A must read for current and aspiring Emergency Medical Service leaders. While this book is not intended to reveal any magic formula for effective leadership, it does highlight proven leadership principles and several key elements of organizational success.

The EMS Leadership Challenge - A Call To Action

The EMS Leadership Challenge

A Call To Action

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CHAPTER 2
EMS Leadership Challenges

I don't think much of a man who is not wiser today than he was yesterday.

-Abraham Lincoln

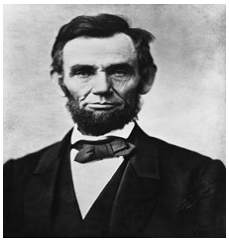

Figure 9-Abraham Lincoln

The Efficacy of EMS

Does anyone really know where EMS stands as a profession at this point in time? Or know its real value? How is it measured? If indeed it is measured, then by what means? And if it is not measured, why not?

These are questions that EMS leaders should be concerned with and attempting to answer. In this competitive day and age where proving effectiveness is the name of the game in the business world in order to survive, it behooves EMS organizations to follow suit. Many service-oriented organizations such as EMS, the fire service, and law enforcement believe that there will always be a need for their unique talents. Because of this unfortunate mentality, most of these types of public service do not apply the principles of the private sector to their industry. Concepts such as customer service, fiscal awareness, marketing, and research are foreign to many EMS leaders. By and large, most professional studies regarding EMS come by way of physicians and nurses. While this is certainly acceptable, it is still not as good as having EMS

personnel doing their own research and publishing their own findings in legitimate, professional publications.

A review of recent literature and research may shed some light on the perceived state of EMS in this country. And while perception may not necessarily equate to reality, public perception is incredibly important when it comes to funding and maintaining services. The premise of my argument is that EMS does indeed make a difference. However, coming from a background that includes that of an EMT-Basic, EMT-Intermediate, EMT-Paramedic, Paramedic Service Director, and Fire Chief, as well a former medic in the military, my loyalty is deeply entrenched in the field of EMS. For the most part, the people that read this book will also be involved in the field of EMS and understand the language and the message. However, this message needs to reach the masses, and for over five decades EMS has failed to effectively educate the populace. Because of this, EMS in general cannot empirically prove that it does indeed make a difference even though anecdotally, we in the profession of EMS, absolutely know it does. The problem this inequity presents is the failure to provide valid proof of efficacy that could jeopardize future funding and progress within this profession.

To validate these statements, we go back to 1966 when a white paper was written that recommended 29 areas of improvement within the field of emergency health care (National Academy of Sciences, National Research Council: Accidental Death and Disability: The Neglected Disease of Modern Society). Eleven of the twenty-nine recommendations were directly related to EMS. Two of these recommendations were in the areas of research and stable funding sources. This paper was written and published by physicians and nurses. While this exposure has greatly assisted in moving EMS forward, the people who should be conducting and publishing EMS research are EMS organization directors, paramedics, and EMTs. These are the people that will not only have firsthand knowledge of the subject, but they can also relay the information more appropriately to their fellow brethren. Writing an article that is published in a medical journal rarely reaches EMTs and first

responders. Discussion of PI variables, p tests, confidence intervals, and other M.D. or Ph.D. lingo does not relate well to the majority of the EMS community. Much like the way the ten codes have evolved, where speaking in plain language is a better option than encrypting the true meaning of the message, the same argument can hold true for research. As one of my dissertation committee members once told me, meaningful research does not need to be hidden in complicated formulas and encrypted language that few people can decipher. Interviewing those in a particular field and using descriptive research to outline their thoughts is indeed meaningful research that should not be underestimated or under appreciated. In fact, this type of research is perhaps even more meaningful because it has the ability to reach more people.

I must also add an observation that I never truly realized until I began to write this book. My first effort at getting published involved the subject of fire service leadership (Waite, 2007). As such, I asked several fire service experts from around the country to contribute their thoughts and opinions on the subject. Of the six people I contacted about the project, only one declined to participate. For this project, I followed a similar blueprint. Much to my amazement, of the six EMS experts I contacted, none were willing to contribute or showed any interest in the project! I thought to myself, the EMS community is much less willing to share information or opinion and perhaps this is why EMS is in the state that it currently is! It is this lack of leadership in the EMS community that must be overcome and the primary reason why this book is being written. EMS leaders must get off of their collective asses and get in the game. They must be less territorial and more willing to share information if we are to move progressively forward.

