

A CRISIS IN RURAL NORTH DAKOTA EMERGENCY MEDICAL SERVICES

For the North Dakota Rural EMS Improvement Project

By SafeTech Solutions, LLP

June 2011

*A report on an
assessment of
challenges facing
EMS in rural North
Dakota*

Executive Summary

Rural EMS in North Dakota 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. But at a deeper level, this crisis is about navigating a major change in how rural EMS is led, understood, envisioned, valued and funded in North Dakota.

Because rural ambulance services often have low call volumes and limited reimbursement from transports, they have relied on the subsidy of donated or volunteer labor to make operation possible. The donated labor (we call it the “volunteer subsidy”) adds up to a value of more than \$31 million per year in North Dakota. In the last decade, that subsidy has begun to go away. Rural residents no longer volunteer in the same numbers they once did and, increasingly, rural ambulance services need to incentivize staff with call pay, run pay and, in some services, even full wages.

The volunteer subsidy is disappearing due to changes in socioeconomics (people have less time), demographics (many communities are aging and depopulating), attitudes (younger residents do not feel the same about volunteering as previous generations) and the increasing demands of EMS (longer transports, more training and expectations). This has left a shrinking pool of potential volunteers and shrinking service rosters in many communities. All indicators suggest this shrinking will continue in coming years.

The impact is serious. As rosters shrink, fewer people take more calls and do more runs. Some EMS workers are on call for days and weeks at a time. Some ambulance services rely on two or three active people for most of their calls, and a few services have trouble mustering crews at certain times of the day or week. Some services are experiencing delayed response, and some are even missing calls. Such a situation is dangerous for patients, the public and for overworked EMS workers.

Addressing this crisis will not be easy. No mandate exists for the provision of EMS in North Dakota, and it is not clear who is ultimately responsible for the provision and funding of rural EMS. State government has begun to provide some funding to address the crisis in the form of staffing grants. These are helping, but money alone will not fix this crisis. A fundamental change is needed in the way rural EMS is represented, valued, funded and operated.

This emerging crisis demands a multifaceted approach that recognizes the importance of local leadership. This approach should include:

- ***Recognizing that the roots and future of rural EMS in North Dakota are local.*** Today, the important decisions about rural EMS in terms of who provides it, how it is provided,

Introduction

Rural out-of-hospital emergency medical services (EMS) in North Dakota 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 led, understood, envisioned, valued and funded. It is about how rural EMS is provided, organized and supported at the local level, the regional level and the state level. The crisis presents a crossroad for rural EMS where the direction and quality of EMS will be determined by the management of this crisis.

This crisis dwarfs all other EMS issues in North Dakota and is the primary focus of this report.

Background to the Report

Rural regions across the United States face increasing challenges in meeting out-of-hospital emergency medical needs. Changing demographics, declining volunteerism, increasing costs, insufficient revenues, and continuing high public expectations for emergency medical response are challenging old ways of thinking and inviting innovative approaches to the future.

In 2008, EMS leaders in North Dakota sought to learn more about emerging rural challenges and address issues of EMS leadership, recruitment and quality. In 2009, the North Dakota Legislature enacted a bill¹ that appropriated a one-time competitive grant from the insurance premium tax distribution fund for the 2009-2011 biennium to create the North Dakota Rural EMS Improvement Project (NDREMSIP) to be overseen by the Division of EMS and Trauma (DEMST). In May 2010, the project was awarded to SafeTech Solutions, LLP, a national EMS consulting firm with specific experience in strengthening rural EMS systems and developing rural EMS leaders. The project funding period ended on June 30, 2011.

An element of the project called for an assessment of rural EMS in North Dakota. Early in the project, as project team members and the leadership of the DEMST met with rural ambulance service leaders and EMS workers across the state, it became clear that a fundamental change was occurring in rural EMS in North Dakota. This change involved the challenge presented by changes in rural communities and the decline of volunteerism. The DEMST requested the assessment seek to understand this problem and help clarify a path forward to ensure rural EMS in North Dakota meets needs and is strong.

Methodology

The project team intentionally set out to approach the challenges in rural North Dakota EMS from the perspective of “not knowing” – meaning they sought to keep open minds and did not

¹ ND Senate Bill 2004