



# KB EMS

Kentucky Board of Emergency Medical Services Annual Report 2013

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# *Message from the Executive Director*

Not a day goes by that Emergency Medical Service Responders in our Commonwealth are not delivering exceptional pre-hospital emergency medical care. What we do in Emergency Medical Services (EMS) is important, and a necessary service that is vital for our community and the nation. Emergency Medical Technicians (EMTs) and Paramedics are the healthcare safety net for all of us. We are there for everyone when they need us, always doing what is best. EMS workers are usually the first to arrive on the scene of a car accident, a crime scene, a disaster, or a fire. They never know what to expect when they arrive, yet they are always prepared and often put their own lives in danger. They render life-saving aid along busy highways, outside burning buildings and on crime-infested streets. While they are usually the first on the scene, they are often the last to seek recognition. EMS workers do their jobs because they simply want to save lives.



The Kentucky Board of Emergency Medical Services strives to maintain and improve a unified comprehensive and effective EMS system within the borders of Kentucky, ensuring the EMS system is recognized as a leader and a role model that other EMS systems attempt to equal. This is done by promoting excellence through regulations, promoting healthy communities and encouraging community support, providing value-added information for emergency preparedness, public health, EMS research and strategic governance, and developing and managing information, standards and guidelines for EMS providers.

As Executive Director, I can proudly say our staff accepts the challenge to move EMS forward in the Commonwealth of Kentucky. I am confident through hard work and dedication that we will continue to strengthen what is in place and reach new heights in the years ahead.

Respectfully,

A handwritten signature in blue ink, appearing to read "Mike Poynter". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mike Poynter



# Mission Statement

KBEMS mission is to ensure availability of high quality emergency medical services for Kentucky through collaboration with EMS providers by:

- Ensuring quality, competent EMS care through effective oversight, communication and education;
- Advancing professionalism of EMS providers;
- Promoting health and safety of patients and EMS providers;
- Providing leadership for EMS.

KBEMS accomplishes this mission through:

- Credentialing of all EMS Responders in the State
- Annual Inspections of all EMS Agencies and initial and annual inspections of ambulances licensed in Kentucky
- Administration of ambulance grant funding
- Processing of all EMS related courses conducted by Kentucky Training and Educational Institutions (TEIs)
- Certification and licensure audits
- Approval for students to test at the National Registry level
- Investigation of complaints on any EMS Responder or Agency

- Due process for EMS responders and agencies under pending legal action
- Administration of discipline of EMS Responders and Agencies
- Approval of EMS medical directors and protocols
- Participation in disaster preparedness and mass casualty planning
- Oversight and management of the EMS for Children (EMSC) Program

KBEMS also hosts and participates in numerous EMS meetings and conferences statewide and is an active member of the National Association of State EMS Officials (NASEMSO) and National Association of EMS Educators (NAEMSE).

# Vision

Through transparent practices, KBEMS will ensure and promote high quality emergency medical care across the Commonwealth of Kentucky.

# Values

- Integrity
- High quality care
- Quality of education
- Competent staff
- Accountability of board, services and individuals
- Being proactive, not reactive
- Highly motivated and progressive board
- Advancement of EMS profession
- Citizen and provider safety
- Ethical standards in dealing with issues

# Notable Board Actions 2013



- Established four new subcommittees:
  - Cardiac and Stroke Care
  - Continuous Quality Improvement
  - Critical Care Transport
  - Disaster Preparedness/MCI
- Established Advanced EMT (AEMT) certification level
- Approved EMT's to perform 12-lead ECG's
- Partnered with Kentucky Ambulance Providers Association for Kentucky EMS Conference
- Approved submission of three Kentucky Administrative Regulations:
  - Block Grant (202 KAR 7:520)
  - Data Management and Compliance (202 KAR 7:540)
  - Advanced EMT (202 KAR 7:330)
- Approved 2013-14 KBEMS budget
- Welcomed new board members Mr. Jimmy Van-Cleve and Dr. Andrew Bernard
- Recommended use of the START triage system by Kentucky EMS Providers
- Held KBEMS Board Retreat
- A "Community Paramedicine" Work Group was appointed, and has begun work.
- A Task Force for revision of 202 KAR: 501 was appointed and is currently completing the revision.





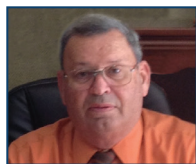
# Board Membership



**Jim Duke, Board Chairman** **Term Expires: September 19, 2014**  
Representing: Advanced Life Support, government-operated Ambulance Service Administrator who is a certified Emergency Medical Technician or a Licensed Paramedic.  
jduke@ohiocoems.com



**Joe Prewitt, Vice-Chairman** **Term Expires: September 19, 2017**  
Representing: Volunteer-staffed, licensed Class I Ground Ambulance Service Administrator who is a certified Emergency Medical Technician or licensed Paramedic.  
ncemsjoe@aol.com



**Eddie Glenn Long** **Term Expires: September 19, 2017**  
Representing: Mayor of a city that operates, either directly or through contract services, a licensed Class I Ground Ambulance Service.  
2longbranch@roadrunner.com



**David E. Bentley, M.D.** **Term Expires: September 19, 2016**  
Representing: Physician licensed in Kentucky serving as medical director of an Advanced Life Support Ambulance Service.  
debentley@windstream.net



**VACANT** **Term Expires:**  
Representing: Emergency Medical Services Educator from a Kentucky College that provides an EMS Educational Program.



**Joe Bradshaw** **Term Expires: September 19, 2014**  
Representing: Licensed Air Ambulance Service Administrator or Paramedic for a licensed Air Ambulance Service headquartered in Kentucky.  
bradshawjoe@air-evac.com



**Terry Dossett** **Term Expires: September 19, 2014**  
Representing: Private licensed Class I Ground Ambulance Service Administrator who is a certified Emergency Medical Technician or a licensed Paramedic who is a resident of Kentucky.  
tdossett@questcareems.com



**James Conley** **Term Expires: September 19, 2014**  
Representing: Paramedic who works for a government agency but is not serving in an educational, management, or supervisory capacity.  
jimmyconley@windstream.net



**Jimmy Vancleve** **Term Expires: September 19, 2017**  
Representing: First Responder who is not serving in an educational, management, or supervisory capacity.  
jimmy.vancleve@kctcs.edu



**Andrew C. Bernard, M.D.**

**Term Expires: September 19, 2017**

Representing: Trauma Surgeon licensed in Kentucky.  
andrew.bernard@uky.edu



**Mike Gribbin**

**Term Expires: September 19, 2014**

Representing: Fire Service Based, licensed Class I Ground Ambulance Service Administrator who is a certified Emergency Medical Technician or licensed Paramedic.  
gribbinm@lexingtonky.gov



**Joseph Iacono**

**Term Expires: September 19, 2014**

Representing: Physician licensed in Kentucky who routinely is involved in the emergency care of ill and injured children.  
jiocono@uky.edu



**Jamey Locke**

**Term Expires: September 19, 2015**

Representing: Basic Life Support, Licensed Class I government-operated Ground Ambulance Service administrator who is a certified Emergency Medical Technician or a Licensed Paramedic.  
jlocke@mercyregionalems.com



**Timothy Dukes**

**Term Expires: September 19, 2016**

Sr. Vice President and COO, Baptist Healthcare Madisonville  
Representing: Hospital Administrators  
tdukes@trover.org



**James Nickell**

**Term Expires: September 19, 2017**

Representing: County Judge/Executive from a county that operates, whether directly or through contract services, a licensed Class I Ground Ambulance Service.  
jnickell50@yahoo.com



**Wenda Owen**

**Term Expires: September 19, 2015**

Representing: Citizen having no involvement in the delivery of medical or emergency services.  
wendaowen@aol.com



**Neal Richmond, M.D.**

**Term Expires: September 19, 2015**

Representing: Physician Licensed in Kentucky having a primary practice in the delivery of emergency medical care.  
neal.richmond@louisvilleky.gov



**Michael Sutt**

**Term Expires: September 19, 2016**

Representing: Emergency Medical Technician - Basic, who works for a government agency but is not serving in a educational, management, or supervisory capacity.  
michael.sutt@ketcs.edu

# Committees of the Board/Members

Members shall have a term that expires September 30 of each calendar year. Reappointments for subsequent terms may be made by the chairperson of the board anytime after September 1 and before September 30.

