Keeping the Best!
How to Retain ALS Providers:

Workforce Utilization Strategies & Applying EMS Retention Principles

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Preface

This is the last in a series of four workbooks in the *Keeping the Best Series*. This workbook addresses the pressing need of retaining our advanced life support (ALS) personnel.

An aging population requires and consumes more emergency medical and critical care services. Rising EMS call volumes are placing greater demands on our pre-hospital providers. EMS agency leaders and managers are caught in a situation where the demand for ALS providers is increasing faster than the supply.

This publication is provided by the West Virginia Office of Emergency Medical Services and the West Virginia EMS Technical Support Network. This workbook, *How to Retain ALS Providers*, is intended for use by emergency medical service leaders throughout West Virginia. It is the first part of a toolkit intended to improve EMS personnel retention efforts on local, regional and state levels.

The *Keeping the Best* series was developed for use by volunteer, mixed and career agencies to meet the growing challenges of public demand for improved levels and availability of EMS services. The retention toolkit series was a collaborative effort of the Virginia Office of EMS, the Virginia Association of Volunteer Rescue Squads and the Western Virginia EMS Council. The principles and tools in this program have been widely used in all types of EMS agencies in the Old Dominion with positive results.

We are pleased to offer these tools to West Virginia's EMS community as part of a larger EMS recruitment and retention program. A successful recruitment and retention program depends on all levels of the West Virginia EMS System performing serious self-examination and making long-term commitments to the well-being of our most valuable resource – the men and women who answer the call for help.

Jerry Kyle, Director
West Virginia Office of EMS
September 4, 2009

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Introduction

While the pool of volunteer and career EMS personnel is aging, the pool of potential EMS personnel is decreasing. Based on surveys conducted by the Office of EMS in 2007 and 2008, retaining our EMS providers is becoming more difficult. The most frequently reported reason ALS personnel choose not to recertify is family obligations that outweighed the desire to remain in EMS. Other frequently cited factors include lack of a career ladder in EMS, EMS pay and a lack of time to devote to EMS.

West Virginia's population of individuals age 65 or older is the second highest in the nation. An aging population requires and consumes more emergency medical and critical care services. As the population ages, so do service demands and EMS call volumes.

Basic Life Support (BLS) providers account for the majority of EMS personnel in West Virginia. Advanced Life Support (ALS) providers include several different certification levels. However, ALS providers only account for about one quarter of the EMS personnel in the state. Because ALS providers possess advanced medical skills and are becoming a more scarce resource, the impact of losing only a few ALS providers may adversely affect the capabilities of an EMS agency. Furthermore, training EMS providers to replace those who have left is both costly and time consuming.

To many of you, this is not new information. ALS providers are answering more and more EMS calls. At the same time, some of your highly skilled personnel are accepting positions with other EMS agencies because of better compensation and incentive packages. Additionally, some of your seasoned ALS providers are taking administrative roles as a viable career path and are no longer in positions to use their ALS skills.

Lower call volume agencies that include volunteer agencies experience ALS provider attrition because these highly skilled providers do not have ample opportunity to practice their ALS skills. Other EMS agencies are faced with numerous ALS providers reaching mandatory retirement age.

How does an EMS leader or manager cope with all the obstacles of retaining these highly skilled EMS professionals?

Our research indicates that there are actions you can take to keep more of your ALS workforce. We will be applying a very analytical approach to uncovering the best course of action in *Keeping the Best, How to Retain ALS Providers*. We chose a disciplined methodology because it has worked in numerous industries. In the best selling book, *Good to Great*, Jim Collins and his research team analyzed twenty-eight companies and identified what made some great performers and other simply good performers. They found that the "great" companies began with confronting the brutal facts of their current reality. This process is fundamental to developing effective programs. Jim Collins writes, "When you start with an honest, diligent effort to determine the truth of your situation, the right decisions become self-evident." Some of the suggestions you find in this workbook are going to be more difficult to implement than others. Some of the ideas that emerge as you work through this book may appear so simplistic you may think they could not work. Determining the most effective programs for your agency is the purpose of this retention tool.

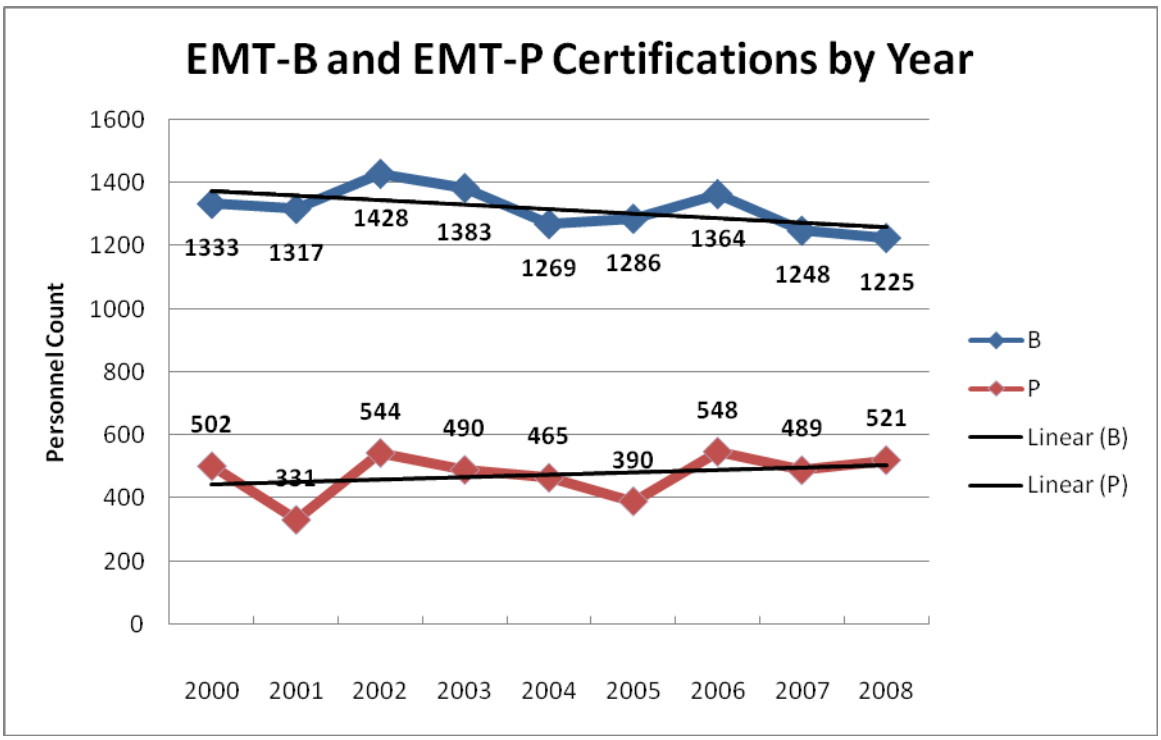
The Importance of Managing a Scarce Resource

As ALS providers become more difficult to recruit, retaining them becomes more important than ever before. An astute leader must understand how he currently utilizes his ALS providers, what issues are most important to them and incorporate these concepts into his retention programs. After all, whether an ALS provider chooses to affiliate with a volunteer or career EMS agency, he can exercise his right to leave an organization at any time because he is in high demand.

A number of factors contribute to the concern that there will not be enough ALS providers in the future. These five are most significant:

1. Numbers of primary EMS personnel has not changed significantly over the past decade.

Paramedics have certified and recertified at a moderately increased rate each year. At the same time, the number of EMT-B's certifying and recertifying has decreased. See following chart:



Current (9/10/09) valid certified personnel count:	EMT-Basic	3,444
	EMSA-Intermediate	54
	EMT-Paramedic	1,345

2. EMSA-Intermediate numbers remain small.

Some initial predictions were that that this level would become the dominate ALS field care provider in West Virginia. This was based on the fact that this level requires considerably fewer didactic, lab, clinical and field internship hours than the EMT-P certification and is less costly. However, this level has not grown significantly since its inception.

3. Due to population aging, the need for ALS providers will continue to increase.

While the total number of paramedics has remained static, the population of West Virginia continues to age. An aging population has more medical problems which frequently could benefit from require ALS intervention.

4. Many certified ALS providers are not actively involved in the delivery of direct patient care.

A recent Office of EMS survey indicates that approximately 32% of our ALS providers do not consider direct patient care as their primary EMS role. Recent preliminary data suggests that 12% of our ALS providers do not even appear on a licensed EMS agency roster. This means that many currently certified ALS personnel do not routinely deliver patient care in an EMS setting.

5. Paramedics are the most seasoned EMS providers.

The National Registry of EMTs (NREMT) and the National Highway Traffic Safety Administration (NHTSA) sponsored a project in 1999 called the Longitudinal Emergency Medical Technicians Attributes and Demographic Study (LEADS). The LEADS project sent a survey to over 5,000 nationally registered EMTs and paramedics once a year for six years.

EMS providers were asked to answer questions about who they are and what they do. The study reports that the *median* years of experience for EMTs are 2.2 years and 9.1 years for Paramedics. Paramedics have considerable tenure in EMS agencies and the loss of an EMT-P can result in the loss of considerable institutional knowledge and experience to an EMS agency.

The implications derived from these provider facts is that demand for ALS providers will continue to increase and keeping these highly skilled EMS professionals is critical to the effectiveness of the EMS system in West Virginia.

Getting Started

Who should use this Workbook?

The workbook is designed for EMS leaders and Human Resource professionals who want to improve the retention of their ALS providers. We see three types of leaders who could benefit from this workbook. Check the box that best describes you.

- o **EMS Leaders of Career and Combination (Career and Volunteer) Agencies** – These leaders are faced with an increasing shortage of new ALS recruits, an aging ALS provider workforce, and rising EMS call volumes. Some ALS providers begin in a volunteer agency and then leave this agency for a paid position in a career EMS agency.

- o **EMS Recruitment Managers or Human Resource Managers in county or other public agencies** – These managers are similarly faced with an increasing shortage of ALS providers. Furthermore, they may be experiencing considerable competition from other localities and municipalities in recruiting ALS providers. These managers may need to design extensive salary and compensation packages to remain competitive in the work place.

- o **Owners and Human Resource Managers of Private Ambulance Service Organizations** – The leaders of private EMS agencies are also an important component in West Virginia's EMS system. Private agencies frequently provide primary emergency response in many counties or may augment public EMS agencies with back up emergency response services. Often, these agencies provide transportation services for scheduled patient transfers and non-emergency patient care services in many parts of the Mountain State where volunteer or governmental EMS agencies are not available. In addition, the owners and human resource managers of these agencies are also faced with difficulty in recruiting and retaining quality ALS providers.

How to Use the Workbook

The workbook is designed to be your personal notebook, project guide, and resource tool. Use of a committed project team will greatly aid you in successfully completing this workbook. Refer to this workbook often as you develop your ALS workforce retention programs. **Write in it, underline ideas, and make notes for yourself and your project team**. Space has been provided for writing responses to questions and for completing exercises.

The material will be presented in a consistent and straight forward manner.

- **Learn** – We will introduce new information on ALS workforce issues and analytical models to approach workforce utilization.

- **Apply** – Next, we will give you ample opportunity to apply these lessons by completing exercises and deriving the implications of these practices.

- **Critique** – The workbook will also give you feedback on your ALS workforce in the form of self-surveys, performance standards, and suggestions others have made to improve retention.

Workbook Outline

This workbook is broken down into various chapters as we take you through an analytical approach to retaining more of your ALS providers. This first chapter, "Getting Started," describes who is most likely to benefit from this workbook. It also shows the process that will be used to present this information and provides an overall outline of the workbook.

The Workforce Utilization Model

We begin the workbook by discussing a workforce utilization model that will assist you in improving and developing your ALS workforce retention programs. This methodology consists of a four-step process:

1. Define the current ALS workforce.
2. Define the desired future ALS workforce.
3. Fill the gap between the current and the desired future ALS workforce.
4. Monitor results and re-evaluate at regular intervals.

