



TECHNICAL BRIEF

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RECRUITMENT AND RETENTION OF PARAMEDICS

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Introduction

The demand for, and shortage of, qualified emergency medical technicians (EMTs) and paramedics continues to grow as the healthcare field becomes increasingly specialized and complex. It is time for Mississippi to realize the implications of this shortage and take action. In the State of Mississippi, an individual interested in becoming a registered nurse attends a two-year program at any one of thirteen community colleges or at one of two state universities. The individual can then begin a career, with room for growth and promotion, in a field where the median salary is \$53,000 annually. In addition, nurses are often offered recruitment incentives such as \$2,000 to \$10,000 signing bonuses, relocation assistance, day care assistance, and tuition repayment. In contrast, a paramedic attends an eighteen-month program at one of only seven community colleges and begins a career, with no recruitment incentives and no room for advancement, in a field where the median salary is approximately \$33,000 annually. This discrepancy is hurting Mississippi's cities, towns, counties and hospitals, as well as putting the lives of tens of thousands, who depend on emergency services for critical care, in jeopardy.

History

In 1960, the President's Committee for Traffic Safety recognized the need to address "Health, Medical Care and Transportation of the Injured" to reduce the nation's highway fatalities and injuries. This committee eventually led to the creation of the Highway Safety Act of 1966, which required each state to have a highway safety program in compliance with uniform federal standards, including "emergency services." By the early 1970s, there was an unprecedented level of funding from the federal government, prompting the establishment of regional emergency medical service (EMS) systems and demonstration projects throughout the country. The Emergency Medical Services Systems Act of 1973, enacted by Congress as Title XII of the Public Health Service Act, resulted in eight years and over \$300 million of investments in EMS systems planning and implementation.

The Mississippi Legislature's response was visionary. The Legislature recognized the diversity and complexity of emergency medical services and took action, creating the Emergency Medical Act of 1973. Through this act, standards for the organization of emergency services were set forth, leading to the Mississippi Emergency Medical Services Act of 1974. Through this act and subsequent amendments, the Mississippi State Department of Health was able to form the division of Emergency Medical Services. The act also authorized this division to be proactive when developing guidelines for emergency medical services in the state. It allowed the licensing of all ambulance services in Mississippi, required that emergency vehicles have specific equipment and standards, provided for training and certification of emergency medical technicians (EMTs), and assisted with the creation and provision of technical assistance. Mississippi became a model for



other states trying to achieve the same goals at that time; however, that was over thirty years ago. It is time to move forward and develop a new way of thinking.

Food for Thought

The issue at hand is not just statewide, but rather a national issue, offering Mississippi the incentive to affect a state solution and again serve as a model for other states. A look at different information from various states suggests that something must be done now at the state level in order to assist counties and municipalities with the trouble they currently face. Examples of successful models in states such as California, New Mexico, Missouri, and South Dakota include: passing legislation; collaborating with community colleges; creating advisory boards comprised of emergency personnel; and offering a continued advancement track for those in the field of emergency services.

At one time, there were three levels or designations of emergency medical services personnel: EMT Basic, EMT Intermediate, and EMT Paramedic. Recently, the Mississippi Department of Health discontinued the Intermediate title due to changes in curriculum. In place of the EMT Intermediate, the EMT Basic has an expanded scope of practice. This has had a dramatic affect on recruitment and retention. The problem is there is a big difference between an EMT Basic and EMT Paramedic when looking at educational attainment. With the new expanded scope of practice for the EMT Basic, there is an incentive to spend an additional amount of time and become a paramedic, which offers more money, but creates a shortage of EMT Basics. When looking at educational attainments of a paramedic, the student completing the EMT Basics course is only six months of classes away from being licensed as a nurse. Becoming a nurse allows the student to make substantially more money and work in better conditions, hence creating a need for paramedics.

