

The SLOW STEADY CLIMB

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2003
JEMS
EMS
Salary
&
Workplace
Survey

The EMS professions continue to change, grow and adapt in response to an increasingly dynamic environment. As seen in previous JEMS Salary Surveys, many aspects of the prehospital professions have grown over the years as the discipline evolves into a respected, valuable role within our national health-care system. This year's survey provided ample evidence of this increased growth in the various EMS careers.

In general, this year's survey suggested an overall salary growth of approximately 3.8% from 2002. This growth rate is consistent with the U.S. Bureau of Labor Statistic's estimate of civilian workers' most recent 12-month compensation growth of 3.9%. Starting salaries demonstrated the greatest growth rate at 4.7%, with top annual salaries expanding a bit less at 2.9%. Some EMS positions (e.g., Quality Management Director) enjoyed a significant degree of salary growth based on the data provided by the survey respondents.

Overall, the results suggest a promising future for the EMS professions, with increased stability and growing compensation.

Survey data & methodology

Data collection strategies this year differed slightly from the previous year's approach. This year, the intent was to distribute a greater volume of survey forms, anticipating an increase in response rate. It was important to maintain randomization of agency participation based on geographic location, organization type and operational size. We randomly distributed 1,454 survey forms to EMS agencies of all types across the United States. Of those forms, 292 were returned with useable data for compilation.

This represented a 20.1% response rate, compared to a 30% response rate for 2002. However, with the increased distribution this year, the number of returned forms improved by 92%.

In every instance, any useable data contributed toward compilation, trending analysis and derivation of conclusions. We did not include obscure, incomplete or erroneous information. Certain elements were extrapolated in order to meet data entry requirements (e.g., conversion of hourly rates into annual salaries).

The data was carefully collected from all survey forms, verified for accuracy and entered into a relational database from which queries and reports were generated. Data extracted from the database were then analyzed using standard mathematical/statistical methodologies and traditional spreadsheet arrays. Summarized numerical information was rounded to the 10th position. All information gathered via the survey instruments was blinded to ensure confidentiality. All interpretations and conclusions drawn are the responsibility of the principle investigator and author.

Survey response

As stated, we made every effort to ensure randomized distribution of surveys across the United States. In order to make regional comparisons, the country was divided into six geographic regions (see Table 1, p. 38). The states are not organized in proportion to area, population or cost-of-living indices.

The greatest number of survey responses (27.1%) came from the North Central region (see Table 2). This differed from 2002, in which the greatest number of responses came from the Northeast (ranked



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No. 2 this year). The most notable—and unexplainable—changes this year were a reduction in responses from the northeast (down by 12.1%) and an increase in responses from the North Central (up by 7.4%) and South Central (up by 5.2%). Other regional response comparisons between 2002 and this year are also illustrated in Table 2.

We also examined response rates by agency call volume (see Table 3). As in 2002, agencies with an annual call volume between 1,000 and 5,000 provided the most data. Again, frequency of respondents is consistent with the expected number of organizations based on size and annual call volume. (i.e., Fewer agencies with very high call volumes exist; therefore, they represented a smaller contribution toward collected data.) Only small changes occurred in response rates among the various call volume categories when comparing 2002 data with this year's data. Generally, we

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received a more evenly distributed response this year, which most likely adds to data accuracy.

Salaries

As suggested earlier, salaries for the EMS professions kept pace with the national growth rate for civilian jobs and represented a modest improvement over previous years. The areas of greatest advancement included some administrative positions (as in previous years) and the Field Supervisor and EMT-Paramedic positions. For the first time in recent memory, front-line employees received a substantial increase in compensation.

In light of the overall 3.8% growth rate among EMS salaries, administrative position salaries grew a little faster than other positions this survey year. To effectively compare salaries within the EMS discipline, we averaged the

starting annual salaries and the top annual salaries for all positions.

As the overall averages (see Table 4, p. 40) suggest, most administrative positions—except Operations Managers, Communications Managers and Communications Supervisors—experienced a positive growth. The role of Communications Supervisor experienced the most remarkable decline in annual salary (-15.6%, on average) compared with 2002.

The position of Quality Management Director showed an extraordinary increase in average salaries compared with the 2002 survey results, with an overall increase of 41.1%. This aberration could be due to a disproportionate representation of this position in the 2003 survey respondents compared with previous years. Perhaps this reflects an industry-wide effort to establish improved control over quality of care. A focused survey would be necessary to confirm that speculation.

Survey results continue to indicate that a significant proportion of volunteer organizations employ administrative personnel on salary retainers. This is consistent with previous sur-

TABLE 1: Regions by State & District

Northeast	OH, MD, DE, PA, NJ, NY, CT, RI, MA, VT, NH, ME, DC
Southeast	KY, WV, VA, TN, NC, GA, FL, AL, MS, SC
North Central	ND, SD, NE, MN, IA, WI, IL, MI, IN
South Central	KS, OK, TX, MO, AR, LA
Northwest	AK, WA, OR, ID, MT, WY
Southwest	CA, NV, UT, CO, NM, AZ, HI

TABLE 2: Survey Response by Region

	2003	2002
Northeast	18.9%	31.0%
Southeast	16.2%	17.6%
North Central	27.1%	19.7%
South Central	17.9%	12.7%
Northwest	7.6%	8.5%
Southwest	12.4%	10.6%
Total:*	100%	100%

TABLE 3: Survey Response by Call Volume

<1 K	34%
1-5 K	38%
5-15 K	13%
15-30 K	6%
30-50 K	4%
>50 K	3%
No Data Provided	1%
Total	100%

*Note: Due to rounding, percentages in this and other tables may not add up to 100%. This is a normal result.



