

The National EMS Advisory Council

Submitted on January 29, 2013

Committee: Education and Workforce

Title: Leadership and Developmental Planning in EMS

Issue Synopsis

A: Problem Statement

We recognize there is lack of outcomes based research that relates EMS leadership and succession to improved clinical outcome, operational outcomes, and financial outcomes. We believe the issue is so significant that we should proceed towards recommendations for EMS Leadership and Succession while data is being gathered.

There are many definitions regarding the differences between leadership and management. Research in leadership has expressed similar difficulties in defining leadership. Leadership is often associated with the ability to influence behavior while management is described as a person with authority making decisions to carry out responsibilities (Washbush, 2005). Leadership has been defined as doing the right thing, having vision, a passionate commitment, integrity, and the ability to inspire (Trotman, 2007; Kibort, 2004). However, most agree these characteristics are valued at all levels of an organization and not just from those at the top.

Management is essentially concerned with daily operations according to Nelson (2005). The Healthcare Registration contends it is important to identify the difference between leadership and management. Ultimately, the author admits that many of the characteristics and competencies overlap and the primary distinction between leaders and managers is the percentage of time spent doing those activities related to one or the other (Romero, 2010).

As we discuss leadership and succession in EMS, it becomes difficult if not impossible to separate leadership and management as they become inextricably intertwined. Competencies at all level of management and leadership are necessary to address the issue particularly of succession.

Three levels of leadership are identified in a tiered approach that includes supervisory, middle management, and top-level leadership (DeChurch, et al., 2010). There is evidence to suggest leadership should be integrated at all levels of an organization starting with the individual and progressing to the team and unit to affect outcomes (DeChurch, et al., 2010). There are also many competencies associated with management that are necessary at various supervisory, management and leadership levels (McKimm & Swanwick, 2011).

While there are numerous sister disciplines that have developed leadership and succession programs, curriculums, and training it is our goal to identify important competencies for EMS utilizing the information already developed by these disciplines such as the fire service,

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emergency management, nursing, and law enforcement. It is not our intent to develop a specific curriculum but a core set of competencies that should be met through a progressive development of leadership growth over time.

Leadership and management programs exist however, there appears to be a lack of awareness and access to these programs due to geographical location, a lack of funding resources, and financial and professional support to attend such programs. Therefore, motivation to obtain this education is primarily intrinsic.

Many organizations promote personnel into supervisory positions based on longevity or performance as a clinical practitioner in the field providing little or no additional training (Touchstone, 2009). There is a lack of standards or requirements for EMS management and career progression within organizations as expressed by, “New leadership strategies are recommended that derive their power from effective strategies and the transformational power of a compelling vision, rather than from hierarchy, rank, or standard operating procedures” (Waugh, 2008). This is echoed by the *An Agenda for the Future* document authored by NEMSMA and referring to the “scattered and on-the-job approach” preferred by many agencies and calling for a more formal system to meet the continually evolving responsibilities demanded of EMS systems (NEMSMA, 2008).

Preliminary research indicates several challenges associated with developing leadership in EMS. Surveys submitted to NEMSMA report the following challenges:

- a lack of a clear industry wide career ladder
- a lack of funding to develop leadership
- difficulty retaining leaders due to a lack of appropriate compensation
- a lack of local leadership development
- no common terminology

These are but a few of the issues identified by a survey developed to produce the *An Agenda for the Future* document.

While we recognize recruitment and retention are two different issues, requiring different approaches there are times we use the terminology together because they are identified together in the documents that were reviewed. A significant number of systems identify recruitment and/or retention as being the highest concern in their organization. Pugh (2005) has identified a lack of leadership as a fundamental aspect regarding recruitment and retention. Staff retention and satisfaction can be correlated to transformational leadership (Weberg, 2010). Additional research indicates a positive association between retention and improved leadership skills (Kooker, 2010) .

There is early evidence to indicate an association between leadership and a culture of safety (Squires, 2010; Wong, 2007). This has also been acknowledged by the Safety Committee. Since a culture of safety can be related to improved outcomes for the public, employees and patients it is imperative we work to implement leadership that provides a positive culture within organizations. Evidence also suggests a positive relationship between improved financial outcomes and leadership (Goetz, 2011) .

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Integrity has been identified as a characteristic that must be enforced by and is essential to good leadership (Caton, 2001). Limited research indicates new employees do not model ethical culture from their leadership so therefore, leadership must be aware and integrate this education (Sine, 2009). If leaders are not educated and are unaware of this they may assume new employees will model their ethical behavior.

