

Kentucky's Rural EMS Assessment

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Why?

- What are the issues Kentucky's rural emergency services are facing?
- Are they interested in or ready for Community Paramedicine?
- What are other pressing needs?
- Flex grant requirement



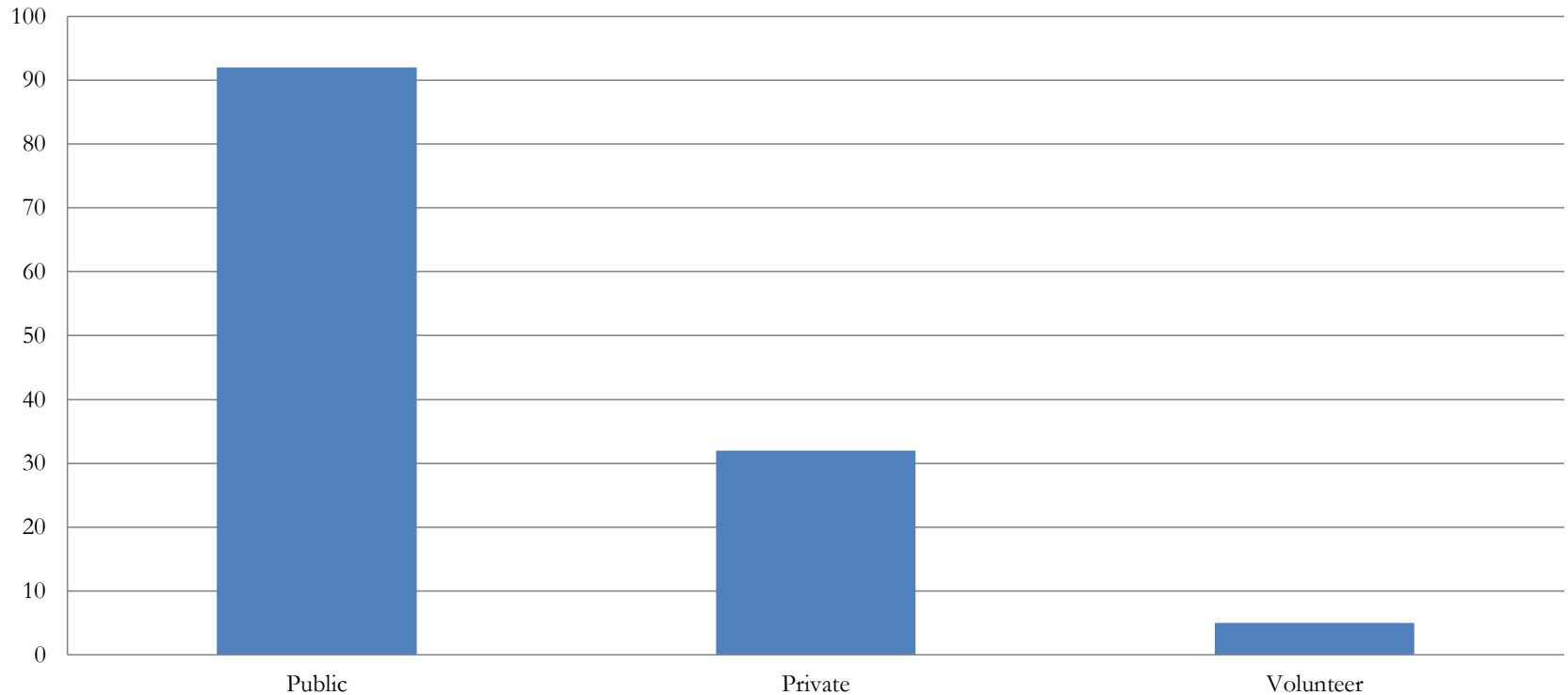
How?