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veys and exemplifies the recognized importance of overall coordination and quality management within all emergency service organizations. The same could be said of Medical Directors. Many volunteer or smaller organizations retain their Medical Directors with a stipend for services. This fact affects the overall average of Medical Directors in this survey summary to appear less than it most likely is for full-time Medical Directors in larger agencies. In some instances, Medical Directors serve on a volunteer basis, yet the nature of their work is likely identical to that of full-time Medical Directors. This dichotomy continues to exist somewhat uniquely among prehospital services.

Although the role of EMT-Intermediate demonstrated a decline in salary growth, the remainder of field personnel showed an increase in starting salaries. The top annual salaries in the same classifications did not fare as well. The average salaries of field personnel, as derived from this study, are substantially higher than national estimates.

The U.S. Bureau of Labor Statistics (U.S. BLS) projected the median salary for an EMT-Paramedic during the year this survey was conducted at \$23,180. The data in this study revealed an appreciably higher

amount, as evidenced by the average starting salary of the EMT-Paramedic being \$7,165 more than the U.S. BLS projected median. Additionally, the U.S. BLS lists the salary range for the same position as quite broad, with the 10th percentile at \$14,960 and the 90th percentile at \$39,040. By comparison, salary ranges derived from this study showed the 10th percentile starting salary for an EMT-Paramedic at \$22,848 and the 90th percentile starting salary at \$43,063. The study median for this position was \$30,020.

As in 2002, the higher averages for starting and top annual salaries for First Responders, compared with other field providers, is most likely explained by the dual roles served by career firefighters and fire officers as First Responders.

Salary averages were also compared by region (see Table 5, p. 42). In many upper administrative positions, the Southwest region exhibited the highest averages. The Northwest and North Central areas also showed higher averages in the middle management and field provider levels. In general, the Northeast and South Central regions possessed the lowest averages among most positions. In many cases, differences between the upper and lower limits for each posi-

tion were substantial.

It was rewarding to receive adequate data this year to derive reasonably accurate averages and other statistical elements. The increased number of respondents, coupled with a higher number of completed survey instruments, provided sufficient data to compile the information in Table 5 without vacant numerical fields.

Information related to salary averages was also compared using organizational call volumes (see Table 6, p. 44). The same call volume parameters as in 2002 were used for this year: agencies with less than 1,000 call volume/year, 1,000–5,000 call volume/year, 5,000–15,000 call volume/year and so on, up to the more than 50,000 call volume/year category.

The customary trend of agencies with higher call volumes experiencing higher salary averages was *not* exhibited this year. Instead, the highest salary averages for starting and top salaries for all positions were fairly evenly distributed across all categories, except for the less than 1,000 call volume (which had no high averages). This suggests that many administrative and field provider positions are being compensated more equitably, regardless of organizational size—a remarkable accom-

plishment at this time in the health-care industry.

By contrast, virtually all the lowest averages occurred in the less than 1,000 call volume category, a finding consistent with expected operational revenues as a determinant of staff compensation. Data was adequate for this compilation as well, with only three exceptions: Communications Manager and Communications Supervisor for the less than 1,000 call volume agencies and First Responders for the 15,000–30,000 call volume agencies. The explanation for a paucity of data for the communication roles is the simple expectation that agencies with less than 1,000 calls per year would not likely employ a communications function.

Gender, tenure & time

As has been the case in all previous surveys, the many positions of emergency services are predominately held by male personnel. Men hold positions in the highest levels of administration at least 85% of the time (see Table 4). In the field positions, men predominate by at least 79%. This year, the only position predominated by women is Communications Supervisor (approximately 56% women this year compared with 57% men the previous year).

Remember: Earnings by gender cannot be determined in this study because of the many confounding variables that influence salary but cannot be controlled. Therefore, any discrepancies between genders with regard to salaries cannot be determined in this study.

Longevity in an organization appears to be fairly consistent among all positions, particularly in upper management. This suggests that tenure within organizations is an important factor in promotion. This concept is further supported by other study findings (see Salary Determination section).

Longevity in each position varied among roles, ranging from three to more than eight years. The least attrition appears to occur among Medical Directors and higher administration levels. Training Officers and Quality Management Directors have the shortest tenure and highest attrition rates, probably because they're entry-level or, in some organizations, newly formed positions.

It's no surprise that EMS personnel at all levels contribute more than 40 hours—in some cases, an average of eight hours excess—each week. Field providers claimed the longest workweek—with averages exceeding 48 hours/week. The most reasonable explanation is the characteristic 12- and 24-hour shifts that fire and EMS personnel typically work. This is further supported by the supposition that the First Responder position has the longest workweek and is most likely serving in a dual role as a firefighter and an EMS provider.

Upper administrative personnel work the most overtime each week. *Example:* On average, Executive Directors serve in excess of 11 hours of overtime each week. In most cases, this overtime was documented as exempt from additional pay.

Salary determination

This year, we examined what factors contribute most toward salary determination and how these factors differ among organizations with a bargain-

Go Northwest EMS providers; go Northwest—that is if you're a field provider looking for the area with the highest compensation. Managers should check out the Southwest.

ing unit or association. We focused on the influences of tenure and seniority, provider credentials and merit-based promotion on compensation (see Table 7, p. 46).

