



# Understanding your Agency's Strategic Position in Your Community

## Pulse Check 2019

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Not-for-profit agency utilizing a hybrid staffing model; 75 volunteers cover 15,000 on call hours per year; merger of three agencies; strategic partnership with the Albany County Sheriff's EMS unit



EMS agencies of all types are struggling across New York State in the face of tremendous change. EMS leaders are facing serious challenges and the pathway to success is yet to be defined. Some are beginning to doubt the sustainability of EMS services and those fears are beginning to play out as the cracks in the system are becoming more evident in some communities. The citizens of the State of New York State are largely unaware of this struggle. New Yorkers that need emergency medical assistance have always expected, and continue to expect, that EMS will arrive when needed, 24-7-365. However, there are already circumstances under which this expectation is at risk or not being met.



# Issues in EMS From a Statewide Leadership Dialogue



- Financial Sustainability of EMS Agencies
- EMS Workforce Recruitment and Retention
- Integration of EMS into the Health Care System
- Rural EMS
- Quality, Value, Data, and Outcomes
- EMS Leadership
- Agency Sustainability
- Public Awareness



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- Agency Sustainability



• **Public Awareness**



# Public Awareness of EMS



**THE PUBLIC DOES NOT RECOGNIZE WHAT WE DO; THEY ASSUME THAT WE ARE THERE AND ALWAYS WILL BE**

**WE MUST BE TALKING TO COMMUNITY STAKEHOLDERS AND GOVERNMENT OFFICIALS**



**WE MUST BE TALKING TO OUR NEIGHBORS**



# NYS EMS Leadership Theme



The EMS Community in NYS needs to develop the motivation to engage the broader communities in understanding EMS, expressing our vulnerabilities and potential, engaging others in solutions, and making sure broader constituencies see the value in what we have to offer and the risk of not taking a piece of the responsibility for our future success



# The Business Model of EMS and Financial Sustainability



- Who in your community knows:
  - that EMS is not fully funded by government, like police and fire?
  - how EMS is funded?
- Would your municipality be shocked if you came looking for new funding?





# The Business Model



- Can you and do you explain:
  - What it costs to run your agency? Cost per call?
  - Where your revenue comes from? Impact of Medicaid shortfalls?
  - Current Challenge: What happens when volunteer hours convert to paid hours?
  - Current Challenge: The need for capital and how you fund capital expenditures?



# EMS Workforce Recruitment and Retention



- Aging EMS providers – average age is over 40
  - Number of EMT students is not growing
  - Concept of volunteerism has changed with generation
  - Younger generation has a different work ethic
- Not enough providers – both volunteer and paid



# Volunteer Responders



- Time consuming commitment
- “Changing of the guard”
- High educational threshold
- People lead busy lives – family, work, and play



# Paid Responders



- Similar pay can be earned in less challenging careers
- Providers working multiple jobs to earn a living and are exhausted
- Lack of EMS career path in many EMS systems, with notable exceptions
- EMS is stepping stone to other careers
- Paid agencies competing for the same employees pushes wages up



# STEVE KROLL'S VIEW



- The breadth of our challenges is so great that we won't succeed in solving them on our own.
- The path to our long-term sustainability includes engagement of our all of our stakeholders.



# STAKEHOLDER INVENTORY



- Who are your stakeholders?
  - Opinion Leaders – Individuals that convene groups, lead people, and have influence in your community
  - Local government officials – elected & appointed
    - ✓ Village/City/Town
    - ✓ County
    - ✓ State Assemblymember and State Senator
    - ✓ Member of Congress



# Your Agency's Strategic Position in Your Community



- Other stakeholders/opinion leaders
  - ✓ Service club leaders – Chamber of Commerce, Rotary, Lions, Kiwanis
  - ✓ Educational and health care institution leaders
  - ✓ Partner public safety/health responders: PD, fire, other EMS
  - ✓ Business Owners/Employers
  - ✓ Clergy
  - ✓ Local and regional media
    - newspapers, **social media bloggers**, radio, television
    - Increasing reliance on digital media



# Your Agency's Strategic Position in Your Community



- Can stakeholders and opinion leaders be found:
  - In the general population?
  - At the sources of patients: Physician's offices and continuing care providers? (residential settings and home care)
  - At the destination hospitals?
  - In utilizers of your service and their families?





# Stakeholders



- Do they understand the basics of what you do?
- Do they understand what it takes to ensure that your agency responds 24-7-365?
- Do they know what EMS costs and how it is paid for?
- Do they now how hard you work and how good you are?



# Stakeholders



It is difficult to engage people whose knowledge consists of “I call 911 and an ambulance shows up”



# Stakeholder Messaging



- What should they know?
- Why does it matter to them?
- What should they do about it?



