

**Report to
Nebraska City Rescue Service
And
EMS Programs, Nebraska Health and Human Services
Systems**

This report is the result of interviews and discussions with health care providers in Nebraska City and elsewhere on the past, current and future of Nebraska City Rescue Service.

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Executive Summary

Nebraska City Rescue Service has and continues to face a number of problems, not necessarily unique to rural EMS. As the Gary Wingrove report noted in 2003, Nebraska City is at a size making it difficult to be all volunteer or all paid. Therefore, becoming part paid and part volunteer would seem to be the best solution, but this will undoubtedly present additional problems.

There are a number of problems affecting how the Service fulfills its vision – lack of dedicated, long-term, paid providers; a strong partnership with St. Mary’s Community Hospital; a lack of knowledge by the general community and the city’s administration about the bigger problems the service faces.

Nebraska City Rescue Service is to be commended however, for the dedication that the members have, especially Chris Bando, Gregg Goebel and Carl Satterfield. Because there is a vision, a decision has been made to not maintain the status quo but rather explore ways to better serve today’s rural environment and patients. This is forward thinking and much further ahead than most services in Nebraska.

The problem is how to get to where it wants and should be.

History

Nebraska City Rescue Service has a long and dedicated history to the community and surrounding area of Nebraska City. It was one of the first in the state to become organized as a service to provide emergency ambulance care and it did so as a novel model – a private, non-profit, volunteer agency. This model continues today.

In the 1980's, recognizing that their patients needed ALS, the Nebraska City Rescue Service began offering it and people became trained as EMT-Paramedics and Intermediates. This was also the time when larger communities were beginning to provide ALS service and the draw of the bigger ALS agency with a greater number and supposedly more exciting calls drew these Nebraska City ALS providers to them. Nebraska City Rescue Service found it difficult to be able to offer ALS service 24 hours per day.

Throughout the history of the Service, the volunteers found it difficult to provide both the 911 emergency coverage and non-emergency transport service, especially the nursing home transfers. This was not due to a lack of commitment to the patient but rather difficulties the volunteers encountered inherent to these calls. Many calls did not require an ambulance but because there was no other way to provide the service at the time, the volunteers did what they could. This practice of providing non-emergency services was eventually stopped because the nursing homes and hospital worked with the Service to develop and implement other ways of providing the service.

In 2003, in response to an effort to determine the strengths and weaknesses of Nebraska City Rescue Service and provide possible solutions for the identified weaknesses, Gary Wingrove conducted a study. His report indicated that there needed to be a reorganization of the service starting with the by-laws to make it easier to recruit and retain volunteers and for hiring a full-time administrator.

Nebraska City Rescue Service, as of this report, has made changes since the Wingrove report and the volunteer membership is stronger and increased in numbers by 10% to 15%. This increase in membership has allowed the service to be able to provide transfer service to St. Mary's Community Hospital on a limited basis and this collaboration with nursing personnel working at St. Mary's has allowed ALS transfers as well.

The service has developed a good communication network with the other volunteer services in the county and is looked to by them as a leader. Because these smaller communities face many of the same problems that Nebraska City Rescue has dealt with, there appears to be an interest in partnering with them for their common solutions. This is an excellent opportunity for future endeavors with them, as rural health care is changing and more partnering and collaboration by both EMS providers and hospitals will be required in order to strengthen both for the betterment of the patients. I encourage the continuing communication with other paid and volunteer EMS providers and hospitals to meet this challenge.

Current Findings

Finances

Nebraska City Rescue Service is very fortunate to have strong financial resources and the current ability to pay for a full-time administrative staff. Of course, this will need to continue to ensure the future viability of the service. Current CMS reimbursement is not to the overall benefit of rural EMS and the leadership will have to continue maximizing revenue and watching expenses. Additionally, I encourage the current and all future leadership to become involved in state and national dialogues and lobbying efforts that work to increase reimbursement. This is vital for EMS in Nebraska.

Membership

During discussions with Gregg, Chris and Carl about the direction they wanted to move the service, I had the feeling that the membership was not fully aware of the plans. I would caution that this might not be in the best interests of the plan. A vision and clear path on how to get there are needed but, if the membership is unaware, it will be difficult to carry out the plan. It is essential that the membership is able to question and discuss the plan in order to help carry it out and I encourage complete discussions with all of the membership to get their approval and assistance.