Surprisingly, a strong relationship did not exist between tenure/seniority and unionized organizations. In fact, only 7% more unionized organizations favored seniority as a means of salary determination than non-unionized organizations did. However, tenure/seniority was the greatest influential factor in salary determination among unionized agencies. By comparison, merit and credentials were the most influential factors in non-unionized organizations. In all organization types collectively, credentials had the greatest influence on salary.

All three factors appear to carry similar weight in salary determination, with a suspected increasing influence of merit among non-unionized agencies. Future studies may more effectively reveal this developing trend.

Delivery of service

This year we examined the level of care provided by the responding agencies (see Table 8, p. 47). It wasn't surprising to find that the majority provided both basic life support (BLS) and advanced life support (ALS) to their constituents. In fact, more than three-quarters of the responding agencies provided advanced medical care.

The level of care was further examined by the size of the population served by the EMS agency. The frequency with which both BLS and ALS capabilities are provided remained consistent among all population densities, averaging around 50%. Only areas with a population between 100,000 and 250,000 had a higher number of agencies providing both ALS and BLS. The frequency

TABLE 4: Overall Averages

	Percent Males	Annual Salary Starting	Change from Last Year	Annual Salary Top	Change from Last Year	Average Years in Agency	Average Years in Position	Average Hours/Week	Average Hours Overtime
Executive Director/Chief	93.4%	\$58,017.96	-0.6%	\$73,997.60	3.8%	16.71	6.50	40.64	11.65
Administrative Director/Chief	85.3%	\$52,626.70	14.6%	\$69,489.47	14.1%	15.04	5.00	40.29	10.01
Operations Manager/Chief	89.9%	\$52,076.71	-4.5%	\$64,653.11	-5.8%	14.70	5.73	41.58	7.94
Division Manager	91.8%	\$53,445.60	5.1%	\$67,170.00	2.7%	15.20	5.85	43.69	8.72
Training Officer	81.8%	\$45,946.46	3.8%	\$57,987.03	3.5%	12.88	4.03	41.59	8.00
Public Information Officer	62.2%	\$44,627.86	8.9%	\$59,952.14	7.8%	11.48	5.03	40.65	6.00
Medical Director	92.9%	\$41,775.20	5.0%	\$48,219.07	-2.9%	10.77	8.28	34.03	10.00
Quality Management Director	71.9%	\$49,324.32	41.3%	\$60,928.77	40.9%	10.65	3.15	40.10	4.00
Communications Manager	83.3%	\$45,843.97	-7.9%	\$62,328.12	-4.9%	14.18	7.17	42.17	5.00
Communications Supervisor	44.1%	\$35,772.25	-18.2%	\$48,242.54	-13.0%	12.38	4.22	40.84	5.75
Field Supervisor	93.9%	\$47,409.59	7.7%	\$58,291.02	14.4%	N/R	N/R	48.92	8.85
EMT-Paramedic	79.1%	\$32,419.69	6.8%	\$42,858.90	4.2%	N/R	N/R	49.29	8.95
EMT-Intermediate	85.0%	\$26,092.85	-3.6%	\$35,118.01	-4.6%	N/R	N/R	45.87	9.43
EMT-Basic	88.5%	\$27,315.55	7.5%	\$35,698.38	-2.0%	N/R	N/R	48.00	7.92
First Responder	97.8%	\$30,357.10	4.6%	\$40,258.65	-15.0%	N/R	N/R	51.68	6.50

N/R = Not Requested

with which organizations provided only ALS varied considerably throughout the population range, from only 8% in the 5,000–10,000 person communities to 53% in the 50,000–100,000 person communities. Fewer organizations provided only BLS services throughout the variously sized populations, with none reporting in the 500,000- to 1-million population range.

Another area of investigation was that of flexible deployment of services. The survey asked whether or not agencies utilized system status management or a similar strategy

for maximizing efficiency of services. Nearly 23% of all EMS agencies employ modifiable deployment of services, a means of adjusting the locations of ambulances, staffing patterns, levels of service or availability of support personnel to accommodate changing demands on the system and to maximize operational efficiencies. The organizational types that reported using modified deployment of services were ambulance services, fire-based EMS providers and hospital-based services. Ambulance services use flexible deployment most often