# Engaging Stakeholders



- The Bigger Conversations
  - Share and discuss your challenges
  - Explain your needs
  - What are the potential solutions



# Government Officials



- The first time you meet them should not be when you need help
- “No surprises”



# Government Officials



- Let them see your best and let them see your worst (biggest challenge)
- Give them reason to be confident in your leadership – governance, operational competency
- Town Hall type meeting, site visit, ride along, presentation at a public government meeting, ...



# Government Officials



- Like the public to see them engaged
- Like being part of good news
- Don't like being part of bad news, hence the no surprises rule
- Like opportunities to be the “fixer”



# Advocacy Opportunity



- Make sure your elected officials know how you feel about public policy issues and ask them to advocate on your behalf
  - Medicare and Medicaid shortfalls
  - Capital formation
  - Recruitment and retention
  - Sufficient government financial support for EMS
  - Community Paramedicine





# Cost Per Call Example



- Would your stakeholders be surprised to know that your agency is subsidizing government payers?
- Do you know how much it costs your agency to do an EMS call?
- Recent DOH Study -- cost per BLS trip in Upstate is approximately \$300
- Medicaid BLS reimbursement is far less
  - \$100 to \$150, in the Hudson Valley, depending on the County.



# Engaging Other Constituencies



- “Venture Out” and “Invite In”
- Make a check list of stakeholders
- Prioritize
- Attach an action or activity to each



# Examples



- Offer to be the guest speaker at a local service club
- Host clergy for coffee
- Visit Chamber of Commerce
- Have an Open House
- Schedule a ride along with local reporter
- Host a Town Hall meeting
- Visit executives at nursing homes and assisted living facilities
- Form a physician advisory council – host a physician dinner with your Medical Director
- Have quarterly meeting with PD





# Public Data Initiatives



## Delmar-Bethlehem 2017 EMS Response Report

### Call Totals

3,571 calls

Average of 298 calls per month/9.78 calls per day  
(7.2% increase in volume over 2016)

*(During the 4<sup>th</sup> quarter the number of calls averaged 336 per month/10.97 per day. This trend continues with an average of 320 calls per month/10.83 per day during January and February 2018)*

### Call Dispositions

Transport – 70.6% - 2,524 patients (72.6% in 2016)

No Patient/Cancelled/Other – 21.3% (20.4% in 2016)

Stand-by – 1.9% (1.9% in 2016, 4.4% in 2015)

RMA – 6.2% (5.1% in 2016)

### Originating Station

North Station- 65.1% (65.2% in 2016)

South Station/Sabic – 34.9% (32.7% in 2016)

Sabic = 1.9% of calls

### Volunteer Commitment

**Approximately 15,000 Scheduled Volunteer Responder Hours during 2017**

Includes actual scheduled hours, unscheduled responses to additional calls, and some management/leadership time.

### Membership Participation in EMS Calls



# Problem Solving



- Informed stakeholders can become collaborators in finding solutions
  - Look for champions in the community
  - Help with grants
  - Seeking government support
  - Seeking philanthropic support
  - Brainstorming collaborative ventures



# Problem Solving



- Engage your community in the dialogue
- These are community problems; not just EMS agency problems
- If the problem is now, start the dialogue now
- If the problem is in your future, start the dialogue now



# Integration of EMS into the Health Care System



- Integration of EMS into the health care system is in its infancy; EMS is too isolated
- Hospitals in many areas still do not act as if what happens in the pre-hospital care encounter is an important influence on the hospital stay
- Accountability for EMS must extend to the broader health care system



# Integration of EMS into the Health Care System



- We must create the opportunities for collaboration with hospitals, physicians, and other health care leaders
- EMS is valuable partner to reduce avoidable admissions, reduce readmissions, reduce inappropriate ER utilization
- EMS is at the initial patient contact for many avoidable health care encounters:
  - Chronic illness, Long-term care, elderly and special needs populations





# Patient-Centered EMS



- EMS not well integrated with specialty providers
  - behavioral health
  - Hospice
  - People with disabilities and special-needs populations
  - Home care



# Quality, Value, Data, and Outcomes



- Measuring EMS value and outcomes is in its infancy
  - What percentage of calls can you answer?
  - What are your response times?
  - How long did it take to get quality CPR to the patient?
  - Was optimal care delivered on each call?
  - Potential for customer satisfaction surveys
  - What data should you share with your community?



# Quality, Value, and Outcomes



- The right metrics
- The right analysis
- Using the analysis to affect change
  
- What percentage of calls are being turned over?
- Is there an obligation to make the public aware?
- What are we going to do about it?



# Understanding your Agency's Strategic Position in Your Community



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