- Partnered with the Kentucky Board of EMS (KBEMS) to complete the assessment
- Partnership of 3+ years
- 129 Total respondents to the survey



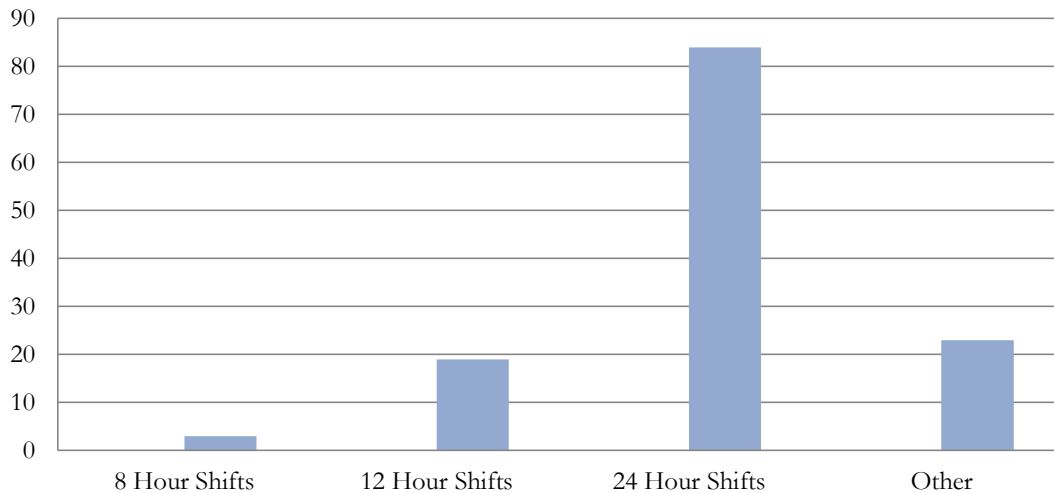
Results

Are you a public, private or volunteer service?



Results

What are your staffing hours?



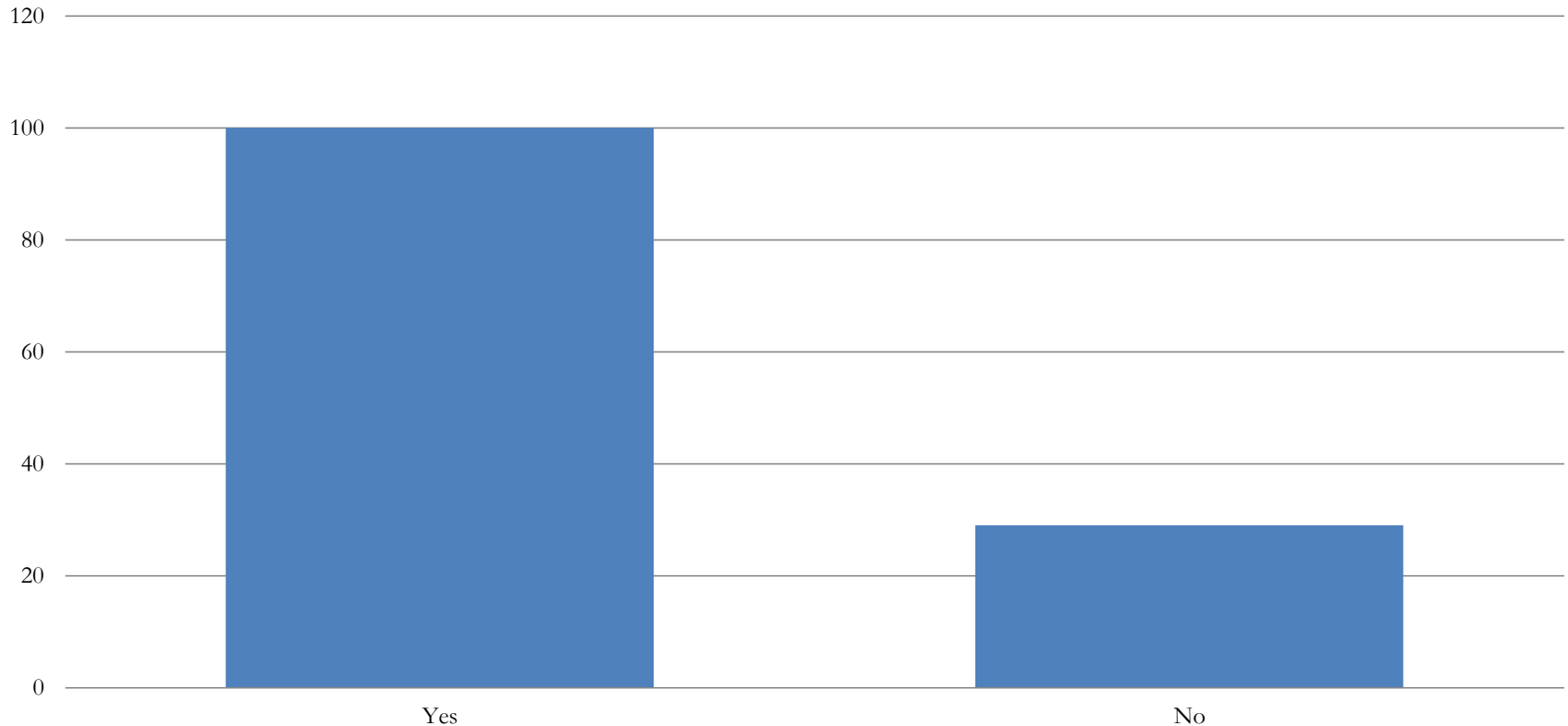
Other includes:

- 12 and 24 depending on full/part time
- All of the above
- 24/16
- Varies on EMT



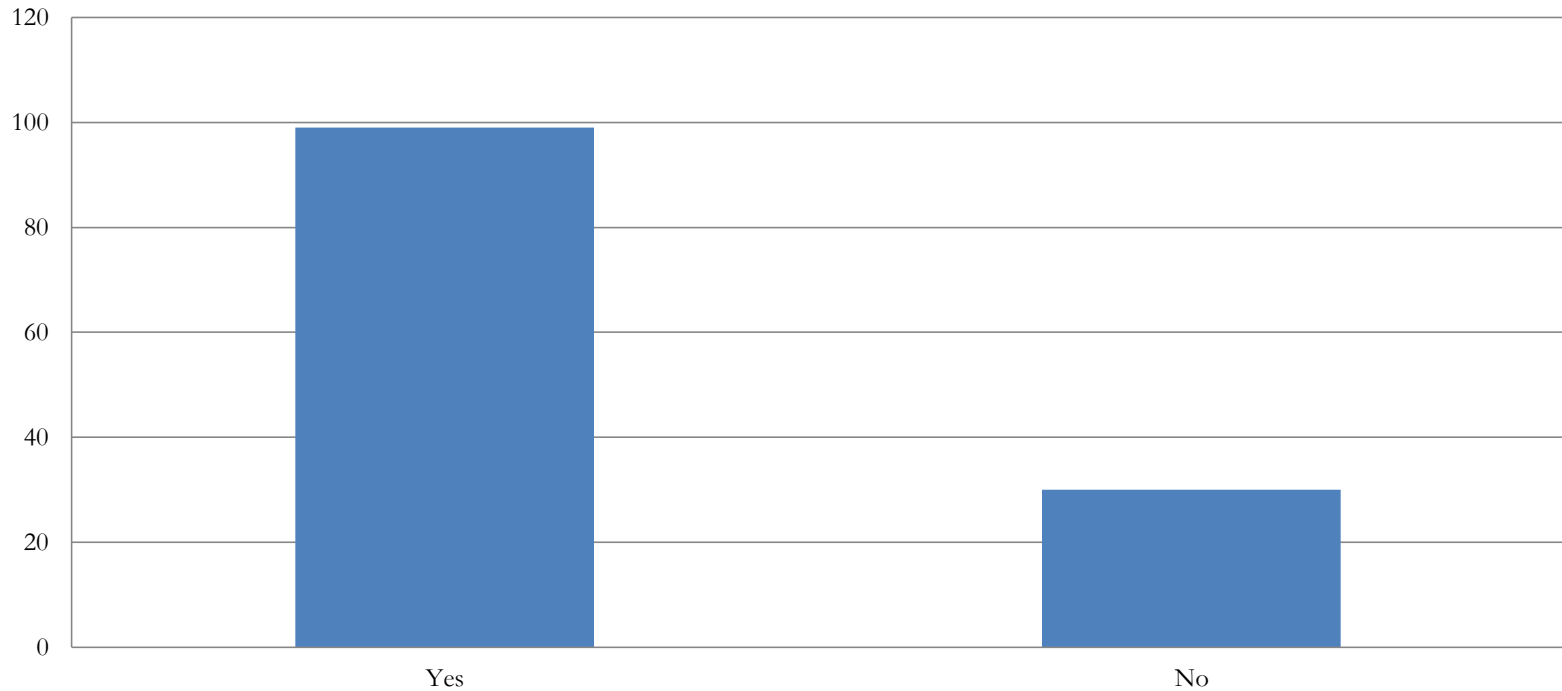
Results

Do you feel that your service fulfills your staff's training and education needs?