A lack of formal education and a clear career path for those entering EMS is a primary concern for many. Often our most talented individuals choose to pursue a career path in other disciplines due to a perceived lack of career progression in EMS (Barishansky, 2007). Every person identified as an “emerging EMS leader” by EMS Magazine in 2007 cited a lack of education as an issue in EMS. (Including our king and current leader Aaron Reinert). We are aware the issue is more comprehensive than just education and recommend a broader approach towards leadership that minimally includes formal education, EMS field experience, and contributions to the profession that may include research, legislation, publishing in a peer reviewed journal, as examples.

B: References

Barishansky, R. From *The Field: Emerging Leaders in EMS Forum*. EMS Magazine, 2007; 36 (10), 130-136.

Caton, H. R. *Defining The Leadership Skills of Tomorrow's Fire Service Leaders, 2001*.

Center for Health Professions at the University of California at San Francisco. *EMS Workforce for the 21st Century: A National Assessment, 2008*; 59-60, 73.

DeChurch, D., et al. Leadership across levels: Levels of leaders and their levels of impact. *The Leadership Quarterly, 2010*; 1069-1085.

Goetz, K., et al. *When Nursing Takes Ownership of Financial Outcomes: Achieving Exceptional Financial Performance Through Leadership, Strategy, and Execution*. Nursing Economics, 2011; 29 (4), 173-182.

Goodwin, J. *Leadership Best Practices: The Whole World Watching*. EMS World, 2011; 40 (2).

Hagen, T. *Leadership Best Practices: The Supervising EMS Officer*. EMS World, 2011; 40 (8), 35.

Kibort, P. (2004). Management vs. Leadership. *The Physician Executive, 32-35*.

Kooker, B.; Kamikawa, C. *Successful strategies to improve RN retention and patient outcomes in a large medical centre in Hawaii*. Journal of Clinical Nursing, 2011; 34-39.

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McKimm, J., & Swanwick, T. *Leadership development for clinicians: what are we trying to achieve?* The Clinical Teacher, 2011; 8, 181-185.

Nelson, T. Leadership vs. Management: Finding the Balance. *Fire Engineer*, 2005; 93-96.

National EMS Managers Association. *Emergency Medical Services Management and Leadership Development in America: An Agenda for the Future*, 2008.

The National Academies Press, *Future of Emergency Care: Emergency Medical Services at the Crossroads*, Washington, DC, 2006.

National Highway Traffic Safety Administration. *EMS Workforce for the Future* (draft), 2008.

National Highway Traffic Safety Administration. EMS Update, March 2006.

National Highway Traffic Safety Administration. *Rural and Frontier Emergency Medical Services Agenda*, 2004.

Pugh. *Recruitment & Retention Best Practices Model*, 2005.

Romero, J. L. *Leadership vs. Management Skills*. The Healthcare Registration, 2010; 3-4.

Sine, David M., Northcutt, D. *Effects of organization leadership behavior on learning ethics: A study of professional paramedics*. Journal of Emergency Management, 2009; 7 (6), 61-70.

Squires M., et al. The link between leadership and safety outcomes in hospitals. *Journal of Nursing Management*, 2010; 18, 914-925.

Touchstone, M. *Becoming an EMS Leader*. EMS Magazine, 2009; 38 (2), 59-60.

Washbush, J. C. *There is no such thing as leadership, revisited*. Management Decision, 2005; 43 (7/8), 1078-1085.

Waugh, W. L. *Collaboration and Leadership for Effective Emergency Management*, 2008; Georgia State University.

Weberg, D. *Transformational Leadership and Staff Retention*. Nursing Administration Quarterly, 2010; 34(3), 246-358.

Wong, C., Cummings, G. The relationship between nursing leadership and patient. *Journal of Nursing Management*, 2007; 508-521.

C: Crosswalk with Other Documents and Past Recommendations

Several documents advocate leadership as an ongoing issue in EMS however; few provide a framework for addressing the current lack of leadership and succession planning in EMS. The document that most clearly recognizes the magnitude of the leadership issue and addresses it most comprehensively is the *Emergency Medical Services Management and Leadership Development in America: An Agenda for the Future*. This document generated by the National EMS Management Association, recognizes leadership as fundamental to provide quality patient care. These recommendations include experience, training, education, and credentialing as among the areas of achieved competency to develop a competent leader (NEMSMA, 2008).

While many documents such as *The EMS Agenda for the Future* and the *Future of Emergency Care: Emergency Medical Services at the Crossroads* recognized the complexity of EMS would continue to increase, the reference to leadership was minimal. The influence of leadership and management were noted in all documents. This indicates an understanding that as EMS becomes more complex, leadership will become a more essential component in its continuing evolution. The EMS Quality Project was funded by NHTSA and generated *A Leadership Guide to Quality Improvement for Emergency Medical Services Systems* acknowledging the importance and the role of leadership however, there is no plan for attaining it.

