EMS Medical Directors' Survey
Collation of Part B Comments
3/28/02

Twenty-seven "Part B" surveys were returned with additional comments. These comments were reviewed and grouped into the categories listed below. An attempt was made to place each comment in the appropriate category and when a comment crossed over it was included in each of the categories it pertained to. Comments are from the same individual are printed in like font (i.e. regular type or italics). Comments were copied as is with no attempt to correct spelling and/or grammar.

Comment Categories

Perceived lack of authority/Questions regarding role (5 comments)
Relationships with other Health Care Providers/Entities (4 comments)
Relationships within the Service (8 comments)
Funding for systems (4 comments)
Recruitment & Retention of EMS Personnel/Inadequate staffing (4 comments)
Medical Director's Salary (5 comments)
Malpractice Issues (5 comments)
Regional Advisory Council Issues (2 comments)
State Requirements/Standards (11 comments)
MD Training/Networking (6 comments)
Other (12 comments)

Perceived lack of authority/Questions regarding role (5 comments)

The Paramedic that is over the EMS program refuses to do run review on run sheet that has fallen out. He refuses to acknowledge problems.

C.E. credits are non-existing.

Concerns of falsifying renewal papers and certificate of CE hours, and skills checklist.

The Paramedics have had written and verbal request to rotate through surgery to practice and check off skills of intubation, but refuse to comply.

Concerns of no current CPR or ACLS certification on an ALS/BLS unit.

The medical director position is uncompensated. Therefore, the medical director advice/opinion falls into the category of "advice". The medical director has little authority except to withdraw support of an individuals certification. My opinion is regarded highly, and if I get "upset" about an issue it usually is resolved to my satisfaction, but in general, it takes that level of behavior to be heard. My role has been to review runs, attend a monthly QA meeting and provide expertise and advice. I provide lectures and arrange lectures. In my first year I put in place some standard protocols/guidelines that had not been used before. Despite this limited role, I am told I have been the most involved and appreciated medical director in memory. A medical director should be more involved, but along with the described political factors, any medical director would expect some compensation for more time and energy commitments.

The EMS service, as a branch of the Fire Department, has hired from within the department. Training director and EMS chief have been hired without medical director in put and the general guideline has been seniority, not capability or the capacity to perform the job. The medical director should have some say in the hiring of EMS leadership.

I am not sure of how Pemmis oversight & my medical direction should work together – so I tend to let them follow Pemmis & I don't even know what all I should be doing or how I'm listed.

Few of the paramedics in my system make any effort to stay abreast of the current literature related to EMS. They view EMS as just a job as opposed to a profession.

RAC do not have authority, and should not mandate EMS Medical Direction. RAC = region ADVISORY council

Relationships with other Health Care Providers/Entities (4 comments)

Friction with ER staff. Dissatisfaction of some ER MD's with our staff being required to follow our own protocols, especially on transfers.

Outside agency shows up at door with no called report and critical patient as repeated offense despite best efforts to resolve this – not ready on patient arrival.

There was a time when I was much more involved in EMS med direction. I wanted to continue at the RAC level but left to appease controlling hospital interests and save what efforts the EMS system had made in the RAC.

EMS medical direction needs to be a full time paid position not controlled by hospital interests.

Physicians need to be more involved! Hospital runs ambulance service and is most interested in reimbursement <u>not</u> quality of care rendered.

Relationships within the Service (8 comments)

Power struggles __ less educated, but often older staff resenting those with higher level of training being in charge at the scene.

The Paramedic that is over the EMS program refuses to do run review on run sheet that has fallen out. He refuses to acknowledge problems.

The Paramedics have had written and verbal request to rotate through surgery to practice and check off skills of intubation, but refuse to comply.

Litigation exposure – doubt employer's real commitment to defend & indemnify.

Lack of department (union) commitment to QI activities.

Lack of department (union) enforcement of medic accountability. "So what if rules not followed?"