There can be no doubt that EMS is very competitive and some EMS administrators, if not the majority, feel by sharing information they may lose a piece of the proverbial profit pie. Such is not the case in the fire service. So, while I have had to change my approach to this project, I believe that this project is important and worthwhile and I will not be deterred from attempting to enlighten EMS leaders, promote the cause,

stimulate thought, and perhaps most importantly, initiate action that will exhibit to the general populace why EMS is so important and does indeed make a major difference to our current and future society.

As mentioned previously, the fact that leading EMS experts are so hesitant to share information is an indicator that the field has not progressed as far as it could have. This is a sad state for EMS to be in, and until we overcome this significant obstacle, EMS will continue to get similar reviews as it did in USA Today in 2003 (*Many lives are lost across USA because emergency services fail.* 2003, July 28-July 30).

These articles cast EMS in a very poor light to the general populace. While they used statistics from larger, primarily used metropolitan EMS agencies, which only comprise a small percentage of all EMS organizations, it was a scathing report. Later, in 2003, another report came out that looked at the improvement of EMS in a few select cities, again large metro areas, and examined what they had done to improve their system (*Cities rise to the EMS challenge*. 2003, December 29). While the results were more positive, this report still only represents a fraction of all EMS organizations around the country.

Many people erroneously believe that these same large metropolitan services have some magic EMS formula that all other EMS organizations do not. This simply is not the case. While some of these larger organizations have excellent programs, all one need consider is the USA Today articles to get an understanding that many of these larger programs have a long way to go. The same could be said of medium-sized and smaller organizations. Some are excellent and some are in need of an overhaul.

So why is there such a disparity among similar type organizations?

The answers are few and Byzantine. However, as EMS leaders, you must ask the difficult questions and at times, make difficult decisions. This book targets EMS leaders because this is where I believe this particular field is lacking. Now, there

certainly are many outstanding EMS experts in the field, but one should not confuse an expert with a leader. They are not necessarily one and the same.

Contributing to the advancement of any field is certainly noteworthy, but leading an organization to the pinnacle of success is completely different. To believe one or two gifted individuals can do this alone is certainly not realistic. Believing that medical directors or state EMS agencies will be able to solve every problem at the local level is also unrealistic. However, getting individual EMT's and service directors involved is critical to the evolution of EMS. This book is intended more for this audience and not necessarily medical directors or EMS experts. And who knows the strengths and challenges of an organization better than the people within it? This is where change and leadership need to occur. Certainly, medical directors and state EMS agencies can assist in this very large undertaking, but they cannot and should not be expected to do it by themselves.

EMS funding

Figure 10-Dollar signs

Does your organization and/or state have a stable funding source?

While part of the target audience for this book includes EMS leaders across the country, an important subgroup of this audience includes the politicians that vote and act upon EMS funding. While some states have stable EMS funding sources, others are not so fortunate. My home state of Wisconsin, as of 2009, still does not have stable EMS funding and is always struggling to maintain its limited resources.

Some states use driver's license fees or a portion of motor vehicle registration for funding EMS. Other states use a portion of speeding or drunk driving violation fines for EMS funding. Other states may use a portion of toll money for funding, or a 9-1-1 cell phone surcharge, but the fact of the matter is that not all states have a stable funding source (Brennan & Krohmer, 2006:38). Some states have managed to 'crack the code' and get their respective state's politicians to act upon this type of initiative. However, the bigger perplexity, in the wake of the 9/11 tragedy, is why the United States Congress has not acted more aggressively upon this. The first people to respond to any major incident are EMTs, firefighters, and police officers. The Federal Emergency Management Agency (FEMA 2009) has managed to address some of the deficiencies within the fire service and have recently added an EMS component to this grant process. However, these grants should be viewed simply as a supplement to a stable funding source and not adequate in and of itself.

The way of the world is that politicians control the legislative process. While our government was originally intended to be run by the people for the people, the process has gotten a bit diluted over the years. That notwithstanding, politicians control the purse strings necessary to provide stable funding. Armed with this knowledge, this is the group of people that must be convinced that EMS is important enough to fund. Again, some EMS leaders in other states have managed to convince their legislators to provide this stable funding while others have not been as successful in their attempts. Perhaps a boiler plate template can be created and used by the states that are not as fortunate to have stable EMS funding. And even for the states that have managed to crack the code, it may take more proof in the future to maintain or increase this funding.