## Executive Committee

The executive committee shall address legislative issues and proposals and review administrative regulations for submission to the board including:

(a) Recommending to the board promulgation of administrative regulations, amendment of administrative regulations, or repeal of administrative regulations relating to:

1. All levels of personnel licensed or certified by the board and ambulance services licensed or certified by the board;
2. Rules and operating procedures for the board and each of its standing committees and task forces;
3. EMS Grant Program; and
4. EMS for Children Program;

(b) Serving as a resource for board staff:

1. In reviewing applications regarding requests for funding under programs administered by or overseen by the board;
2. With the development of funding programs or applications, including state and federal grants pertaining to EMS and monitoring and reviewing the grants once received by the board;
3. With creating and recommending to the board a biennial budget for the board prior to submission to appropriate state agencies;
4. With identifying, developing and recommending to the board sources of funding for its programs; and
5. In developing reimbursement programs and providing consult for emergency medical service providers.

(c) Making recommendations to the board regarding fees to be charged by the board.

### Board Leaders

**Jim Duke** (Chair), Com-Care, Inc.

**Joe Prewitt** (Vice Chair), Nelson County EMS

### Executive Committee

**Joe Bradshaw** (Chair), Air Evac Lifeteam

**Joe Prewitt**, Nelson County EMS

**Rob Butcher**, Burlington Fire Department

**Jamey Locke**, Mercy Regional EMS

**Jerry Domidion**

**Mike Sutt**, Edgewood Fire Department

**Michael Gribbin** (Vice Chair)



## Medical Oversight

The medical oversight committee shall address issues pertaining to quality assurance, medical control, scope of practice, medical standards of curricula or other related issues as may be assigned by the board.

### Members:

**Steve English**

**Duane Lee** (Vice Chair), Jefferson Community and Technical College

**Ira Dyer**

**Neal Richmond, MD**, Louisville Metro EMS

**Joe Richardson, MD**

**Jim Williams**, The Medical Center EMS

**Eric Bentley, MD** (Chair)

**Robin Barber**, Montgomery County Ambulance Service

**Irvin Smith, MD**

## Education Committee

The Education Committee shall consist of seven (7) voting members representative of EMS Educators in the state of Kentucky. At least one (1) voting member of the Education Committee shall also be a member of the Kentucky Board of Emergency Medical Services. The Committee shall meet at least six (6) times annually.

The purpose and charge of the Education Committee shall be to:

- (a) Assist the board in developing a strategic plan for EMS education in the state of Kentucky;
- (b) Act as a resource for EMS educators and EMS-TEIs in the Commonwealth; and
- (c) Assume the lead role in formulating, drafting, and sending to the board for approval and subsequent promulgation of all administrative regulations that set the standards and requirements for EMS education in Kentucky.

### Members

**David Sloane** (Chair), Georgetown-Scott County EMS

**Bill Young**, Eastern Kentucky University

**Lee Brown**, Western Kentucky University

**Terri Bailey**, Hart County Ambulance Service

**Debbie Berry**, Madison County EMS

**Jimmy VanCleve**, Owensboro Community and Technical College

## Data Collection Committee

The Data Management Committee shall consist of seven (7) members appointed by the board chair in the manner established in 202 KAR 7:020.

(a) Any office of the board staff member specifically employed through or designated by the Kentucky Community and Technical College System (KCTCS) for the purpose of EMS data collection and analysis shall serve as the staff liaison for the Data Management Committee.

(b) The Data Management Committee shall be responsible for the following:

1. The development of a statewide plan for data collection and compliance;
2. Identification of information initiatives for EMS in Kentucky;



3. Identification and research of funding sources tied to EMS data collection;
4. Assistance to licensed services with questions or other needs associated with this administrative regulation, KRS Chapter 311A, and other issues associated with the board's statutory authority to require data collection and submission; and
5. Matters identified by board members, the chair, or the executive director that involve data collection, data submission, or information use.

(c) The Data Management Committee shall schedule on an annual basis at least six (6) regular meetings.

### **Members**

**Linda Basham**, 911 Billing

**John Hultgren**, Rural Metro Ambulance

**Trish Cooper**, University of Kentucky

**Mike Singleton**

**Phil Dietz** (Chair), Independence Fire District

**Michael Swigert**, Shelby County EMS

### **EMSC Committee**

The Emergency Medical Services for Children Program may include but not be limited to the establishment of the following:

- Guidelines for necessary out-of-hospital medical service equipment;
- Guidelines and protocols for out-of-hospital pediatric emergency medical services;
- Assistance in the development and provision of professional education programs for emergency medical services personnel for the provision of emergency care of infants and children;
- Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency care for children;
- Assistance with the purchase of equipment for the provision of medical services for children only.
- The scope of activities carried out by and the provision of staff for the Emergency Medical Services for Children Program shall be commensurate with the availability of funds.

### **Members**

Membership positions of the EMSC Committee are stipulated by the federal grant program supporting this project.

**Mary Fallat, M.D.** /Chair, EMSC Principle Investigator

**Morgan Scaggs, EMT-P**, EMS Agency Rep/EMSC Program Director

**Bari Lee Mattingly, R.N.**, Nurse/Emergency Pediatric Experience

**Susan Pollack, M.D.**, Physician w/Pediatric Training

**Sandra Herr, M.D.**, Emergency Physician

**Margaret Gupton, EMT-P**, EMT/Paramedic

**Erika Janes, R.N.**, Child Advocacy/Injury Prevention

**Melanie Tyner-Wilson**, Family Representative

**Scottie Day, M.D.**, Physician w/Pediatric Training

### **EMSC-Committee Ex Officio**

**Marsh Frontz, EMT-P**, Education Coordinator, Georgetown-Scott Co.

**David Foley, M.D.**, Dir. of Trauma and Burns, Kosair Hospital

**Keith Widmeir, EMT-P**, Training Officer, Wayne Co. EMS

**Vicki Hardwick-Barnes, R.N.**, Trauma Coordinator, Kosair Hospital

**Janice Bickett, ARNP**, Trauma Nurse Practitioner, Kosair Hospital

### **EMSC Accomplishments in 2013:**

- Successful application for the 2013-2017 EMSC State Partnership grant.
- Achieved a 98.1% response rate for the National Pediatric Readiness Project
- Achieved a 94.7% response rate for the EMSC 2013 EMS Agency Assessment
- Pediatric Abusive Head Trauma Training
  - provided 8 instructor courses reaching 63 instructors
  - bringing total instructors to 363 statewide
  - administrative support for over 320 provider courses statewide
- PEPP, PALS, PEARS courses
  - Provided 165 textbooks to KY EMS Providers
  - Shared Instructor materials for multiple courses
- Purchased pediatric airway equipment for distribution to KY EMS agencies and hospitals
- Fulfilled 6 agency requests for Safe Infant Packets
- Distributed 242 Broselow tapes to 70 EMS agencies
- Provided or facilitated speakers at multiple conferences, symposia, and other events
  - Dept. of Public Health Preparedness web-based seminar
  - KY EMS Conference
  - Regional educational conferences
- Supported Child Passenger Safety Technician courses with direct instruction and materials
- Representation for KY EMS on national committees, boards, etc.
  - National Association of State EMS Officials – Pediatric Emergency Care Council
  - National EMS for Children Performance Measure Advisory Committee
- Participation and collaboration with other state agencies/groups
  - KY Child Fatality Review Board
  - KY Safety & Injury Prevention Alignment Network (KSPAN)
  - The Brain Injury Alliance of KY
  - KY Health & Medical Preparedness Advisory Committee and the Functional Access Needs subcommittee
- Supported KBEMS Committees and Task Forces to include national EMSC Performance Measures within developing regulations.
- Published: Pilot Statewide Study of Pediatric Emergency Department Alignment with National Guidelines - July 2013, Pediatric Emergency Care

# KBEMS Staff



**Michael Poynter**  
Executive Director



**Belinda Jolly**  
Inspector/Liaison



**Chuck O'Neal**  
Deputy Executive Director



**Tina McBride**  
Senior Administrative Assistant



**Julia Martin, M.D.**  
State Medical Advisor



**Brooke French**  
License & Certification Specialist



**Paul Phillips**  
Director of Field Operations



**Amanda Talbot**  
Business Affairs Specialist



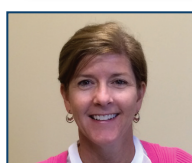
**Bob Andrew**  
Director of Education and Training



