

## Review

# Addressing Challenges in EMS Department Operations: A Comprehensive Analysis of Key Issues and Solution

Abdullah Basnawi 

Department of Internal Medicine, Faculty of Medicine, University of Tabuk, Tabuk 47512, Saudi Arabia;  
abasnawi@ut.edu.sa

**Abstract:** Background: Emergency medical services (EMS) are essential in providing timely medical attention and transportation to people in need during times of crisis. Effective EMS operations are crucial for delivering prompt and effective healthcare. However, the landscape of EMS operations is constantly evolving, posing a number of challenges that require rigorous research and innovative solutions. Objectives: To highlight the key challenges facing EMS departments in their daily operations and discuss potential solutions. Methods: A narrative literature review was conducted. Relevant studies were identified by searching electronic databases, such as PubMed, MEDLINE, CINAHL, and Google Scholar. Results: The main challenges facing EMS departments include an increasing demand for services, limited resources, aging infrastructure, technological advancements, and regulatory compliance. Operational-level solutions that can be used to address these challenges include investing in technology, cross-training personnel, developing contingency plans, and partnering with other organizations. Conclusion: EMS departments today face a variety of challenges. However, there are a number of approaches that can be taken to address these challenges. By investing in technology, cross-training personnel, developing contingency plans, and partnering with other organizations, EMS departments can improve their operations and provide the best possible care to patients.

**Keywords:** emergency medical services (EMS); challenges; operational research tools; Six Sigma; technology; personnel; contingency plans; partnership



**Citation:** Basnawi, A. Addressing Challenges in EMS Department Operations: A Comprehensive Analysis of Key Issues and Solution. *Emerg. Care Med.* **2024**, *1*, 11–23. <https://doi.org/10.3390/ecm1010003>

Academic Editor: Raimundas Lunevicius

Received: 16 October 2023

Revised: 2 December 2023

Accepted: 7 December 2023

Published: 20 December 2023



**Copyright:** © 2023 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

Emergency medical services (EMS) departments play a vital role in providing timely and effective medical care to individuals in critical situations. However, the EMS landscape is constantly evolving, posing several challenges that necessitate innovative solutions. This comprehensive narrative review explores the key challenges facing EMS departments in urban and suburban settings and offers evidence-based solutions informed by scholarly articles, research projects, and industry reports.

Operations Research (OR) tools are analytical methods that can help EMS departments make better decisions about resource allocation, service delivery, and operational efficiency, as studied by Shane et al. [1]. OR tools, such as mathematical modeling, simulation techniques, and optimization algorithms, can enable EMS departments to streamline operations, improve response times, and enhance resource utilization. For example, OR tools can be used to develop optimal ambulance deployment plans, determine the best placement of new EMS stations, and design more efficient patient transport routes.

Triage systems are essential for managing patient flow and allocating resources effectively in EMS departments. As Aghabarary et al. [2] point out; Standardized triage protocols enable EMS personnel to efficiently and accurately assess patients, ensuring that the most critical patients receive immediate attention. Validated triage tools and algorithms can help EMS departments optimize resource allocation, reduce unnecessary transfers, and improve patient outcomes. For example, triage systems can be used to prioritize patients

based on the severity of their condition, the availability of resources, and the distance to the nearest appropriate hospital.

Workforce shortages pose a significant challenge to EMS department operations, impacting the quality and timeliness of care provided. Gujranwala et al. [3] emphasize the impact of workforce shortages on the quality and timeliness of care provided. Potential solutions to this challenge include recruitment and retention strategies, enhanced training programs, and the incorporation of telehealth technologies. By adopting innovative strategies to attract and retain EMS personnel, such as offering competitive compensation packages, providing ongoing training and education, and promoting a supportive work environment, EMS departments can mitigate the effects of workforce shortages and ensure a sustainable workforce. For example, EMS departments can partner with local colleges and universities to develop recruitment and training programs, and they can offer financial incentives to EMS personnel who stay with the department for a certain period of time.

