

Ohio EMS Recruitment & Retention Project: Ohio EMS Provider Outlook & Feedback on Employment and Volunteerism

Executive Summary

Over the next several decades, the increasingly complicated health care needs of Ohio's aging population will continue to place more demands on an already stressed health care system. This dynamic in addition to a shrinking pool of potential new volunteers and providers will leave the EMS system facing personnel shortages throughout the state, most markedly in rural areas. Surveys of state EMS directors in 2000 and 2004 indicated that the greatest need for rural services is the adequate recruitment and retention of personnel (*Rural and Frontier EMS Agenda for the Future*). The Ohio Division of EMS wants to assist local agencies to prepare and plan for these changes, and is undertaking an important project with homeland security funding provided by the Health Resources and Services Administration, through the Ohio Department of Health. Rural EMS agencies currently report difficulty in providing 24-hour coverage to their communities, and must often rely on mutual aid to cover routine EMS calls. Responding to normal fluctuations in run volumes (e.g., flu season) creates problems for the rural health system, and this involves EMS as well. (*HRSA Emergency Communities & Emergency Preparedness*). In the event of a large scale natural or terrorist event, EMS will be critical first responders. Rural systems will be quickly overwhelmed under such circumstances, as they are overextended during normal situations.

Project Goals:

1. Examine what is known about current Ohio EMS personnel and agencies.
2. Identify issues that impact recruitment and retention (R&R) of EMS providers in Ohio.
3. Review research and state EMS programs for existing R&R strategies.
4. Develop recommendations and guidelines to assist local EMS agencies develop and/or improve their R&R efforts.

Data Collection:

An integral element of this project was listening to Ohio EMS providers and incorporating their feedback into recommendations for local and state leaders. The following sources of data were used to gather information for this report:

1. Literature search of EMS and volunteer recruitment and retention efforts.
2. Demographic research of Ohio and Ohio's EMS population.
3. Five regional focus groups throughout Ohio.
4. Mail survey sent to a random sample of Ohio EMS providers.

Retention Issues:

(taken from Virginia Department of Health, Office of EMS, *Keeping the Best Research Report*)

- **Time Demands on Volunteers** – Volunteers have less time available due to demands of family and work life. Employers may not be supportive of volunteer work. There are more dual income and single parent families working multiple jobs. EMS may be at a disadvantage in recruiting volunteers in comparison to other service agencies due to the high level of commitment required both in terms of certification and long hours.
- **More Demanding Training and Continuing Education Requirements** – Training demands are increasing due to:
 - New federal requirements requiring higher standards of care and consistency
 - EMS evolving into gatekeepers into primary health care role
 - Public expectations about the skills of EMS providers
- **Increasing Emergency Call Volumes**
 - Aging Population & Population Growth
 - Increasing use of 911 as source of primary care
- **Leadership Quality and Continuity**- More demands are placed on agency leaders to:
 - Exhibit flexible leadership styles to create an agency culture matching the needs of new volunteers with changing generational values.
 - Develop leaders and key professionals for growth and continuity
 - Manage larger and more complex organizations
 - Lead the transition from a volunteer to part- or all career professional staff

- **Changing Nature of the Business** – The business of EMS is evolving due to:
 - Transition to fee for service and other funding changes
 - Moving from independence to interdependence with other service providers due to concept shift into public health system
 - Increasing public expectations
 - Transitioning from volunteer to paid staffing
 - Adjusting to the shrinking of the traditional pool of EMS volunteers 16 – 34 years
 - Retiring “Baby Boomers” and Integrating Generation X & Y providers

Retention Principles:

Leaders need to develop retention programs that pay attention to the core motivations and values of its members. The following retention principles, developed by the Virginia Office of EMS Retention Project, can be applied broadly across retention issues and used by agencies of any size or type:

- Life Cycle
 - Invest/Train
 - Active Involvement
 - Commitment/Mastery
- Affiliation
- Friends & Family
- Success

Themes for Recommendations:

Data indicate that R&R problems are expected to get worse over the next decades. There are no simple solutions. There are, however, things that can be done at the local and statewide level to assist in planning for and addressing personnel shortages.

There is a need for:

- Improved data collection of Ohio’s EMS providers and agencies.
- Resources to assist in the development of local EMS agency R&R programs including:
 - Training for EMS leaders in R&R efforts and how to develop and implement effective R&R programs.
 - Funding for pilot R&R programs that can be promoted as models throughout Ohio.
- Management training for EMS leaders to learn how to better lead agencies, especially agencies transitioning from volunteer to part-time paid.
- More flexibility and innovation in leadership to meet the needs of professionals, especially with Generation X and Y members.
- High quality, easily accessible, no or low cost training that is flexible in its timing and delivery.
- Strategies to increase the awareness and skills of rural providers in using distance learning and technological resources to assist in training and provision of quality, consistent medical direction to remote areas of the state.
- Discussions about funding solutions for rural areas to provide 24-hour EMS coverage.
- More integration of EMS into local public health and safety planning efforts including government leaders, Fire, police, hospitals, health departments and primary care providers.
- Community coalition efforts to build infrastructure for EMS.
- Coordination and cooperation among local, especially rural, EMS agencies in order to consolidate resources as needed.
- Long-term regional and statewide solutions to facilitate the organization of a system that serves the public health and safety needs of all Ohio citizens with EMS as part of the comprehensive health care system.
- A Recruitment and Retention Committee of the EMS Board with emphasis on rural areas.