St. Mary's Community Hospital

It is commendable that the service has reached out to St. Mary's Community Hospital and tried to develop a collaborative model in providing EMS to the community. During my review, it appeared to be evident that Nebraska City Rescue Service desired to work with St. Mary's but had been unable to convince Dan Kelly, the CEO/Administrator, that it would be advantageous to both to do so.

My first conversation with Mr. Kelly, on May 22, 2006, was frank and provided a revealing perspective from a major health care provider and sometime user of Nebraska City Rescue Service.

Mr. Kelly was aware of an advisory committee and their recommendations but said there had not been any updates for a while and he was unsure if anything else would be coming from it.

He was also aware that there were RNs who were working part-time for Nebraska City Rescue Service and, if they were to move to a full-time transport service, those same nurses and perhaps others would become part-time employees of the hospital, rather than full-time as they were now. But he did not feel this was something to be concerned about because St. Mary's would be able to offer more benefits and higher wages.

He did offer that it may be a good idea sometime in the future for several hospitals in the area to collaborate toward an ambulance solution for their transfers but for now, as long as there was a service available that St. Mary's did not have to pay for, they would continue using it, regardless if it came from outside of Nebraska City. Additionally, Mr. Kelly indicated that St. Mary's did not want to ever assume a financial risk with any

ambulance service, if it could be avoided. This did not mean that he did not support Nebraska City Rescue Service locally or if they were to become a full-time transfer service sometime in the future.

Mr. Kelly anticipated that the immediate future for transfers out of St. Mary's would probably mean less need for ground ambulances because of the new helipad that was being installed. He anticipated that many more patients would be using the helicopter rather than a ground ambulance and since there had been approximately only 150 transfers a year from St. Mary's, he found it difficult that a paid service would be viable. Given the size of St. Mary's Community Hospital, I believe the 150 number is likely half the average yearly transfers, however.

Community

I found that although the community knows the good work that Nebraska City Rescue Service has done over the years and is still doing, there is a general lack of understanding regarding the difficulties it now faces.

There is awareness that other ambulance services are transferring patients into and out of St. Mary's Community Hospital and they are wondering why.

Misunderstandings and a general lack of knowledge of the problems facing Nebraska City Rescue Service and its future by the city's administration perhaps points to a lack of regular and meaningful communication between the two.

Medical Direction

The position of Medical Director is not being utilized to its full potential. It was evident, during discussions that the Medical Director and the medical community itself were not up-to-date with the vision and planning of the Service.

Medical Directors, in Nebraska, play a variety of roles. Most, however, are physicians who simply sign off on protocols and equipment lists. The most valuable Medical Directors to their individual services, and EMS overall, are the ones who play an active role in the protocols, equipment, performance improvement and also share the vision and how the services will get there. This does not appear to be the case in Nebraska City. The medical community has a great deal of respect by the citizens in the area (as does Nebraska City Rescue Service) and if all shared the same vision and path there would be far fewer problems. Working toward the same recognized goals would become very easy.

Community Medical Center-EMS

Community Medical Center EMS is an example of a local health care facility recognizing a common problem in the rural setting and providing a solution. Presently, Nebraska City Rescue Service could view CMC-EMS as a competitor and threat to their overall future as a transfer service. CMC-EMS, however, is fulfilling its own vision, which is very similar to what Nebraska City Rescue Service sees as its vision, and an opportunity is presenting itself to both organizations to collaborate toward a new model of rural EMS.

Recommendations

Three efforts seem to be the immediate focus of a Nebraska City Rescue Service strategic plan. I would agree that they are the direction the service should be headed in, and all complement each other and are required if any are to succeed.

1. Hire and full-time Manager to conduct the day-to-day and carryout the strategic activities of the service.
2. Hire a Billing Clerk/Administrative Assistant to provide billing services and assist the Manager in the day-to-day activities.
3. Develop the service to provide ALS emergency and non-emergency on a full-time basis.