Significant improvement over the years, but still battling the old "we are perfect—don't question us" firefighter mentality

HIPAA privacy rules are HUGE—no one understands how far-reaching, and little interest in learning or complying. This is a major challenge in prehospital medicine!

The Fire Department oversees the EMS service and it is generally the Fire department #1 and the EMS #2. Many of the first responders (EMTs) think of themselves as fireman, not health care providers. Even some of the paramedics are more firemen than health care providers. Some are excellent. My opinion is that the EMS service should be more autonomous or it will not get the attention and priority it deserves for a city of 100k population.

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No one in the administration of my service has any medical training higher than an EMT-B. As such, they have little understanding of the medical literature and are usually incapable of fathoming the impact of study results on the practice of EMS. They will believe anything that is fire based even if has no basis in science.

NFPA 1710. The chief of my department has completely taken all of the NFPA recommendations in this document, including those related to EMS, as gospel. As such, any progress that I had been able to make in terms of call prioritization or resource utilization has been wiped out. He believes that all calls, no matter what the nature, should have a call receipt to dispatch time of <1 minute and response time of <4 minutes. He also believes that 4 paramedics are needed on every call, no matter what the nature. This document has set Fire Based EMS back 20 years. All of the science and research that has been conducted was ignored by the NFPA and they made recommendations for all patients from data only applicable to cardiac arrest patients. This document has to be changed.

The chief of my department believes lights and sirens are a marketing tool. He actually put this in writing.

Few of the paramedics in my system make any effort to stay abreast of the current literature related to EMS. They view EMS as just a job as opposed to a profession.

when fire also does ems, the ems portion should be VOLUNTARY…ems is tough, if you love it, impossible if you don't…

Because of the politics, there is a general air of "Why should I get an advanced certification, when I get paid the same as a firefighter-EMT, but have a lot more work and responsibility?" It is like pulling teeth to get anyone to participate in anything extra, as there is no recognition, except from me (I'm just the Medical Director!), for work well done or for going beyond what is required. The attitude of administration, both in the Fire Department and at the City level, is that they enjoy recognition and awards earned, and they are sure to be there for the presentation, but they want the work to improve and maintain quality of the system to be done by someone else and they want it done for free. They are unwilling to provide funding or equipment in order to achieve and maintain quality. In fact, I had a County Judge tell me that from his standpoint, he didn't feel there was a need for EMS and he sure did not want to pay the city for the service.

My Fire Chief is irritated that I want people skill tested before I system certify them. Some of our new hires, have been certified for a while, but have never worked. I don't know that they know how to put on a collar anymore.

Funding for systems (4 comments)

From a conservative tax-strapped city, too conservative to move forward in a small city with rapid growth. Need to go from volunteer to paid system EMS soon.

There should be more funds available for the EMS personnel for free training and CME

Being an EMS personnel is hard work, and at times a stressful job. Some people do the training but choose other professions to make their living because of better income. Measures should be taken to increase the income and decrease the expanses for the EMS personal.

The more desperately you need it, the less likely you can afford it:

Example: A neighboring larger system has a 12-lead capability. They sometimes delay on scene to complete assessments since they have such a short ride to the hospital that they have no time to complete anything in route. Little use for their 12-lead, since they can get to the hospital before they have a chance to run it. However, in our very small system, (in a county with no hospital, and a very small tax base) we have no 12-lead, cannot replace our 10 year old monitor/defib, but transport of cardiac patients is 45+ miles to an appropriate hospital (from some parts of the county, 60-70 miles). Recently we had a hypotensive dialysis patient (60/0,<LOC). EMS cannot afford an IV pump. Fortunately, the small rural health clinic (only med facility in the county) was able to loan their pump (itself a cast-off from an area hospital) to EMS to run Dopamine enroute to the nearest dialysis-capable hospital (70 miles away).

We cannot afford to pay our EMS personnel actual wages, but most of our "volunteers" cannot put in the time we need and still (with the low local pay scale) make enough from their jobs to feed their families (many work 2 or 3 or 4 jobs already), so we have managed to give them a small amount. It isn't enough to help them much, and is probably illegal in numerous ways, but it has been the only way we could come up with to keep the system going (and covered).