Defining Your Current ALS Workforce - Quantitative Analysis

In this section, we begin to help you define your current ALS workforce through quantitative analysis. We will look at three areas of analysis:

- Workforce demographics, turnover rates and workforce utilization practices
- EMS call volume and type (BLS or ALS skills) analysis
- EMS System Infrastructure, New Directives and Community Development factors

Based on this quantitative analysis, you will create a list of ALS retention improvement opportunities to be used later in the workbook.

Defining Your Current ALS Workforce - Qualitative Analysis

In this chapter, we begin to understand the qualitative factors that impact the retention of ALS providers by relating our research back to the four EMS retention principles we developed in our first workbook.

These principles are:

The Life Cycle Principle – EMS personnel will stay longer when leaders take specific actions at specific times in the retention life cycle.
The Success Principle – EMS personnel stay longer when they achieve success in important personal goals.
The Belonging Principle - EMS personnel stay longer when they feel welcome, needed and respected.
The Friends and Family Principle - EMS personnel stay longer when they develop strong personal relationships within their agency.

To uncover the qualitative factors that influence ALS provider retention, we used national and regional research. This chapter lays the ground work for assessing the quality of your ALS providers' life at work. From this qualitative research, you will identify specific retention improvement opportunities that you will list at the end of this section.

Defining the Desired ALS Workforce Future

The next chapter of the workbook is designed to help you create a vision of how you would like your ALS workforce to look in 2- 5 years. To assist you in the process we will take you through a four-step process:

1. Working from your agency vision and mission statements, develop vision and mission statements for your ALS workforce of the future.
2. Consider ongoing directives and programs that may positively or negatively impact your future ALS workforce.
3. Establish quantitative and qualitative factors of your ideal workforce.
4. Develop strategic retention goals.

At the end of this chapter you will have clearly established the desired future for the ALS workforce in your EMS agency.

Fill the Gap

Next, we will walk you through the process of filling the gap between where you are and where you want your ALS workforce to be. You will revisit the list of actions for improvement you established in "Defining the Current ALS Workforce" chapters and see how these opportunities can be turned into initiatives to achieve your future ALS workforce strategic objectives. We will assist you in grouping and prioritizing your key initiatives and linking them to basic EMS retention principles. We developed a decision tree analysis tool for more detailed feasibility and priority decisions. At the end of this chapter, we will assist you in creating a strategic plan for ALS retention. We will also touch on the importance of using good project management and change management skills as you implement your ALS Retention program.

Monitor and Re-Evaluate

The last chapter will instruct you on the importance of checking your tracking mechanisms to measure success and monitor the ALS Retention Plan on an ongoing basis.

After completing this workbook you should be able to identify the key components necessary to develop a well conceived ALS Retention plan. Our hope is that you will come away with a thoughtful, disciplined, and effective ALS retention program for your EMS agency. Although there is a considerable amount of commitment to complete this workbook, we believe that *Keeping the Best* of your ALS providers will be well worth the effort!

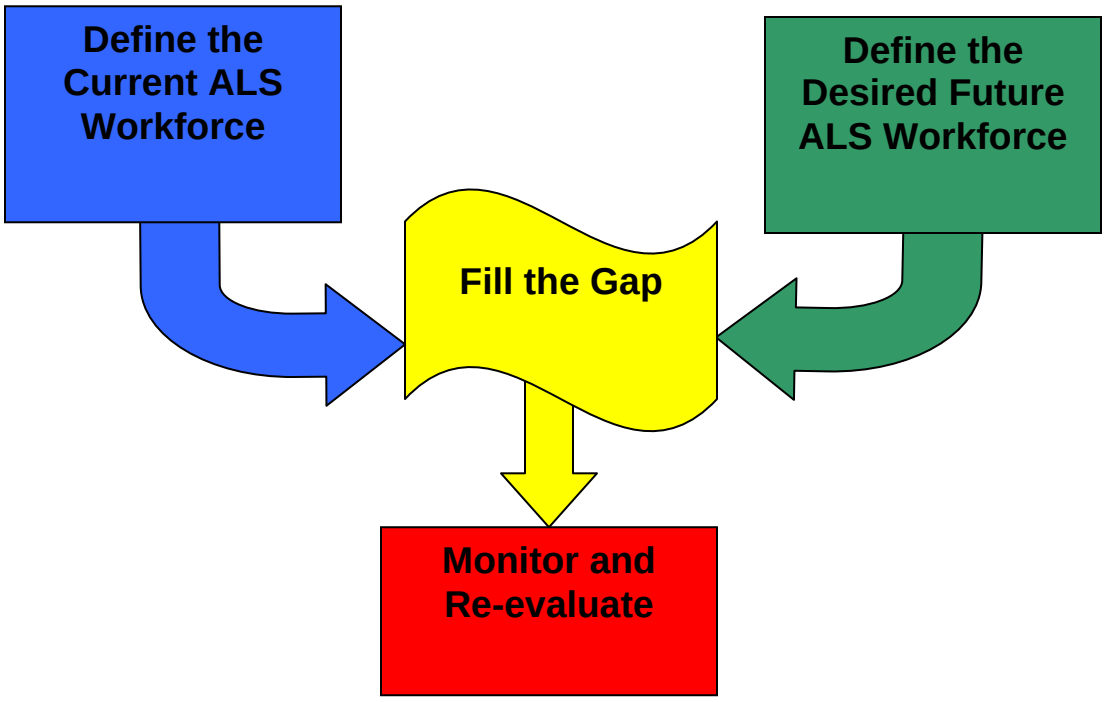
The Workforce Utilization Model

As mentioned in the Introduction, numerous factors impact the ability of your EMS agency to retain ALS providers. It is very likely there are several possible solutions to address these retention barriers. However, in order to go about developing the most effective ALS retention strategies, we need a framework to logically work though this process.

We believe the Workforce Utilization Model will be the most effective in identifying retention barriers, establishing achievable objectives for the future and monitoring progress.

The model looks like this:

Figure 1



The Importance of Identifying an ALS Retention Project Team

As you begin this process, we think it is important to select a project team to assist using the Workforce Utilization Model. Attempting to do the work and implement this model on your own will result in limited success. Beginning with a project team to help you collect data and create strategic goals is the key to implementing a successful ALS retention program.

With that said, we recommend you carefully select your project team members. The most successful project teams have four common denominators:

1. Members who are passionate about the project.
2. Members who hold each other accountable to meet timelines and deliverables.
3. Members who are willing to act as change agents to ensure recommendations are adopted in the organization and
4. Lastly, include members who represent the personnel impacted by the project. In this case, ensure you have ALS providers on your project and implementation team.

Once you have identified your ALS workforce project team, you are ready to begin to work through the steps of this model.

Description of the Model Steps in Figure 1

The Define the Current ALS Workforce and the Define the Future ALS Workforce in Figure 1 are illustrated side by side to indicate that they can be done simultaneously. You could have one sub-team work on Defining the Current ALS Workforce and another work on Defining the Future ALS Workforce at the same time. You could also have the project team complete these steps one after the other. In the end, you want to make certain you work on the following activities in each of these steps.

Major Activities of Defining the Current ALS Workforce

It is essential to establish a thorough understanding of the current ALS workforce environment by performing analysis of factors that can be measured numerically (quantitative) as well as indicators that must be measured by workforce feedback and research (qualitative). By working through the worksheets and surveys in the workbook, you will have a clear understanding of what drives your current ALS workforce environment. These steps are explained below.

1. Perform Quantitative Analysis through:
   - Gathering demographic information of your coverage area and your entire EMS workforce
   - Reviewing historical turn-over and tenure statistics
   - Appraising utilization practices
   - Performing call volume/type analysis
   - Evaluating Response times, shift schedules and resource deployment factors and
   - Analyzing EMS system infrastructure, new directives and community development factors

Based on your quantitative findings you will develop a list of current ALS workforce opportunities.

2. Perform Qualitative Analysis through:
- Reviewing a summary of research with the four EMS retention principles
- Completing the qualitative surveys in workbook

Based on your qualitative findings, you will develop a list of current environment opportunities.

Major Activities of Defining the Desired Future ALS Workforce

Through a guided vision, we will assist you in determining the look and feel of the future ALS workforce. We accomplish defining the future through these steps:

1. Develop a vision for your ALS workforce of the future.
2. Consider ongoing directives and programs impacting your future ALS workforce.
3. Establish quantitative and qualitative factors of your ideal workforce.
4. Develop strategic retention goals

Major Activities of Fill the Gap

You will develop strategic initiatives or plans to fill the gap between the current ALS workforce and the desired future ALS workforce. We will lead you through this process by taking these steps:

1. Revisit the list of opportunities identified in the current environment research.
2. Rewrite the opportunities into strategic initiatives or plans.
3. Group initiatives into feasibility and priority groups.
4. Create a strategic ALS retention project plan.
5. Establish timelines, responsible parties and budgets for each initiative.
6. Implement the plan.

Major Activities to Monitor and Re-evaluate

Once your ALS retention plan is in place, you will want to assess your level of success in achieving your objectives at regular intervals. The activities we will focus on to monitor progress include:

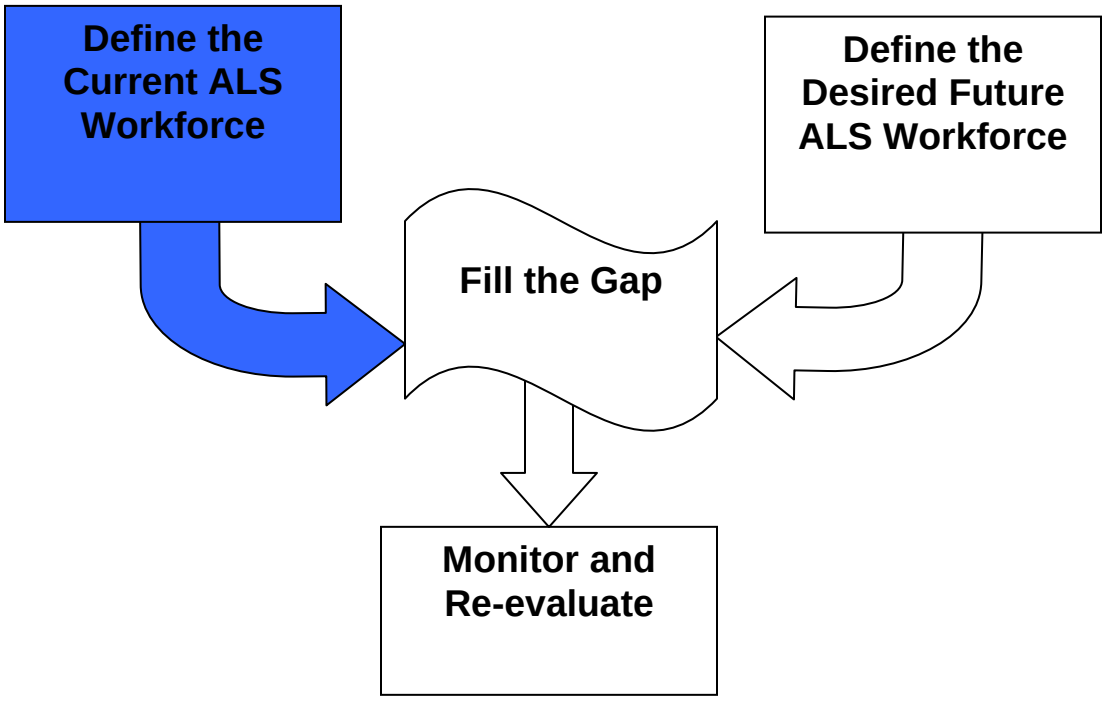
1. At established dates, monitor the success of the strategic ALS retention plan.
2. Re-establish timelines, responsible parties and adjust budgets as needed.
3. Set new initiatives based on major changes in the current ALS workforce.