While many individuals interested in entering the emergency medical field immediately recognize the advantage of obtaining a nursing license and act accordingly, that is not the only factor that diminishes the EMT or paramedic pool. A second reason for the shortage of paramedics is that once a person becomes a paramedic, there is little room for professional advancement. Simply put, it is human nature to want to advance, increase salary, and take on additional responsibilities; such desires remain unmet in the paramedic field, as there is no progression of responsibility, wages or benefits. This fact leads paramedics to search for opportunities elsewhere — with other cities or private companies. This adds to Mississippi’s paramedic shortage and creates competition between municipalities and counties.

Simply put, what are the issues?

- A critical shortage of paramedics and EMTs for Mississippi cities, counties and private companies
- Difficulty hiring and retaining paramedics, no advancement opportunities, and poor pay
- Similar educational commitments result in vast discrepancies in starting salary and opportunity for advancement:
 - Recruiting from cities/counties to staff emergency medical services
 - Lack of funding for salaries and training
 - EMTs do not want to become paramedics
 - Paramedics have no room for advancement

EMT Basic	vs.	Licensed Practical Nurse
<ul style="list-style-type: none"> ■ Must have high school diploma ■ 6-month certification program ■ Offered at 19 community colleges ■ State avg. starting salary \$24,300 ■ No recruitment incentives ■ Opportunity for advancement 		<ul style="list-style-type: none"> ■ Must have high school diploma ■ 12-month licensing program ■ Offered at 15 community colleges ■ State avg. starting salary \$34,000 ■ Many recruitment incentives ■ Opportunity for advancement
Paramedic	vs.	Registered Nurse
<ul style="list-style-type: none"> ■ Must have high school diploma ■ 18-month certification program (includes EMT schooling) offered at seven (7) community colleges ■ State avg. starting salary \$33,000 ■ Not much room, if any, for promotion ■ Few, if any, recruitment incentives 		<ul style="list-style-type: none"> ■ Must have high school diploma ■ 24-month associate degree program offered at: 13 community colleges and two (2) state universities ■ State avg. starting salary \$53,000 ■ Room and opportunity for promotion ■ Many recruitment incentives

Possible Solutions

- Realize the issues and problems facing emergency services personnel: take the initial step to correct these problems before they become worse; and allow the State of Mississippi to become an innovator in this area once again.
- Create an Emergency Management Services board made up of emergency personnel from across the state. This initiative serves a dual purpose: First, it gives the field personnel a voice at the state level; and second, it will increase the state's awareness of issues from all over.
- Draft legislation to help with the funding of local programs in order to alleviate the fiscal strain placed on government entities by helping to defray costs.
- Partner with community colleges to create more paramedic training programs, with more funding allocated for these programs at the state level.
- In the long-term, municipalities and counties should form and implement their own programs, training local residents to become paramedics. Create professional development plans and give emergency medical personnel opportunities for advancement and training, keeping them

interested. The state needs to allocate funds, in the form of grants, to aid in employer-provided training, stipends and education reimbursement for employees.

- Cross-train firefighters, adding incentives for doing so in the form of stipends. Several municipalities in the State of Mississippi have already implemented such programs. They have reported those programs to be very successful thus far. These incentives give paramedics a break from ambulance duty, and a chance to work in a different capacity, keeping the job interesting.
- Draft legislation allowing the licensing of non-transporting EMS agencies. Allow as fire departments to facilitate the certification of personnel in other than traditional ambulance service settings.
- Recruit through local high schools and junior/community colleges. Offer to pay for schooling and initiate intern programs prior to graduation. Again, the State can offer funding or specific types of grants to help offset the cost of these programs.
- The Department of Health needs to re-evaluate fees charged for background checks and re-certification costs.
- Bridge the requirement gap between an EMT Basic and Paramedic and make things more streamlined. (Ex: Make sure requirements for these two positions are not too stringent. What are the basic medical knowledge, skills, and abilities needed for emergency situations?)