Money for equipment and training. This year in my larger county, the City Council decided they would not raise taxes (after all, it is an election year!) and cut everyone's capital budget (did away with the capital budget). They also cut operational budgets. We had two ambulances that needed to be replaced and equipment that needed to be refurbished or replaced. It will be difficult to maintain service in this growing area, and since EMS is not considered an essential service there is really no mandate to keep it up. We do most of our own training and take advantage of the RAC's minimal fee courses when we can. Because of the demand on the system, and our lack of personnel, it is difficult to send a large number of people out for training. We need to have the training brought in to us. The cost for that is prohibitive. It has been a nightmare with all the anthrax scares. The public expects us to show up like the departments do in the big cities (they watch TV!), and we don't have a SWAT team, bomb team, or HazMAT team. There is no money to pay for any of these specialty teams, for either the training or the equipment. Yet we are responsible for two international bridges (we go to bomb threats on them frequently), and handle anything else that no one knows what to do with. There needs to be a way that Federal and State money is available for small communities who are responsible for providing services to institutions beyond what a similar sized community in the middle of the country would be responsible for providing. The Head of Customs called and wanted to know what we would do if they had a biological incident. I told him we'd put up yellow tape, close down the bridge, put up a hot zone, have them turn off their air-conditioning system and they would stay inside until we were able to get appropriate assistance. They had better pray that it doesn't happen on a Saturday night. The last one we did happened on a Saturday night, and it wasn't until Monday morning that the FBI decided that they could do a rapid screening test for us. As a matter of fact, I was unable to reach any state or federal resource. The City of San Antonio's health department told me to have the hazmat team wash the area down and take samples. I laughed. We decontaminated the people and set up a police guard around the property until Monday afternoon, when the FBI finally told us that it wasn't Anthrax. If it had been, they would have lost 2 days in tracking down the source and exploring where it might have further infected the community. But then, I suppose that's my job, since if it had been real we would have been transporting people into the hospital all week-end as they became ill. Instead of being able to spend money on equipment that I need to provide basic services, we had to spend money to purchase computers and software to meet the state's requirement for reporting into the the epidemiology division. If they want the information, they should provide the money and equipment so that it can be done. I think that some of these small counties who are already struggling may be with out EMS in the future. There has not been a history of sharing resources between counties as everyone thinks they should have control. Furthermore, we have counties who are so poor that they live on the brink of bankruptcy, and the idea of setting up an EMS taxing district is just unacceptable (already tried to figure out how to regionalize it, and get adequate funding for everyone!). I realize the urban areas feel that they should get the majority of any available money since they have a larger population. They also have a bigger tax base, then most rural counties. In the future, they had better hope they do not have a wreck on certain highways while on vacation. I know I feel that way right now.

Recruitment & Retention of EMS Personnel/Inadequate staffing (4 comments)

Inadequate staffing, especially at vacation time. Service cannot afford enough for busy times, due to so many days of low # of calls everything seems to happen at once.

High staff turnover.

Keeping adequate personnel.

There should be more funds available for the EMS personnel for free training and CME

Being an EMS personnel is hard work, and at times a stressful job. Some people do the training but choose other professions to make their living because of better income. Measures should be taken to increase the income and decrease the expenses for the EMS personal.

Personnel: My frontier county EMS is composed of a mixture of full and part time paid personnel and volunteers. The county is poor and cannot compete with private services in adjacent counties in paying salaries and benefits. We are a training ground for the private services, and it is very difficult for us to recruit and retain competent personnel. Most of our volunteers are ECA's and are unwilling to train at a higher level. Many of the people struggle to pass the Basic-EMT test because the educational system is so poor, that they have difficulty reading and understanding the exam. Those individuals who can, move away and are unavailable to the system. The salary paid to the EMS manager is very low and I am concerned that in the next 2-5 years that this service will cease to exist, and the County does not have the money to contract with a private service. I think that this county may shortly not have EMS available to it. There is no hospital in the county and there is a large retired population that blossoms during the winter from the arrival of the snowbirds. It is a system that could easily fold.