Let's get started by defining your current ALS workforce. Turn the page to begin.

Defining Your Current ALS Workforce – Quantitative Analysis

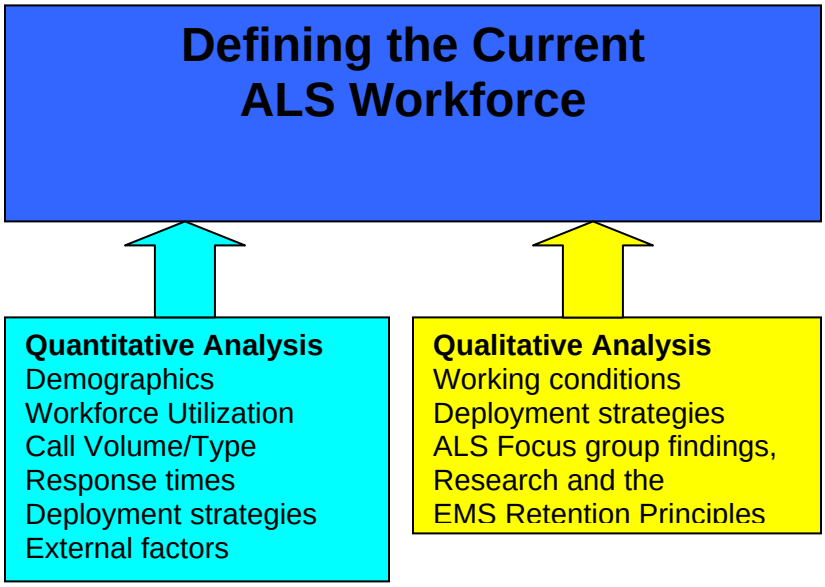
In Steven Covey's best selling book, *The Seven Habits of Highly Effective People*, he states, "begin with the end in mind." In the same way, an EMS leader or manager who has a thorough understanding of his/her workforce will be able to set realistic goals and objectives for retaining these highly skilled providers. In the diagram below we depict where we are in terms of the workforce utilization process.

Figure 2



To accomplish this first step in our workforce analysis, you will perform both quantitative and qualitative analysis of both your coverage area and your EMS workforce. The diagram below depicts the major activities in this step.

Figure 3



Quantitative factors are things that can be measured numerically. Examples include: demographic factors, workforce utilization practices, response times, call volume, and call demand analysis.

Defining your current ALS workforce should also examine qualitative factors; that is, those parts of the job that cannot be given a numeric value, but still impact your workforce. Examples of qualitative factors include working conditions and deployment strategies.

This section of the workbook will assist you in understanding the quantitative analysis of your ALS workforce. This analysis is depicted in the teal highlighted area in Figure 3. We will address the qualitative analysis, or the yellow highlighted area, in Figure 3, and also later in the text as we work through the EMS Retention Principles from the first workbook.

Now that we know what this chapter is all about, we need to warn you that this next step is not for the faint hearted. We will be asking you to compile a lot of data on your coverage area and on your EMS agency. We want you to go back for at least three years. Despite the amount of work needed to understand your current workforce environment, we believe you will find this work invaluable in selecting the ALS retention strategies you will adopt in the future.

Quantitative Analysis of Your Coverage Area

To begin this process we need to understand the broad demographics of your coverage area and then compare those demographics with those in your agency. You can obtain free information on the demographics of your coverage area from several sources. Here are three alternatives to research:

1. The planning department of your locality, city, or county
2. US Census Bureau (2000 and 2004)

You can assign one or more members of your project team to collect the quantitative information on your coverage area. At the same time, you can have another sub-team work on quantifying your agency demographics.

Quantitative Analysis of Your Agency Workforce

Some of you may be thinking, “Why do I need to do this for all my EMS members; isn’t this suppose to be a workbook on retaining my ALS providers?”

If you have that thought, you are absolutely correct. This is an ALS retention workbook, but we also know that your ALS providers work in concert with the rest of your workforce. Therefore, understanding the quantitative trends of your entire agency also furthers your knowledge of your ALS workforce.

Some of you already have this information contained in your databases. If this is your situation, please begin answering the questions in the paragraph below.

Your Coverage Area and Your Agency Demographics

Once you have completed all the worksheets, you are now ready to view some of the trends of the data. We will begin with questions concerning your coverage area. Next, we will relate those facts to demographics in your agency, and finally we will ask you to list some implications of the data on your ALS workforce.

Population Trends in Your Coverage Area

What has been the trend of your coverage area's general population? More people in your coverage area mean greater call volumes for your agency.

Based on your data worksheets, circle the appropriate answer to the following questions.

The general population of your coverage area is:

Decreasing by less than 5% 1	Staying about the same 2	Slightly increasing by at least 5% 3	Increasing by more than 5% 4	Increasing by more than 10% 5

What about the 'over 65 years of age' segment in your coverage area? This segment of the population tends to generate the most EMS calls. As this segment of the population grows, so will your call volumes. The 'over 65 year old population' in your coverage area is:

Declining by 5%	Remaining about the same	Increasing by 5%	Increasing by 10% or more

How about the '20-34 year old' segment in your coverage area? This sector of the population represents your potential new recruits. The '20-34 year old population' segment in your locality is:

Declining by 5%	Remaining about the same	Increasing by 5%	Increasing by 10% or more

Now let's compare these trends to those in your EMS workforce. What is the trend of your entire EMS workforce population over the last three years?

Decreasing by more than 5% 1	Decreasing by less than 5 % 2	Staying about the same 3	Slightly increasing by at least 5% 4	Increasing by more than 5% 5

What is the tendency of your ALS workforce population over the last three years?

Decreasing by more than 5% 1	Decreasing by less than 5 % 2	Staying about the same 3	Slightly increasing by at least 5% 4	Increasing by more than 5% 5

Is your ALS workforce keeping up or falling behind the population growth rate of your locality? How might this information affect your ALS workforce? Please state your conclusions below:

Conclusions	Impact on my ALS Workforce

Now consider the impact of projected growth rates on these various population segments in your community. To the best of your ability, complete the following table:

Population Description	Projected Population Growth Rate 2000-2010	Projected Population Growth Rate 2000-2020
General population		
Over age 65		
20-34 year olds		
EMS Workforce Growth Rate		
ALS Workforce Growth rate		

Will your anticipated growth rates in your EMS agency keep up with the demand of an aging population? Will you have enough new recruits in your coverage area or surrounding counties to meet the demand for new EMS providers?

Please state your conclusions below:

Conclusions	Impact on my ALS Workforce

How does your coverage area's general population compare with the general population growth in surrounding counties? This data may be important when you consider mutual aid relationships and/or recruiting efforts. If surrounding counties are experiencing much higher growth than your locality, you may consider renegotiating mutual aid agreements. Low growth in surrounding counties may indicate there may be more recruits in your own backyard than in the surrounding counties. Please complete the following statement, the general population of your locality is:

Decreasing by 5 % or more as compared to surrounding counties 1	About the same as surrounding counties 2	Slightly increasing as compared to surrounding counties 3	Increasing by more than 5% as compared to surrounding counties 4	Increasing by more than 10% as compared to surrounding counties 5

Is your locality population decreasing or increasing as compared to surrounding counties? What does this mean to your ALS provider workforce? Are they likely to leave your locality and join a county or city workforce with growing call volumes and thereby greater opportunities to practice their ALS skills? Based on your response to the question above, what conclusions might you draw when considering impacts on your ALS workforce?

Conclusions	Impact on my ALS Workforce

In summary, when comparing the population growth rates of your coverage area, surrounding counties, and your current workforce, what possible areas of improvement would you see as a result of this information? We have provided one example.

Possible Action for Improvement

1. Based on the population growth rates of our coverage area, we need to increase our ALS recruiting goals.

Now list one or two possible actions for improvement:

Now let's drill down into the specific demographics of your EMS agency.

Demographic	**Total #**	**% of Total Providers**	**# of ALS Providers**	**% of Total ALS Providers**	**% in Your coverage area**
Female providers					
Black providers					
Hispanic/Latino providers					
Other Ethnicity					
Speak other than English in their home					

Does your current EMS workforce demographic reflect the gender/race demographic of your locality? What can you deduce from this information?

Conclusions	Impact on my ALS Workforce

Now let's take a look at some additional demographics of your agency.

Demographic	Total #	%of Total Providers	# of ALS Providers	% of Total ALS Providers
Agency members who under 18 years of age.				
Providers ages 18-25.				
Providers ages 26-34.				
Providers ages 35-49.				
Providers ages 50-65.				
Providers with less than 2 years of service				
Providers with 2-5 years of service				
Providers with more than 5 -10 years of EMS service				
Providers with 10 or more years of service				

Now let's look at your data in the table above. What surprised you? What numbers or percentages caused you concern? Choose one or two demographics that are significant enough to look into and develop a plan to improve. Below we have given you an example.

Conclusion	Impact	Possible Action for Improvement
1. 50% of my EMS workforce is over 36 years old and 60% of my ALS workforce is over 36 years old.	1. As my workforce ages they may not be able to handle the physical demands of running calls.	1. Recruit younger members into the ALS workforce. Conduct research to identify equipment, i.e., stretchers and lifts, that helps move patients and ease the physical demands of my aging ALS providers.

Now it is your turn. Complete the following table.

Conclusion	Impact	Possible Action for Improvement

Let's continue learning more about your EMS workforce. Circle the appropriate answer in the questions below.

What trend do you see in your EMS workforce turnover rates in the last three years?

Decreasing by more than 5% 1	Decreasing by less than 5 %` 2	Staying about the same 3	Slightly increasing by at least 5% 4	Increasing by more than 5% 5

What trend do you see in your ALS workforce turnover rates in the last three years?

Decreasing by more than 5% 1	Decreasing by less than 5 %` 2	Staying about the same 3	Slightly increasing by at least 5% 4	Increasing by more than 5% 5

Compare the number of EMT-Intermediates over the last three years?

Decreasing by more than 5% 1	Decreasing by less than 5 %` 2	Staying about the same 3	Slightly increasing by at least 5% 4	Increasing by more than 5% 5

Now compare the number of EMT-Paramedics over the last three years.

Are they:

Decreasing by more than 5%	Decreasing by less than 5 %`	Staying about the same	Slightly increasing by at least 5%	Increasing by more than 5%
1	2	3	4	5

Based on this information, where might you begin to think about emphasizing your retention efforts?

Conclusions	Impact on ALS Workforce

List below possible action steps you could take to improve the current issue(s).

Possible Action for Improvement:

Determine how ALS Personnel are Utilized in Your EMS Agency

Next, we are going to examine your workforce utilization practices.

Utilization Question	#	% of Total Providers	# of ALS Providers	% of total ALS Providers
Providers who hold leadership positions				
Providers currently in re-entry				
Providers who spend less than 50% of their shift answering EMS calls				
Providers who reside outside your EMS agency coverage area				
Providers whose commute time is over 30 minutes				
Providers whose reason for joining was wanting action or to run calls				
Providers whose reason to stay in the agency is now different than why they joined				
Providers who have left the agency in the last three years.				
Providers who left the agency with less than 3 years of service				
Providers who left the agency with more than 5 years of service				
Providers who left the agency for salary/compensation reasons.				
Providers who left agency due to burn-out.				
Providers who left the agency for reasons you do not know.				

As you can see, you can ask a number of questions based on the information contained in your Agency Personnel Roster. Additional questions can be added to this list but let us stop here and see if we can identify certain trends.

As we did before, review your data. What statistics jumped out at you? Of those facts, what caused you the most concern? Choose one or two factors that you feel are significant enough to look into and develop a plan to improve. Below we have given you a couple of examples.