**Calynn Fields**  
License & Certification Specialist



**Morgan Scaggs**  
EMS-C Project Manager



**Darby McDonald**  
Senior Administrative Assistant



**Drew Chandler**  
Data Administrator



**Sam Lowe**  
Investigator



**Paula Coyle**  
Inspector/Liaison



**Kristi Middleton**  
Public Relations Manager



**Ray Chesney**  
Inspector/Liaison

# *KBEMS Agency Accomplishments*

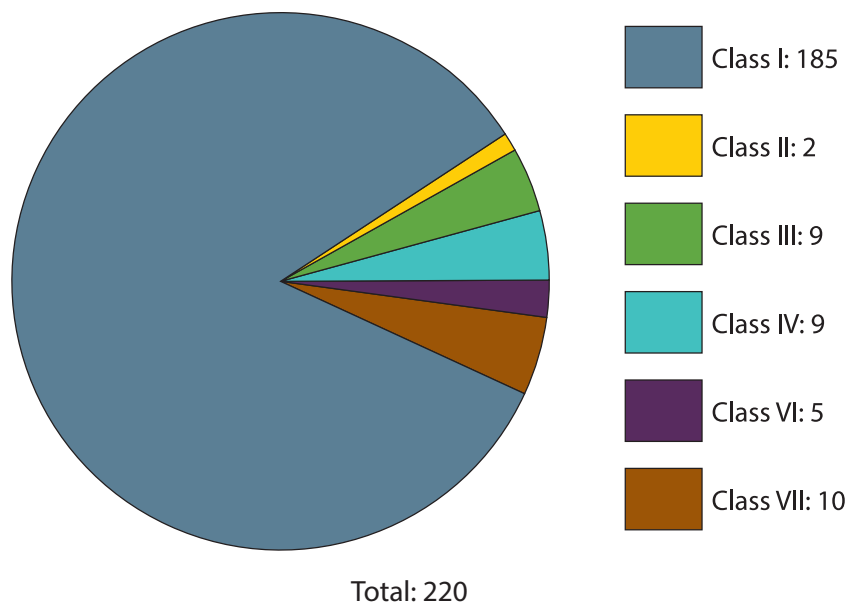
- Prepared EMS Mission Ready Packages for Kentucky Emergency Medical Assistance Compact responses
- Prepared educational materials for EMT 12-lead ECG transmission program.
- Developed Clinical Pilot Program Guidance Documents
- Moved KBEMS offices to 118 James Court in Lexington Ky.
- Released Alternative Protocols and guidance in regard to medications and IV solutions included in national shortage.
- Transferred Historic Agency Licensure documents to electronic media.
- Roll-Out of Free on-line National Registry of EMT's Paramedic Transition Course
- Hosted Multiple Webinars for EMS Educators and Clinicians
- Hosted or sponsored a minimum of one (1) Pediatric Abusive Head Trauma (PAHT) course in each of the fifteen (15) regions in Kentucky through the works of the EMS-C Program.
- Began coordination of the EMS Leaders in Kentucky Summit
- Filled Director of Field Operations Position
- Represented KBEMS at NASEMSO mid-year and annual meetings
- Coordinated the dispersal of over 400 tickets to the University of Kentucky-Missouri football game in partnership with UK Athletics for "Heroes Day"
- Attended ImageTrend EDS Conference
- Notable presentations made by KBEMS agency staff:
  - Kentucky Lifesavers Conference
  - Lake Cumberland Health Symposium
  - Kentucky EMS Conference
  - Kentucky State Fire School (Lexington)
  - Eastern Kentucky University EMC Program