My larger paid system has some of the same problems. The salaries are not competitive with surrounding systems, and the people who stay do so because they have family in the area. We have recently been experiencing a high turn over rate, as people are retiring, and the new people coming in are from out of county and work long enough to get experience and advanced certification and then leave. Because of the politics, there is a general air of "Why should I get an advanced certification, when I get paid the same as a firefighter-EMT, but have a lot more work and responsibility?" It is like pulling teeth to get anyone to participate in anything extra, as there is no recognition, except from me (I'm just the Medical Director!), for work well done or for going beyond what is required. The attitude of administration, both in the Fire Department and at the City level, is that they enjoy recognition and awards earned, and they are sure to be there for the presentation, but they want the work to improve and maintain quality of the system to be done by someone else and they want it done for free. They are unwilling to provide funding or equipment in order to achieve and maintain quality. In fact, I had a County Judge tell me that from his standpoint, he didn't feel there was a need for EMS and he sure did not want to pay the city for the service. We are short 40 personnel now and with the rapid growth of the area, I am very concerned that we will not be able to maintain our current high standard of care, simply because we will not have higher level certified personnel (my medical operations officer is so disgusted and angry at the system that he is talking about applying and moving to one of the larger urban areas. If he leaves, the system will be in trouble. He is the best Paramedic we have, and the only one willing to take on extra responsibilities (he doesn't get paid for doing the medical operations tasks). If he leaves, others will follow. Most of the people are moonlighting for a private service in order to make ends meet. Until the CHIPS program became available, most of them could not afford to provide their children with health insurance. The politics are terrible, and they have a direct effect on morale.

The number of volunteers who are available during the day have dropped as most people work, and many do not work in these rural counties, but travel to a larger county or city within the county to work. Therefore, they are not available during the day. The fact is that in order to have coverage, people need to be paid and paid justly.

Medical Director's Salary (5 comments)

Better pay for time spent

EMS medical direction needs to be a full time paid position not controlled by hospital interests.

The medical director position is uncompensated. Therefore, the medical director advice/opinion falls into the category of "advice". The medical director has little authority except to withdraw support of an individuals certification. My opinion is regarded highly, and if I get "upset" about an issue it usually is resolved to my satisfaction, but in general, it takes that level of behavior to be heard. My role has been to review runs, attend a monthly QA meeting and provide expertise and advice. I provide lectures and arrange lectures. In my first year I put in place some standard protocols/guidelines that had not been used before. Despite this limited role, I am told I have been the most involved and appreciated medical director in memory. A medical director should be more involved, but along with the described political factors, any medical director would expect some compensation for more time and energy commitments.

Much work, little time, no pay (EMS Medical Director in small rural/frontier systems). Why do we do it, and how much longer will we/can we continue?

Lack of compensation for Medical Director. I have done this for years without compensation, but because of the huge amount of time involved, I requested a salary from both entities. Adding both salaries together will not cover my malpractice insurance. Yet, because there are so few personnel, and fewer that are willing to be involved, the work of strategic planning, CQI, skill upgrades, education and system oversight along with medical control take up huge amounts of my time. When you throw in all of the committees from the RAC, just trying to keep up with what's happening in my two county region, being present for commissioners court meetings and city council meetings and any thing else, is creating quite a financial burden for me. There should be a way for medical director's to be justly compensated.

Malpractice Issues (5 comments)

Specific malpractice insurance for both clinical & administrative duties is difficult to find.

Litigation exposure – doubt employer's real commitment to defend & indemnify.

Malpractice: It would be beneficial to enact a Texas law declaring that EMS Medical Directors not be held liable for malpractice for acts performed by Paramedics/Medics if such acts are done with the intent of helping an injured party.

I feel a large part of my job is trying to be proactive to keep my medics/service me out of legal liability trouble. I am very confident in their training and performance, and in my directorship, but we live in a world filed with Bastard Lawyers.