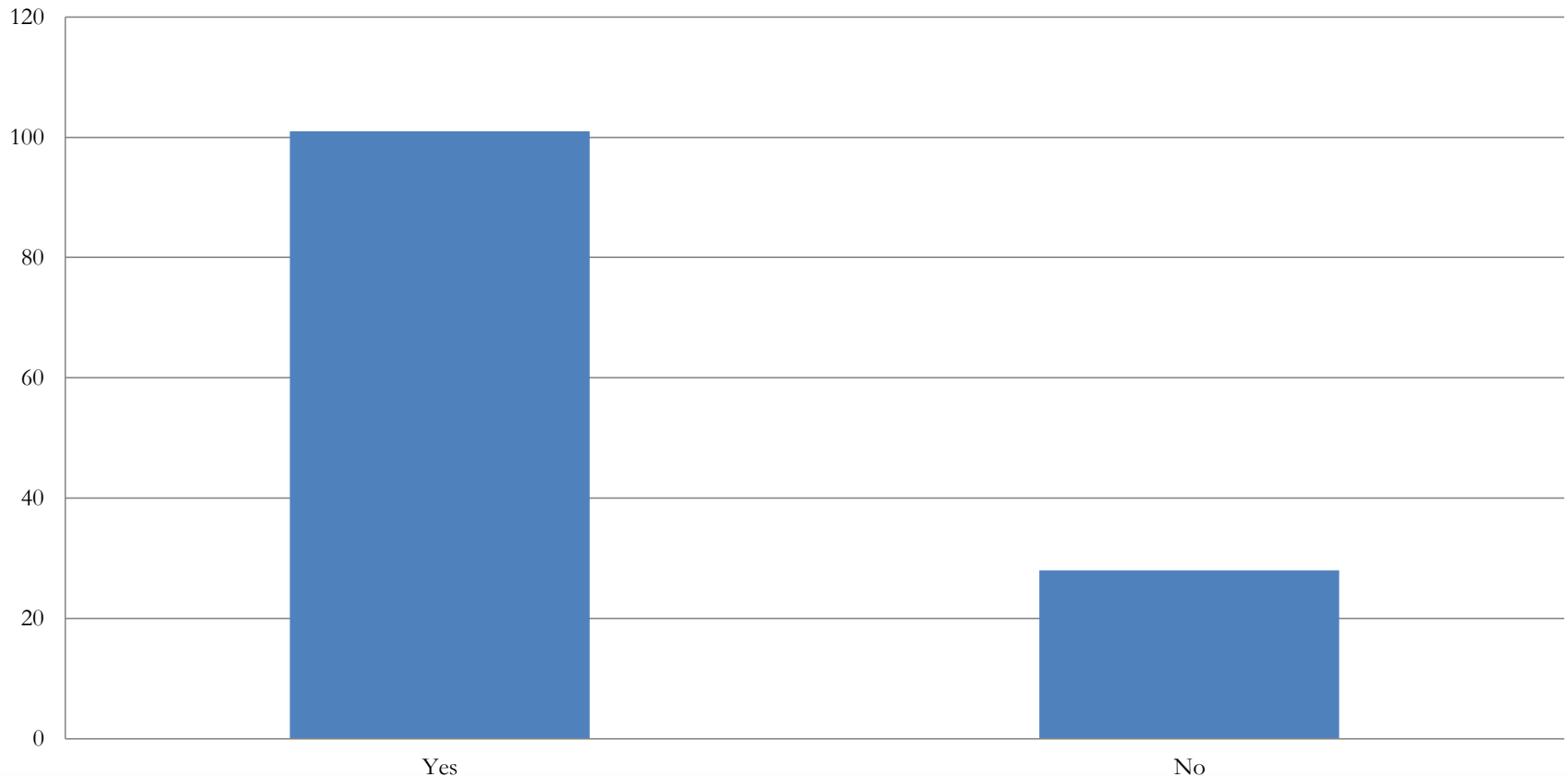
Results

Do you feel you have adequate equipment for your service?



