



PENNSYLVANIA EMERGENCY  
HEALTH SERVICES COUNCIL  

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Your Voice In EMS

***TESTIMONY***

**TO THE  
HOUSE VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS  
COMMITTEE**

**VOLUNTEER RECRUITMENT AND RETENTION**

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**PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL (PEHSC)**

**FEBRUARY 27, 2014**

Good Morning, Chairman Barrar and Members of the Committee.

I am Janette Swade, the Executive Director of the Pennsylvania Emergency Health Services Council (PEHSC). I have been involved in the EMS system locally for over 24 years and 17 years at the state level with PEHSC.

The EMS system in Pennsylvania has a long history with strong volunteer roots. I, as many of my colleagues did, began my EMS career as a volunteer. My experience as a volunteer provided me with many opportunities including working with state of the art equipment and additional education to support my base knowledge. The ambulance service I volunteered with has since transitioned into a paid service and is part of local government. Now the service struggles to meet equipment needs, and has a limited budget for staff education. This change did not occur overnight yet as time goes on the potential concerns in regard to the service being able to keep up with safe standards for vehicles, equipment and, sadly, patient care comes into focus.

As you know, we are in the midst of a rapidly changing health care system and its impact on the delivery of pre-hospital care over the next several years remains to be seen. However, we do know, that many areas of Pennsylvania will continue to rely on volunteers to operate their local EMS agency.

EMS is an integral part of health care, and as such, providers need to maintain clinical competency through ongoing education, regardless of their status as a "paid" or "volunteer". There is a cost associated with these efforts, often times the costs can be significant in more rural areas. The cost of initial certification has changed as the community college system, where a significant amount of this education is provided, has experienced a reduction in their reimbursements, hence raising the cost of these programs to the individuals or agency.

Before we enter into a plan to offer programs targeted at supporting EMS Recruitment and Retention activities we need to ensure all decisions are data driven. We clearly need a firm view of the number of volunteers actually providing care to patients on a regular basis. Further we should establish a standard to view attrition rates, by county, so we can assess program needs as well as successes and failures. The State EMS Plan contains a performance standard to measure annual turnover rates. Using this standard would assist in interpreting the data and identifying appropriate interventions on a local, regional, and state level. As part of this we should also research common assumptions about volunteers, for example, EMS and the fire service, although similar in many ways, they may recruit and retain people for different reasons.

There have been many statewide efforts to assist in the recruitment and retention of providers. For example several years ago, a cooperative Retention effort between the Virginia Office of Emergency Medical Services, The Pennsylvania Emergency Health Services Council and the Pennsylvania Department of Health, Bureau of EMS distributed workbook materials to all EMS agencies in PA. PEHSC has also managed a public recruitment website ([www.pa-ems.org](http://www.pa-ems.org)) for several years. This site received nearly 34,000 visits last year. PEHSC receives at least one request daily from a website visitor to receive more information from their regional EMS council. The Department invested funding into a statewide

recruitment program around 2006 to increase staffing levels, this program, "Roll with It" was targeted toward a young demographic based on research by the advertising agency.

Several pieces of legislation focused on recruitment and retention are currently under consideration. Some of these are clearly related to the SR 60 recommendations. PEHSC has been supportive of the SR 60 report and therefore remains supportive of any legislation that reflects the content of those recommendations. This would be a good time however to revisit SR 60 to ensure the recommendations contained in the report still reflect current system needs.

One new concept to fund system needs would be the option to add a ½ % surcharge to current vehicle insurance premiums. A study to support this concept was conducted by the Pennsylvania State University and a copy can be secured from the Pennsylvania Fire and Emergency Services Institute. This level of funding could provide direct support for EMS agencies, including funding for focused recruitment and retention programs and the costs associated with provider certification and continuing education. I am sure we can agree that funding models to alleviate the needs for EMS agencies to pay for their expenses through ongoing fundraising activities should be considered.

In conclusion, the geographic diversity of Pennsylvania will always require the support of volunteers in certain communities. Even when not dependent on volunteers, all communities can benefit from these dedicated individuals. Volunteers are a valuable resource, not only in knowledge and talent, but in the cost savings to local communities. We do, however, need to remember as we embark on potential programs to specifically support volunteer organizations that many communities depend on nonprofit and municipal based EMS organizations that are staffed with paid personnel or a combination of paid employees and volunteers. These organizations are also experiencing the same system wide issues as the volunteer agencies. Simply stated, we should focus our efforts on strong recruitment and retention programs for all PA providers.

Thank you for this opportunity.