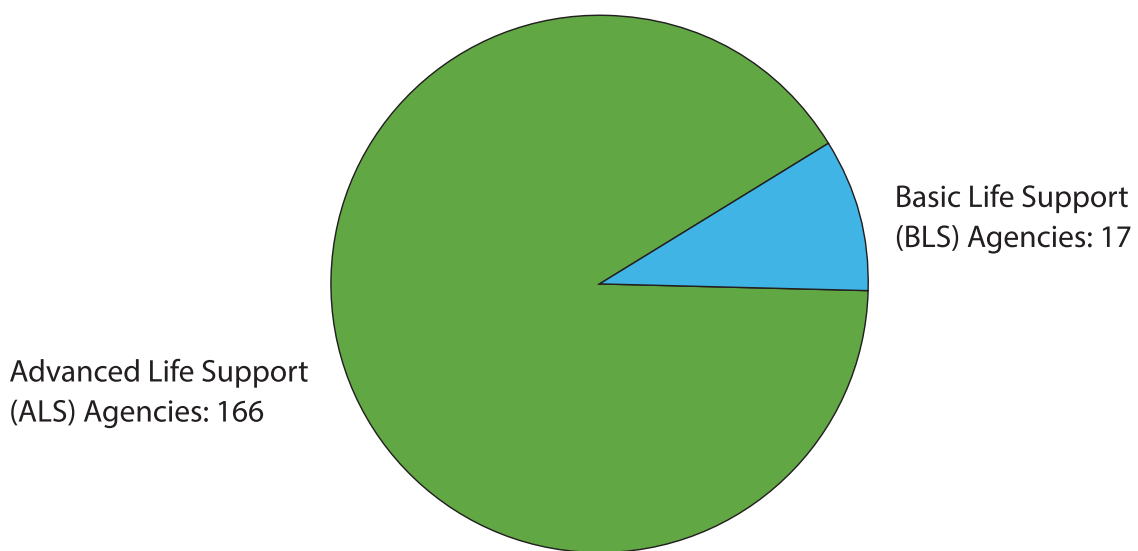


# Agency Snapshot

### Agencies by Class



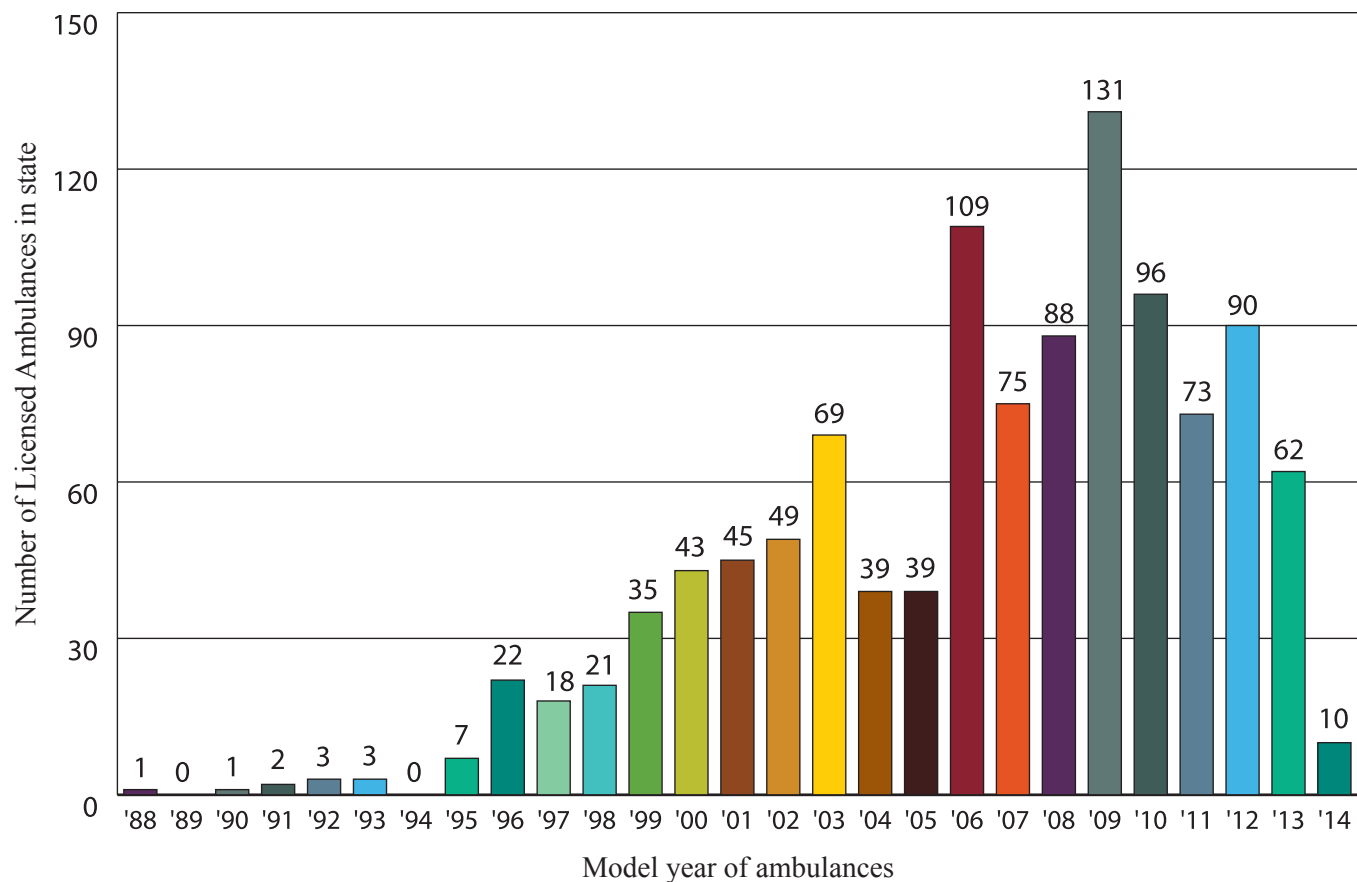
### Class I Level of Care



### Ambulances Licensed in Kentucky

Air (Fixed-Wing)	7
Air (Rotor-Wing)	77
Type 1	250
Type 2	259
Type 3	638
<b>TOTAL</b>	<b>1,231</b>

## Ambulance Model Year Distribution



## Violations Cited in 2013

Description	Regulation	Number of Violations
ALS Medical Director certifications	801 S 2(a)(b)	12
Response Plan	501 S 6(4)	1
Hazmat, Criminal, and Terrorist plan	501 S 5(1)(g)	1
Mutual Aid Agreements	501 S 6 (5)	1
Calls received/dispatch plan (<2 min)	501 S 6(2)(3)	1
Pre-employment criminal background check	510 S 4(1)(d)(2)	1
Medical Director Agreement	801 S 2	1
Extrication Equipment/Agreement	501 S 12	2

Proof of Vehicle Liability Insurance	501 S 5(1)(l)	2
FCC License	501 S6(17)(a)	2
BLS Medical Director certifications	801 S 3(a)(b)	2
Valid Driver's License	501 S 9(1)(b)	3
Medical Director (Air Medical)	510 S 12(2)	3
Emergency Operations documents	501 S 5 (2)(a)(b)(c)	8
Pre-employment criminal & driver's record	501 S 5(1)(d)2	11
Continuing Education Plan	501 S 5(1)e	18
Health Records	501 S 5(1)(d)3 a,b,c,d	23

# KBEMS Survey

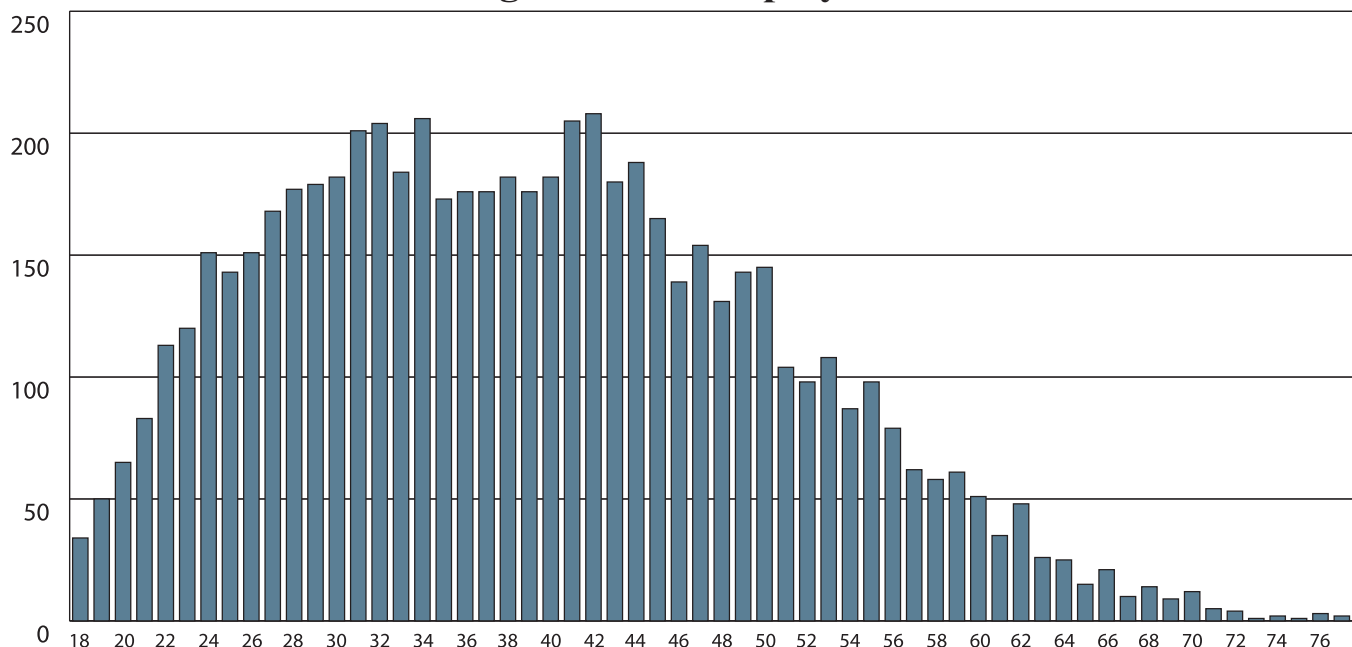
## Executive Summary

In 2013, a total of 6,173 renewal applications were received. Four-thousand, four-hundred and sixty-nine or 72.4% of the renewal applicants answered at least one question on an optional online survey. The average age of respondents at the time of applying for renewal was 39. Age was not for 159 (2.5%) of the respondents. The majority of respondents were male (71%), white (97%), and had a high school diploma or GED (64%) as their highest level of education. The majority were currently practicing in the field (80%), employed full-time (60%), and working one job (62%). Nearly one-half (49%) of respondents work 24-hour shifts and reported annual salaries that were evenly distributed from less than \$20,000 to more than \$60,000. Twelve percent of respondents reported sustaining a work related injury in the past two years and 16% reported having considered leaving the EMS field.

### Significant Findings

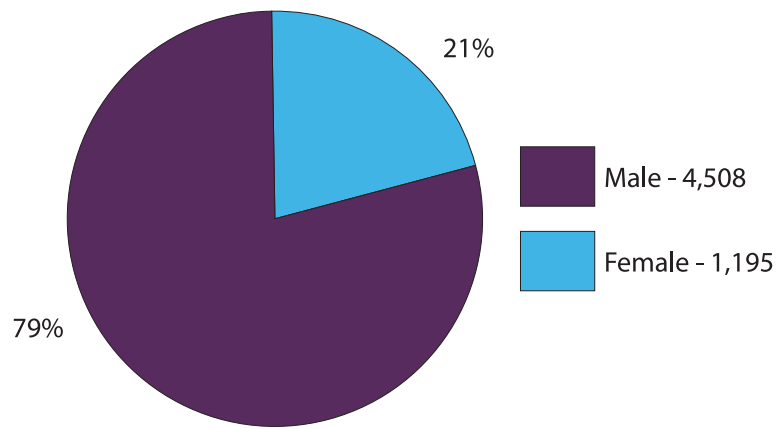
- Satisfaction with pay, benefits, and opportunities for advancement positively correlates with satisfaction in regards to finding the field personally rewarding.
- Having considered leaving the EMS field was positively correlated with the level of satisfaction regarding both pay and opportunities for advancement.
- Having considered leaving the field was also negatively correlated with the highest level of education completed. There appears to be a weak, negative relationship that is significant. Those who indicated a higher level of education completed had higher than expected counts of indicating that they had considered leaving the field.
- Having considered leaving also positively correlated with reporting having sustained a workplace injury and negatively correlated with the amount of time missed due to work place injury.
- Reporting having sustained a work place injury was positively correlated with the level of satisfaction of finding the field personally rewarding and having considered leaving the field.
- The reported length of an average shift was negatively correlated with reporting having sustained a workplace injury. There was a weak, negative relationship that was significant. For those that reported a shift time of less than eight hours, fewer than expected also reported sustaining a work related injury. This trend continued for those reporting shift lengths of 8-11 hours. However, those reporting shift lengths of either 12 to 23 or more than 24 hours also reported sustaining work related injuries at higher than expected rates.