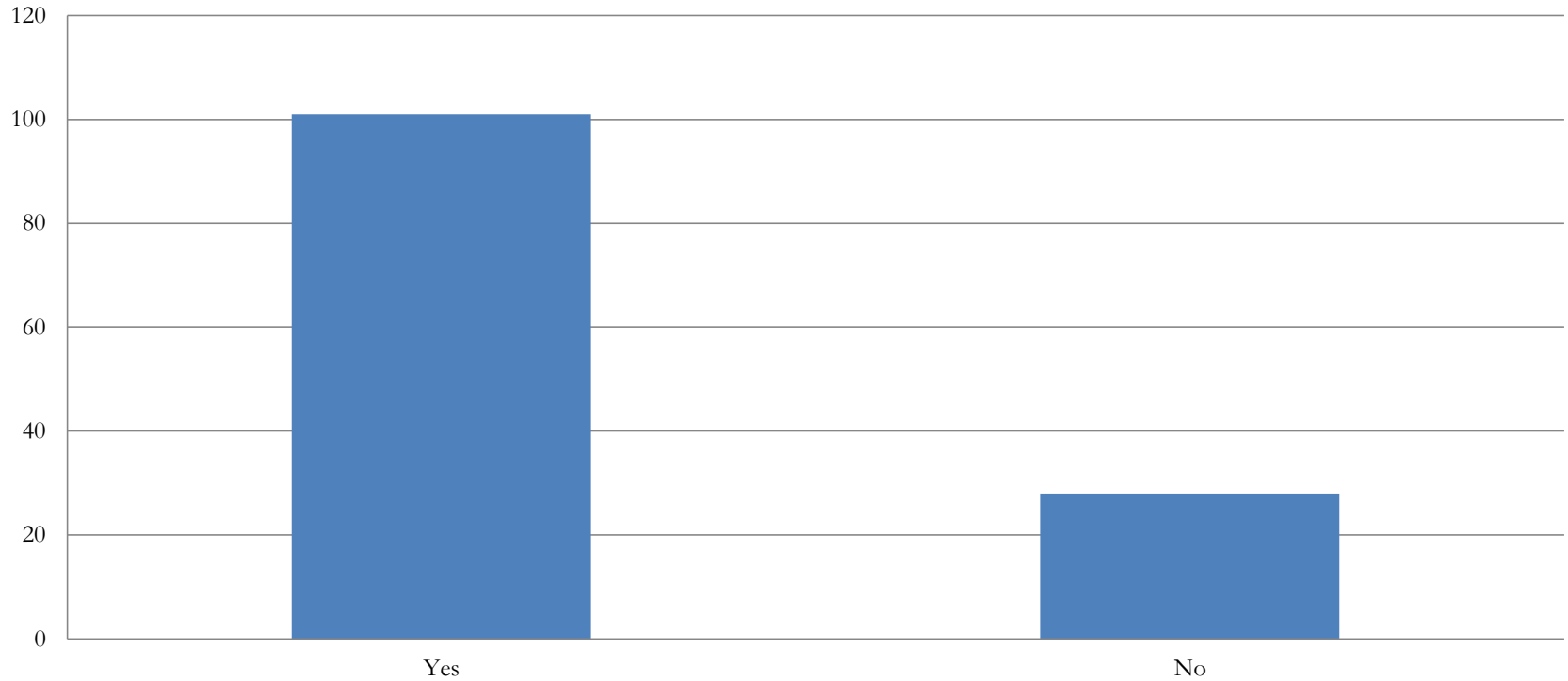
Results

Do you feel that you have adequate facilities?