Interagency and interprofessional coordination and communication are essential for efficient EMS department operations. EMS personnel, hospitals, and other healthcare providers must communicate effectively to ensure seamless patient transfers, handoffs, and continuity of care. However, challenges remain in developing robust information systems and collaborative frameworks that enable efficient information sharing and coordination. As Reisman et al. [4] point out, there are still challenges in developing robust information systems and collaborative frameworks that enable efficient information sharing and coordination. Implementing interoperable electronic health records, telemedicine, standardized communication protocols, and training programs can significantly improve interagency communication and patient outcomes. For example, EMS departments can implement interoperable electronic health records that allow them to share patient information with hospitals and other healthcare providers in real time. They can also use telemedicine platforms to provide remote consultations with physicians and other specialists.

Technology-driven solutions have the potential to revolutionize EMS department operations. The article by Yang et al. [5] highlights the use of artificial intelligence (AI) and machine learning (ML) techniques to enhance resource allocation, predictive modeling, and decision support systems in the EMS context. AI and ML algorithms can analyze large volumes of data, identify patterns, and provide real-time insights to EMS personnel, aiding in efficient decision making and resource allocation. For example, AI and ML algorithms can be used to develop predictive models of patient demand, which can help EMS departments deploy their resources more effectively. Additionally, the integration of mobile applications, telemedicine platforms, and wearable devices can improve communication, data collection, and the real-time monitoring of patients, leading to more effective and personalized care. For example, EMS departments can use mobile applications to track the location of ambulances and to provide patients with information about their estimated arrival time.

By addressing the key challenges and implementing innovative solutions, EMS departments in urban and suburban settings can enhance their operational efficiency, responsiveness, and overall quality of care, ultimately improving patient outcomes and saving lives.

## **2. Aim: To Provide a Comprehensive Overview of the Use of Operations Research (OR) Tools in Emergency Medical Services (EMS)**

Objectives:

- To discuss the challenges faced by EMS staff;
- To describe the potential benefits of OR tools in EMS;
- To identify the barriers to the wider adoption of OR tools in EMS
- To suggest ways to overcome these barriers;
- To make recommendations for future research on the use of OR tools in EMS.

### 3. Materials and Methods

#### 3.1. Identification of Relevant Literature

To identify relevant literature, a comprehensive search of academic databases, such as PubMed, Scopus, and Google Scholar, was conducted using relevant keywords related to EMS department operations, challenges, and solutions. Studies published in peer-reviewed journals, industry reports, and empirical research that addressed the identified challenges in EMS operations were included. Inclusion and exclusion criteria were implemented to ensure the selection of high-quality and relevant literature.

#### 3.2. Data Handling

The identified literature was reviewed to identify relevant data related to the challenges and solutions in EMS department operations. Data were extracted from the literature using a standardized data extraction form, which included the following fields: Author(s), Publication year, Study design, Sample size, Key challenges addressed, Proposed or implemented solutions, and Outcomes or findings.

The extracted data were cleaned and organized in a spreadsheet to facilitate further analysis and synthesis.

#### 3.3. Analysis and Synthesis

The extracted data were analyzed to identify recurring themes, patterns, and trends related to the challenges in EMS department operations and the proposed or implemented solutions. The literature was grouped based on common themes or categories, such as Operations Research tools, workforce strategies, interagency coordination, and technology-driven solutions. The findings from the literature were synthesized to provide a comprehensive overview of the challenges, solutions, and their effectiveness in addressing these challenges. Any gaps, inconsistencies, or areas requiring further research or exploration were identified.

#### 3.4. Writing the Review Article

The synthesized information was organized into a coherent narrative structure, ensuring logical flow and coherence. The challenges faced by EMS departments were presented, providing an in-depth analysis of each challenge and its impact on operations. The proposed or implemented solutions were discussed, evaluating their effectiveness and providing supporting evidence from the literature. The key findings and insights were summarized, highlighting the implications for EMS department operations and suggesting future directions.