Full-Time Manager

Of the three, this is the obvious first to complete and the easiest to do. The problem, however, is having the right person in the position. The person should have the following abilities:

- Proven leadership skills.
- State certification as an EMT-Paramedic or Intermediate.
- The perfect person would have both leadership skills and Paramedic certification. An alternative would be someone who has developed proven leadership skills and has an EMT-B certification or, at the least, a person with a lapsed EMS certification with excellent leadership skills. Leadership is much more important than the certification level.
- Excellent written and oral communication skills.
- A vision for the future and how to expand the service through leadership and collaboration with other health care providers.
- A basic understanding of current EMS reimbursement from a local and national perspective.
- A basic business sense to work within a budget.

One note of caution, however. The three current leaders of Nebraska City Rescue Service, all have an excellent sense of the abilities of the service and the health care needs of the community. Human nature being what it is, they must be aware of their strong opinions and concern for the service and how that may negatively impact the Manager's ability to operate. I would offer that they need to be able to discuss the Service's strategic plan with the Manager, agree on where they want to be, identify the parameters of getting there and allow the Manager to carry out the plan's details. They should not interfere with the day-to-day decisions but rather stand behind the Manager and allow him or her to manage the organization. This is especially important in the Managers first year of operations because perceived interference by anyone may jeopardize the future of the service.

Billing Clerk/Administrative Assistant

The current leadership believes that there will be enough work for a full-time Administrative Assistant who will be responsible for all aspects of billing, secretarial skills and assisting the Manager with promotion of the service to the general and health

care communities. Because EMS billing is complicated and not necessarily like other health care billing, I would recommend that someone with a basic understanding of EMS billing be given more thought than someone with excellent secretarial skills. This person may be difficult to find but if an applicant has a general idea of health care billing, it would be in the best interests of the Service to provide them with the necessary EMS billing education.

(Sample job descriptions with pay ranges currently in effect for EMS agencies in Nebraska, for both the Manager and Billing Clerk/Administrative Assistant, have been given to Chris, Carl and Gregg for use in the hiring process. These documents are also included as addendums to this report.)

Staffing

Employing on-call RNs for ALS transports is a necessary first step to developing an ALS transport service. The ultimate goal for the service, however, should be to utilize EMT-Paramedics on all calls except for specialty-care transfers, which usually are complicated patients needing both the expertise of an RN and a Paramedic.

In no way, do I mean to say that EMT-Paramedics are superior to RNs, but RNs do not always have the same flexibility or skills required for patients in ambulances that EMT-Paramedics possess. Flexibility and skills, however, are conditional to what the Service's Medical Director will allow for protocols. An active and supportive Medical Director is absolutely necessary for the future of the Service.

With a full-time dedicated Manager and a clear vision for the Service, recruitment of EMT-Intermediates and Paramedics will be easier. Once again, the ultimate goal should be to staff with all EMT-Paramedics, but if the opportunity to hire an EMT-Intermediate presents, it should be taken with the expectation that the person would become an EMT-Paramedic in a certain time frame.

People who have become rooted in the community, are expected to remain so and have an interest in EMS should be encouraged to join and pursue advanced education. "Growing your own" is many times the best way of recruiting and retaining a very competent and dedicated EMS staff.

Beyond staffing for calls, all of the members of Nebraska City Rescue Service need to be brought up-to-date on the vision and path of the Service. To be left out of the development, planning and implementation is inviting problems and setting up the Service for difficulties and tensions. I recommend that before any other item is worked on, the vision and path should be discussed openly with all members in order to come to a consensus that all will work for together.

Medical Direction

The current leadership of Nebraska City Rescue Service should also ensure that the Medical Director agrees with the resulting vision and path and has input into it as well. Additionally, I would insist that there be regular meetings between the Medical Director

and members to review calls develop, implement and monitor performance improvement plans and look for ways to provide always better clinical services to patients. An excellent opportunity to involve not only the Medical Director but also all of the medical community and the hospital with Nebraska City Rescue Service is through the State Trauma System.

If the Medical Director has not attended a Physician Medical Director course sponsored by the State Health and Human Services Systems, EMS Program, it is imperative that they do so as soon as possible. In fact having two physicians attend will help the Service even more in the long run. (*Doug Fuller can provide details of future classes.*)

Trauma Designation

It would be in the best interests of the Service to find out who is the Trauma Nurse Coordinator and Trauma Director at St. Mary's and begin working with them to develop the local Trauma System. EMS is a big part of any local and state trauma system and to begin work on it together now will go a long way in making Nebraska City Rescue Service more of a part of the local health care delivery system team. St. Mary's Community Hospital will be developing both trauma protocols and a performance improvement program that will involve and should have input from Nebraska City Rescue Service.