TABLE 5: Salary Ranges by Region

	Executive Director Annual Salary		Admin. Director Annual Salary		Operations Mgr. Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
Northeast	\$53,907.16	\$69,304.53	\$44,747.71	\$51,608.14	\$35,418.17	\$42,452.53
Southeast	\$56,846.51	\$81,548.78	\$53,803.91	\$78,833.09	\$53,084.86	\$71,297.77
North Central	\$54,671.82	\$64,763.00	\$50,242.50	\$59,057.64	\$49,650.50	\$60,562.00
South Central	\$55,012.32	\$63,921.91	\$52,587.00	\$61,774.69	\$53,541.12	\$62,066.71
Southwest	\$73,970.77	\$103,106.50	\$59,998.14	\$84,641.25	\$65,875.38	\$83,460.50
Northwest	\$62,119.53	\$67,270.69	\$63,000.00	\$78,186.00	\$63,719.78	\$70,798.11
	Division Manager Annual Salary		Training Officer Annual Salary		Public Info. Officer Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
Northeast	\$38,620.00	\$53,953.33	\$41,238.00	\$54,823.00	\$40,021.67	\$50,963.00
Southeast	\$52,084.07	\$74,172.93	\$39,696.68	\$56,385.68	\$40,494.83	\$57,269.00
North Central	\$47,450.18	\$53,453.09	\$48,094.86	\$55,045.00	\$63,132.00	\$67,225.67
South Central	\$48,738.67	\$57,302.82	\$39,775.50	\$47,483.78	\$42,358.20	\$58,419.00
Southwest	\$66,454.83	\$83,114.67	\$60,119.18	\$73,803.94	\$46,811.30	\$66,758.33
Northwest	\$61,251.00	\$68,068.33	\$54,438.57	\$66,754.71	\$43,766.67	\$58,138.00
	Medical Director Annual Salary		Quality Mgmt. Director Annual Salary		Comm. Manager Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
Northeast	\$11,606.67	\$22,936.50	\$34,188.00	\$44,307.00	\$29,570.00	\$37,588.50
Southeast	\$49,584.36	\$58,530.38	\$51,591.57	\$67,339.14	\$41,503.00	\$61,869.75
North Central	\$43,178.29	\$51,824.00	\$31,375.00	\$37,625.00	\$32,625.00	\$49,333.33
South Central	\$39,444.44	\$47,750.00	\$56,014.67	\$70,157.67	\$50,498.57	\$64,894.71
Southwest	\$47,326.63	\$56,404.88	\$58,748.50	\$70,025.00	\$57,191.13	\$70,868.88
Northwest	\$37,000.00	\$37,942.86	\$63,540.00	\$69,686.00	\$60,000.00	\$70,000.00
	Comm. Supervisor Annual Salary		Field Supervisor Annual Salary		Paramedic Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
Northeast	\$20,500.00	\$39,000.00	\$40,069.50	\$48,824.60	\$30,512.23	\$37,249.44
Southeast	\$35,897.63	\$46,440.75	\$42,879.85	\$59,329.72	\$30,910.66	\$46,614.58
North Central	\$26,833.33	\$50,000.00	\$51,785.89	\$58,974.37	\$31,651.24	\$42,880.73
South Central	\$38,673.29	\$46,904.86	\$44,726.09	\$53,609.17	\$29,491.22	\$37,425.29
Southwest	\$40,032.71	\$50,778.00	\$56,197.39	\$69,713.44	\$38,534.80	\$50,528.30
Northwest	\$42,000.00	\$60,000.00	\$63,918.60	\$68,570.78	\$47,437.50	\$52,217.57
	EMT-Intermediate Annual Salary		EMT-Basic Annual Salary		First Responder Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
Northeast	\$24,668.00	\$32,868.82	\$23,199.76	\$28,789.19	\$46,743.50	\$58,593.50
Southeast	\$26,045.75	\$39,134.75	\$27,965.88	\$41,464.70	\$26,249.50	\$33,133.25
North Central	\$26,108.46	\$31,997.77	\$27,243.56	\$33,182.97	\$32,756.75	\$44,030.25
South Central	\$23,533.40	\$29,623.39	\$26,025.11	\$33,252.34	\$24,843.14	\$32,437.71
Southwest	\$29,614.80	\$40,962.80	\$31,547.09	\$41,050.77	\$32,064.00	\$48,384.00
Northwest	\$31,933.33	\$42,033.33	\$33,192.00	\$44,983.40	\$39,600.00	\$55,500.00

(see Chart 1, p. 48). However, of those three organizational types surveyed, the frequency with which ambulance services employ system status management is not much greater than hospital-based agencies, but twice that of fire-based services (see Charts 2-4, pp. 48-49).

With the increasing shortage of nursing staff across the United States, more and more EMS-trained personnel are transcending disciplines and working in environments other than prehospital. In an effort to quantify this transition, the 2003 survey sought to

establish how many traditional EMS providers also function in other health-care professional roles (see Table 9, p. 47). In some agencies, as many as 107 EMS providers also work in other health-care positions. The average number of prehospital providers per agency who function outside of the EMS arena was 8.6. The frequency with which this situation occurs was surprisingly high. At least 47% of survey respondents reported that their EMS providers also work in other professional health-care roles.