The *Rural and Frontier Emergency Medical Services Agenda for the Future*, produced by the National Rural Health Association suggested the development of a comprehensive national EMS training paradigm to be distributed to all EMS entities. This has yet to come to fruition.

While the *Future of Emergency Care: Emergency Medical Services at the Crossroads* produced by The Institutes of Medicine and the National Academies recognized that leadership influenced the performance of EMS systems the document failed to address EMS leadership specifically.

The quality of current management in EMS was questioned in the *EMS Workforce for the 21st Century: A National Assessment* and its effect on recruitment and retention. Rural agencies have fewer resources, juggle numerous responsibilities with less access to management education and training therefore, access to these types of programs may improve issues related to recruitment and retention, which is becoming a greater challenge in these areas (Academies, 2006).

D: Analysis

Leadership in EMS has the ability to lead the nation towards an understanding of the potential for EMS to impact healthcare. Racht stated in an interview for an article with EMS World that healthcare systems do not understand the role of EMS or the potential impact partnerships could have on healthcare or on patient care (Goodwin, 2011).

It is clear an abundance of documents acknowledge the significance of leadership and its impact on EMS systems and ultimately the patients we treat. Despite this, there has been little progress to determine the application of best practices to EMS leadership or recommendations with the exception of the NEMSMA document.

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The NEMSMA document addresses specific knowledge and skills required for three levels of leadership, that of supervisor, administrator, and executive which suggests the tiered approach identified by DeChurch (2010). Current thinking suggests leadership is an important trait at every level (McKimm & Swanwick, 2011). If this is true then leadership education and training should be encouraged throughout an EMS provider's career. It is important to address leadership needs at each level of EMS, from the team leader at the street level to the top of the organization.

A unified and formal approach is required for the accomplishment of successful EMS leadership and succession. We must find ways to develop and employ novel methods to measure performance and enhance the quality of EMS leadership.

E: Committee Conclusions

The committee recognizes the lack of data in this area but considers this issue to be salient and warranting a multifaceted approach to initiate the development of leadership and succession while research is being conducted.

Numerous documents recognize the importance of the development of leadership in EMS. A relationship between leadership and a culture of safety affecting the public, patients, and employees as well as recruitment, retention, and ethics have been established. This should be incentive to develop a nationally recognized certification process.

We believe it is not within the scope of NEMSAC to determine a specific curriculum but to identify and establish common competencies and minimum requirements to obtain leadership standards and credentials that will be recognized nationally. A comprehensive list of knowledge, skills, and abilities related to the positions of supervisor, manager/administrator, and leader/executive were developed by the NEMSMA (NEMSMA, 2008). We are of the opinion that an area devoted to contributions to the profession should be included along with the knowledge and skills identified.

Recommended Actions:

National Highway Traffic Safety Administration

- **Recommendation #1:** NHTSA should commission a study designed to obtain information and answer the following questions-
 - How to identify the various components of EMS leadership across a broad spectrum of providers, within a commonly accepted nomenclature structure (for example, (operations, clinical, administrative, financial, etc.)
 - How to measure and assess the quality of EMS leadership provided against quantitative benchmarks within each category of the standardized nomenclature structure
 - How the measured quality of EMS leadership provided within each category affects key indicators such as patient clinical outcomes, provider satisfaction, employee retention, financial performance/stability, etc.

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- **Recommendation #2:** NHTSA should consult with a broad spectrum of the EMS community including NEMSAC to develop a list of “best practices” that EMS Leadership training programs must contain in order to be considered acceptable for training and educating EMS leaders.
 - NHTSA should facilitate the establishment of several levels of “best practices” relating to the sophistication of the level of leader that the training program is focused on; for example, programs focused on training street providers for an entry-level leadership position such as Field Training Officer may not require the same level of sophistication as programs focusing on training a Chief Executive Officer or Chief Financial Officer.
- **Recommendation #3:** Once the Best Practices lists have been established, NHTSA should support the development of a continuously updated Internet-based clearing house listing programs that comply with the Best Practices.
 - NHTSA should work with recognized experts and professional organizations to certify adult educational programs to develop national certification criteria for EMS Leadership Training Programs, with the ultimate goal to include only Certified Best Practice Leadership Programs in the Clearing House.
- **Recommendation #4:** Once the Clearing House certification standards have been established, NHTSA should work with established agency accrediting bodies such as CAAS, CoAEMSP, and CAMTS to facilitate the implementation Certified Best Practice Leadership Programs.

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- **Recommendation #5:** FICEMS, working with US-DHHS and State and Local stakeholder agencies, should implement incentives such as response funding and grant considerations for participation in Certified Best Practice Leadership Programs.