It is for this reason I am against any required or recommended certificates/courses etc. I fear a medical director doing his community a service may be made tolook negligent/unqualified/uninterested if he hasn't taken or received a specific course of training that is required or recommended.

However, I also believe that such courses should be readily available and informally encouraged. If I myself felt it necessary I would not hesitate to seek out and attend an appropriate course, but I do not want some Bastard Lawyer grilling me on why I haven't attended the required or recommended coarse. Such a requirement imposed on me would make me reconsider being a volunteer EMS Director.

I have done this for years without compensation, but because of the huge amount of time involved, I requested a salary from both entities. Adding both salaries together will not cover my malpractice insurance.

Regional Advisory Council Issues (2 comments)

RAC do not have authority, and should not mandate EMS Medical Direction. RAC = region ADVISORY council

If the RAC s are going to do TDH's job for them, then the state should be paying the expenses and the personnel.

It bothers me that two of the poorest systems in our RAC meetings. They are struggling to provide minimal service to their communities with a mixture of poorly paid and volunteer personnel. There is no way they can attend meetings that are a three hour drive away. They either have to leave their county uncovered or if they work they lose a whole vacation day or a day's pay. I don't think that it is fair to require that of those services. Some of us sign in for multiple services at our RAC meetings, so they are eligible for funding.

State Requirements/Standards (11 comments)

Uniform protocol – for all agencies in Texas

Need state established recommendations to city leaders state-wide that advises them (by volume of runs, etc) as to when to progress their EMS systems forward.

Need more oversight of EMS paramedic training by TDH – some is very poor

State testing now is unreliable in regards to job performance, knowledge base.

EMS medical directors need to be certified.

There should be a basic CPR course mandatory in the high school so that every body is trained in basic CPR.

Registration requirements for the first responders should be very simple and easy

Given out unique location there is a rare need to allow me to function as a "paramedic" to be able to provide back-up or 3rd ort, not being a certified paramedic. I can't satisfy this role. Could there be an exception to allow medical directors to qualify to serve as or of the two required medics?

The state has historically done a fair to poor job developing a paramedic test. Therefore, I would recommend phased in movement toward a National Regestry standard for Texas. It will take the monkey off the back of the EMS agency of TDH. If folks in neighboring states can pass it, our medics should do fine.

The length of paramedic training in the State of Texas is too short. In order to turn out knowledgeable, insightful paramedics then length of training should be expanded to at least 1500 hours.

If the RAC s are going to do TDH's job for them, then the state should be paying the expenses and the personnel.

State requirements. I feel like everytime we come up for relicensure that there is a whole new stack of requirements, not only for record keeping, but for equipment and protocols. We work hard to review and adjust our protocols on a yearly basis, but just keeping this list in this place, and this one in that place, making sure that everyone has this piece of identification and that record is a headache. I also do not appreciate the state requiring certain records and items, but putting the responsibility for maintaining certification on the Medical Director. My Fire Chief is irritated that I want people skill tested before I system certify them. Some of our new hires, have been certified for a while, but have never worked. I don't know that they know how to put on a collar anymore. I am really irritated about having to report all of our runs to the state. If we had not spent the money to purchase computers (Thank Heaven, we found the money in last year's budget) to do our run reports on, we would simply have had to be out of compliance, since we do not have the personnel to sit and enter every run. We have enough trouble just entering the trauma runs, and still didn't get very many of them entered. My smaller system is going to see if they have a volunteer who will enter them, if not, well, we'll work on it.

Lack of designation as an essential service: I have already alluded to this in other places. It needs to be an essential service.

MD Training/Networking (6 comments)

Biannual EMS directors meeting to share ideas.

I went to a TCEP directors conference in 1993 and frankly didn't learn that much that was new or useful to me. I, rather, spend my time and effort staying a breast of EM and depend on my excellent paramedics and advisory council (some are personal friends) to keep up with the maelstrom of politics and personalities. I know there are some gaps – however, we show steady improvement and remain highly regarded in our community. Thanks for this opportunity.

EMS medical directors need to be certified.