TABLE 6: Salary Ranges by Call Volume

	Executive Director Annual Salary		Admin. Director Annual Salary		Operations Mgr. Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
<1 K	\$42,049.28	\$48,569.83	\$39,567.25	\$46,505.20	\$33,299.30	\$39,604.53
1-5 K	\$57,845.97	\$69,813.41	\$48,187.20	\$58,600.15	\$50,656.00	\$62,249.86
5-15 K	\$65,217.23	\$86,366.16	\$55,982.35	\$78,010.33	\$63,812.40	\$77,165.15
15-30 K	\$77,199.25	\$113,486.08	\$63,360.00	\$87,852.83	\$65,794.60	\$82,533.45
30-50 K	\$78,861.83	\$104,237.58	\$66,408.83	\$78,709.50	\$53,692.00	\$67,926.10
>50 K	\$77,166.29	\$109,396.00	\$58,331.86	\$88,560.14	\$57,476.00	\$75,720.67
	Division Manager Annual Salary		Training Officer Annual Salary		Public Info. Officer Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
<1 K	\$32,488.67	\$40,833.33	\$31,985.08	\$37,569.58	\$22,000.00	\$26,000.00
1-5 K	\$51,821.58	\$64,191.95	\$45,591.21	\$54,921.50	\$39,831.25	\$58,202.75
5-15 K	\$59,980.27	\$72,893.08	\$53,603.52	\$65,982.33	\$51,404.88	\$63,991.11
15-30 K	\$60,984.50	\$82,092.83	\$49,513.86	\$68,166.21	\$43,808.43	\$57,347.14
30-50 K	\$54,773.50	\$68,775.33	\$49,454.75	\$67,324.38	\$51,342.40	\$65,068.00
>50 K	\$54,521.00	\$75,376.80	\$41,078.56	\$55,363.78	\$41,620.43	\$60,559.57
	Medical Director Annual Salary		Quality Mgmt. Director Annual Salary		Comm. Manager Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
<1 K	\$48,416.67	\$48,583.33	\$34,250.00	\$35,250.00	Inadequate	Inadequate
1-5 K	\$33,082.53	\$36,468.67	\$49,026.67	\$53,124.00	\$48,575.00	\$56,625.00
5-15 K	\$30,661.67	\$39,199.89	\$46,542.00	\$47,574.00	\$38,050.00	\$44,160.00
15-30 K	\$52,840.50	\$91,360.50	\$51,674.88	\$68,182.75	\$46,078.67	\$63,288.67
30-50 K	\$34,828.00	\$52,243.00	\$55,572.00	\$71,424.00	\$47,992.38	\$67,171.63
>50 K	\$63,866.67	\$71,000.00	\$50,385.60	\$65,420.60	\$51,256.00	\$68,339.63
	Comm. Supervisor Annual Salary		Field Supervisor Annual Salary		Paramedic Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
<1 K	Inadequate	Inadequate	\$30,995.50	\$46,184.30	\$26,054.94	\$32,188.43
1-5 K	\$38,125.00	\$45,375.00	\$46,523.07	\$53,230.98	\$33,628.33	\$42,734.51
5-15 K	\$31,476.00	\$38,884.00	\$50,815.68	\$62,566.84	\$36,068.76	\$48,340.75
15-30 K	\$37,371.40	\$50,543.20	\$49,341.42	\$64,616.83	\$34,080.14	\$48,331.29
30-50 K	\$39,597.71	\$54,417.43	\$53,275.17	\$67,060.83	\$31,561.20	\$47,179.20
>50 K	\$41,279.67	\$47,272.00	\$49,127.25	\$67,735.00	\$32,585.00	\$49,782.50
	EMT-Intermediate Annual Salary		EMT-Basic Annual Salary		First Responder Annual Salary	
	Starting	Top	Starting	Top	Starting	Top
<1 K	\$24,349.31	\$31,157.29	\$24,085.44	\$28,757.94	\$29,368.83	\$40,121.67
1-5 K	\$26,562.48	\$33,675.16	\$28,707.53	\$35,556.70	\$30,479.56	\$40,796.89
5-15 K	\$28,481.14	\$39,463.21	\$29,721.71	\$41,002.11	\$35,643.67	\$43,006.00
15-30 K	\$27,137.29	\$43,591.71	\$28,079.90	\$39,859.40	Inadequate	Inadequate
30-50 K	\$22,979.00	\$32,967.00	\$26,659.90	\$39,793.20	\$22,404.00	\$25,935.00
>50 K	\$25,159.00	\$42,759.00	\$24,921.14	\$39,516.57	\$27,278.00	\$42,318.00

Incentive Idea: One service in the Northwest offers a "Bonus Bucks" program the chief can use to reward providers for participation on committees, community involvement or other activities. The "bucks" can be traded in for "almost anything."

Assessments & benefits

In 2002, we examined how often various screening tests were performed by each of the organizational types surveyed. The results suggested that more than half the agencies surveyed require some type of health or physical agility screening examination. This year, that incidence has increased greatly (see Table 10, p. 47); 93% of the agencies that responded conduct some type of screening test. The incidence of drug screening within EMS has increased dramatically, with 76% conducting them following accidents

and 77% as a screening tool for hiring. Hearing and vision examinations were conducted at a frequency similar to 2002. Physical fitness testing increased somewhat.

Most EMS providers continue to enjoy many valuable benefits as part of their compensation package. One benefit that changed little was that of paid holidays. In 2002, 60% of the responding agencies provided holiday pay. This year, 78% provide this benefit (see Table 11, p. 49). The number of paid holidays most frequently observed was 11 in 2002; this year it dropped slightly to 10. This differs from the average number of holidays observed. When averaged mathematically, the data suggest that there are more agencies that observe fewer than 10 annual holidays than there are agencies that observe more than 10 holidays each year.

We also surveyed other employment benefits. See Table 12 (p. 50) for an itemized breakdown. The most com-

monly offered benefits for the EMS provider were uniform allowance, life insurance, reimbursement for EMS education, continuing education cost reimbursement, major medical coverage for the employee and employee assistance programs. Few agencies provided a 401(k) plan, body armor or shift differential.