### 4. Results

#### 4.1. Challenges Faced by EMS Department

##### 4.1.1. Workforce Shortages

Emergency medical services (EMS) workforce shortages are a growing concern worldwide, with EMS departments struggling to recruit and retain qualified personnel. This is likely due to a combination of factors, including low pay, poor working conditions, and limited opportunities for professional development and advancement. A multistate review study by Kurth et al. (2023) found that one in four certified EMS clinicians in the United States left the workforce over a four-year period. While the rate of new EMS clinicians entering the field was high enough to offset these losses, resulting in an overall 8% increase in the EMS workforce, the findings highlight the magnitude of the problem. The EMS workforce shortage has the potential to have a significant impact on public health and safety, as it can lead to longer patient response times and poorer outcomes. Addressing the shortage will require a comprehensive approach that includes improving pay and working conditions, investing in EMS education and training, and creating opportunities for professional development and advancement [6].

#### 4.1.2. Increasing Demand for Services

Emergency medical services (EMS) departments around the world are facing an unprecedented surge in demand, driven by a myriad of factors such as an aging population, increasing rates of chronic diseases, the rise of multidrug-resistant infections, social determinants of health like poverty and homelessness, and the COVID-19 pandemic. EMS departments must devise innovative strategies to effectively handle this surge in demand. One approach is to use predictive analytics to anticipate demand and deploy resources accordingly. Another is to develop partnerships with other healthcare providers to create alternative care options for patients who do not require emergency department care. For example, EMS departments could collaborate with primary care providers to offer urgent care services at convenient locations, or with community health centers to provide care for patients with chronic diseases. By taking a collaborative and proactive approach, EMS departments can ensure that all patients have access to the care they need, when they need it [7].

#### 4.1.3. Communication and Coordination

Effective communication and coordination between EMS personnel, hospitals, and other healthcare organizations are essential for seamless patient care. However, antiquated communication technologies, information shortages, and fragmented workflows can hinder timely decision making and patient handoffs. EMS and disaster response rely heavily on effective communication and strong relationships. Before a disaster strikes, authorities must collaborate and become familiar with each other. This can be accomplished through emergency preparedness exercises or drills. Maintaining communication throughout routine operations, rather than just in the event of a disaster, can help to strengthen interagency ties. Building relationships is important, but so is resolving jurisdictional disputes and developing a mutual-aid infrastructure. This requires establishing a clear chain of command [8].

#### 4.1.4. Financial Constraints

Despite recent improvements in health outcomes in low- and middle-income countries (LMICs), a new reality is emerging. Shifting health needs, rising public expectations, and ambitious new health goals are raising the bar for health systems to achieve better health outcomes and higher social value. However, financial constraints often prevent EMS departments from making the necessary investments in infrastructure and resources. Budget limitations have a significant impact on equipment maintenance, staff retention, and service delivery. To overcome financial challenges, it is critical to focus on forward-looking strategies such as grant opportunities, public-private partnerships, and cost-effective resource management [9].

#### 4.1.5. Data Collection and Analysis

Data collection and analysis are essential for improving EMS operations and making evidence-based decisions. Developing robust data collection methods, implementing different types of data analysis tools, and using performance indicators can help inform decision making and drive continuous improvement [10]. Identifying four key challenges facing EMS operations lays the foundation for developing targeted solutions to improve the overall effectiveness of emergency medical services. By addressing resource shortages, managing high call volumes, enhancing communication, and developing innovative solutions to financial constraints, EMS departments can improve patient outcomes and ensure the safety of both clinicians and patients.

#### 4.2. Potential Benefits of OR Tools in EMS

Tools for Operations Research (OR) are mathematical and analytical methods that can be applied to tackle challenging issues. EMS agencies might gain a lot by using OR technologies in a variety of ways, as discussed below.

#### 4.2.1. Improved Decision Making

OR technologies can help EMS agencies improve decision making, resulting in better response planning and resource allocation. For example, OR tools can be used to create a schedule that minimizes response times or to determine the optimal number of ambulances to deploy to a specific area. The EMS function is influenced by a variety of factors, including call volume, traffic conditions, setup costs, and operating costs. As a result, the best EMS system design, which includes the placement of emergency medical bases and the allocation of ambulances, contributes to improved service delivery. Adel et al. used simulation-based optimization techniques and mathematical modeling to study the design of an emergency medical services system. Their study combined simulation and optimization techniques to determine the optimal EMS configuration and ambulance allocation to maximize survival rates and minimize costs across the EMS system. The study showed that survival rates can be increased by incorporating them into the design of EMS facilities [11].