A Thursday, Friday, Saturday course in Austin c respect to EMS Med Dr's duties.

There are too many EMS medical directors in the state who are not qualified and have little experience in the area of prehospital care.

I feel a large part of my job is trying to be proactive to keep my medics/service me out of legal liability trouble. I am very confident in their training and performance, and in my directorship, but we live in a world filed with Bastard Lawyers.

It is for this reason I am against any required or recommended certificates/courses etc. I fear a medical director doing his community a service may be made tolook negligent/unqualified/uninterested if he hasn't taken or received a specific course of training that is required or recommended.

However, I also believe that such courses should be readily available and informally encouraged. If I myself felt it necessary I would not hesitate to seek out and attend an appropriate course, but I do not want some Bastard Lawyer grilling me on why I haven't attended the required or recommended coarse. Such a requirement imposed on me would make me reconsider being a volunteer EMS Director.

Other (12 comments)

Don't type – My secretary died 2 years ago!

Very happy with our system training and functions and protocol.

I'm the only one in my community that's willing and reasonably qualified (as board cert, practicing EP) to be the medical director. In 1976 I helped originate the first area EMS system here and rode out every time at first, then fewer and fewer times as they gained confidence.

The 911 event in NYC has been a helpful stimulus to address EMS needs locally!!

Sept 11 has added one huge headache to EMS services!!!

More AEDs should be made available to public agencies to be used

We are a rural agency & now have one paid person to help run the county program. No major needs unless we grow in population.

Poor balance of experience and education level vs reimbursement.

Medicare reimbursement

EMS Medical Direction should be under TSBME not TDH.

Availability of specialized training. If we were close to a large urban area, we would have all kinds of special training available to us, but we're not. Even finding a place to hold the training is a problem. We need a swift water rescue course badly, but the closest instructors are 150 miles away. They won't teach the course in our swift water because they are afraid of everyone becoming ill from the water (I can't help it that the Rio Grande is so polluted!). They would like us to send people to the Guadalupe. We can't afford to send them, and who covers while everyone is gone to a three day class? We need everyone trained, not just a select few. We also need a high angle rescue course, we have the cliffs, but no instructors. Texas A & M has done a lot of teaching on Incident Command, hazmat (also the railroads), and UTHSC has done a lot of teaching for us on WMD. These are good, but some things need a lot of hands on experience.

Lack of understanding…City councils and county commissioners change every 2 years. Just as you get one group educated, they change, and even if they don't, EMS is not a priority when they are looking at having to cut budgets and are struggling to provide basic services. I have been to County Commissioners budget meetings, where the ranchers are screaming because they cut the predator control program, the Sheriff is upset because he can't expand his prisoner program or hire another deputy, and EMS, whose runs have increased and units are taking a beating on unpaved county roads, along with a high turn over rate of personnel because of low salaries are all competing for a few dollars. That court went with human safety, but had to give something to everyone and so it was a compromise this year, but we now have two of the three units out of service, and next year doesn't look any better for funding, in fact it will probably be worse. At least the County understands what EMS does.

In my larger area, the council and commissioner's court have so many items and so many political games, that they really don't care. I have tried to explain, but the general feeling is that there are more important things and they really don't have time to listen and they see us as a major user of money and how do they get rid of us. They keep reminding me that EMS is not an essential service. I have told my county judge that if he'll let me know where to send the 911 calls for the county I'll do it, since he doesn't want to pay a subsidy and the colonia roads tear up our ambulances, not to mention that most of our indigent calls are from the county. What's his cell phone number? He can talk to the irate citizens.

Lack of adequate basic education…One of our greatest problems, we have people who are willing but simply do not have the educational background to advance. They have difficulty reading, writing coherent sentences, reading comprehension is very poor, and they absolutely cannot spell. Before we teach an advanced course, we have to put on mini courses in basic math. I don't see that the TAAS test has helped at all.

HIPAA privacy rules are HUGE—no one understands how far-reaching, and little interest in learning or complying. This is a major challenge in prehospital medicine!