### Age of EMS Employees

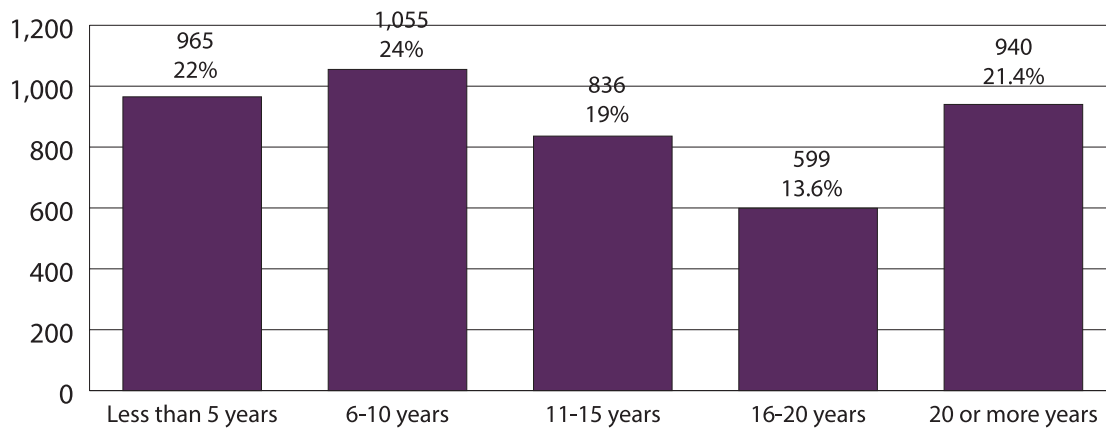




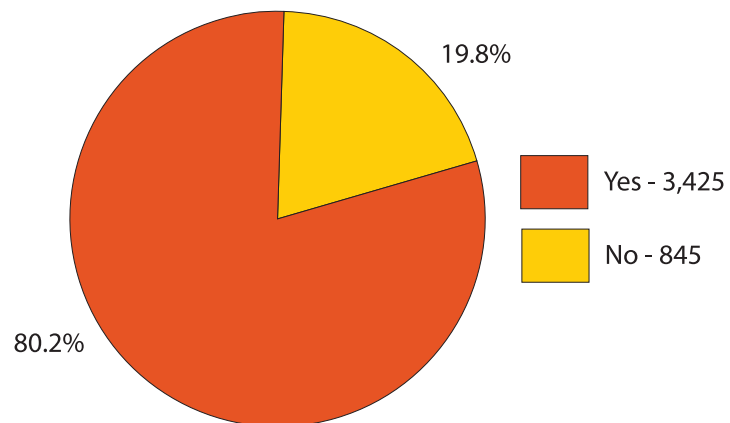
## Gender



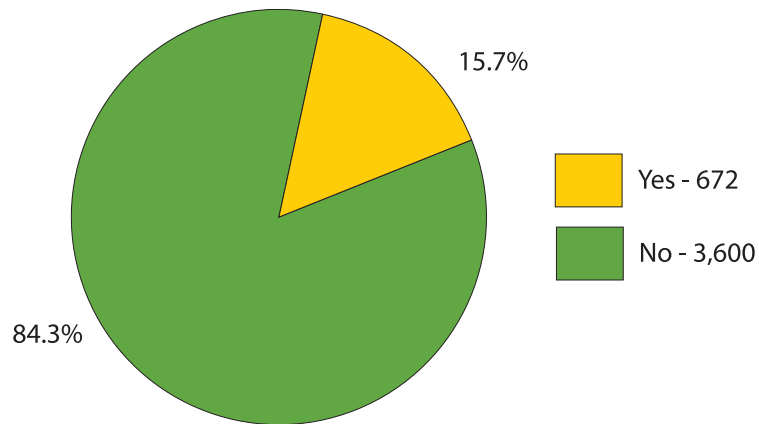
## Length of Service



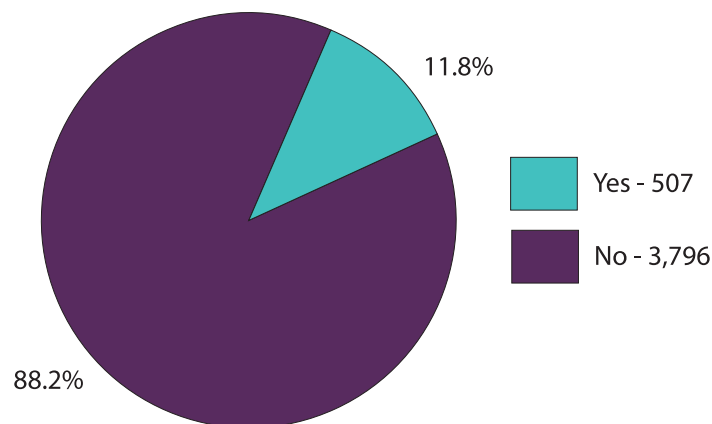
## Currently Practicing EMS



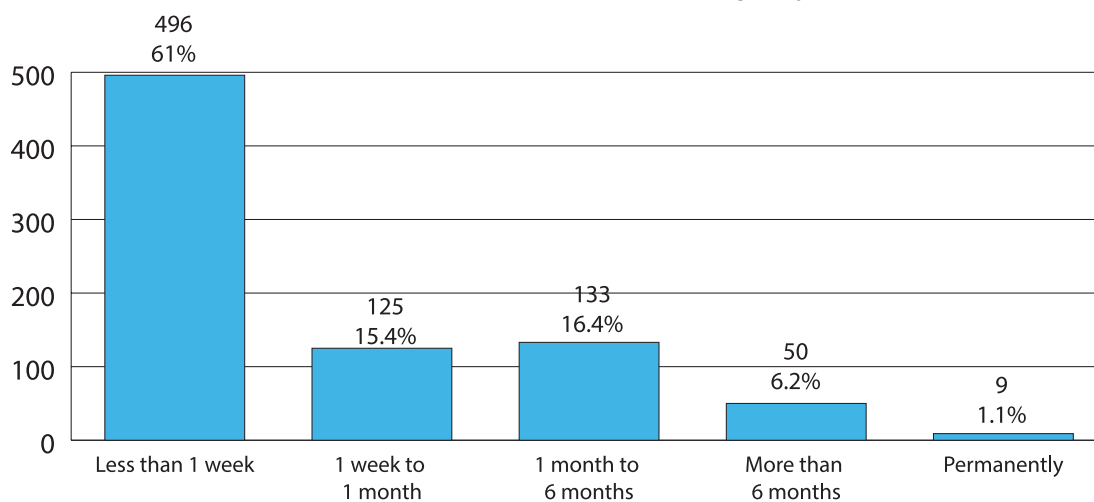
## Considered Leaving EMS



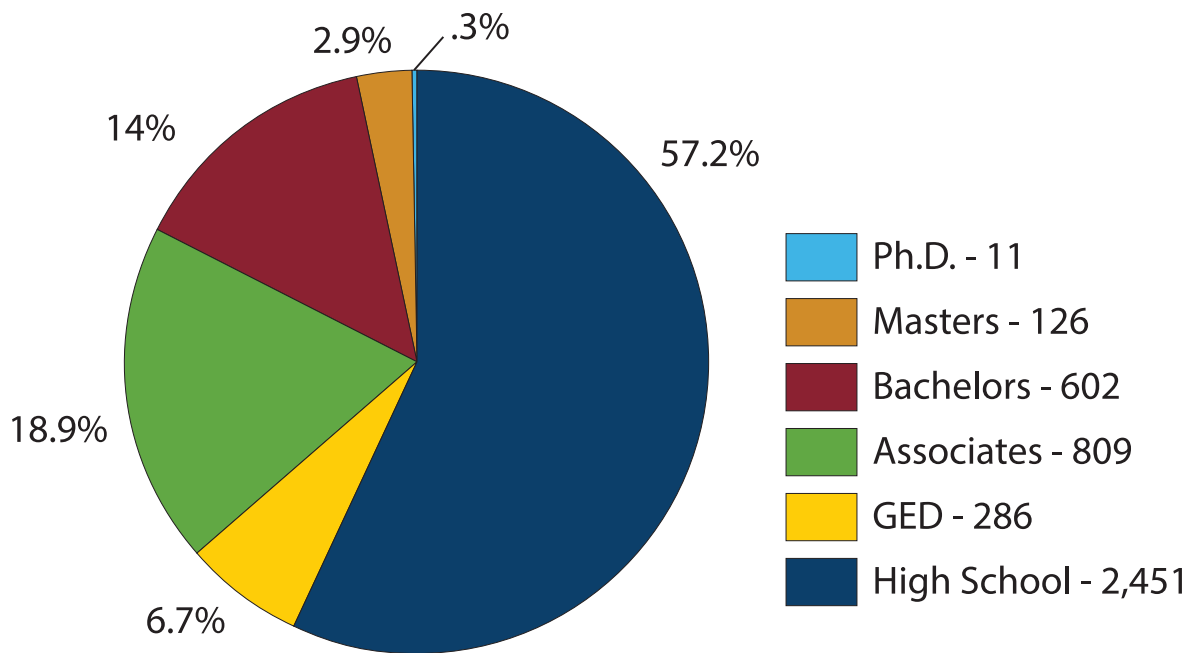
## Work Related Injury (previous 2 years)