#### 4.2.2. Resource Optimization

EMS departments can use OR (Operations Research) techniques to distribute their resources more effectively. For example, OR tools can be used to optimize the allocation of ambulances, dispatchers, and other personnel to meet demand in following ways discussed below.

#### 4.2.3. Determine the Optimal Number of Ambulances to Deploy to a Certain Area

OR technologies can be used to analyze historical data on demand for EMS services in different locations to determine the optimal number of ambulances to deploy to each area. This can help to prevent resource waste and ensure that there are enough ambulances available to meet demand [12,13].

#### 4.2.4. Develop Schedules That Minimize Response Times

OR tools can be used to develop EMS staff schedules that minimize response times. This can be performed by considering a number of factors, including the locations of ambulances and patients, as well as the expected demand for EMS services throughout the day and on different days of the week [14].

#### 4.2.5. Balance the Demand for EMS Services with the Availability of Resources

OR technologies can be used to balance the demand for EMS services with the supply of resources. This can be performed by considering a number of factors, including the number of ambulances available, the availability of dispatchers, and the expected demand for EMS services at different times of the day and on different days of the week [15]. Overall, OR technologies have the potential to significantly improve the way that EMS departments allocate their resources. By using OR tools, EMS departments can ensure that they are making the best use of their resources.

### 4.3. Barriers to the wider Adoption of OR Tools in EMS

#### 4.3.1. Lack of Awareness and Understanding of OR Tools

Operational research (OR) is a set of modeling techniques used to organize, analyze, and solve problems related to the design and operation of complex human systems. While OR may be largely unknown to many healthcare workers, it plays a significant role in improving healthcare services. This element explores the history of OR in the military and introduces several ways that OR practitioners can support healthcare organizations. These methods include addressing well-defined decision-making problems, considering multiple stakeholder perspectives, and modeling how changes to the configuration or operation of services can impact system performance. Many EMS workers are unaware of the existence of OR tools and how they can be used to improve EMS operations. OR rarely provides a complete solution to the complex challenges that EMS workers often face in practice, but it almost always offers a new perspective and can make some very useful contributions [16].



#### 4.3.2. Lack of Training and Expertise in OR Tools

The past few decades have seen numerous disasters, including the most recent COVID-19 pandemic, which have led to shortages of healthcare resources and changes in healthcare practices. In response to these impacts, the Operations Research (OR) community has developed a number of strategies to improve emergency medical responses.

One of the emergency medical response strategies to ensure the continued delivery of medical services during disasters is the effective coordination of healthcare facilities and the OR team. Many EMS providers lack the knowledge or training to properly use OR tools. This can be a barrier to the use of OR tools, as EMS departments need employees who are qualified to use them. One of the most recent studies by Tippong [17] and team provides a comprehensive review of the contributions of OR to the coordination of EMS during disasters. Based on their research, they have identified a number of potential future operational points (Table 1) that could be integrated into EMS operations and offer a clear path for coordinated future work between EMS personnel and OR researchers.