In order to place a different perspective upon this argument, let us look at EMS through the eyes of a typical politician. The people in EMS may not have fancy formulas or a pile of research to prove their efficacy, but yet they know that EMS really does make a difference in people's lives on a daily basis. However, when it comes to lobbying for causes, or persuading the political machine to move an issue forward, EMS often does not speak with one voice (public vs private), is not overly organized in this arena, and is not assertive enough. This most certainly may not be the case in all states, but it is in some and that hurts the efforts of moving important issues forward.

Politicians look for issues that are meaningful, especially around election time. The questions for them become: **How many people are actually affected by EMS? What does the overwhelming research show? Do private and public services speak with one voice on important issues or are they fragmented?**

EMS leaders should find a legislator(s) that can champion the cause, perhaps because they have personally been affected by EMS or personally know someone in the field. The fire service has managed to be much more successful in getting their message heard, although law enforcement is even better. Police associations often speak with one voice, while

there are times that public and private EMS organizations seek differing legislation and relay mixed messages to politicians. The fact of the matter is that there is still a wide chasm between private and public ambulance services. Much of it revolves around competition and turf battles. This wedge has definitely hurt the overall efforts of EMS in many states.

I will use Wisconsin as an example because this is where my experience lies, but please bear in mind that you will need to examine your own state's effectiveness. However, I postulate that Wisconsin is the norm and not the exception. For years Wisconsin had been very far behind the EMS power curve. Then, the state created an EMS advisory board to assist the state EMS office in moving the state forward in this particular area. Then, a state medical director position was created. From there a state physician advisory committee and state trauma advisory committee were developed. The state went from 'zero to hero' in a matter of years. However, there were still some very large, unresolved challenges that the State of Wisconsin had to deal with, and the state is still challenged by the same issues today. The first challenge deals with stable funding. Years ago the state created a fund to assist state EMS agencies with training and equipment. The complicated formula that was used to divide this pool of money was premised upon per capita and the number of EMS personnel on a service. This particular formula may have had its flaws, but it served EMS in the state pretty well over the years. The financial challenge associated with this pool of money was that it was never increased over a period of about two decades! However, the costs of training and equipment have certainly increased over this same time frame. Then, because of the fallout from 9/11, this major event led to the decrease in revenue sharing to local communities. The state's position was that municipalities were free spenders and needed to tighten their collective belts because the state could not afford to dish out the same amount of funding as it had prior to 9/11. As a result of this short-sighted approach, local communities did their part to limit funding in certain non-essential areas. The state however continued to beat the drum on frivolous local spending until they began to lose credibility.

The State of Wisconsin (2007) has about 450 ambulance services. Of these, 41% are basic services, 34% are intermediate services, and 25% are at the paramedic level of care. Much of the state, especially the northern half, is rural. The majority of the state's population lies in the southern half and includes the larger cities of Madison and Milwaukee.

EMS lies within the public safety sector, whether public or private based. What some politicians and local government officials fail to realize is that public safety is incredibly important, and simply cutting across the board when it comes to local spending is really not wise leadership. During a major disaster, or another 9/11 type of event, the people that you see on CNN and that respond to such crises and mitigate incidents of this magnitude are public safety personnel. As important as all other departments are to a municipality, rarely do you see a Public Works Director, City Engineer, or Wastewater Superintendent on CNN during this type of incident! This statement may upset some people, but the truth of the matter is that when a crisis hits, public safety then becomes important and local government officials want swift action. The problem then relates to the question: **have they adequately resourced public safety to ensure they can mitigate such a major incident?** I would venture to guess that in the majority of municipalities the answer is *no*. Then of course you get the old cliché, "Public safety gets everything they want." Perhaps these people did not see or remember the incident that occurred in New York City on September 11th, 2001! Perhaps they are unaware of the global war on terrorism that we are currently engaged in and will be for decades and generations to come! There is a fairly good reason why the federal government created a Homeland Security Office! There is also pretty good rationale why the federal government has allotted a great deal of funding to public safety resources. Somehow, some states and local government officials have lost this message. This little tirade is not meant to belittle local or state government, but it is intended to drive home the point that EMS must step up and take more of a leadership role to prove that its importance, not

only for local incidents, but also because it is a key piece of the homeland security pie.

Strategic Planning

Figure 11-Strategic planning process

> *To create excellence you must have a great vision. Great visions are initiated by leaders.*
>
> -Wallace, 2006:91

Does your organization have a strategic plan? Does your community have one?