Conclusion	Impact	Possible Action for Improvement
1. Only 5% of my agency personnel hold leadership positions yet 50% of my ALS providers hold leadership positions. Also 30% of my ALS staff runs EMS calls only half of the time.	1. Over 50% of my most tenured ALS providers have administrative roles. 66% of my ALS providers run many more calls than the remaining third. This explains all the griping I hear about being overworked from my younger ALS providers.	1. I should look into using some of my more seasoned EMT-B personnel in roles like Training officer, Treasurer, etc. and I should address the inequity of the number of calls per ALS provider.
2. Of the providers that left our agency, over 70% reported salary compensation issues were the reason for leaving.	2. Our salary and compensation package may need improvement.	2. Have our recruitment officer perform a salary/compensation comparison with surrounding counties.

Now complete the following table based on your agency.

Conclusion	Impact	Possible Action for Improvement

Are you starting to identify some specific issues impacting the retention of your ALS workforce? Are you thinking about some possible solutions to these issues? Great, you are right on track. Now let's take a look at the calls your agency responds to and the impact this has on your ALS workforce.

Understanding Your EMS Call Volumes and Call Demand

To understand the day-to-day working conditions of your EMS workforce, we need to evaluate not only the call volumes, call type (ALS or BLS, nuisance) but also the call time trends of your EMS agency's emergency call responses.

Every licensed agency in West Virginia must complete a Pre-Hospital Patient Care Report (PPCR) on every emergency call response. As we move to electronic patient care records, you will be able to increasingly use information in the PreMIS data to identify quantifiable factors impacting your agency. Become familiar with all the data elements in this report. You can learn a great deal about your calls, your patients and your workforce by simply reviewing these call sheets.

As with all reports, however, the information you receive is only as accurate as the data that was given. For this reason, ensure your providers are consistently and accurately completing their PPCR reports.

Many agencies report that their call volumes are increasing. Also, many agencies have reported nuisance calls are on the rise and negatively impact the morale of their providers. Research suggests that between 25-30% of all EMS calls are dispatched as requiring ALS skills. Most EMS leaders, however, tell us that a much smaller number of EMS calls actually require ALS procedures and skills. How would you like to have solid figures on the type of calls your agency handles? Well, that is our next data research step.

In capturing this data, you will be able to determine if your ALS call volumes and types are increasing over time, remaining about the same or declining and by what percentage.

	2003		2004		2005	
Call Volumes	**Total #**	**% of Total**	**Total #**	**% of Total**	**Total #**	**% of Total**
Calls During Year						
Emergency Response Non-Transport						
Emergency Response with Transport						
Dispatched as BLS Calls*						
Dispatched as ALS Calls						
Nuisance Calls**						

** Dispatched BLS and ALS calls can be determined by contacting your Emergency Communication Center, (ECC), for these numbers.*

***Nuisance calls are typically defined by your locality. You should track your nuisance call volumes monthly and annually.*

What trends are you seeing? Are your call volumes increasing? Are your emergency response non-transport calls increasing or decreasing? What about your ALS call volumes? Are they increasing, remaining about the same or decreasing? Are the number of nuisance calls increasing or decreasing? How might these factors affect your ALS workforce? Summarize your conclusions in the space provided below.

Conclusions	Impact on my ALS Workforce

To further understand the work demands on your ALS providers, it is helpful to establish a clear picture of the number of dispatched ALS calls that actually end up requiring the ALS skills of your highly skilled workforce. In order to establish these indicators, it would be ideal to record this data from the last three years.

When you have tabulated this information please complete the following table.

Year	Total # EMS Calls	# Dispatched as BLS	# Dispatched as ALS	# of EMS calls requiring ALS skills	% of total EMS calls requiring ALS skills

Are the majority of dispatched ALS calls actually requiring ALS skills? Or are there fewer dispatched calls requiring the ALS skills of your workforce? Do declining calls requiring ALS skills indicate your providers have less opportunity to practice their advanced life saving skills? What does this mean to your ALS providers? Summarize your findings below:

Conclusions	Impact on my ALS Workforce

Now let's drill down and determine peak call volumes by time of day, day of week and month. Again, the PPCR report captures this information and you can request database research from OEMS. When you have completed compiling this information, answer the following questions:

During what hours of the day do you historically experience your highest call volumes?

During what day of the week do you historically experience your highest call volumes?

During what month of the year do you historically experience your highest call volumes?

Is your agency staffed in accordance with peak call volume hours? Or is every shift covered with the same number of providers? Is every shift manned with the same number of ALS providers? What conclusions can you draw from this information? How do these call distribution facts impact your ALS workforce?

Conclusions	Impact on my ALS Workforce

Now let's summarize all the implications of this call data analysis. List below the three most significant impacts you discovered in this section. Next, write out some possible actions steps you could take to improve these facts.

Three most significant implications	Possible Actions for Improvement

Response Times, **Shift Schedules and Resource Deployment**

Another component of establishing the current environment of your ALS workforce is to analyze your response time goals, shift schedule(s) and your resource deployment strategies. Deployment strategies refer to how you position your ambulances/units and personnel to meet your call demands. Please answer the following questions:

What response times do you currently use in your coverage area (circle all that are used)?

NFPA* 1710/1720 standards	Response times are set by locality	Employ more than one response time within our coverage area	Other

** National Fire Protection Association*

How about the frequency of not meeting your response time goals? Some of you undoubtedly have this information at your fingertips. For others, you may need to wait until sufficient data is in the PreMIS database for your agency.

Once you have this information, please answer this question. In the last year, my agency has met our response time goals (circle one):

Over 90% of the time	85-90% of the time	80-85% of the time	Less than 80% of the time

If the answer is less than 80% of the time, please indicate some of the reasons that may contribute to missing your response time objectives. Reviewing your call analysis in the last section, may be helpful when answering this question.

Reasons for not meeting Response Time Goals

Which current shift schedule do you employ with your ALS workforce in your agency (circle all shift schedules used)?

8 hour	10 hour	12 hour	14 hour	16 hour	24 hour	Supplement with part-time personnel

Which resource deployment strategy do you employ in your agency/organization (check all that are used)?

Deployment Strategy	**What my Agency uses**
Fixed Post – EMS or Fire Stations	
Hybrid – Fixed posts and temporarily located deployed units based on demand analysis	
Tiered – Fixed posts with some ALS and some BLS only units.	
Fully deployed – ambulances constantly relocated in coverage area	
Other (Please describe)	

Now, let's review this section in light of the impact on your ALS workforce. For example, what is the consequence of numerous response times, shifts and deployment strategies on your workforce? What is the impact of having only one type of shift schedule for your ALS workforce? What about having one and only one deployment strategy? Based on the information above, what conclusions can you draw and what are the results on your ALS workforce?

Conclusions	Impact on my ALS Workforce

What actions can you take based upon this section? Please explain in the space provided.

Possible Actions for Improvement

Now that we have a good understanding of your coverage area and ALS workforce demographics, as well as your call volume, response times and deployment strategies, let's take a look at infrastructure and technological factors impacting your ALS workforce.

EMS System Infrastructure, New Directives and Community Development

To round out your knowledge of the current workforce environment, consider factors external to your agency that can significantly impact your workforce. The EMS system infrastructure refers to various components of the EMS System in which your agency is involved. This includes everything from the dispatching system to the Emergency rooms and medical equipment. New directives can come in many forms: new regulations, protocols and other locality mandated actions such as revenue recovery. Community development has to do with new growth in your coverage area. Examples include new roads, subdivisions or growth of a large employer. We have developed some questions to help you assess all these external factors.

EMS System Infrastructure

Components of a typical EMS system have been identified in the table below. In the columns provided, list any current or anticipated change to that component in the next 2-5 years. Keep in mind any new technological advances impacting your local EMS system. Technological change is inevitable but too much change can stymie any organization.

EMS System Component	**Current or Anticipated Change**
Dispatching	
Communication Equipment	
Medical Apparatus • Equipment • Vehicles	
Modifications in EMS Protocols	
New hospitals or expanding medical facilities or changes in coverage area Hospital designations or services	
Adjustments in Business operations, procedures or technology	

Now let's consider how these current or anticipated changes may impact your ALS providers. Please complete the following table:

Conclusions	Impact on my ALS Workforce

New Directives

New directives can come from many sources to include your locality, your Squad Medical Director, the Emergency Rooms in your coverage area, your Regional EMS Office, Regional Medical Command and OEMS. As an agency leader, you must establish communication channels with each of these entities to assure you are informed of new directives and changes. Do you currently have a point of contact with each of the organizations/people listed above?

If not, establishing contacts with each of these entities might be a possible action step to include at the end of this section.

To the best of your knowledge list below any new directives you are currently integrating in your agency. Also list any new directives you are expecting in the 2-5 years.

New directives currently or soon to be adopted by my agency.

If you have listed more than five new directives, how might these changes impact your workforce? How do these directives impact your ALS providers? Use the space below to record your conclusions.

Conclusions	Impact on my ALS Workforce

Community Development

Now let's consider the impact of community development and growth on your ALS providers. A good source to learn about changes in the roads, new building starts, etc. is the planning commission of your city or county. Below is a list of community growth factors you might want to consider that are currently occurring or on the horizon in the next 2-5 years. Please complete the table.

Community Growth Factors	**Currently or anticipated to happen in my Coverage Area**
New roads or road construction	
New nursing homes or expanding nursing homes	
New retirement communities	
New subdivisions	
Significant growth with large employer	
New business development	
Public transportation changes (buses, subway, airports etc.)	
Changes in HOV designations	
Other:	

What is the impact of these community growth factors on your EMS workforce? How do these changes impact your ALS workforce?

List below your conclusions

Conclusions	Impact on my ALS Workforce

Review this last section. Highlight one or two impacts for each of these last three external agency factors. Next, beside each impact, list a possible action step for improvement.

EMS System Infrastructure, New Directives, and Community Development - Most significant implications	Possible Actions for Improvement

Summarizing the ALS Workforce

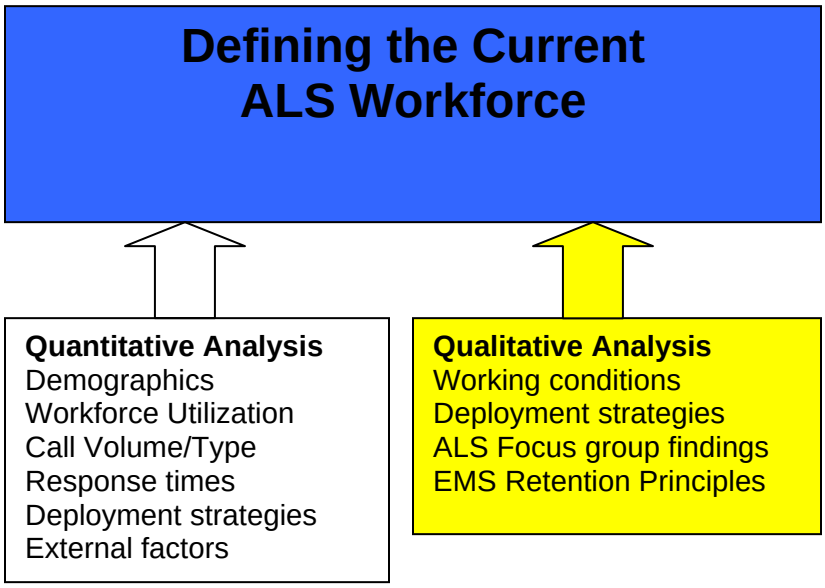
Now let's summarize what we have learned in the quantitative analysis of defining the current ALS workforce (see Figure 3 on page 12). Turn back the pages of your workbook and look at some of the impacts and possible action for improvements you have identified.

Are you beginning to see some common solutions? As you review each section, **highlight at least two actions from each section**. You will be referring to this table several times as you continue to work through this tool.

Congratulations! You have identified some possible action steps for retaining more of your ALS providers. Now, as we continue to define the current ALS workforce environment, we will delve into the qualitative factors impacting your ALS providers. To do this we will re-visit the EMS Retention Principles from the perspective of an ALS provider.