**Table 1.** Emerging trends in EMS Operations Research.

Research Direction	Potential Impact	Challenges
Patient and staff allocation	Improve outcomes and reduce costs	Develop models to capture the complex and uncertain nature of EMS operations
Network design	Improve system resilience	Develop effective and efficient network structures
Integrative care models	Improve outcomes and reduce costs	Develop models to incorporate real-time data on integrative care capacity
Adding external resources	Improve system resilience	Develop models to incorporate real-time data on resource availability
Ambulance sharing	Improve efficiency and effectiveness	Develop models to incorporate real-time data on ambulance location and availability
Surge capacity for patient allocation	Improve system resilience	Develop models to incorporate real-time data on service demand and resource availability
Deployment of models/methods in real-world disasters	Improve system resilience	Develop effective and efficient deployment strategies
Uncertainty modeling	Improve decision making and system resilience	Develop models to accurately capture the complex and uncertain nature of EMS operations
Mixed models/methods	Improve model accuracy and robustness	Develop mixed models and methods that are both effective and efficient
Data-driven optimization	Improve efficiency and effectiveness	Develop optimization algorithms to solve complex EMS problems in real time
Online optimization	Improve efficiency and effectiveness	Develop online optimization algorithms to solve complex EMS problems in real time
Resilience measure standardization	Improve understanding of EMS resilience and ability to compare EMS systems	Develop resilience measures that are both comprehensive and practical
Further cost-based resilience measures	Improve understanding of cost-effectiveness of EMS resilience measures	Develop cost-based resilience measures that are both accurate and relevant

#### 4.3.3. Barriers to the Wider Adoption of OR Tools and Other Administrative Changes in EMS

Implementing changes in healthcare settings, such as EMS departments, is not easy. Only a small percentage of healthcare professionals are typically change-inclined, meaning that they are willing to participate in or accept changes [18,19]. Changes are more likely to be met with resistance, skepticism, or even rejection by regular workers. This

opposition to larger reforms is often summarized as “any change is a bad change,” and it is supported by the culture that permeates healthcare organizations [20]. Similarly, EMS personnel may be reluctant to change and unwilling to adopt new ways of doing things. This is because implementing OR technologies may require significant changes to EMS operations. Stefánsdóttir and team conducted an in-depth study of a specific example of an administrative change: the creation of a new emergency department (ED). Their study, which was conducted at a university hospital in the Capital Region of Denmark, examined how managers and key staff at the ED and specialty departments reacted to and viewed the planned introduction of the new ED [21].

#### 4.3.4. Overview of Participants’ Perceptions of the New ED

**Modifying the patient journey:** Study participants (EMS personnel) disagreed on what defines the ideal acute patient pathway and whether the new ED’s proposed organizational structure would improve it. Some participants believed that the new ED would improve patient flow, while others were concerned that it would result in longer wait times and lower patient satisfaction.

**Placement of the new ED:** Study participants also had mixed views on the placement of the new ED in a newly constructed hospital wing. Some study participants argued that the new location would provide more space and better facilities for patients and staff, while others expressed concern about how difficult it would be for patients and visitors to find and access the new ED.

**A new medical specialty gaining its foothold in hospital:** Some participants expressed both optimism and frustration about the newly constituted medical specialty of emergency medicine (EM), which is associated with the implementation of the new ED. Some participants believed that EM is an important new specialty that will raise the standard of care provided to patients in the ED, while others were concerned that it would lead to higher costs and more fragmented care. Overall, opinions on the new ED were mixed. The upcoming changes caused a mixture of excitement and trepidation. The study demonstrated the complexity of implementation processes in the healthcare industry and the fact that not only the content of the implementation but also how managers and other key personnel responsible for the process view these components and the context in which they operate play a role in the process’ success and outcomes. Implementers of OR changes must keep in mind that the process cannot be predicted in advance. This requires a flexible implementation plan and strong implementation management skills [22].

#### 4.3.5. Coetsee’s Theory of Change Responses

Coetsee’s framework of change responses suggests that employee acceptance of change is essential for successful implementation. Acceptance can range from passive support to active commitment, with the latter being the most effective. Involvement, such as participation in the change process, is a strong indicator of acceptance. Positive attitudes towards change, even if not accompanied by active support, also signal acceptance.

The center of the framework represents indifference, which is characterized by neutral sentiments and a passive acceptance of change. Mild objection to change is known as passive resistance, and examples include voicing unfavorable opinions and considering quitting one’s job. Strong opposition to change is known as active resistance, which includes unfavorable attitudes and disruptive behaviors (such as protesting). Finally, aggressive resistance is the strongest type of opposition to change and may encompass sabotage, rumors, and other forms of disruption.

Coetsee argues that acceptance and opposition to change should not be viewed as separate phenomena with no connection to each other. Instead, the relationship between the two oppositions allows for a more nuanced analysis and new perspectives on the types of responses.