Summary

The increased number of responses to this year's Salary Survey offered more complete data for analysis and an enhanced confidence level in the conclusions drawn. Randomized distribution and proportionate responses from all geographic regions and organizational types provided a more truly representative sample of EMS agencies in the country. This enabled more focused derivation of information and better overall trending, ensuring that this survey is a valuable, accurate tool for

TABLE 8: Level of Care by Population Served

POPULATION SERVED BY AGENCY	BLS only	ALS only	Both
<5 K	36%	14%	50%
5-10 K	46%	8%	46%
10-25 K	24%	28%	48%
25-50 K	21%	30%	49%
50-100 K	3%	53%	44%
100-250 K	9%	18%	73%
250-500 K	6%	38%	56%
500-1 M	0%	50%	50%
>1 M	20%	20%	60%
Totals	22%	27%	51%

TABLE 9: Other Specialized Health-Care Roles

Average Number in Other Roles	8.6
Minimum Number in Other Roles	1
Maximum Number in Other Roles	107
Percentage of Respondents	47%

TABLE 10: Frequency of Screening Tests

Hearing Exam Before Hiring	50%
Vision Exam Before Hiring	60%
Physical Fitness Before Hiring	64%
Drug-screening Before Hiring	77%
Random Drug-screening Tests	43%
Conduct Drug-screening in Accidents	76%
Conduct No Screening Tests at All	7%

TABLE 7: Salary Determination Comparison

	SALARY DETERMINED BY								
	Unionized & Non-Unionized			Unionized Only		Non-Unionized Only			
	Tenure	Credentials	Merit	Tenure	Credentials	Merit	Tenure	Credentials	Merit
Strongly Agree	19%	13%	19%	25%	10%	14%	14%	16%	22%
Agree	43%	55%	45%	41%	52%	32%	45%	57%	54%
Disagree	23%	17%	18%	21%	17%	26%	25%	17%	11%
Strongly Disagree	12%	11%	14%	12%	18%	24%	12%	5%	7%

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EMS administrators and providers. This year, the greatest overall improvements were in upper administrative and selected field provider positions. The average salary of EMT-Paramedics in many regions, for example, was above the national average determined by the U.S. Bureau of Labor Statistics. However, regional differences in average salaries were apparent when the salary information was sorted geographically. Salary averages did not follow traditional trends when evaluated against agency call volumes. Instead of salary averages increasing with

larger call volumes, the averages tended to remain constant. The wide gap between men and women in administrative and field positions demonstrates that EMS continues to be a male-oriented profession. Notably, the survey did show an increase in the number of women filling some administrative roles. Length of time in the organization and in the surveyed positions remained relatively constant and similar to previous years. The average number of hours in a workweek for emergency medical personnel continues to exceed 40 hours, and overtime is a common demand on administrators and providers alike.

TABLE 11: Number of Paid Holidays Observed

Average	9
Minimum Number Observed	2
Maximum Number Observed	14
Most Frequent Number Observed	10
Percentage of Respondents	78%

Some interesting information regarding organizational types and methods of salary determination was investigated this year. The importance of salary adjustments based on merit and credentials is clearly illustrated in the results of this study. The expected correlation of tenure/seniority and a unionized workforce was not readily apparent.

The large majority of agencies surveyed provide care at the ALS level, regardless of population size served. The strategies of status management are utilized by many EMS agencies, but are not evenly distributed among agency types. EMS professionals appear to be looking to expand occupational horizons in health care, with a notable proportion serving in other health-care capacities. EMS organizations are also employing screening procedures more frequently now both in hiring and following unanticipated incidents (e.g., accidents). Benefits remain respectable among the EMS professions, with an apparent focus on reimbursements for EMS-related costs. Overall, salaries improved but they still don't compare favorably with other

CHART 1 Flexible Deployment Breakdown by Agency Type

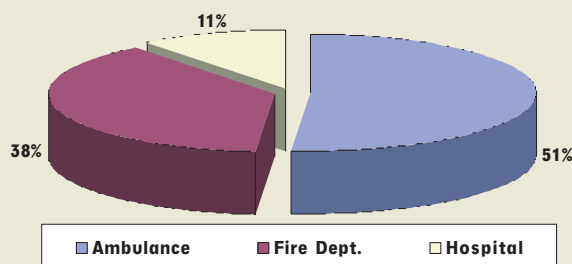


CHART 2 Agency Type: Ambulance

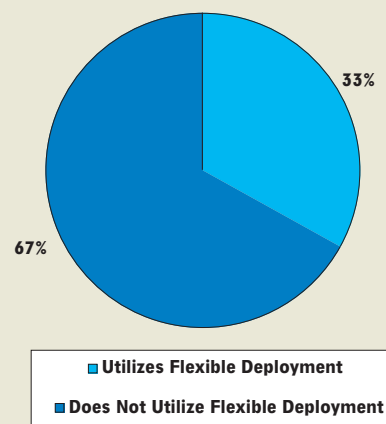


CHART 3 Agency Type: Fire Department

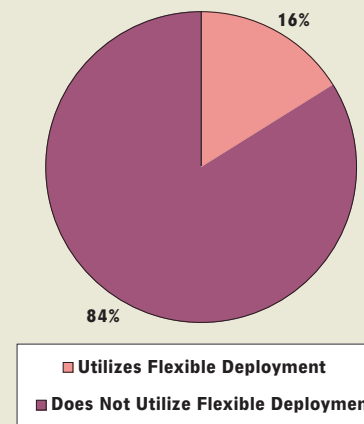
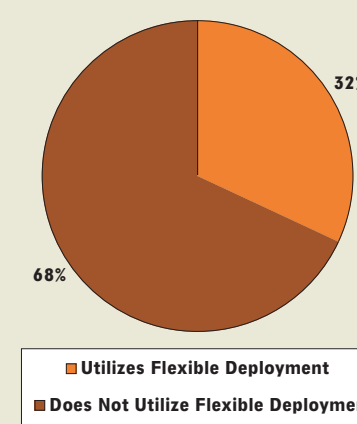