Define Your Current ALS Workforce - Qualitative Analysis

Figure 4



Qualitative Analysis

The next step in defining the current ALS workforce is to perform qualitative analysis of your highly skilled personnel. As the figure above depicts, we will be examining factors such as working conditions and deployment strategies. We will also review focus group and research findings.

EMS Retention Principles Re-visited

We began our series on the Retention tool kit by introducing four EMS Retention Principles. Principles are ideas that can be used over and over in many different situations. By understanding the four core EMS Retention Principles, you will have more options when solving ALS provider retention issues.

We will take a look at these core EMS Retention Principles and then systematically apply them to retaining your ALS providers.

The Life Cycle Principle and the ALS Provider

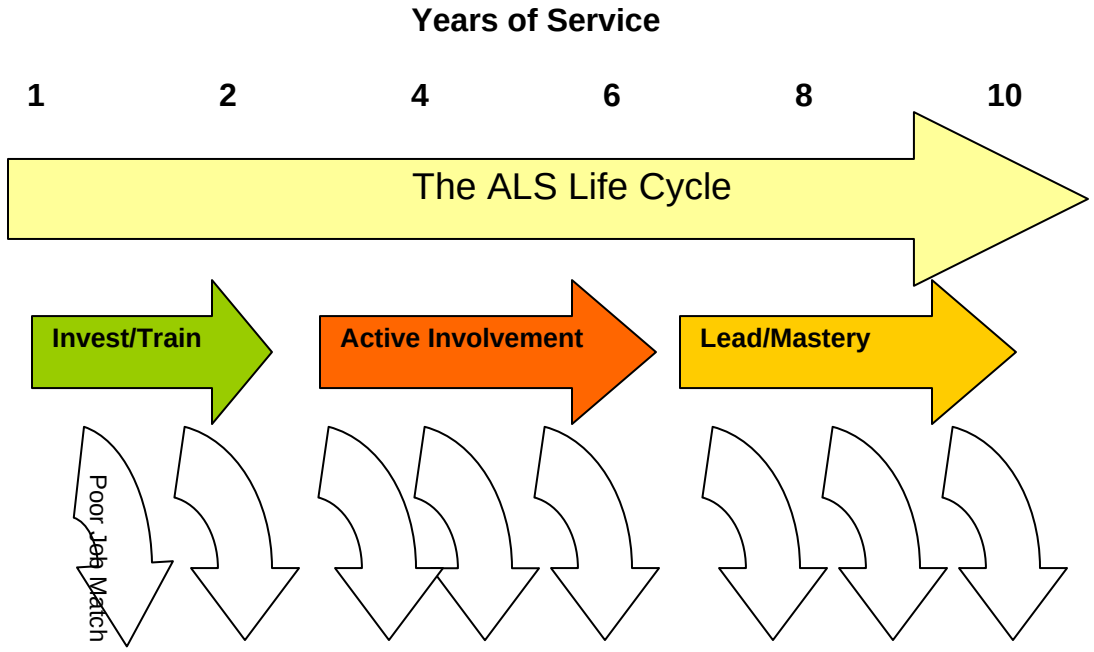
Simply put, this principle states:

EMS personnel stay longer when leaders take specific actions at specific points in the retention life cycle.

Your retention process should be designed to keep good people longer. Members are like clocks with retention springs. Over time, their retention springs are going to wind down and they will leave. Think of your ALS providers as being your most tightly wound members. They may have been in the organization five years longer than your other members and have invested more hours in training and attaining their certification levels. You can have them wind down quickly or keep them longer by doing things at particular times in their life cycle.

The Life Cycle Model

Here is how the principle looks graphically for the ALS provider:



Note to graphic designer: the arrows should read:

Invest/Train	Active Involvement	Lead/Mastery
Poor Job Match	Compensation	Burn-out
Nat'l Training Rqmts	Burn out	Declining Abilities
	Rust-out	Mandatory Retirement

Invest & Train

Some of your ALS providers come in as volunteers and obtain their BLS certification. They enjoy the work and decide to obtain advanced certification levels. Some volunteer providers are recruited by career or commercial EMS agencies offering free ALS training plus salary and benefits. Others receive their training from their volunteer agency and stay with the agency as well as pursue an EMS related career in a municipality or with a commercial EMS agency.

All prospective ALS providers find the time and money required to move from EMT-B to a higher certification level challenging. Candidates go through an intensive training period regardless of whether they are volunteers or career personnel. This training can be as little as a focused fourteen weeks to become an EMT-I or as much as two-and-a-half years to become a college degreed Paramedic.

During this invest and train phase, ALS providers tell us major retention barriers include poor job skills match, failure to meet or continue to meet national training requirements, and unanticipated demands of the job including increased responsibility and stress. An example of a poor job skills match is a firefighter who does not fully understand his/her sign-on requirements and simply does not have the skills or desire to complete mandatory ALS training. The exacting requirements of the National Paramedic curriculum could also be a barrier to retaining ALS providers in this phase. An aspiring ALS student might begin to see that current ALS providers are overworked and decide she/he simply does not want to work that type of schedule.

Active Involvement

In this phase, ALS providers become active in ALS service and delivery. They may become the Attendant-in-Charge (AIC) and then move to become a preceptor for new providers. The lead ALS provider is solely responsible for the EMS call. Because there are fewer ALS providers than BLS providers, ALS providers respond to more calls than BLS providers. The constant stress of being an AIC, combined with an inefficiently utilized ALS workforce, may result in burnout casualties.

Higher EMS certification levels mean these ALS providers are being sought after by agencies or organizations needing these advanced skills. Those in municipal or commercial EMS agencies may demand higher salaries and incentives. As a result, they may jump between career EMS agencies or take a higher paying position in a hospital. Fire base EMS agencies may require the ALS provider to be cross trained in fire suppression. Some ALS providers will leave because they do not want to be firefighters.

At the other extreme are agencies with lower call volumes that lose Intermediates and Paramedics because they are bored and do not get enough opportunity to practices their ALS skills. These ALS attrition casualties are referred to within the EMS industry as “rust-outs.” Providing unique training opportunities using new medical devices or technologies can be an effective means of continuing to engage these highly motivated provider’s minds. Examples suggested by our ALS focus group included offering field training such as Rapid Sequence Intubation (RSI) or other types of progressive protocols.

The most common retention barriers identified by our focus group during this phase of the life cycle differ for volunteer and career EMS personnel.

Type of Agency	Common Retention Barriers in Active Involvement Phase
Volunteer	1. Loss to Career or Commercial Agency for better compensation or boredom/rust-out 2. Burn-out 3. Failure to complete recertification requirements
Municipal/Commercial	1. Dissatisfaction with salary and benefits resulting in moving to another agency or leaving EMS entirely. 2. Improper utilization resulting in burn-out or boredom/rust-out. 3. Required fire training for fire based EMS agencies

Lead & Mastery

In this phase the ALS provider determines to what extent he/she wants to be involved in the agency by taking on greater leadership roles or increased levels of certification and specialized training. Some ALS providers will choose to pursue greater levels of certification going from an EMT-I to EMT-P. Some of these mastery level ALS providers will remain primarily EMS-delivery focused and may not seek administrative roles. The Flight Paramedic is an example of an ALS provider whose primary job responsibilities are providing emergency medical care and not managing those who respond to EMS calls.

Some ALS providers in the Lead & Mastery phase will move to higher and higher supervisory positions. Some become managers such as a Battalion Chief in fire-based organizations or operational managers in career or volunteer EMS agencies. Whether career, commercial or volunteer, most ALS providers in this phase take on more and more administrative responsibilities. Running calls is no longer their main job responsibility. When they choose an administrative career path, they will have more difficulty staying on top of their ALS skills. Younger ALS providers report they resent these providers for no longer pulling their share of the ALS workload.

Some governmental ALS providers in the latter stages of this phase retire from career ALS work and re-enter volunteer agencies. Volunteer agencies can be appealing to the aging ALS provider because the volunteer agency may be smaller, less bureaucratic and run fewer EMS calls.

During this phase, the ALS focus group identified these common barriers to retention:

Type of Agency	Common Retention Barriers in Lead & Mastery Phase
Volunteer	1. Burn -out 2. Declining ALS competencies 3. Declining physical stamina
Municipal/Commercial	1. Burn-out 2. Declining ALS competencies 3. Mandatory retirement 4. Declining physical abilities

Invest/Train Phase

Let's apply these concepts to the ALS Providers in your agency.
Rate your agency using the following scale:

High – We do this and do it well.
Medium – We do this now, but not consistently, and there is room for improvement.
Low – Maybe I should take a harder look at this.

Current Action/Programs for Invest/Train ALS Providers	Rating
1. Our recruiting program seeks to identify highly motivated applicants who could become ALS providers. ALS certification is promoted as a reasonable career path for all aspiring candidates. We identify at least 10% of each application pool as candidates to offer ALS training.	
2. Our program to identify highly motivated agency members and offer them ALS training is very effective. We screen our applicants for the most suitable candidates.	
3. Selected candidates have a clear understanding of ALS provider responsibilities and career progression options as well as ALS compensation and benefits packages prior to enrolling in higher levels of certification.	
4. We have at least a 90% completion rate for BLS providers enrolled in ALS certification courses.	
5. All newly certified ALS providers receive preceptor training within 3 months of their certification.	

Note: These are our standards. Your agency may have more or less stringent standards. We feel it is important to set standards so you can measure your progress. If you do not like these standards, then establish ones that make sense to you. The key here is to get potential ALS providers trained as soon as possible so they are active and contribute to your workforce.

So how did you do? Are you doing more than this during the invest/train phase with your potential ALS providers? Great!

Now go back to the areas where you scored medium or low. Choose one and take time to understand why it's not working the way it should. Put it on your "watch" list.

Active Involvement Phase

Rate your agency using the following scale:

High – We do this and do it well.
Medium – We do this now, but not consistently, and there is room for improvement.
Low – Maybe I should take a harder look at this.

Current Action/Programs for Invest/Train ALS Providers	Rating
1. We have a program that seeks to address utilization and rust-out/burn-out issues quickly and effectively. ALS certified agency members feel they are held in high esteem. Our ALS turn-over rate is less than 5% a year and we have to turn away 20% of the agency members wanting to become ALS provider applicants.	
2. We have an on-going process that seeks to compare salary and compensation packages with agencies in our surrounding areas to ensure our package is competitive. Through our benefits package, we constantly seek new and innovate ways to reward our ALS providers.	
3. We effectively communicate our salary and compensation packages to our ALS providers and potential recruits.	
4. Recertification training is available, affordable and accessible for our ALS providers. We have less than 5% of our ALS providers in re-entry.	
5. We have an on-going ALS training program that provides unique and state-of-the-art technology and equipment. Our training classes are well attended.	

Remember the goal of the active involvement phase is to have a "win-win" relationship with your ALS providers. There needs to be a lot of dialogue to understand what your ALS providers are interested in achieving to keep them actively involved.

Do you notice anything that needs addressing?

Lead/Mastery

Rate your agency using the following scale:

High – We do this and do it well.
Medium – We do this now, but not consistently, and there is room for improvement.
Low – Maybe I should take a harder look at this.

Current Action/Programs for Invest/Train ALS Providers	Rating
1. Annually we identify at least 20% of our high potential ALS providers and reinvest in them to prepare them for leadership roles or move them to mastery in technical skills.	
2. We have an on-going program that addresses issues facing an aging workforce to include technology and equipment to help them do their job as well as identifying re-entry of valuable retirees.	
3. Our retirement packages are reviewed at least bi-annually to make certain they are competitive with other agencies in the state. We involve our ALS providers in refining retirement packages.	

You may be wondering why we did not suggest trying to get all your ALS providers to a mastery level. For one, most agencies do not have the funds available to provide this type of training for everyone. Also, not all your providers will seek more certification or greater leadership roles. Invest in those you believe will pay the greatest dividends to your agency. This is why you must make the effort to know your ALS providers goals and aspirations.