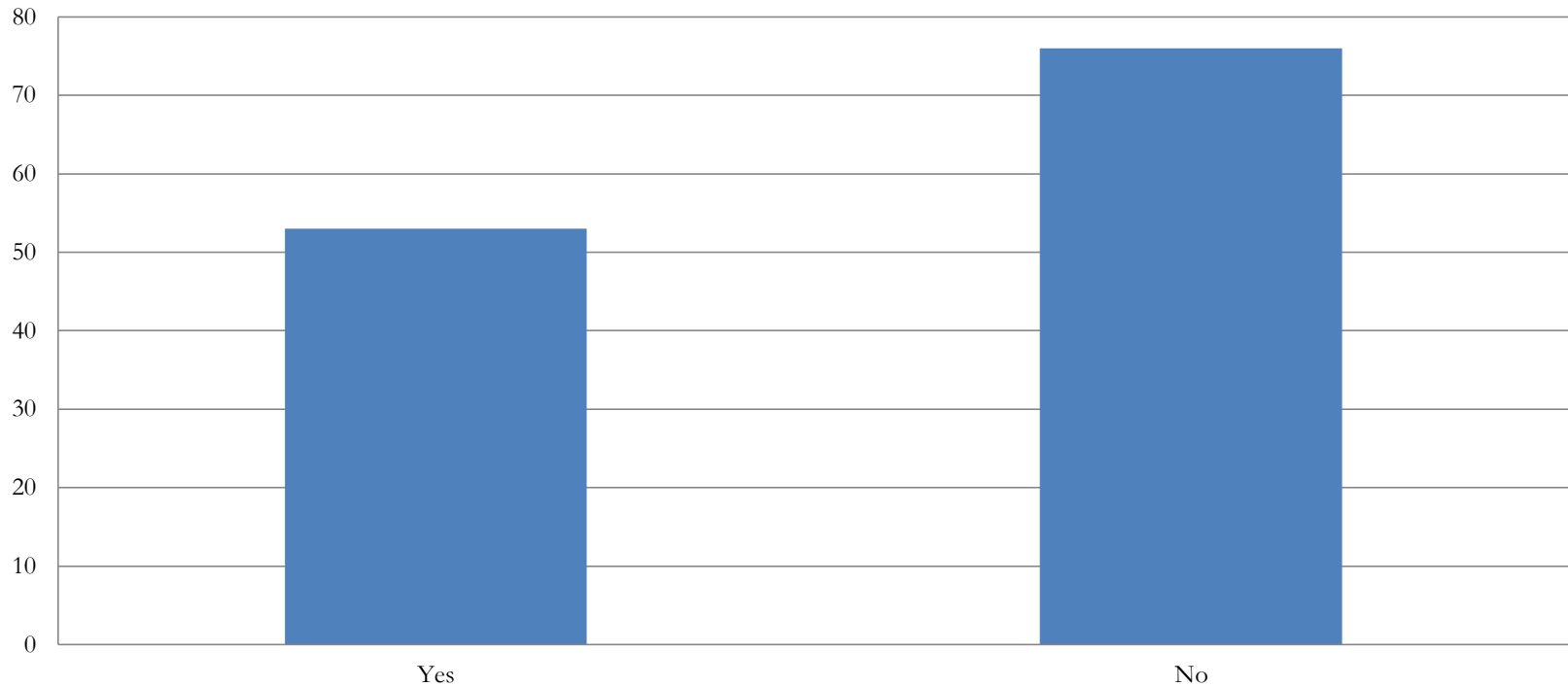
Results

Does your service seek out public or private grants?