In addition to the challenges of acceptance and opposition, there are a number of other obstacles that must be overcome in order to improve the use and accessibility of OR

technologies for EMS departments. However, the use of OR tools in EMS is growing. A number of EMS agencies are beginning to pilot and use OR technologies to improve their operations. As OR tools become more widely available and user-friendly, their adoption by EMS departments is likely to increase in the future.

#### *4.4. Training on Operational Research Tools*

EMS workers must be informed of the availability of OR tools and how they can be used to improve EMS operations. Training courses, workshops, and conferences can be used to achieve this [23]. Universities, professional organizations, and other training providers can offer OR tools training courses for EMS workers. These courses should cover the fundamentals of OR tools as well as how to use them to address EMS challenges. EMS departments, professional organizations, and other groups can organize workshops on OR tools for EMS workers. These workshops can provide EMS workers with hands-on experience using OR tools to address real-world EMS issues.

##### *4.4.1. Develop Affordable and User-Friendly OR Tools*

Cutting-edge technologies and high-quality network services can help EMS professionals improve healthcare delivery and make it accessible to more people. For example, telemedicine is a promising technology that can facilitate the delivery of effective services and make it easier for EMS personnel to provide emergency medical treatment. Similar types of affordable and easy-to-use cutting-edge technologies need to be developed, tailored to the specific needs of EMS departments [24].

##### *4.4.2. Provide Training and Support to EMS Departments*

Access to training and support on how to efficiently adopt and use OR tools is essential for EMS departments. While there have been many efforts to standardize the education and training of disaster and emergency responders, these have primarily focused on individual professional development rather than improved team operational effectiveness. There is currently no established overarching framework to guide EMTs through fundamental training or recommend effective training methods. A consensus curriculum and open access training materials for EMTs still need to be fully developed. The WHO, EMT organizations, universities, professional bodies, and training organizations can all play a role in developing professional and highly effective teams, but they must be aware that only a collective approach will improve EMT field performance and, most importantly, lead to better care for those affected by large-scale health emergencies [25].

##### *4.4.3. Promote the Use of OR Tools through Case Studies and Testimonials*

Case studies and endorsements from EMS departments that have successfully used OR tools can encourage other EMS departments to adopt them. By implementing these actions, we can remove the barriers to the wider adoption of OR tools in EMS and improve the efficiency and effectiveness of EMS operations [26].

#### *4.5. Ways to Overcome Operations Barriers in Emergency Medical Services*

Enhance communication and coordination with other stakeholders, including hospitals, dispatch centers, and first responders. This is something all EMS agencies must do. Standardized protocols, collaborative training initiatives, and the use of interoperable communication technologies can all be used to accomplish this [27].

EMS organizations need to invest in technology to increase their efficacy and efficiency. This can apply to items like GPS-enabled ambulances, mobile dispatch systems, and electronic patient records [28].

Cross-train personnel: Cross-training should be provided to EMS staff so they can handle a variety of jobs. In the event of a disaster, this will help to ensure that there are always enough employees to satisfy demand [29].



Develop contingency plans: EMS organizations must create backup strategies for handling operational disruptions. This can entail having backup workers, ambulances, and dispatch centers.

Collaborate with other organizations: To enhance their operations, EMS agencies can collaborate with other groups, including for-profit and non-profit organizations. For instance, EMS organizations can collaborate with non-profits to offer volunteers free or inexpensive training, or they can collaborate with companies to receive discounts on tools and supplies.

Use data to find and fix issues: EMS organizations can use data to find and fix operational issues. As an illustration, EMS organizations might utilize data to pinpoint regions with lengthy response times or staffing shortages.

Give employees the authority to make decisions: EMS personnel should have the freedom to decide on the spot. This will contribute to enhancing the effectiveness and efficiency of EMS operations.

Establish a culture of continual improvement: EMS organizations ought to do this. This entails continually seeking ways to increase the efficacy and efficiency of operations.

These actions will help EMS organizations overcome operational obstacles and raise the standard of care they offer.

