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?

Kentucky Office of Rural Health
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
Do you feel that your service fulfills your staff's training and education needs?
Do you feel you have adequate equipment for your service?

Results

- Yes: 100
- No: 20
Results

Do you feel that you have adequate facilities?

Yes: 100
No: 20

Kentucky Office of Rural Health
Results

Does your service seek out public or private grants?

Yes

No
Results

Do you feel that you have adequate staff?

[Bar chart showing the distribution of responses to the question: 'Do you feel that you have adequate staff?']
Results

Do you have staff retention issues?

Yes

No
Results

Is your service interested in Community Paramedicine?

Yes

No
Results

Do you have a relationship with your local hospital?

- Yes: 120
- No: 15
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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