What areas did you score low on? Highlight these areas.

Now, let's review this section. Did you see one or two programs or issues that require immediate attention?

The Belonging Principle and the ALS Provider

In October 2005, the South Carolina EMS Educators Association sent out a newscast entitled, “Paramedics say low pay, Morale forcing them out.” The article goes on to describe how 18 EMT-Ps quit working for Greenville County and another 15 reduced their hours to part time only. A retired Captain wrote to the county administration and noted that the Paramedics "salaries are wholly inadequate and their facilities are cramped and stressful.” One of the Paramedics who quit was interviewed. Her reason for leaving was,

"Morale is horrible; I mean I can sum it up in those words. We feel like nobody cares about us."

Let’s hope you do not have these kinds of feelings in your agency but keep in mind, violation of a person’s need to belong will result in one provider, and possibly more, leaving your agency.

To begin, we need to review what this important principle means. We will then relate it to what we know about ALS providers from various sources.

The belonging principle states that:

- EMS personnel feel welcome when all members accept them into the agency. This feeling should continue throughout the relationship and not just at the start of their membership. Unfortunately, some members “wear out their welcome.”

- EMS personnel feel needed when they are asked to contribute to the agency’s success. This feeling deepens as the squad comes to rely on them. Do not confuse asking members to do jobs that no one wants to do as fulfilling this need.

- EMS personnel feel respected when others value what they do or say. This is such a strong need that high levels of disrespect can result in some people “going postal.”

We can summarize this principle as:

EMS personnel stay longer when they feel welcome, needed and respected.

This principle applies to your ALS providers too. Let’s take a look at what some ALS providers have said about common violations of this principle. Then we will see if any of these ideas can help you in defining ALS retention programs in your agency.

Based on the results of the LEADS project we know that Paramedics on average have about 4-5 years of experience over EMT-Bs. Your senior ALS providers have the greatest length of service in your EMS agency. They may be developing the belonging norms of your agency. When this group becomes dissatisfied as in the Greenville County story above, they may have a great deal of influence over the rest of the agency members.

Field Provider Perspectives

ALS providers report they feel undervalued and are shown disrespect when:

- Patients are “dumped” on ALS providers by EMTs. This sometimes occurs because the EMT is scared or uncertain of his medical skills. In other instances, agency management expects the ALS provider to take over on most EMS calls.
- They are asked to continually do more by their agency, Medical Director, Emergency Room Physician and/or the public, etc. Examples include requiring ALS providers to do the paperwork for directives like revenue recovery. Other examples include new requirements from medical facilities as to where to deliver the patient. Some providers were asked to take the patient not to the Emergency Room but to a department in the hospital, such as Labor and Delivery. This phenomenon is known as “mission creep” – not knowing the extent of the job requirement and this in turn fuels an undervalued mentality.

If an ALS provider is truly valued and respected in his agency, he will not experience feeling “dumped on” or abused. However, instead of feeling like the quarterback, some ALS providers feel like pack mules with more and more tasks added to their load.

The Chesterfield County Fire and EMS Example

We can learn more about these ALS perceptions in the Chesterfield County Fire and EMS ALS Workforce Final Report, dated May 4, 2004. Chesterfield County’s ALS work group that researched the report engaged numerous focus groups and utilized a survey from an intranet site to identify the retention barriers of their ALS workforce. The work group also solicited BLS and ALS providers. The top two cons of being an ALS provider were the same for both provider groups and include:

1. The workload for an ALS provider was considered to be much greater than that of a BLS firefighter.
2. ALS providers feel they were not being paid what they were worth and BLS providers see what ALS providers go through on a daily basis, know what their compensation is and felt that the two are inequitable.

The report went on to state that because there were twice as many BLS providers as there were ALS providers in the county, ALS providers ended up riding the ambulance more often. In some instances, only one ALS firefighter was assigned to a station and that one provider is on the ambulance every shift day.

Can you see how the need to belong was violated for these ALS providers? These highly skilled providers did not feel respected or valued. Furthermore, BLS providers recognize the workload and compensation inequities and determined becoming an ALS provider may not be worth the effort.

The Belonging Survey

Fortunately, Chesterfield County Fire and EMS has taken significant steps to address these and other issues found in the report and we too can learn from this study. Please complete the following survey.

Rate your EMS agency using the following scale:

High – We do this and do it well.
Medium – We do this now, but not consistently, and there is room for improvement.
Low – Maybe I should take a harder look at this.

Current Action/Programs addressing the Belonging Principle with your ALS Providers	**Rating**
1. Overall my ALS providers feel needed, welcome and respected in our agency.	
2. My agency's scheduling system is developed with the input of my ALS providers. We attempt to incorporate both flexibility and equity in scheduling our ALS workforce.	
3. Our ALS training programs are designed to show value to providers who go for further certification levels. We attempt to reduce barriers to attend training.	

How did your agency do? What areas could you improve?

Success Principle and the ALS Provider

Your ALS providers are achievers. You know this is true because of the tremendous amount of time they put into obtaining and maintaining their certifications. Many of these personnel are motivated by securing higher salaries and benefits as a result of achieving higher levels of certification and responsibility.

Do you realize they want to keep achieving? Is your agency supporting this principle or are some of your programs hindering your ALS providers from achieving their personal goals? Do you have some means of identifying your ALS provider's goals?

Those are a lot of questions to answer, but fully understanding what is considered success to your ALS providers will aid in retaining these highly skilled providers.

This third principle can be stated as:

EMS personnel stay longer when they achieve success in important goals.

How do we apply this to your ALS providers? Let's find out what is important to ALS providers and see if your current programs support these goals. Much of the information on this principle can be discovered only through surveys and focus groups of your ALS workforce or by personally interviewing your highly trained providers.

Once we identify some of these qualitative factors in your agency, we will identify ways to improve current programs and stop conducting certain programs that do not support the Success Principle.

As we stated earlier in the workbook, the 2000 LEADS Interim Report cited:

- Less than half, 47.2%, of Paramedics were satisfied with opportunities for advancement.
- 92.3% of paramedics felt advancement was moderately or very important

Clearly, Paramedics want to advance and feel it is very important.

The NAEMT Survey

The National Association of Emergency Medical Technicians (NAEMT) conducted a survey in June and July of 2005. A total of 1,356 NAEMT members participated in the survey. Researchers uncovered the following success work factors for their members:

When asked, "What do you value most about working in EMS?" 87% of those surveyed said "the opportunity to help people in need," 63% cited "the opportunity to give back to the community," and 62% noted "the opportunity to work in a variety of settings" and "the desire to work in a medical profession." The more pragmatic reasons for working in EMS included the fast-paced work environment and the flexible schedule.

Of those surveyed, 64% work as paramedics and 36% are EMTs; 80% are paid and 20% are volunteers; 66% of the paid workers are full-time employees, and 14% are paid, part-time employees.

Since the majority of those responding to the survey are ALS providers, it can be assumed that the desire to help those in need, give back to their community and have a variety of work settings is an important success factor to these providers. Does this sound like your ALS providers? Do they get the opportunity to give back to the community, use their medical skills and work in a variety of settings?

In the same survey, these providers were asked their major concerns related to their chosen profession. The concerns cited most often by respondents were:

- Training and education of EMS personnel;
- Quality of patient clinical care; and
- Funding for EMS.

Another revealing finding was that a majority of those surveyed (65%) said that they are not adequately compensated for their work.

In order for ALS providers to feel successful, they want quality training to provide quality patient care and they want to be compensated fairly.

These findings concur with those found in the Chesterfield County Fire and EMS ALS workforce study. The project concluded that the biggest barriers to ALS provider retention were workload and compensation.

The Give/Get Checkbook

As we mentioned in our first workbook, when a member joins an agency he/she starts a personal give/get checkbook. As long as a member believes he/she is getting more than giving, he/she will feel successful in the agency. An effective leader finds out what the member expects from the agency and works to keep a positive balance in the checkbook. When the balance becomes too far overdrawn, the member will leave.

From what we know, a typical ALS provider's give/get checkbook might look like this:

What I will give my agency	What I expect to get in return
▪ Become ALS certified and maintain my certification. ▪ Pull my shifts ▪ Attend meetings and training ▪ Fill out required paperwork	▪ Feel good about giving back to my community. ▪ Be given ample opportunity to practice my medical skills ▪ Develop quality medical skills ▪ Be compensated fairly

You need to check with your ALS providers annually to see if there has been any change in member needs and expectations. Focus groups and surveys are great instruments to use in order to gather this data.

Asking a series of open-ended questions is one means of soliciting this information.

Here are some examples:

1. Please rate on a scale of 1 to 10, with 10 being the highest, your level of satisfaction as an ALS provider over the past year.
2. What kept you from rating your satisfaction higher (assuming it was low score)?
3. What are the pros of being an ALS provider in your agency?
4. What are the cons of being an ALS provider in your agency?

Focus groups like these will help you uncover some of the quality ALS work issues in your agency.

The ALS Focus Group cited many examples of inherent problems in the system that did not meet their needs and kept them from feeling successful. Those findings are summarized below:

- Being an ALS provider may hold you back from promotions because your skills are needed on the street.
- National training requirements – Does adding 16 hours of anatomy and physiology make a better Paramedic? A new EMT-P is taught to pass a test, not care for a patient.
- No set protocols with Hospital Emergency Rooms (ER). ALS providers always have more than one boss: the OMD, the ER doctor on call, and there are different standards among counties and regional areas. Different drug “boxes” for different counties in coverage areas.
- We run too many nuisance calls and do not get time to practice our skills.
- Emergency Room documentation requirements keep increasing.
- Many EMS agencies have adopted revenue recovery and this adds to the administrative workload.
- There are so many gray areas in service areas. In the past, we used to take patients only to the ER, now we take them to the Cath Lab, or Labor and Delivery, etc.

Do any of these complaints register with what you have heard from your ALS providers? What are you doing to assess your ALS providers’ checkbooks? Perhaps you should ask them in order to better understand their expectations and unmet needs.

The Success Survey
Now let's look at programs you have to support the Success Principle. Rate your agency using the following scale:

High – We do this and do it well.
Medium – We do this now, but not consistently, and there is room for improvement.
Low – Maybe I should take a harder look at this.

Current Action/Programs addressing the Success Principle with your ALS Providers	**Rating**
1. We have a program established to assess our ALS provider's give/get checkbooks and address unmet needs of these providers.	
2. We have an on-going career progression program that helps us identify the aspirations of our ALS providers. There are clear progression paths and clearly understood compensation packages for ALS providers who want to focus on running calls and developing their medical skills as well as providers who want to take on greater supervisory roles.	
3. My agency's ALS training program includes a variety of educational opportunities and ensures that continuing education important to my ALS providers is available, affordable and assessable.	
4. We have a public education program in place aimed at reducing the number of nuisance calls that negatively impact my EMS workforce.	
5. I work closely with my locality, OMD, ERs, and Regional EMS Councils to establish consistent, easily understood protocols for my ALS workforce.	

What are the areas that you need to work on? Are these areas you discovered earlier in the workbook?

The Friends and Family Principle and the ALS Provider

People have a deep need to feel connected to others. This principle can be summarized as follows:

EMS personnel stay longer when they develop strong personal relationships within the EMS agency.

Successful EMS leaders begin with the end in mind. They:

- Create an atmosphere that breeds the formation of friends and a family feeling
- Step in when there are challenges to this atmosphere and protect it

The Farming Metaphor

In the first workbook of the Retention Toolkit we use a farming metaphor to understand this principle.

Till the Soil – Is the current condition of your EMS agency environment hospitable or full of rocks so no one can break into it? Are there numerous cliques? Is there dysfunction?

Plant the seeds – Refers to carefully selecting new members who join the team and who can add to the friends and family environment. Do you carefully consider who joins your EMS agency or do you just look for warm bodies?