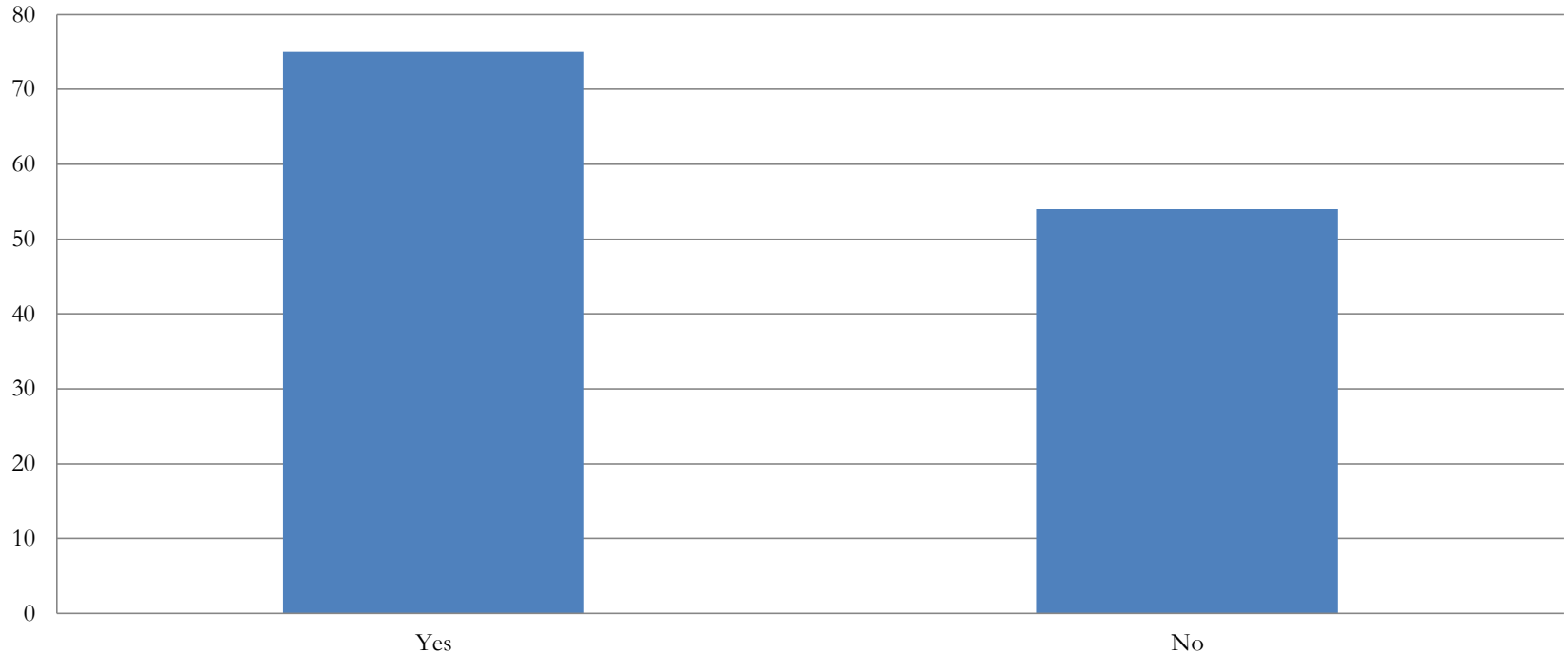
Results

Do you feel that you have adequate staff?



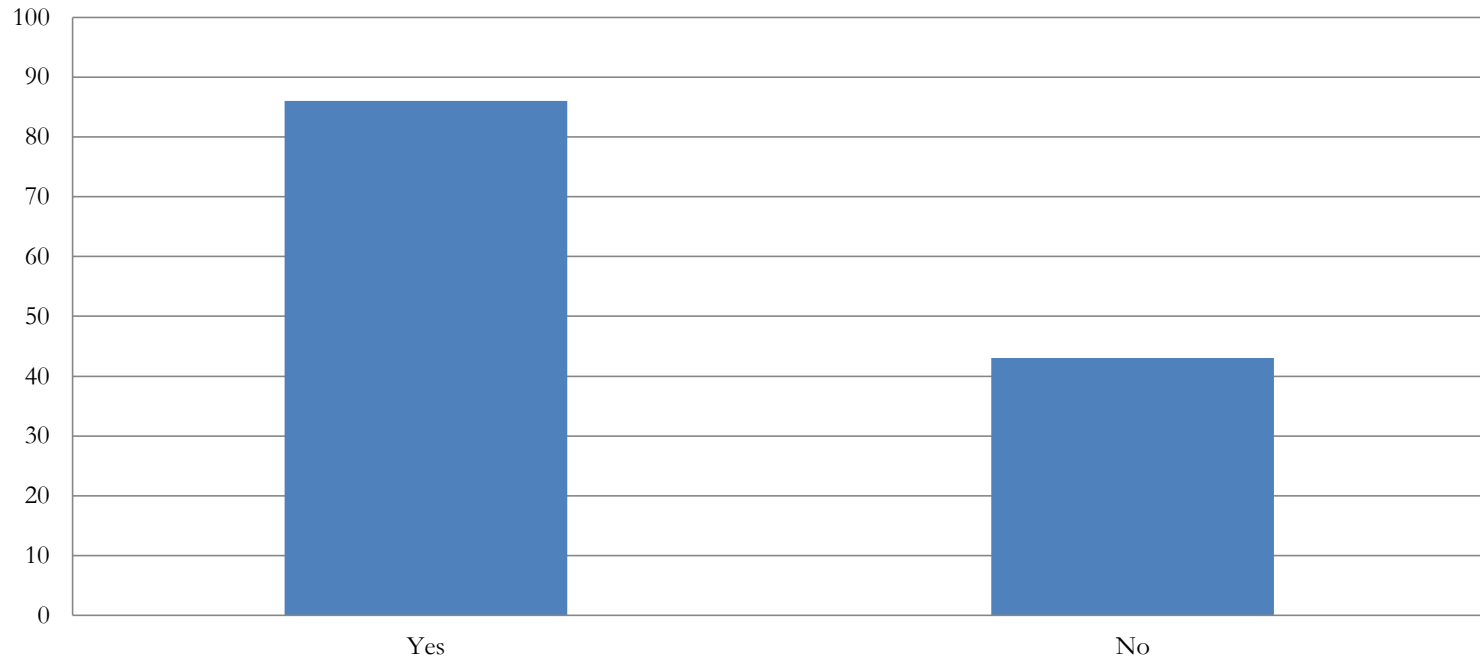
Results

Do you have staff retention issues?