#### 4.6. Six Sigma for EMS

Six Sigma is a data-driven process improvement methodology that can be used to solve a variety of challenges faced by EMS departments. It uses a five-step DMAIC approach to define measure, analyze, improve, and control processes. Six-Sigma provides a solid foundation for both individual projects and organizational improvement programs [30].

##### 4.6.1. The DMAIC Framework

The DMAIC framework is an acronym for the high-level steps in the life cycle of a process improvement project:

Define: Clearly state what you want to improve, ensuring that it is aligned with the organization's mission, values, and strategic plan;

Measure: Establish a baseline for the current design and performance of the process to be improved;

Analyze: Identify the variables that have the greatest impact on process performance, keeping those variables in mind;

Improve: Test potential improvement ideas using the scientific method to determine if they are effective; this may involve testing multiple concepts;

Control: Implement methods to track the process performance over time and make planned interventions if performance deteriorates.

##### 4.6.2. Six Sigma in an EMS Department

The first step in implementing Six Sigma in an EMS department is to identify a specific challenge or problem that needs to be solved. Once a challenge or problem has been identified, the Six Sigma DMAIC process can be used to define measure, analyze, improve, and control the related process. The DMAIC approach should be implemented by a team of qualified and experienced Six Sigma practitioners. Six Sigma training is offered by many institutions, including universities, professional associations, and private consulting firms. It is important to monitor the results of a Six Sigma project after it is completed and make any necessary adjustments. Six Sigma is a continuous process, so it is important to keep striving for improvement. Here, are some examples of how Six Sigma can be used to improve EMS operations: reduce response times, improve patient outcomes, increase employee productivity, reduce costs, and enhance quality and safety. Six Sigma is a powerful tool that can be used to help EMS departments improve their operations and provide better care for patients [31–33].

#### 4.6.3. Transport System Models (TSMs) for Emergency Services

In addition to the challenges and solutions discussed in the previous sections, it is important to consider the role of transport system models (TSMs) in improving the efficiency and effectiveness of emergency services. TSMs are mathematical models that represent the physical and operational characteristics of a transportation system. They can be used to simulate the behavior of the system under a variety of conditions, including natural disasters and man-made emergencies. TSMs can be used to develop and evaluate evacuation plans, assess the impact of traffic congestion on emergency response times, and identify potential bottlenecks in the transportation system.

Training and exercise are also essential for testing emergency plans and increasing the level of preparedness. Training exercises can be used to familiarize responders with TSMs and to test their ability to use them to make informed decisions in emergency situations. By incorporating TSMs into training exercises, emergency responders can develop the skills and knowledge they need to use these tools effectively in real-world emergencies. TSMs are also becoming increasingly important for testing and improving emergency plans. By simulating different scenarios, planners can identify potential problems with their plans and make changes before an emergency occurs. Additionally, TSMs can be used to train emergency responders on how to use the transportation network effectively during an emergency.

So, TSMs can be used to estimate the evacuation time for a given area, identify bottlenecks in the transportation network, develop traffic management plans, and evaluate the effectiveness of different evacuation routes [34–36].

### 5. Discussion

The implementation of OR tools and other administrative changes in EMS departments can be challenging, but it is essential for improving the efficiency and effectiveness of EMS operations. One of the biggest challenges to adoption is the resistance to change that is often present among EMS personnel. This resistance can be due to a variety of factors, such as the lack of awareness of the benefits of OR tools, a fear of the unknown, or concerns about the impact of change on their jobs [37].

Another challenge is the lack of standardized training and support for OR tools in EMS. This can make it difficult for EMS departments to implement and use OR tools effectively. Additionally, the cost of OR tools can be a barrier for some EMS departments. Despite these challenges, there are a number of steps that can be taken to encourage and support the adoption of OR tools and other administrative changes in EMS departments [38]. First, it is important to educate EMS personnel about the benefits of OR tools and how they can be used to improve patient care and EMS operations. This can be achieved through training programs, workshops, and other educational initiatives [38].