You may be surprised to learn that many communities, and even more EMS organizations, do not have strategic plans. Perhaps it is because the term invokes thoughts of a pain staking process that has limited value. Or perhaps it is because creating a strategic plan is a long and tedious process and one that few people, other than Ph.D. types, really comprehend. The fact of the matter is that a strategic plan does not need to be long, nor does it have to be complex. You really do not need a crystal ball to create a strategic plan. But if you think of yourself as an EMS leader, and your organization does not have a strategic plan, then you may want to reevaluate your status as a self-proclaimed leader!

A strategic plan really only needs to be broken down into more simplistic terms. The base components are a vision, a mission statement, organizational objectives, and an action plan. If you only begin with these four items, you can create a strategic plan. Now, some so-called experts may tell you that it is not that easy and you need to hire a consultant or a

professional in order to create an exotic strategic plan. To these people I say, 'horse hockey'! All you need to create such a plan is some foresight and a little time.

To begin the process, you may want to create a collective vision. In other words, if you as the leader of the organization just create the plan, then it simply becomes your plan! If you solicit feedback from employees and incorporate the best parts of these discussions into the organizational vision, then it becomes a collective effort and is more likely to be bought into by the personnel of the organization. A good vision should provide a glimpse of the future state of the organization in five, ten, fifteen, perhaps even twenty years out. A vision can provide a focal point for employees to move toward. So when people and projects get off track a bit, you refer back to the vision, get everyone back on track and collectively move toward the future. While the plan that you build around the vision will change often in response to the ebb and flow of society and the profession itself, the vision should not change much, if at all. The vision is where you and the employees would like to see the organization in a given timeframe. The plan built around the vision provides the mechanisms and framework to get there. The vision for my department is:

> *To become a ledocracy and a learning organization that is committed to excellence in providing multiple emergency response services to citizens within our jurisdiction.*

This vision statement is vague by design and overarching in nature. It is abstract enough to provide focus, but lacks specificity so it is not confused with the plan itself. As a result of this design, a good vision need only be tweaked and not overhauled as conditions change.

Does your organization have a mission statement?

A mission statement should be short and concise. It should be memorable to your employees. It should capture the essence of your organization. It is what *you* [the organization] are all about. I have observed many mission statements that are long

and difficult to remember. If every employee in your organization cannot recite your mission statement by memory, then perhaps it is too long or not memorable enough. Our department's mission is referred to as the 3-Ps:

The personnel of the Wisconsin Rapids Fire Department are to be:
*-**P**rofessional at all times,*
*-**P**roficient in all tasks, and*
*-**P**olite to everyone we serve.*

The next part of our strategic plan recipe includes the objectives. These objectives need to be organization specific and provide the framework that aligns with the mission statement and the vision. In relation to EMS, one possible objective may be to conduct research in a specific area. Another may be to attain service accreditation through an outside and objective organization using a nationally recognized standard. Another objective may be to expand your service area. The bottom line is that they need to be specific to your organization, as well as realistic, attainable, and measurable. Dependent upon how difficult the objectives may be to attain, you may only want to select a few objectives to work on. Too many objectives and you can lose focus rapidly. Too few objectives and you can stagnate progress. Strategic plans are a moving target and very dynamic. They change often because they need to. As economic and political variables change over the course of time, these factors will affect your plan, some positively and others negatively. But I have seen many decent strategic plans created in a vacuum, and then they sit on a shelf in an office and collect dust for decades. This is not a strategic plan, but rather, just an expensive paperweight!

Finally, you need an action plan to incorporate movement. A good action plan basically provides accountability as a clearly identified individual is assigned a task that he/she is responsible to complete. The task(s) each individual is responsible for relate to the objectives, which align with the mission statement and the vision. It is kind of like the Lincoln

Log concept. Then it is up to the organization's leadership to empower people to complete the tasks, provide a timeline on when the tasks should be completed, and then oversee and supervise without micromanaging.

While this may sound simple, it really is. The process does not have to be complicated. As an EMS leader you should not be intimidated by the words *strategic planning*. You simply need to start the process somewhere and the plan will evolve and improve as you develop it. Often, the hardest part is simply getting started. If this is the case, then you may want to use a facilitator to get the ball rolling for you.

Ideally speaking, position papers such as the *EMS Agenda for the Future: Where We Are…Where We Want to Be* provide a glimpse of the future for EMS. But much like the white paper that was written in 1966, many people in EMS did not pay attention to the document, and five decades later we continue to flounder in areas this document highlighted! It will take strong, effective leadership to move the EMS profession progressively forward. And by paying attention to history, we can then build the pathway toward a brighter future (Wallace, 2006).