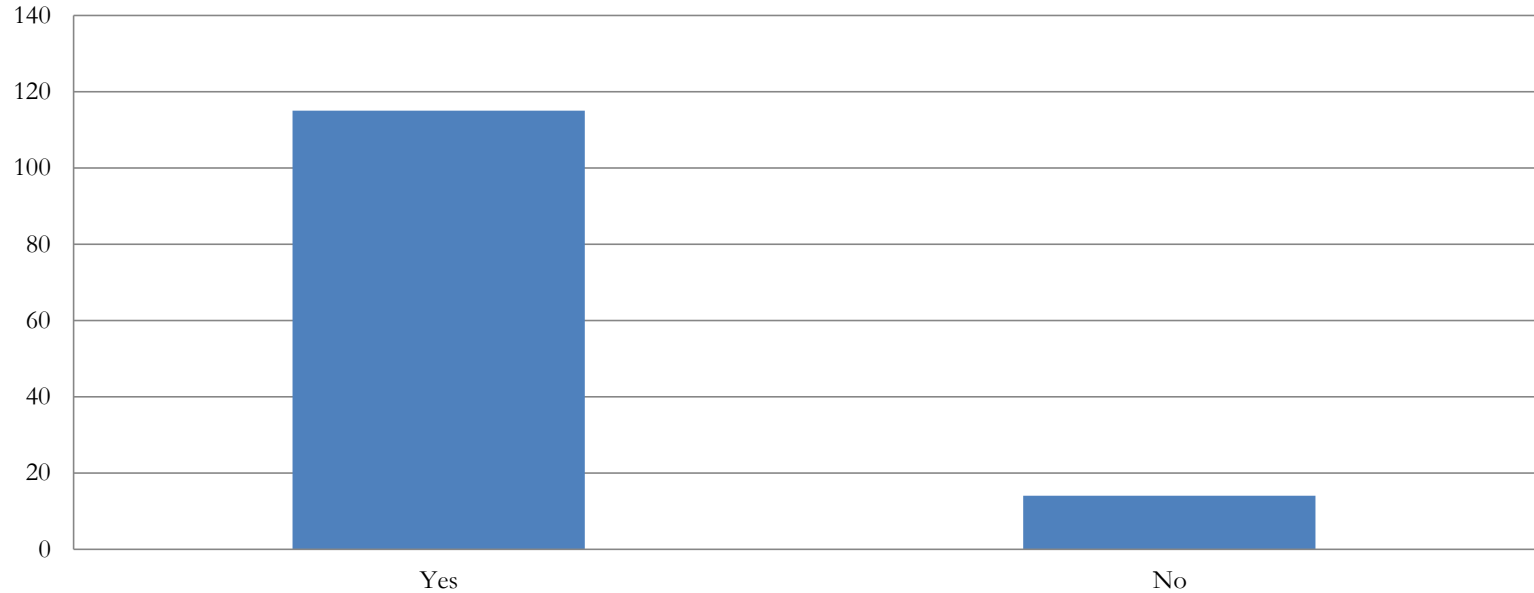
Results

Is your service interested in Community Paramedicine?



Results

Do you have a relationship with your local hospital?



Results

- **How could the relationship with your local hospital be improved?**
 - Do not have a local hospital
 - **Community Paramedicine would improve the working relationship significantly**
 - Would love to help them out with outpatient and swing bed services
 - Could have a better relationship between crews and docs
 - Integrate hospitals and EMS, train them together, have hospital staff ride alongs, etc.
 - Lack of respect for EMS/They are not our boss
 - Meetings with hospital staff to see where we can improve
 - Be understanding, regulations/cost may keep us from being able to transfer some patients (non-emergent)
 - Apply for grants together
 - **Improve communication**
 - **Understanding the role/capabilities of EMS** (“no way to fix bias”, “we are professionals, not just ambulance drivers”)
 - Partner with hospital to work on reducing readmissions
 - **Positive relationship with the hospital**
 - Some are hospital owned



Conclusion

- Many services are ready and anxious to start community paramedicine projects
- 4 Pilot Projects starting soon, 3 Urban, 1 Rural
- LOTS of data will be collected to show effectiveness of the program to state legislature



Questions?

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