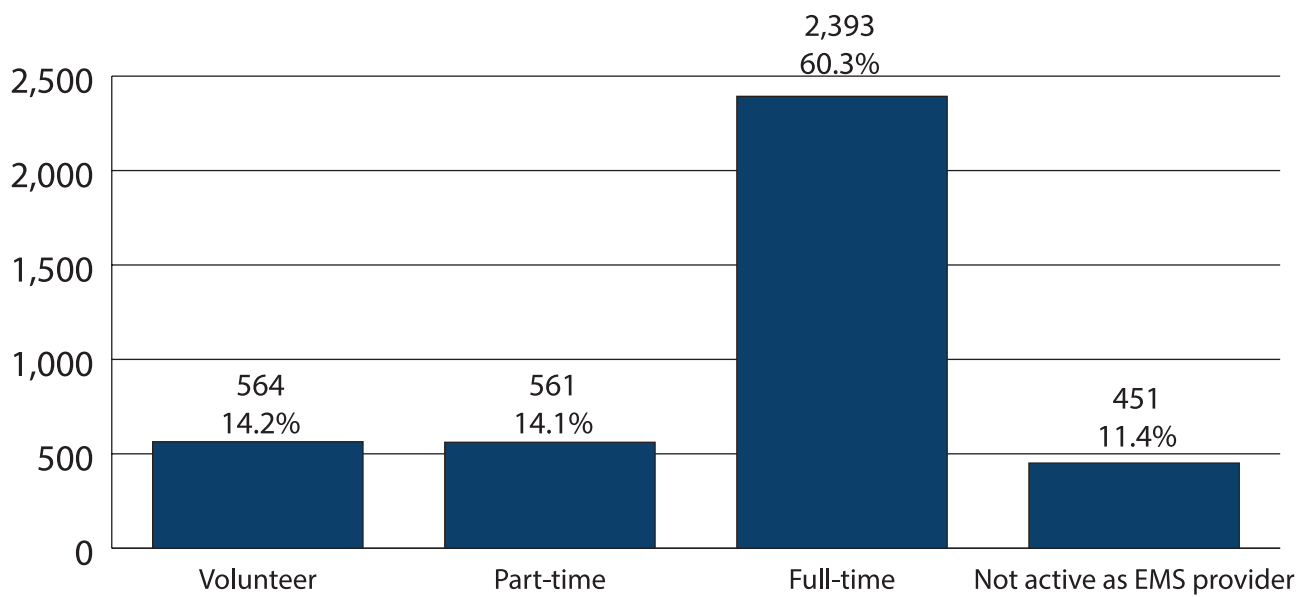
## Hours Missed Due to Injury



## Highest Level of Education



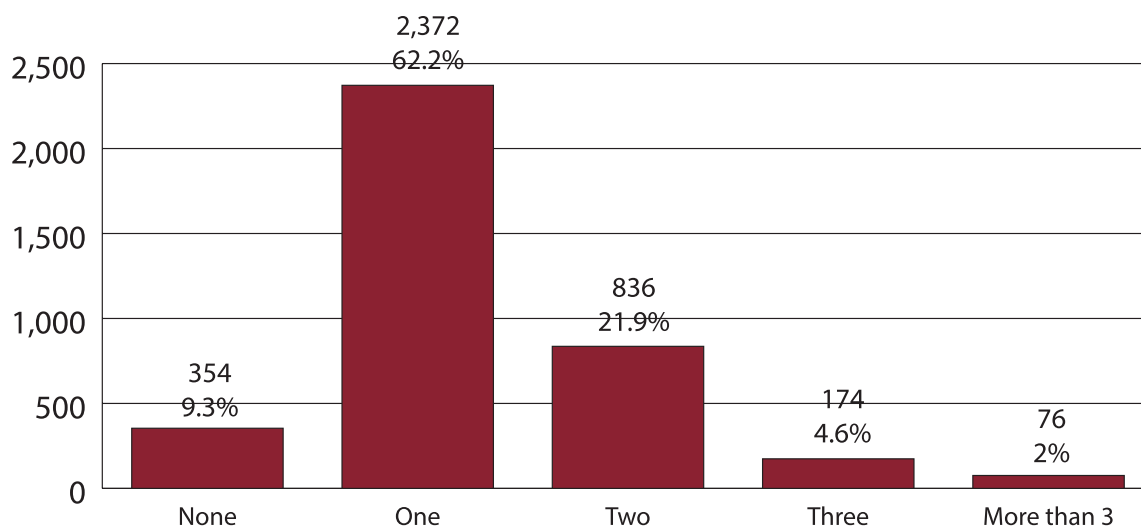
## Current Employment Status



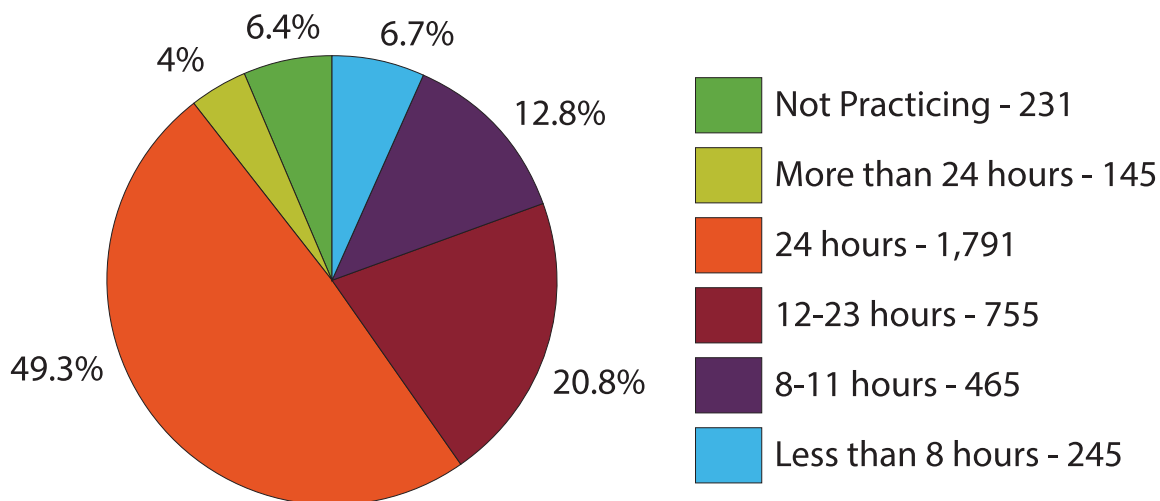


# KBEMS Survey

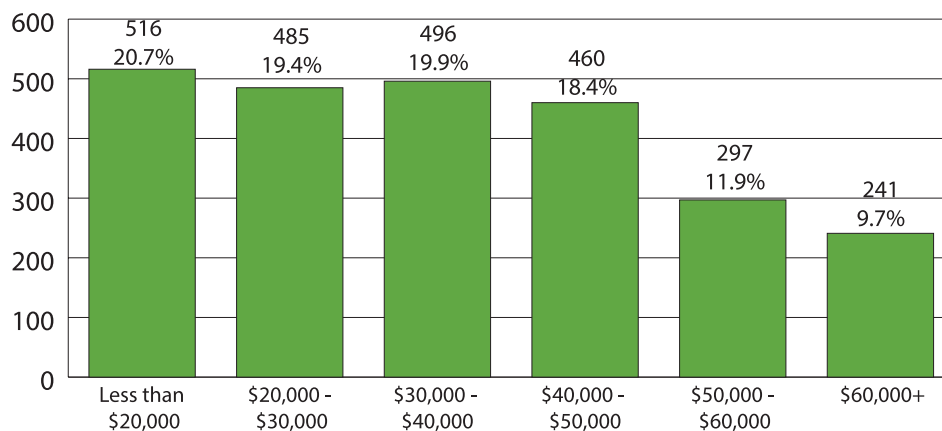
## Number of EMS Jobs



## Usual Shift Length

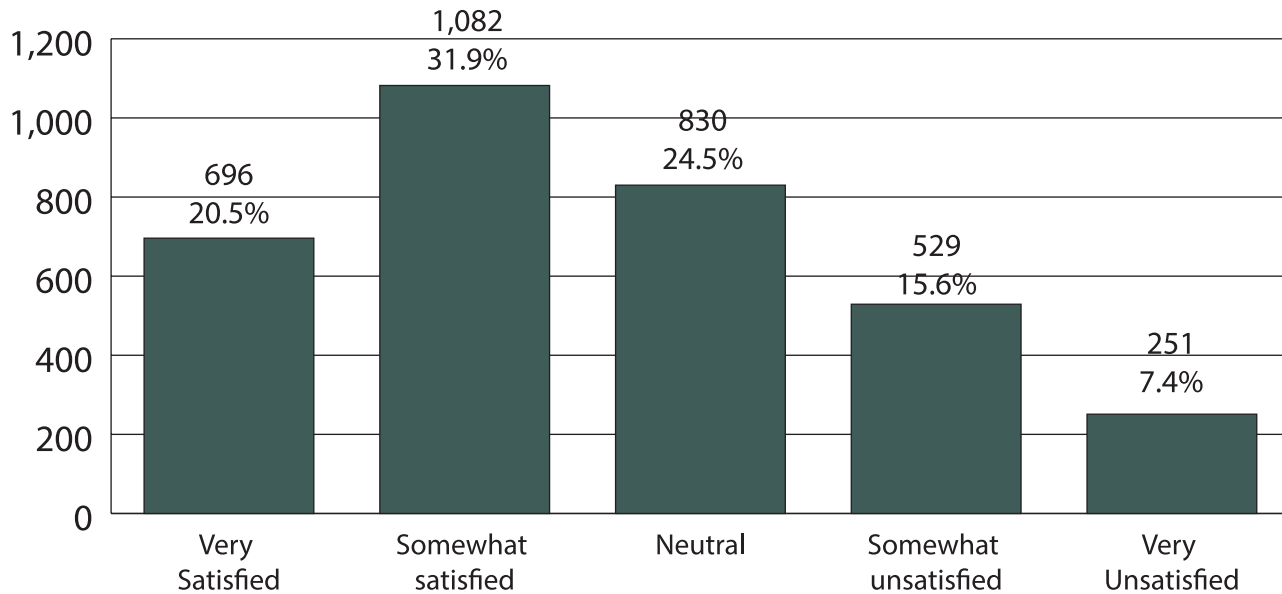


## Annual Salary

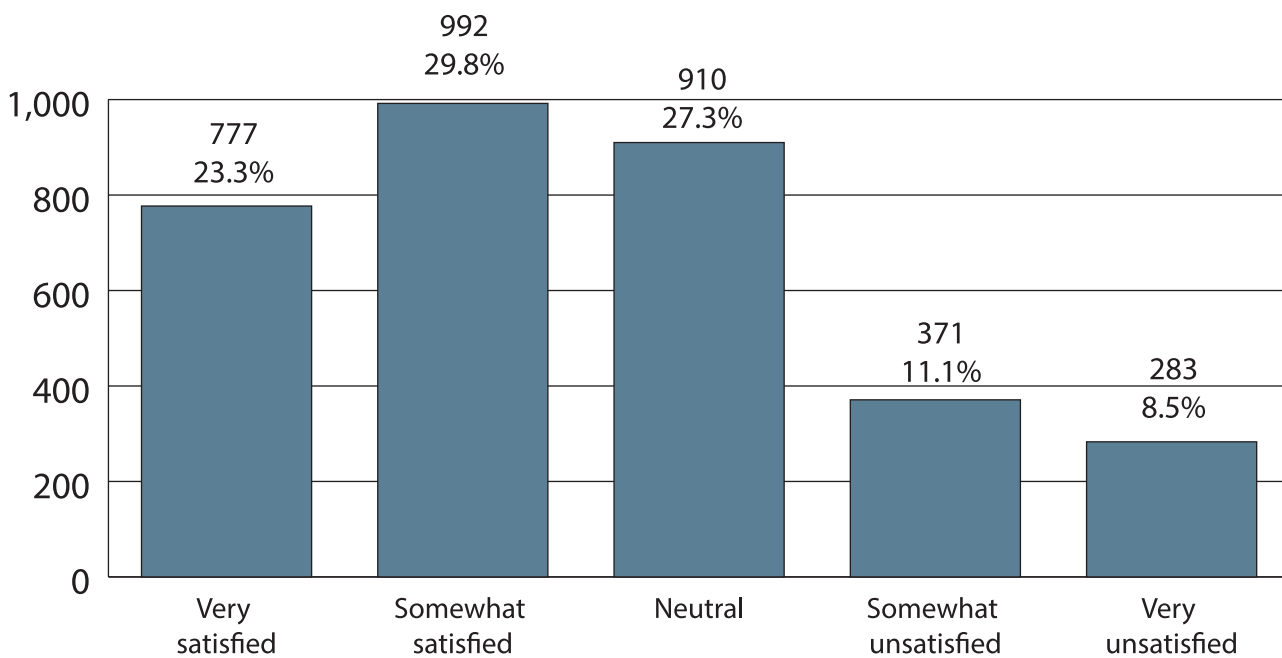


# Respondent Satisfaction With:

## Pay

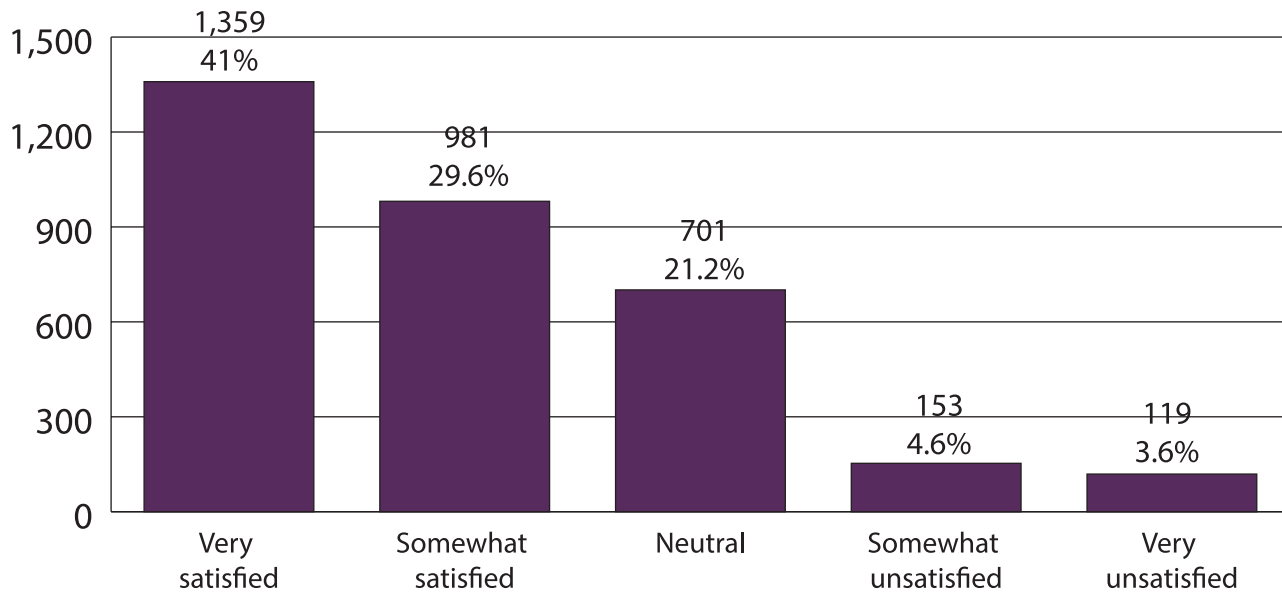


## Benefits

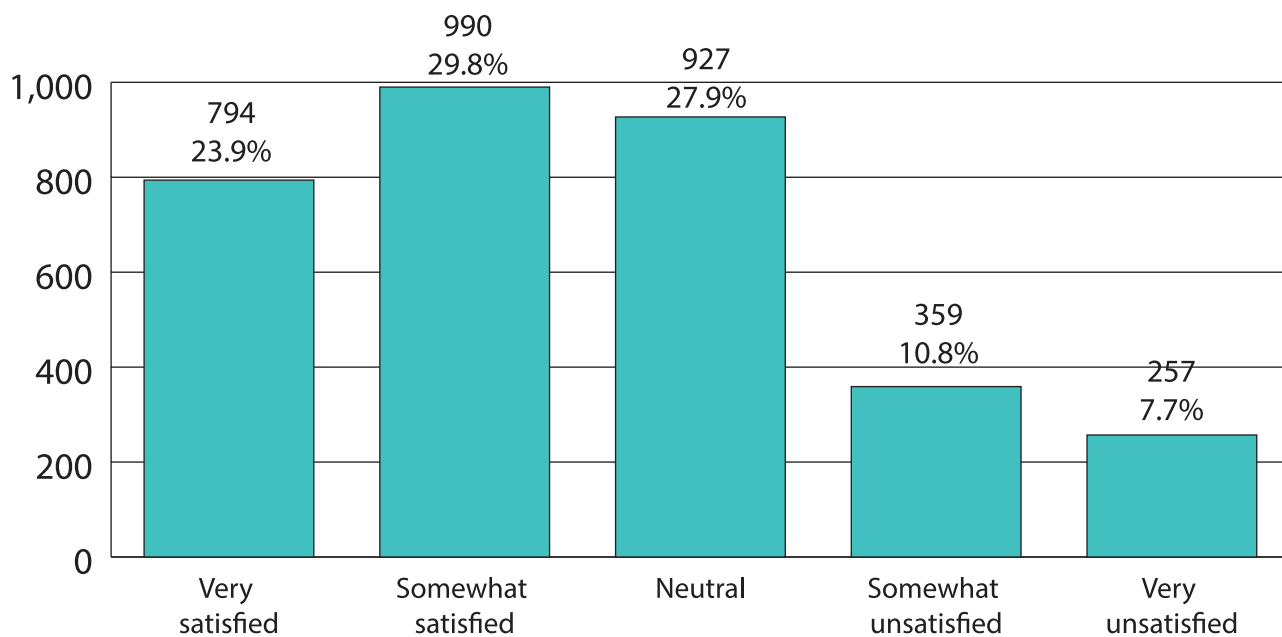


# Respondent Satisfaction With:

## Shift length



## Opportunity for advancement



## Statistical Analyses

The majority of the data provided were categorical, therefore most of the analyses were correlational. Correlational research is used to determine if two variables are related. It is important to note that correlational research does not imply causation; it only tells us if two variables appear to influence each other, and if so how strong that relationship is. The strength of the relationship is stated as being either strong, moderate, weak, or non-existent. Additionally, the statistical tests tell us if the findings are significant or not. This indicates the probability of the relationship occurring by chance. For all of these tests, the significance level was set as 95% (i.e. we can be 95% confident that the observed relationship did not occur by chance).

## Personally Rewarding

### *Does satisfaction with Pay correlate with Personally Rewarding?*

Yes. Satisfaction with pay appears to have a moderate, positive relationship with Personally Rewarding that is significant. While this indicates a relationship between these two variables, it does not mean that increases in pay cause someone to find the field more personally rewarding. For example, it might be that people who find the field more personally rewarding do a better job which leads to higher pay.

### *Does satisfaction with Benefits correlate with Personally Rewarding?*

Yes. Satisfaction with benefits appears to have a moderate, positive relationship with finding the field personally rewarding. The number of respondents that said they were very satisfied with both opportunities for advancement and finding the field personally rewarding was nearly double what was expected. The number of respondents that were very satisfied with opportunities for advancement but were very unsatisfied with the personally rewarding aspect of the field was 11.6% of what was expected. There were almost double the number of respondents who said they were both very satisfied with benefits and finding the field personally rewarding than was expected.