CHART 4 Agency Type: Hospital-based



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health-care or public safety salaries. A starting EMT in the Northeast (the region with the lowest average starting salary for EMTs) who works a 48-hour workweek and receives two weeks vacation earns less than \$10/hour (\$23,199.76 annually). This is far below the average starting salary of police officers, firefighters

and allied health personnel. In addition, nearly half the respondents to this year's survey indicate their providers have to work a second or even third job in a related field. In short, although salaries are improving, the profession has a long way to go before EMS providers are truly adequately compensated. **JEMS**

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PHOTO MARK C. IDE

TABLE 12: Summary of Benefits Offered

Life Insurance	65%
Major Medical (employee)	52%
Major Medical (family)	23%
Short-Term Disability	38%
Long-Term Disability	34%
EAP	50%
Dental	35%
Optical	25%
EMS Tuition Reimbursement	65%
Non-EMS Tuition Reimbursement	33%
CE Reimbursement	64%
Retirement/Pension Plan	49%
401(k) Plan	11%
Shift Differential	14%
Body Armor	12%
Uniform Allowance	70%

TABLE 13: 1997-2003 Salary Comparison

Overall Averages	1997 Annual Salary Starting	2003 Annual Salary Starting	Change from 1997	1997 Annual Salary Top	2003 Annual Salary Top	Change from 1997
Executive Dir./Chief	\$40,817	\$58,018	42.1%	\$51,195	\$73,998	44.5%
Administrative Dir./Chief	\$34,645	\$52,627	51.9%	\$48,181	\$69,489	44.2%
Operations Mgr./Chief	\$36,351	\$52,077	43.3%	\$47,101	\$64,653	37.3%
Training Officer	\$33,561	\$45,946	36.9%	\$41,331	\$57,987	40.3%
Public Information Officer	\$29,317	\$44,628	52.2%	\$37,012	\$59,952	61.9%
Medical Director	\$29,244	\$41,775	42.8%	\$31,142	\$48,219	54.8%
Quality Management Dir.	\$30,344	\$49,324	62.5%	\$36,344	\$60,929	67.6%
Field Supervisor	\$30,586	\$47,410	55.0%	\$37,581	\$58,291	55.1%
EMT-Paramedic	\$25,201	\$32,420	28.6%	\$34,238	\$42,859	25.2%
EMT-Intermediate	\$23,249	\$26,093	12.2%	\$30,265	\$35,118	16.0%
EMT-Basic	\$21,202	\$27,316	28.8%	\$27,414	\$35,698	30.2%

Long Hours, Modest Pay

Most would agree that the headline for the 1997 JEMS Salary Survey, "Long Hours, Modest Pay," still applies today. However, a comparison of the starting and top salaries for selected positions demonstrates greater growth in pay from 1997 to today than we might think (see Table 13).

Overall, executive and administrative positions have seen the most dramatic increases in the past six years, with increases ranging from 36.9% for starting Training Officers to 62.5% for starting Quality Management Directors. EMT-Basics and EMT-Paramedics have seen a more modest 28% increase in starting pay, and EMT-Intermediates receive just 12.2% more pay today than in 1997.

To put this into historical perspective, from 1997-2003, inflation was a cumulative 14.6%. So all EMS positions—except EMT-Intermediates—outpaced inflation over that time span. This means most EMS providers have more buying power today than six years ago.

However, pay ranges still aren't commensurate with other stressful, hazardous professions. To learn more about how a career in EMS compares financially with other fields, see From the Editor, p. 12. **—Keri Losavio**

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By A.J. Heightman



Hybrid Heroes

Ambulance 3 responds during rush hour to a reported man down. Carefully maneuvering through traffic, the EMT and paramedic crew arrives on scene to find a 62-year-old male buried to his armpits in a drainage ditch he had been excavating. Dirt, stone, pipes and lumber entrap him. The paramedic establishes command and requests appropriate rescue resources. The EMT establishes a safety zone prior to police arrival to keep bystanders from sending more dirt into the trench.

The patient struggles to breathe and complains of chest pain. He also reports he's diabetic, hypertensive and on Coumadin. Rescue 30 arrives, and the EMS crew joins them in shoring the trench to gain safe access to the patient. Once that access is gained, the EMS crew administers high-flow oxygen, applies a pulse oximeter and ECG monitor, and establishes a normal saline IV.

The rescuers successfully extricate the patient and place him aboard a medical helicopter. The EMS crew cleans and restores their equipment, takes inventory of used and damaged equipment and proceeds to quarters to complete follow-up reports and a quality assurance checklist relative to trench rescues. They feel confident they handled this case by the book.

The crew showers and then gives their report to the relief team. While the EMS crew leaves their station, a firefighter from Rescue 30 pulls up and invites them to a local tavern to celebrate their successful rescue. Both decline the offer. While walking to their cars, the EMT remarks to his partner that he'd like to join the party at the tavern, but he must be at his second job in an hour. His partner remarks that he'd like to celebrate too, but can't afford to because he and his wife are saving to try and buy their first home.

Many EMTs and paramedics, including

ences to avoid dangerous interactions and deliver appropriate medications.

We train and mentor students. We deliver care deep inside the heart of industrial settings. We drive emergency apparatus in the worst weather and traffic conditions. We deliver multiple respiratory care medications and therapies. We manipulate and splint severely mangled and angulated fractures and dislocations.

We help manage childbirth complications, such as frank breeches, placenta previa and prolapsed cords. We're even called on to resuscitate and care for animals overcome by smoke at fire scenes.

We crib wrecks, shore up cave-ins and use myriad electric and hydraulic tools, winches, air bags, cables, ropes, carabiners and webbing to extricate patients. We coordinate and command complex scenes that most safety engineers would run from. We put our lives on the line.