Fertilize and Water – Refers to the values and support activities the leaders use to nourish the family-friendly environment. Do you promote agency-wide gatherings and show through your actions that you do not tolerate favoritism or cliques?

Get Rid of the Weeds – Means regularly weeding out those members who do not support a friend and family environment. Do you identify people who are disruptive and give them a “stay or go” decision?

Now let us apply this to what we know about ALS providers. We know your ALS providers are traditionally the more tenured of your members and are often the appointed officers and leaders in an agency. For this reason, whether they realize it or not, they have been helping to form the culture and environment of the agency for some time. Therefore, it is important you evaluate your ALS providers on a regular basis to certify that they are continuing to have a positive influence on the family-like environment of the agency.

ALS Provider Personality Strengths

- Go-getters
- Class A personality – aggressive
- Smart
- Think quickly on their feet
- Interact well with people
- Adrenaline junkies
- Like challenges

Now these attributes sound like people we would all want to have on our team, right? If some of your ALS providers come to mind as you read this list, write their names in the space provided below. An example is provided to assist you.

ALS Providers who contribute to family friendly environment of the agency.	**What is it that they do?**	**What can I do to support them?**
John Carson	*He is constantly teaching younger medics about new medical techniques. He jokes with them and makes them laugh.*	*I can thank John publicly for taking interest in our younger providers.*

Now let's make some decisions. What are one or two actions you can take in your agency to use this principle with some of your contributing ALS providers this month? Complete the table with ALS providers in your agency.

ALS Providers who contribute to family friendly environment of the agency.	**What is it that they do?**	**What can I do to support them?**

We also asked the ALS focus group what were some personality weaknesses of ALS providers. The following list was created:

ALS Provider Personality Weaknesses

- Know-it-all attitude, which does not encourage new EMT-Bs to become ALS providers
- May show no common sense, especially the new and inexperienced medics
- Pack mules -- they do everything
- Burn out casualties
- Highly stressed and as a result can develop health problems

Do any of these statements describe some of your ALS providers? Are the same people on both lists? If so, that is easy to understand—any strength when pushed to an extreme will become a weakness. A content ALS provider, who is consistently overworked, can become a very discontented ALS provider.

The challenge of an effective EMS leader is to recognize when good members become discontented. Stress and burn out are generally symptoms of deeper, more pressing issues. Nonetheless, some of your ALS providers will become consistently disruptive. These are the individuals you must take steps to remove because as ALS providers they exert great influence within the agency. If you do not deal with the negative people, the whole agency will pay a price.

Read down the liability list again. In the space provided below, list ALS providers who are consistently not contributing to the friends and family environment of the agency. An example is provided that might help your efforts.

ALS Providers who consistently disrupt the family friendly environment in the agency.	**What is it that they do?**	**What can I do to get them to change or leave?**
Marvin Jones	*He is a know-it-all. He refuses to let others work with him. Most of the BLS providers hate driving with him because he always seems angry and impatient.*	*I will have a "shape up or ship out" conversation with Marvin by next week.*

Now let's make some decisions. What are one or two actions you can take in your agency to use this principle with some of your disruptive ALS Providers this month? Complete the table with ALS providers in your agency who are disruptive.

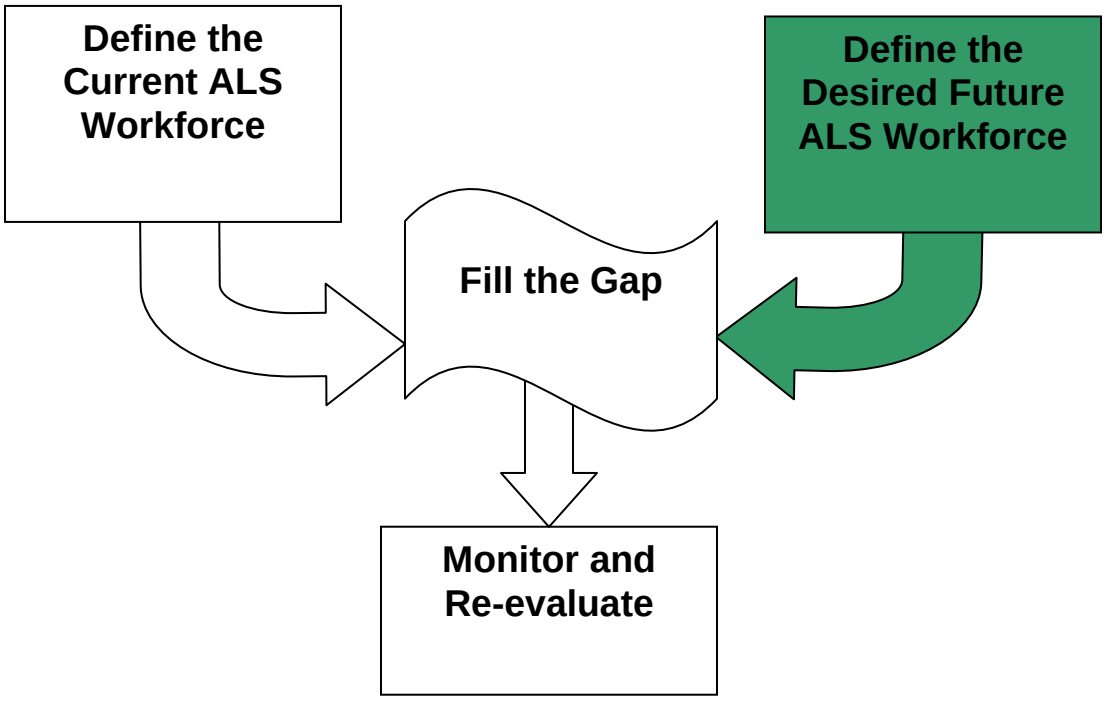
ALS Providers who consistently disrupt the family friendly environment in the agency.	**What is it that they do?**	**What can I do to get them to change or leave?**

Now let's review this section. Did you see one or two programs or issues that require immediate attention?

Defining the Desired Future ALS Workforce

Yogi Berra, the famous baseball coach, once said, "If you don't know where you're going, you'll end up somewhere else." While we all know this statement to be true, how many of us plan with this thought in mind? Knowing where you want to go is equally as important as having a full understanding of your current workforce environment. In this chapter you get the opportunity to be a visionary. You get to design the look and feel of the future ALS workforce in your agency. Refer to the diagram below to see where we are in the Workforce Utilization Model.

Figure 5



To assist you in the process we will take you through a four-step process:

1. Working from your agency vision and mission statements, develop vision and mission statements for your ALS workforce of the future.
2. Consider ongoing directives and programs that may positively or negatively impact your future ALS workforce.
3. Establish quantitative and qualitative factors of your ideal workforce.
4. Develop strategic retention goals.

Develop Vision and Mission Statements

Establishing a vision and mission for your ideal ALS workforce creates a focused approached to your ALS retention efforts. Let's begin by defining these two terms:

Vision – A brief sentence, statement or phrase that describes how the organization wishes to be viewed by those they serve.

Mission – A brief sentence or statement, which states why the organization exists and how it serves its stakeholders.

When developing your ALS workforce declarations, begin by reviewing your agency's vision and mission statements. This ensures any new actions or plans align with the current purpose and direction of your agency. Furthermore, your agency's vision and mission statements can provide helpful ideas in creating your ALS workforce vision for the future.

Below are a series of questions you and your project team should attempt to answer before writing your vision statement for the ALS workforce of the future:

- What would your ideal ALS workforce look like in 3-5 years?
- What role does ALS retention play in your organization?
- What do your highly skilled personnel think about the retention efforts? Are they obvious? Do members know what efforts are being made to retain members?
- What will the components of an ALS retention program include?
- To what lengths will your organization go in order to retain an ALS provider?
- How will your ALS workforce feel about retention?
- How will other agencies describe the ALS retention programs in your organization?

After considering these questions, write a vision statement for your ALS workforce of the future. We have provided some examples below.

Sample ALS Workforce Vision Statement
The future ALS workforce at the XX agency will be well trained, highly motivated, and a cohesive group of specialized providers. Other agencies will look to XX agency as a model agency for retaining ALS providers.

Sample ALS Workforce Mission Statement

Our highly skilled ALS providers will choose to stay in XX agency, as our retention procedures appear effortless. Behind the scenes, a standardized process of activities will be integrated into the day-to-day operations and culture of XX agency.

In the space provided below, write your vision and mission statements for your agency's ALS workforce of the future.

Vision for the ALS Workforce of the Future

Mission for Your ALS Workforce of the Future

Future Directives and Mandates

As described in "Defining the Current ALS Workforce" chapter of the workbook beginning on page 11, directives or mandates come from many sources and include your locality, your Squad Medical Director, the Emergency Rooms in your coverage area, your Regional EMS Office, Regional Medical Command and OEMS. Strong communication channels developed with each of these entities is the best way of ensuring you are aware of mandates in advance. To the best of your knowledge, list below any new directives you know that are on the horizon in the next 2-5 years that will impact your EMS workforce:

New Directives or Mandates in the next 2-5 years

What is the impact of these mandates on your future Agency workforce? What specifically would be the impact on your ALS workforce?

Impacts on Agency Workforce	Impacts on ALS workforce

Next, we would like you to consider on-going initiatives that include retention programs that may impact your future ALS workforce. List in the space provided all current agency programs and initiatives that will influence your future workforce.

Current Agency Programs	Impacts on future ALS workforce

What actions might you take to mitigate some of these impacts on your future ALS workforce?

Possible Actions To limit Impact of On-going Programs and Future Directives

Now let's keep these impacts in mind as we work through the next step of Defining the Future ALS Workforce.

Establish Quantitative and Qualitative Factors of the Future ALS Workforce

Based on the vision you defined for retention, what should the strategic goals be? How should they be measured? What systems do you currently have in place to be able to track and measure the goals and what systems do you need to put in place to be able to track and measure the goals?

In this step, we work through establishing criteria to describe the ALS workforce of the future. We have developed a list of categories we feel are the most important in achieving your future ALS workforce. This list includes:

- Membership
- Member Morale/Satisfaction
- Training
- Effectiveness of Leadership
- Communication
- Team Cohesiveness

Strategic goals should be quantifiable and have a specific date to be accomplished. When setting goals for each of these categories you need to define:

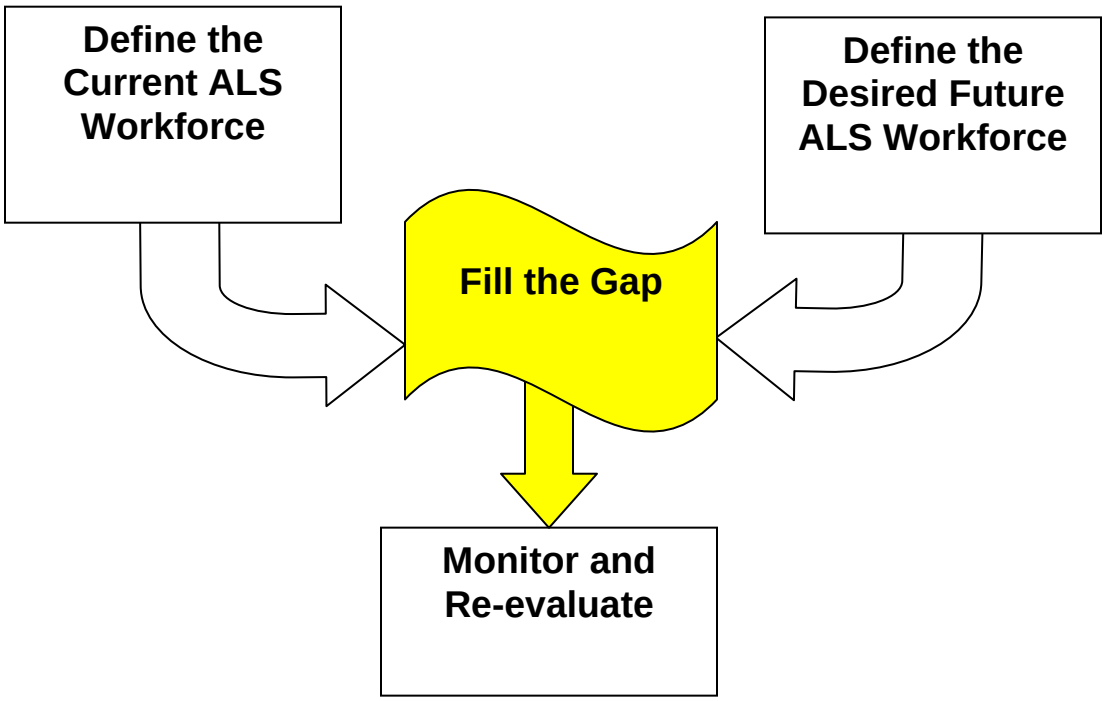
- Type of Measure for that category. For example, morale could be measured by responses on a survey or number of ALS member complaints.
- Specific Goal – Quantifiable objectives by a specific date
- Tracking– Defines what you will track to measure the goal
- Baseline – Current data you have on the goal
- Target – The new target
- System to track and measure – System or process to measure the goals

Once you have completed these questions, you have defined the future ALS workforce and are ready to begin setting strategic initiatives for an ALS retention program in your agency.