Customer service

Figure 12-Customer service poster

Most EMS organizations do not receive complaints about poor patient care, the majority of complaints deal with interpersonal dealings with the public or patients. Therefore, customer service skills must be a key priority for EMS delivery systems.

-Gary Ludwig, 2006:396

What is your organization's policy in regard to customer service? Do you have a formal organizational policy outlining customer service? Do you send out customer satisfaction cards to patients you have cared for?

Much like the fire service, EMS has historically viewed itself as a service-oriented business. Many organizations have focused more upon just providing the service, and not necessarily upon incorporating the aspect of customer service. The private sector is well ahead of their public sector counterparts in this aspect. As competition in the public sector continues to grow, it behooves both private and public sector EMS organizations to review and analyze their operation and incorporate customer service into their culture. Those that are successful in doing so are more likely to survive. Those that choose to remain status quo may not survive in a very competitive and uncertain world.

How can you measure customer satisfaction?

How about the number of trauma patients who were appropriately transported to the most appropriate facility and survived as result. Do not bet the family farm on the fact that the general public will vote in your favor should it come to a referendum on additional funding and/or additional personnel. If it comes to a decision to fund additional personnel for your service, or put food on their table, especially given our current economic situation, the public may not support such a request. Keep in mind that unless someone has used your service and was very satisfied with the outcome, that individual may care less if you get another ambulance or fire station, or need more personnel. The point is this, whether you are a public or private service, with all of the competition in today's world, limited funding, and an increasing need, the customer (i.e., our patients) needs to be extremely satisfied. If customers are not, they may look elsewhere for service! It is their decision to make.

If you are sending out customer survey cards, what do the results tell you? Have you developed a plan for improvement based upon the results? If you are not sending out cards, why not?

Effective EMS leaders want these answers and are continually developing plans to improve their service. Self-proclaimed EMS leaders who do nothing are setting their organizations up for failure.

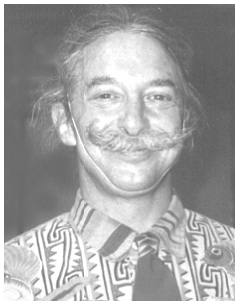

Figure 13-Patch Adams

There is nothing wrong with being different. Just because no else is doing it, doesn't mean you can't be a leader and pioneer a new concept. It appears that many people in positions of authority are so busy worrying about liability that they are not willing to accept any risk. And when you take no risk, and/or there is an atmosphere of 'zero tolerance' in regard to mistakes, creativity and innovation are stifled and organizational progress will be severely hampered. Patch Adams (Figure 13) was not afraid to be different. Even though his methodology was outside of the mainstream, his results were quite effective. Many EMS leaders need to add a little more Patch Adams mentality into their repertoire.

Quality-based analysis

Figure 14-Lean Six Sigma pyramid

> *Lean Six Sigma for services is a business improvement methodology that maximizes shareholder value by achieving the fastest rate of improvement in customer satisfaction, cost, quality, process speed, and invested capital.*
>
> -Michael L. George, 2003:6

Do you know what this concept entails? If so, do you use it in your organization? If you use it, are you happy with the results yielded thus far?

For those people that may have heard of Total Quality Management (TQM), or perhaps Continuous Quality Improvement (CQI), the newest version of this model is something termed Lean Six Sigma, although the concept itself is not that new. In its most basic terms Lean Six Sigma utilizes systems and processes to improve an operation. The military has used TQM and CQI for years and has recently adopted Lean Six Sigma to improve and streamline operations and processes. Perhaps the best way to put this into perspective is to ask any EMT reading this book: **how do you know that the procedures and medications that you use in the field are actually effective?** Some of my former EMT students answered this question by stating that this research has already been done and they are just following what their medical director has approved. As a social scientist myself, I have found this to be the prevailing norm. However, we must step things up a bit and

elevate our way of thinking by effectively analyzing the data that is before us.

Lean Six Sigma breaks down systems into components in order to analyze them more efficiently. As the systems and processes are analyzed, they are put back together so an operation has less waste and inefficiency. Lean Six Sigma is basically measured through levels of efficiency and attempts to reduce the amount of variation in a process. A level six indicates a yield of 99.9996%, which translated means there is great efficiency in the process or operation. While airline crashes receive much attention because many lives may be lost in one tragic incident, this industry's sigma level is actually above a six, which means that it is an incredibly safe mode of travel.