Conclusion

This is an opportunity for Mississippi to reclaim its status as a leader in the area of emergency medical services. It is important to understand that emergency medical services are diverse and complex systems, with Mississippi EMS personnel Mississippi treating tens of thousands of patients each year.

Many of these patients have complicated medical or traumatic conditions, requiring considerable skill, knowledge, and judgment for administering effective treatment in emergency situations and in an out-of-hospital setting. Some of these patients are critically ill or injured with the proper emergency care making

the difference between life and death. Many patients will have a crisis, which is not a matter of life or death, but nonetheless, a crisis no less significant to them and their families.

Consider how you would want your family member treated in an emergency situation. What if you were told your family member would have to wait several hours on an ambulance because there was no one available to come to your house? What if you were told there was no one that could respond? High quality out-of-hospital emergency care is an important part of the overall health care system in Mississippi. The State of Mississippi must be involved financially and legislatively in order to prevent the shortage of emergency personnel from becoming even more critical. The rural nature of our demographics demands this action.

ABOUT THE AUTHORS:

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Lydia Quarles is a Senior Policy Analyst at the John C. Stennis Institute of Government, Mississippi State University. She received her *Juris Doctorate* in 1975 from Cumberland School of Law, Samford University, and her MA and BA from Mississippi University for Women, in 1972 and 1971 respectively, in political science and communication. After over a dozen years in the private practice of law in Alabama and Mississippi, she joined the Mississippi Workers' Compensation Commission as an Administrative Judge in 1993. Eight years later, in 2001, she was appointed Commissioner of the agency. In 2006, she resigned to join the Stennis Institute.

Quarles remains active in bar work, and currently chairs the Women in the Profession Committee, a standing committee of the Mississippi Bar. She also serves as co-chair of the Mississippi Supreme Court's "Gender Fairness Implementation Study Committee" and acts as the Chief Operating Officer of the Workers' Compensation Section of the Mississippi Bar. She is a fellow of the Mississippi Bar Foundation, a recipient of the Mississippi Bar's Distinguished Service Award, a member of the Mississippi School for Math and Science Foundation Board and a member of the MUW Alumni Board. Quarles was recently honored by the American Bar Association's Administrative Law and Regulatory Practice Section, receiving the Mary C. Lawton Award for lasting contributions to the Mississippi Workers' Compensation Commission in the areas of alternative dispute resolution and access for Hispanic workers.

In 2004, Quarles was named one of Mississippi's 50 Leading Business Women by the Mississippi Business Journal; the Journal recognized her service to the State as a Commissioner as well as entrepreneurial skills developed in her property management business in Starkville, Spruill Property Management, LLC

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Andrea Freeze is the City Accountant for the City of Southaven, Mississippi. She received her Master's Degree in Public Policy and Administration in 2007, and dual Bachelor of Business Administration degrees in Marketing and Management in 2000, all from Mississippi State University. Freeze is a 2007 participant of the Stennis Institute of Government's State Executive Development Institute. In 2005, she was awarded state certification as a Certified Deputy Municipal Clerk-Collector (CDMCC) by the Municipal Clerks and Tax Collectors Association of Mississippi (MCCA). In 2006, she received her international certification as a Municipal Clerk by the International Institute of Municipal Clerks (IIMC). She currently chairs the Hospitality Committee for the MCCA. A 2003 graduate of Leadership DeSoto, Freeze is active with the Southaven Chamber of Commerce, Mid-South Make-A-Wish Foundation, along with several other boards and committees. From 2002 to 2003, she served as the President of the DeSoto County Business Women's Club and was named the club's Woman of the Year in 2003.

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Elected to the United States Senate in 1947 with the promise to "plow a straight furrow to the end of the row," John C. Stennis recognized the need for an organization to assist governments with a wide range of issues and to better equip citizens to participate in the political process. In 1976, Senator Stennis set the mission parameters and ushered in the development of a policy research and assistance institute which was to bear his name as an acknowledgment of his service to the people of Mississippi.



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