Filling the Gap

Now that we have defined where we are and where we want to go how do we get there? As with each step in this process, we will employ a disciplined approach to selecting the specific strategic initiatives that will provide the greatest likelihood of achieving your ALS retention goals. The diagram below depicts where we are in the workforce utilization model.

Figure 6



Major Steps in Filling the Gap

Listed below are the steps we recommend to move from the current ALS workforce environment to the desired future state of your ALS workforce.

1. Developing specific strategic initiatives
2. Prioritizing your strategic initiatives
3. Implement your ALS Retention Program by using effective project and change management skills

Developing Specific Strategic Initiatives

Strategic initiatives come from many sources:

- Findings from the current work environment
- Tasks identified as a result of setting strategic goals
- Feedback from your ALS providers

Not only is it important to list all the possible action plans from our work to date, it is also critical to have a link between your strategic action plans and your ALS retention goals.

Now let us look through the work you have completed to this point. As you finished each section of this workbook, you listed Possible Actions for Improvement. Go back through the workbook and list all those items.

Now complete the strategic initiative template.

Prioritizing Your Strategic Initiatives

The initiatives that support the greatest number of goals will have the greatest impact on your key retention efforts. You now have a long list of initiatives that can become part of an ongoing ALS retention program. How do you determine which key initiative to work on first? You will need some mechanism to prioritize these action plans.

In reviewing the last worksheet, you may have noticed some of your initiatives supported more than one goal. Initiatives that support more than one ALS retention goal will have a more effective impact on your agency. Also, those initiatives that support the EMS retention principles will have a greater likelihood of success because those actions are founded on precepts and precepts do not change.

Once you have completed prioritizing your key ALS retention initiatives you will be ready to implement those plans and monitor their progress.

Implementing Your ALS Retention Program

Congratulations! You are now ready to implement your ALS retention program. When you begin to implement your overall retention program, you will want to use sound project management and change management practices. We recommend you consult with a quality project management resource guide to fully implement your ALS retention program. A couple of texts are included in the Suggested Reading section located at the back of this workbook.

Below are suggested steps to begin to implement your ALS retention program:

1. Identify the Project Sponsor. This may be you or the Senior Officer in your agency. The Project Sponsor should not be involved in the work of the project but approves the project plans and adjustments to scope and other resources.

2. Identify an overall ALS Retention Program Manager. This person will oversee the project managers of each ALS retention initiative and ensure integrated planning when rolling out the overall ALS retention program. Integrated planning ensures maximum allocation of personnel and resources. In addition, integrated planning considers the timing and change management issues of each separate ALS project. Lastly, the ALS retention program manager should develop and execute a communications plan to build anticipation of the separate ALS retention initiatives in your agency. For example, a new ALS compensation package should be announced in an agency well in advance of the implementation. Communications also should celebrate successful projects which will in turn build excitement for other ALS retention initiatives.

3. Identify Project Managers and teams for each ALS retention project. Review the suggestions listed on page 12 of this workbook for criteria in selecting your implementation team(s).

4. Employ quality project management and change management skills from the beginning through the end of each project. Some of these skills are discussed below.

Roles of an Effective Project Manager

One of the most important responsibilities of an effective project manager is to work with the Project Sponsor to develop a scope statement for the project. The scope is an overview of the project that sets the boundaries for the work to include the goals, timing, resources and budget. Scope creep, or the propensity of a project to veer from the initial boundaries, is one of the first warning signs of a failing project. Therefore, the project sponsor and program manager should carefully monitor project updates to ensure a project remains within scope.

The project manager must also select and work with a project team. An effective project manager must employ good communication and team management skills. Holding project team members accountable for tasks is fundamental to the successful completion of a project.

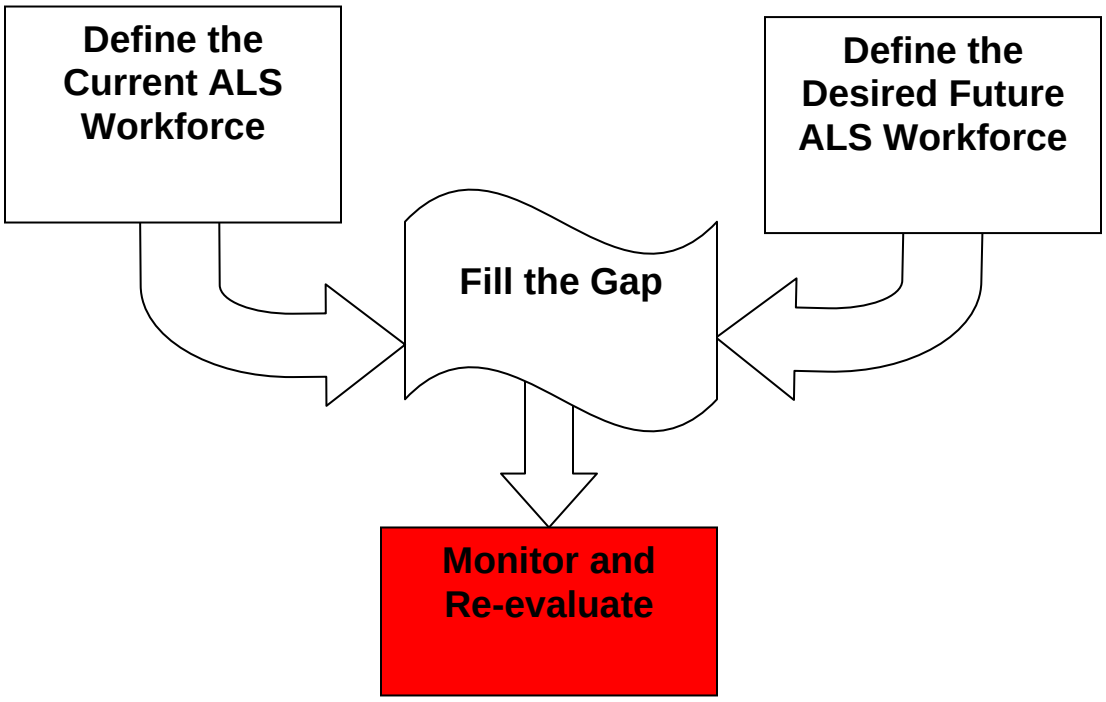
Once the project scope and team(s) have been defined, the project manager and his team should develop a project plan. A project plan usually includes breaking the work down into manageable activities and tasks. Once the tasks are identified, the project manager assigns responsibility for the tasks to project team members. An effective project plan also will list timelines for completion of those tasks as well as budget constraints.

Lastly, a competent project manager must consider change management issues during the development of the project plan. After all, beginning a new project or initiative necessitates change within your agency. A great resource for understanding and managing change is contained in the third tool in the *Keeping the Best* series - *Maximizing Your Retention Efforts.*

Monitoring and Re-Evaluating your ALS Retention Program

In this last chapter we want to remind you to emphasize the importance of continuing to monitor the effectiveness of your ALS retention programs. Please refer to the diagram blow, which shows we are on the last step in the workforce utilization model.

Figure 7



As you complete an ALS retention project be sure to measure how effective you were in achieving your desired goals. Those goals should be clearly identified in your project scope. Furthermore, conduct an after project review to identify and document ideas on how to improve the project in the future. We recommend you celebrate successful projects with communication throughout your agency. This could be at an agency town hall or a business meeting. In this communiqué, be sure to identify and thank your project managers and teams. Also, as one ALS retention project ends continue the momentum in your agency by beginning a new ALS retention project.

Annually or biannually monitor how successful you have been in achieving your overall retention objectives. Re-visit some of the questions we ask in Defining the Current ALS workforce section of this workbook and see if new factors are impacting the success of your retention programs. Every three to five years, it is important to go through this entire workforce utilization model again. As you have seen by completing this process once, some of your retention initiatives became self-evident. If you continue to use the disciplined approach outlined in this workbook, we are confident that you will have success in *Keeping the Best!* ALS providers in your agency!

Bibliography

1. West Virginia Office of Emergency Medical Services, *Certified EMS Personnel Survey 2008 - Preliminary Report.*

2. Dawson, Drew E., Brown, Jr., William E. and Harwell, Todd S., *Assessment of Nationally Registered Emergency Medical Technician Certification Training in the United States: The LEADS Project*, Prehospital Emergency Care, Handley & Belfus, Inc., Philadelphia, Pa. 2003.

3. Williams, David M. 2005 *JEMS Salary & Workplace Survey*, Journal of Emergency Medical Services, October 2005.

4. West Virginia Office of Emergency Medical Services, *Non-Recertifying Paramedic Preliminary Reports, 2007, 2008.*

5. Studnek, John, Fernandez, Antonio R., Margolis, Gregg, *What we know about the EMS Workforce,* Journal of Emergency Medical Services, January 2006.

6. Studnek, John, Fernandez, Antonio R. , Margolis, Gregg, *When is an EMT not an EMT?* Journal of Emergency Medical Services, February 2006.

7. US Census Bureau, West Virginia Population statistics 2008.

8. EMS House of DeFrance http://www.defrance.org Keepin' Up in EMS, Four in Five Medics Injured on the Job, November 18, 2005.

9. NFPA 1710, Standard for the Organization and Deployment of Fire and Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Career Fire Departments, 2004 edition.

10. NFPA 1720, Standard for the Organization and Deployment of Fire and Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments, 2004 edition.

Resources

Office of Emergency Medical Services,
West Virginia Trauma and Emergency Care System
Bureau for Public Health
350 Capitol Street, Room 425
Charleston, West Virginia 25301
304-558-3956
www.wvoems.org

West Virginia EMS Technical Support Network
4921 Elk River Road
Elkview, West Virginia 25071
800-525-6324

National Highway Traffic Safety Administration
Office of EMS
www.nhtsa.dot.gov/people/injury/ems/index.html

United States Fire Administration, Department of Homeland Security,
Federal Emergency Management Agency
Use the search feature to order or download fire and EMS recruitment and retention related publications
http://www.usfa.fema.gov/applications/publications/

National EMS Management Association (NEMSMA)
www.nemsma.org

Suggested Readings

The Fast Forward MBA in Project Management, Second Edition, Eric Verzuh, John Wiley & Sons, Inc., 2005

Project Management for Dummies, Stanley E. Portney, PMP, Hungry Minds, Inc., 2001

The Team Handbook, Peter R. Scholtes, Brian L. Joiner and Barbara J. Stribel, Oriel, Inc., Madison, WI, 2003.

A Thinker's Toolkit, Morgan D. Jones**,** Three Rivers Press, 1997.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