Lean Six Sigma foundations include **DMAIC**, which stands for **D**efine the project; **M**easure the project by collecting data; **A**nalyze the data thoroughly; **I**mprove the process; and **C**ontrol by ensuring measures are put in place to institutionalize the process. Basically, Lean Six Sigma is designed to capture relevant data in which to base decisions upon.

The same methodology is now being utilized by the United States military. In my unit, the 416th TEC (Theater Engineer Command) in Darien, Illinois, we even have a Lean Six Sigma office. Our black belt and green belt project managers (in reference to Lean Six Sigma specific terminology) work on operations that are relevant to the unit. The result is a more efficient method of conducting operations. The same approach could be taken in EMS organizations. Again, if it is important, leaders will find a way to make it happen. But unfortunately, many EMS administrators do not think it is important and as a result, they will continue to be in charge of an organization that will never truly reach its full potential.

Current and future EMS leaders need to change priorities and focus upon methodologies that will not only improve their organization, but also the personnel within it. If successful in doing so, the sky is the limit in regard to organizational and employee capability.

The Value of Research

Figure 15-Research microscope

> *A national EMS research agenda provides guidance so that a sufficient volume of quality research is undertaken to determine the effectiveness of EMS system design and specific interventions. EMS evolves with a scientific basis.*
>
> -Delbridge, et.al., 1998:255

Do you conduct any type of research in your organization? If so, what was your last research project? What did the results yield? Did you share this information with anyone, or did you have it published in a periodical for all to gather knowledge from?

As eluded to previously, the paper written in 1966 called *Accidental Death and Disability: The Neglected Disease of Modern Society* provided 29 recommendations to improve health care in the United States. Eleven of these 29 recommendations were directly related to EMS, which at that time was still a relatively new concept. Five of these eleven recommendations revolved around the area of research. If you objectively analyze these five recommendations, which were identified in 1966, and then analyze the recommendations from the paper, *EMS Agenda for the Future: Where We Are…Where We Want to Be* which was published in 1998, as far as EMS has evolved over this period of time, it may be research that has evolved the least and where we still have a great deal of work to do.

The Wisconsin Rapids Fire Department, as I am certain is true of other services as well, conducts its own research to ensure the efficacy of procedures and operations. At our department, we prefer to determine for ourselves if something is efficacious, as opposed to someone else deciding it for us. This is actually the easy part of the equation. The harder step is then publishing the results of this research for all to benefit from. Again, one of the issues or the paradigms that must be broken is that unless the research is in a professional journal it does not gain validation. However, as already mentioned, if the target is the EMS community at the most basic level, which just happens to comprise the largest group of EMS responders, this mode of communication will not effectively reach them. And this is a group that truly understands EMS! Now, think of the politicians that you must reach that really do not understand EMS in the least! Armed with this knowledge, we need to implement the KISS (Keep It Simple Stupid) principle and remember who our target audience really is. We should not be trying to impress physicians and educators who read professional journals, but rather share the information with the EMS community at-large and the general public, including politicians.

Let us start this quest with anecdotal data and attempt to frame the question at hand - **what is the true value of EMS?** Unlike most other occupations, it is a real challenge to measure EMS effectiveness. If it were easy, there would be a much greater and deeper pile of published research on the subject. EMS spends an inordinate amount of time and energy measuring the outcome of cardiac arrests, which only comprise a small percentage of all EMS responses and whose effectiveness in the best of systems is less than 40%, and in the vast majority of services is less than 20%. If you only completed 20% of your pass attempts or free throws, or won only 20% of your games as a coach, you would quickly be looking for another job! So, perhaps measuring how effectively you manage a patient's pain or nausea is an option. These types of calls comprise a far greater number of EMS responses than do cardiac arrests. The handling of a patient's chest pain

effectively is another possible option to research and publish the corresponding results for other EMS organizations to learn from. Then sharing the results as to what procedures you utilized to gain positive results, or negative results for that matter, can assist other services in becoming more effective and efficient.

Experts cited the fact that EMS must conduct research to prove its worth over 40 years ago, yet here we sit now with little progress toward this end! This may be due to the fact that it was physicians and nurses who made this observation. Perhaps this inequity is due to the fact that few EMS officials in positions of authority even reviewed this paper, or understood the significance behind it. Or, perhaps it is due to the fact that it is very difficult to prove the worth of EMS. I can honestly state that as I worked on my dissertation, I found it extremely difficult to obtain past literature on paramedic staffing levels and locate any hard science on the subject. As already stated, one of the few topics that is written about ad nauseum is a topic that comprises a very small percentage of all emergency responses - cardiac arrest. But perhaps the true crux of the problem is that it is just incredibly difficult to apply hard science to the subject of EMS value. Perhaps this is why we struggle to answer this question. But even if this were true, soft science can still be compelling and is a better answer than no science at all!