The average starting pay for an EMT in the Northeast region of the United States is reported at \$9.29 per hour (\$23,200

some employed in a single-role EMS capacity with fire departments, must struggle to get ahead financially. Although this year's *JEMS* Salary Survey shows that salaries are steadily increasing, many EMS personnel are still forced to work second jobs and can't purchase their own homes.

I believe this is occurring because the starting pay level for most EMS positions isn't commensurate with the daily responsibilities they're expected to assume. Somewhere along the way, EMS salaries outside the public sector have been set

Starting pay for most EMS positions isn't commensurate with the daily responsibilities they're expected to assume.

below other single-focused skill professions; however, what we do in EMS is actually a hybrid of many skilled professions. We wire and deliver various levels of energy to cardiac patients. We use specialty equipment, such as ultrasound monitors, end-tidal CO₂ detectors, blood glucose and toxic gas monitors, pulse oximeters and IV infusion pumps.

We schedule personnel to cover shifts on a 24-hour basis. We're continually involved in customer service. We communicate with patients who speak different languages. We utilize multiple drug refer-

annually). The overall average throughout the United States for an EMT is \$10.94 per hour (\$27,315 annually); for paramedics it's \$12.98 (\$32,420 annually).

I compared tasks EMS personnel perform with 30 job advertisements for occupations that require skills similar to those needed in managing the trench rescue call above (see Table 1, p. 85). Using the current salary ranges offered for each position, I then calculated hourly and average ranges based on this hybrid of positions working a 48-hour week (typical in EMS).

continued on page 85

Continued from page 12

The results of my nonscientific analysis show that the hourly pay and median salary for a person asked to assume the myriad responsibilities of these 30 occupations would be \$19.50 per hour (\$49,470 annually), about 52% higher than the average paramedic earns, based on this year's salary survey.

In the EMS family, the fire service has worked hard to achieve higher, more respectable salaries, lobbying for parity with their often more visible (and thus more politically influential) police counterparts. But single-role EMS crews are still paid inexcusably sub-par starting wages with few options, except to work multiple jobs or change agencies.

It's time to give EMTs and paramedics what they deserve: decent wages. EMS managers should sit down and figure out how much it costs them to deal with high employee turnover, then adjust existing and starting wages. The savings they would realize in a more stabilized workforce will actually benefit their agencies greatly in the long run.

Do EMTs and paramedics deserve better wages? What do you think the guy in the trench would say? *JEMS*

TABLE 1

30 Occupations	Salary Range	Hourly range	Location
Director, Quality Management	\$80,000-100,000	\$32-40	Philadelphia
Quality Assurance Coordinator	\$36,000-39,000	\$14-16	Irvine, CA
Quality Improvement Manager	\$55,000-80,000	\$22-32	Oxnard, CA
Registered Nurse (Acute care)	\$65,000-75,000	\$26-30	New Haven, CT
Registered Nurse	\$35,000-37,000	\$14-15	Rock Hill, SC
Bartender	\$25,000-150,000	\$10-60	Portland, OR
Electrician	\$45,000-55,000	\$18-22	Sacramento, CA
Equipment Operators (Cranes)	\$35,000-40,000	\$14-16	North Mobile, AL
Customer Service/Scheduler	\$20,000-40,000	\$8-16	Minneapolis
Bilingual Customer Service	\$35,000-42,000	\$14-17	McKinney, TX
Library Clerk III	\$47,000-72,000	\$19-29	Raleigh, NC
Instructor/Training Specialist	\$42,000-66,000	\$17-27	Albuquerque, NM
Occupational Nurse/Industrial RN	\$45,000-65,000	\$18-26	Moorpark, CA
Heavy Equipment Operator	\$28,000-38,000	\$11-15	Denton, TX
Rigging Supervisor	\$40,000-50,000	\$16-20	Carlsbad, NM
CDL-A Drivers	\$50,000-60,000	\$20-24	Bensalem, PA
Ultrasound Technologist	\$45,000-65,000	\$18-26	Fort Scott, KS
Respiratory Therapist	\$40,000-55,000	\$16-22	Bangor, ME
Physical Therapist	\$40,000-65,000	\$16-26	Richmond, IN
OB/GYN Nurse	\$45,000-60,000	\$18-24	Anchorage
Veterinary Technician	\$28,000-40,000	\$11-16	Raleigh, NC
Emergency Medical Technician	\$29,000-40,000	\$12-16	Richmond, KY
EMT-Intermediate	\$29,000-45,000	\$12-18	Decatur, GA
EMT-Paramedic	\$29,000-40,000	\$12-16	Dugway, UT
Fire/Rescue Battalion Commander	\$58,000-89,000	\$23-36	PalmBeach, FL
Chauffeur	\$46,000-48,000	\$18-19	Bernardsville, NJ
Logistics Manager	\$50,000-60,000	\$20-24	Marshalltown, IA
Customer Service Parts Coordinator	\$30,000-40,000	\$12-16	Richmond, VA
Logistics Operations Specialist	\$37,000-60,000	\$15-24	Stafford, VA
Safety Inspector	\$25,000-38,000	\$10-15	Raleigh, NC

Average Range of 30 positions	\$40,470-58,470	\$16-23
Median of the 30 ranges	\$49,470	\$19.50

Source: careerbuilder.com Note: All hourly rate/ranges based on a 48 hour workweek (48 hours x 52 weeks = 2,496 hours annual)

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