### *Is Opportunity for Advancement correlated with Personally Rewarding?*

Yes. Opportunity for advancement also appears to have a moderate, positive relationship with Personally Rewarding that is significant. Also, this relationship is also slightly stronger than either Pay or Benefits. This may indicate that those that perceive the field to have more opportunities for advancement find it more personally rewarding or that those that find it more personally rewarding get more opportunities for advancement.

### *Is Highest Level of Education Completed correlated with Personally Rewarding?*

No. There does not appear to be a relationship between these two variables. Put another way, we cannot predict someone's feelings of personal satisfaction with the EMS field by knowing the highest level of education they have completed.

### *Is General Length of Service correlated with Personally Rewarding?*

No. There appears to be a very weak, negative relationship but it was not significant.

### *Is Shift Length correlated with Personally Rewarding?*

No. Again, there appears to be a very weak, negative relationship but it was not significant.

### *Is type of job (volunteer, part-time, or full-time) correlated with Personally Rewarding?*

No. Once again, there appears to be a very weak, negative relationship but it was not significant.



## Considered Leaving the EMS field

### *Is there a correlation between satisfaction with pay and considering leaving the field?*

Yes. There appears to be a moderate, positive relationship that is significant between satisfaction with pay and whether a respondent has considered leaving the field that is significant. Fewer people that were very satisfied with pay said they had considered leaving than expected while more people that were very unsatisfied with pay said they had considered leaving than expected.

### *Is there a correlation between the highest level of education completed and having considered leaving the field?*

Yes. There appears to be a weak, negative relationship that is significant. Those who indicated a higher level of education completed had higher than expected counts of indicating that they had considered leaving the field.

### *Is there a correlation between satisfaction with opportunities for advancement and having considered leaving the field?*

Yes. There appears to be a moderate, positive relationship that is significant.

### *Is there a relationship between reporting sustaining a workplace injury and reporting having considered leaving the field?*

Yes. There is a very weak, positive correlation between the two variables that is significant. Respondents that indicated they had sustained a workplace injury had higher than expected counts of also reporting they had considered leaving the field.