So what else might we measure in order to prove the efficacy of the EMS profession?

Perhaps pain management ratios. Pain ratings that your patient provides to you upon arrival, after administration of a pain medication, and then upon delivery to a medical facility can be very informative. Pain management is huge and non-management of pain is an EMS crime in my opinion!

What about respiratory management?

Having a patient blow in a peak flow meter before and after administration of a bronchodilator can also yield meaningful

data. CPAP (continuous positive airway pressure) is another device that can assist patients in respiratory distress.

What about management of an acute myocardial infarction?

More aggressive services are capturing a 12-lead cardiac rhythm strip, administering a beta blocker, hanging a nitro drip, and transporting to the nearest cath lab. Measuring these results can also yield important information in relation to patient outcomes. This is what EMS should not only be measuring, it should also be publishing and sharing this data with the rest of the EMS community and the general public. Again, many people, primarily because of physicians and Ph.D. types, believe you must have valid and reliable research using complex design models. While I certainly will not dismiss this methodology of research, I will add that anecdotal data from first responders, EMTs, and paramedics captured by observation and within patient care reports is also incredibly valuable information. We often make things much more difficult than they need to be. We don't need to prove how valuable EMS is by showing how many smart people we have in the field. We need to do so by showing how smart all of our people are in collecting research results and then applying those lessons toward the improvement of the profession.

Another more global problem is that there is not a recognized national EMS data program that can collect and disseminate EMS data. The fire service has used the NFIRS (National Fire Incident Response System) to capture important national data for many years. According to International Association of Fire Chiefs data (2007), the problem was that not all fire departments, about 30,635 around the country, reported into this system. EMS needs to move down this road in order to capture and share data and help to prove efficacy of operation. This data is not only important to collect, it may be more important to share. While many EMS licensure levels below that of paramedic are very constrained in regard to skills, medications, and procedures that they can perform and administer, many paramedic services are only constrained by

the imagination of their service and/or medical director. I must admit that I am a bit spoiled, because in my experience as a paramedic service director I have had the pleasure of working with two very progressive physicians. As long as we could prove the need for a medication or procedure, our medical directors would allow us to progress as far as our imagination would take us. The real winners in this type of scenario are the patients.

EMTs and service directors should also not be shy about challenging the status quo. This is how progress is achieved and it doesn't take a physician or Ph.D. to do this. Remember, people thought for years that the earth was flat until someone challenged that theory! In addition, I have not only met some outstanding medical directors, I have met some 'rubber stampers', or physicians who were paid to be a medical director but really had no idea what they doing or what their service was doing! This is really where you separate the poor services from the good. So while the USA Today articles painted EMS in a poor light and angered many in the field, I am sorry to state that as unfortunate as this may be, it is probably a fairly accurate assessment. EMS should take this quasi report card as a challenge and conduct an introspective of the profession in order to determine what avenues need to be pursued toward improvement. Some services have responded to this challenge, while others have not. This complacency will someday be looked back upon as the demise of many an ambulance service, or perhaps even EMS as we know it today. If you read the report of 1966 outlining where EMS needs to go in order to be successful, almost a half century later we still have a long way to go. To simply believe people will always need EMS may in fact be true. But to believe they will always need *your service* may be highly inaccurate.

What measures have you taken as an EMS leader to ensure the future health of your organization?

Training Challenges

Figure 16-CPR training

Failure to prepare is preparing to fail.
-UCLA Coach John Wooden

Do you have an effective training program? How do you know it is effective? How often do you train? Are your personnel proficient in every skill outlined in your operational guidelines?

As an EMS instructor, and former training officer in the fire service and in the military, I know how difficult it is to squeeze quality training time into an already busy schedule. I am a firm believer in the fact that effective training will promote proficiency, and proficiency will enhance safety. In other words, when a firefighter, an EMT, or a soldier is trained to react to a given situation, they are much more likely to react in a manner that could save their lives. When untrained, they may not react properly and the consequences can be disastrous and tragic. However, if effective leaders determine that training is important enough, they will find a way to 'get er done' despite any obstacles that may lie before them.

