS leadership provided against quantitative benchmarks within each category of the standardized nomenclature structure.
- o How the measured quality of EMS leadership provided within each category affects key indicators such as patient clinical outcomes, provider satisfaction, employee retention, financial performance/stability, etc.

**Recommendation #2:** The Department of Transportation and FICEMS should sponsor a leadership summit convening a representative selection of EMS stakeholders and innovative leadership experts to produce a compendium of best practices in EMS leadership development and practice, which can be cataloged and made accessible to the EMS community.