### *Is there a relationship between the amount of work missed due to a workplace injury and having considered leaving the field?*

Yes. There is a weak, negative relationship that is significant. Respondents that indicated missing less than a week due to a workplace injury had lower than expected counts for having considered leaving the EMS field. Those that reported missing more than six months had higher than expected counts for reporting they had considered leaving the field.

## Highest Level of Education

### *Is finding the EMS field personally rewarding correlated with highest level of education completed?*

No. There was no significant relationship.

### *Is opportunity for advancement correlated with highest level of education completed?*

No. There was no significant relationship.

### *Is years of service in the EMS field correlated with highest level of education completed?*

No. However, it is worth noting that a weak, negative relationship was approaching significance and may indicate this is an area that should be studied further.

## **Work Related Injury**

### ***Is length of service correlated with work related injury?***

No. There was no significant relationship.

### ***Is work related injury correlated with having considered leaving the field?***

Yes. There was a moderate, positive relationship. More respondents that reported sustaining a work related injury in the prior two years also reported considering leaving the field than was expected. Conversely, less respondents that reported sustaining a work related injury also reported that they had not considered leaving the field.

### ***Is work related injury correlated with satisfaction in regards to finding the field personally rewarding?***

Yes. There was a weak, positive relationship that was significant. The number of respondents that reported sustaining a work related injury and being unsatisfied in regards to find the field personally rewarding was higher than expected. Those that reported sustaining a work related injury and being very satisfied in regards to finding the field personally rewarding was lower than expected.

### ***Is number of jobs correlated with work related injury?***

No. There was no significant relationship.

### ***Is length of shift correlated with work related injury?***

Yes. There was a weak, negative relationship that was significant. For those that reported a shift time of less than eight hours, fewer than expected also reported sustaining a work related injury. This trend continued for those reporting shift lengths of 8-11 hours. However, those reporting shift lengths of either 12 to 23 or more than 24 hours also reported sustaining work related injuries at higher than expected rates.



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