Our department is classified as a small, career, full-service fire department. We offer EMS at a paramedic level and also critical care interfacility transport capability. Our call volume is busy enough for a community our size, and our peak call period is normally during our training period, so conducting meaningful training without distractions is a real challenge. However, we believe that training is inherently linked to safety. Ensuring our personnel are adequately trained and can react to any given situation is something we owe to our personnel and

their families. To simply say we are too busy to train would be a complete lack of leadership. No leader worth his/her salt would use this as an excuse. The cost for this lack of training, and ensuring your personnel are adequately prepared to engage in any of their responsible tasks, is simply too high.

Our organization has adopted the United States Marine Corps mentality in relation to training. We simply refuse to lose any firefighter/paramedic because he/she was not adequately trained. A general officer once told me that if rules and regulations get in the way of completing your mission, then you owe it to your personnel to find avenues around them. Therefore, in order to complete our mission we sometimes hire back personnel to be first out on 9-1-1 calls. We also suspend on-duty transfers unless a patient is in emergent need of transportation in order to ensure we keep our firefighters in their seats during training periods. We also offer several other paid training opportunities throughout any given year. We also prioritize our training to ensure that new or important training is as uninterrupted as possible. For some of our more redundant or less important training, we do not hire personnel on overtime and limit the cost to the taxpayer. But finding creative, innovative ideas to ensure personnel are adequately trained is a responsibility I do not take lightly.

Figure 17-Thomas Edison

When it comes to training, attempting new ideas should be the norm and not the exception. Thomas Edison (Figure 17) attempted many, many times to create the light bulb. When asked if he was getting discouraged by failing so often, he

simply remarked that he had learned how not to make a light bulb many, many times. His mental toughness allowed him to persevere and ultimately invent the light bulb. When it comes to training personnel, and ensuring that they are proficient in all of their skills, this same mentality should be applied. Keep trying until you develop the best training program for your organization. One thing I found out as a young officer in the military was that if you did not train soldiers, they would simply leave the unit due to boredom. They wanted to be trained so we had to become more creative in our approach, and we did not let the scarcity of funding, lack of training aids, or environmental impact studies stand in our way. We found ways to train our soldiers and we were fortunate enough to retain many of them, and ultimately turn them into a very cohesive and efficient unit. EMS leaders need to exercise this same unrestrained passion when it comes to training. As we will explore further in Chapter 4, training is inherently linked to safety. And if EMS leaders do not put the safety of their personnel at the forefront of all that they do, then they should look into a different profession!

What I have also observed over the many years as an EMS instructor is that whether students are pursuing a career in the private or public sector, they all leave their initial training with about the same degree of competency. However, from there it becomes a crapshoot. Those services that make training a priority keep their personnel proficient in all of their skills. Those services that do not make training a priority often see erosion in proficiency from their personnel. This lack of leadership at the local EMS level adversely affects the personnel, but more importantly, to those they care for. A refresher every two years is not a good training program! Service and medical directors that allow this 'rust out' of skills should be replaced with someone with leadership ability that will not allow this phenomenon to befall his/her organization!

So What Does This Have To Do With Me?

Philosopher George Santayana once stated that "those who do not learn from history are doomed to repeat it." In relation to the current state of EMS, let us reflect back upon the white paper of 1966. **In 42 years how far has EMS actually come?** We have most assuredly come a long way with our skills in the field. This includes equipment that used to be found only in emergency departments. My contention is that EMS needs a greater sense of urgency and more dynamic leadership. EMS leaders, not just EMS experts, need to seriously and thoughtfully analyze where EMS is and where it needs to go. Some readers may feel I am being unfair to EMS. If this is the case, then perhaps the system in which they work is a good one and very effective. However, I postulate that overall the profession of EMS is yet another that has failed to learn from the past and heed the warnings of past experts and leaders. Just because your particular system may be a good one, this does not mean the field of EMS is on solid ground. To state that I only care about my service and no one else's, is very short-sighted and perhaps the primary reason why the field is in its current state. I am a firm believer in EMS and know it is efficacious. But we have a long way to go to achieve the success we so richly deserve. This is an undertaking we must not fail in, and it will take strong, effective leadership to get the mission accomplished.

A must read for current and aspiring Emergency Medical Service leaders. While this book is not intended to reveal any magic formula for effective leadership, it does highlight proven leadership principles and several key elements of organizational success.

The EMS Leadership Challenge - A Call To Action