

EMT training is 'doable'

Six emergency medical technician (EMT) students are learning lifesaving skills during a class led by Cary Kehr, a paramedic and the interim EMS director at Jacobson Memorial Hospital Care Center (JMHCC), to help fill the 24/7/365 shifts for local ambulance services.

EMTs must complete 160 to 200 hours of initial classtime training, and a 48-hour refresher every two years, and Johnathen Berry, who has served as a certified nursing assistant (CNA) for almost 14 years, is one of the students stepping forward for the training.

He is currently a CNA at JMHCC, which prompted him to take the class.

"It's a great place to work and they were offering this class and I wanted to try something further," he says.

The five-month class meets twice a week, with a final written and skills test upon completion.

"Cary is a good teacher and getting to do a lot of hands-on helps you interpret the bookwork," Berry says. "It's doable. We can use more EMTs and volunteers."

"People should help small communities, because there is a need for that, even if it's volunteer," Berry says.



Ambulance: staffing challenge

CONTINUED FROM FRONT PAGE

service, a crisis for ambulance services could arise.

Effective July 1, 2022, JMHCC became one of only 10 critical access hospitals in the nation selected to participate in a federal demonstration project, the Frontier Community Health Integration Project (FCHIP), allowing it to receive cost-based reimbursement to operate an ambulance.

The national pilot project is overseen by the Center for Medicare and Medicaid Services Innovation to develop and test new models of integrated, coordinated health care in the most sparsely populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures.

The project allowed JMHCC to sign a management agreement with the ambulance district to lease the ambulances and equipment from the ambulance district and provide the physical service, including all the labor.

Without the FCHIP program, the hospital could not operate an ambulance without losing money.

Through the cost-based reimbursement, JMHCC is able to operate the ambulance with paid staff, including having a paramedic with the ambulance 24/7, which is unique to rural ambulance services. Paramedics add another level to emergency care to increase the chance

of someone surviving, particularly in outlying areas.

The ambulance has two full-time paramedics, two part-time paramedics, four full-time EMTs, five as-needed EMTs and five emergency medical responders (EMR)/drivers. Ambulance services must have coverage 24/7/365, with either an EMT or paramedic onboard in every call, along with a driver. Trained staff ranges from CPR-certified drivers to EMRs to EMTs to paramedics.

"It has sustained the New Leipzig-Elgin Ambulance Service," Kehr says. "If it wasn't for FCHIP right now, I don't know that we would have an ambulance service, because we were looking at four or five people trying to run it and that's just impossible. No community should expect that of four or five community members."

"We are very blessed with FCHIP," Kehr says. "But what's going to happen?"

Answering the call 24/7/365

The New Leipzig-Elgin Ambulance Service responded to 197 calls last year, but must have every shift filled to answer a call 24/7/365. The 1,226-square-mile service area extends to the farm-to-market road near Carson, halfway to Mott, along the northern border of Lake Tschida and to Cedar River to the south. It also includes

bits of Adams and Hettinger counties.

Covering that area 24/7/365 takes staff.

"The crisis is a threefold situation," Kehr says. Among paid staff, there is high turnover in a high-stress, high-hour job. Communities relying on volunteer staff ask those volunteers to commit to sometimes overwhelming educational requirements and emergency scenes some cannot bear. EMTs must complete 160 to 200 hours for the initial class, and a 48-hour refresher every two years.

And overall volunteerism is dwindling.

"There is no way to have any ambulance service anymore without paid staff," Kehr says.

In neighboring Hettinger County, for example, Mott, Regent and New England all have paid paramedics or EMTs from outside the communities helping to supplement volunteer staff to continue to operate. None are able to fully staff an ambulance without paid staff.

"It's a common thread throughout the whole state. Every small service is in the same boat. Rural EMS has been in trouble for a number of years and they keep talking about how we have to try and get rural EMS shored up, but nothing ever happens. Nobody seems to be able to come up with an answer. Eventually, it's going to come to a point where ambulance services are going to start going down and maybe then people will step up. We keep kicking the can down the road. All of us who are doing it are getting older

every year and the day is going to come where, without other people stepping up, we're just not going to exist," says Tom Zahn, president of the New England Ambulance Service.

"These ambulance services are safety nets. I don't think people realize the commitment it takes to have an ambulance service in a community," says Mott Ambulance Service Squad Leader Troy Mosbrucker.

And that's another danger lurking within rural ambulance services. Losing one

service could create a domino effect as other services stretch to fill a new service area.

"We can't rely on our neighbors, because our neighbors are in the same boat," Kehr says.

"FCHIP isn't going to last forever," Kehr says. "We have to look at the big picture and we have to look at our five-year outlook, our 10-year outlook and who is going to cover us if we fail or if we go under, because the services surrounding us, they are in the same boat, they are struggling."

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