Summary

I see the following tasks to be essential for the next steps for Nebraska City Rescue Service. They are in the order I think are the most important but all may be worked on at the same time but, in my opinion, **only after the first two have been completed.**

- 1. Gain consensus from the entire membership and Medical Director (preferably during the same meeting) on the vision and how to get there. If consensus cannot be reached, I would seriously reconsider the vision and path rather than pushing forward. Consensus on only one or two things may be the only result but it is far better to move slowly with consensus than to move anywhere without consensus. “Patience” may become the one-word motto for leadership.**
- 2. Take the consensus from the membership and ask for consensus from the entire medical community. The Medical Director should become the spokesperson for you at this meeting.**
- 3. Continue providing ALS transfer service using RNs and work to make this available on a 24-hour basis as often as possible. This should be made known to the nursing and medical staff at St. Mary’s Community Hospital as well and ask that they make you the first service called for the transports.**
- 4. After a consensus on the vision and path are agreed on, I think it would be necessary to review the current Board of Directors and change it to incorporate some of the members of the current EMS Taskforce. Five to seven people would be a workable number. Instead of a representative each from law enforcement and the Nebraska City Fire Department, I would suggest one person from the city administration such as the Administrator or Clerk. Sometimes representatives of law enforcement and fire, even though they may be the administrators, do not see the overall picture of how your service relates to the entire city. I would review the Board make-up as vacancies occur and encourage people with a vision and positive outlook to become Board Members. It is essential that the Board is representative of the community and can be relied on to be another positive voice for you.**
- 5. Begin a campaign of educating the community about the vision and path and why it is viewed as necessary. Take every opportunity to speak to service clubs and ask the News-Press to do a story on the continuing evolution of the Service. After numbers 1 and 2 above have been completed, it would be an ideal time for the Nebraska City News-Press to do a feature story on the new vision and plan. After a Manager is hired, this public relations activity should continue and be part of that person’s job description with the idea of keeping the Nebraska City Rescue Service’s name in front of the public. Take every opportunity to make positive news.**

- 6. After a membership consensus has been reached and all agree that a full-time Manager is needed, develop a job description and pay range for the position and begin the hiring process. When this Manager is on-board, work together to develop a one-year budget and then a three-year plan for major purchases or changes in operations. Work with the Manager to identify his or her responsibilities regarding the operations of the Service.**
- 7. Develop a partnership with the Trauma Director and Trauma Nurse Director at St. Mary's Community Hospital and begin working on the local trauma system and attaining trauma certification. I suspect that the work being done at St. Mary's is in the beginning stages and your offering of a partnership should be very welcomed.**
- 8. Open a dialogue with Community Medical Care-EMS. This dialogue does not have to center on an overall partnership but should occur on a regular basis to discover opportunities to help each other. As rural EMS becomes more difficult to provide by volunteers, both CMC-EMS and Nebraska City Rescue Service may be able to assist and strengthen each other in the process. I would ask that neither view the other as a competitor or threat.**
- 9. Begin the hiring process for the Billing Clerk/Administrative Secretary. I would suggest a part-time position at first.**
- 10. After the first year of completing any or all of the above, review them with the membership and Medical Director and make adjustments in the vision and/or path if necessary. This should then become an annual event.**
- 11. Continue the strong and friendly relationship with the surrounding volunteer ambulances and look for ways to assist each other.**

I am available to assist with any of these recommendations if you should like. Additionally, I am always available for clarifications, suggestions or comments regarding this report.

Acknowledgement

Thank you for the opportunity to develop this report. It has been a pleasure to work extensively with Chris Bando, Carl Satterfield, Gregg Goebel, Dan Kelly, Doug Fuller and Dean Cole. All have provided unique insights into Nebraska City Rescue Service and through the interviews I have been able to see the pride in and hope for the future of the service.

Because Nebraska City was where I began my EMS career over 30 years ago, it has been especially gratifying to see the continued strength of the service and to be asked to assist in making it stronger in today's rural health care environment.

Thank you,

Dale Gibbs