Second, it is important to provide EMS departments with the resources and support they need to implement and use OR tools effectively. This includes providing access to standardized training materials, as well as technical support and troubleshooting assistance. Third, it is important to make OR tools affordable for EMS departments. This can be achieved by providing subsidies or grants, or by negotiating discounts with OR tool vendors [39].

Finally, it is important to create a culture of continuous improvement within EMS departments. This means encouraging EMS personnel to identify and implement new and innovative ways to improve the efficiency and effectiveness of EMS operations. By taking these steps, we can overcome the challenges to adoption and make OR tools and other administrative changes a standard part of EMS practice.

### 6. Future Research Recommendations

1. Create and assess OR tools for particular EMS issues: Issues including resource allocation, patient routing, and ambulance dispatch require the creation and assessment

of specific OR tools. The development of tools that are useful and simple for EMS professionals should be the main goal of this research.

2. Integrate OR tools with current EMS systems: It is important to integrate OR tools with current EMS systems, including electronic patient records and dispatch systems. EMS workers will find it simpler to use OR tools in their daily work as a result of this.
3. Evaluate the impact of OR tools on EMS performance: This evaluation will encompass response times, patient outcomes, and costs. The utility of OR tools for EMS will be determined with the aid of this study.
4. Create OR tools for readiness and reaction to disasters: These tools must be created for preparedness and response to disasters. These resources could make it easier for EMS organizations to prepare for and deal with emergencies.
5. This study aims to research human factor considerations, when using OR tools in EMS: It is critical to research human factor considerations when utilizing OR equipment in EMS. The results of this study will contribute to the development and safe application of OR technologies.

## 7. Conclusions

EMS departments are currently dealing with a variety of difficulties. To sum them, these difficulties include escalating service demand, constrained resources, outdated infrastructure, technology development, and regulatory compliance. There are several approaches that can be used to deal with these difficulties. Investing in technology, cross-training staff, creating backup plans, and collaborating with other organizations are some of these alternatives. We can develop a more resilient and sustainable EMS system by tackling the problems EMS departments are now facing. This will make it possible for EMS departments to service the communities that they are responsible for.

**Funding:** No external funding was received for this research project.

**Informed Consent Statement:** This study does not involve humans, and we have chosen to exclude this statement.

**Data Availability Statement:** Not applicable.

**Conflicts of Interest:** The author declares no conflict of interest.

## References

1. Noonan, V.K.; Soril, L.; Atkins, D.; Lewis, R.; Santos, A.; Fehlings, M.G.; Burns, A.S.; Singh, A.; Dvorak, M.F.; Cheng, C.L.; et al. The Application of Operations Research Methodologies to the Delivery of Care Model for Traumatic Spinal Cord Injury: The Access to Care and Timing Project. *J. Neurotrauma* **2012**, *29*, 2272–2282. [[CrossRef](#)] [[PubMed](#)]
2. Aghabary, M.; Pourghaedi, Z.; Bijani, M. Research, Nursing Investigating the professional capability of triage nurses in the emergency department and its determinants: A multicenter cross-sectional study in Iran. *BMC Emerg. Med.* **2023**, *23*, 38. [[CrossRef](#)]
3. Gajarawala, S.N.; Pelkowski, J.N. Telehealth Benefits and Barriers. *J. Nurse Pract.* **2021**, *17*, 218–221. [[CrossRef](#)] [[PubMed](#)]
4. Reisman, M. EHRs: The Challenge of Making Electronic Data Usable and Interoperable. *Pharm. Ther.* **2017**, *42*, 572–575.
5. Yang, C.C. Explainable Artificial Intelligence for Predictive Modeling in Healthcare. *J. Healthc. Inform. Res.* **2022**, *6*, 228–239. [[CrossRef](#)] [[PubMed](#)]
6. Kurth, J.D.; Powell, J.R.; Gage, C.B.; Fauvel, A.D.; Crowe, R.P.; Cash, R.E.; Panchal, A.R. Evaluating changes in the emergency medical services workforce: A preliminary multistate study. *J. Am. Coll. Emerg. Physicians Open* **2023**, *4*, e12975. [[CrossRef](#)] [[PubMed](#)]
7. Sariyer, G. Sizing capacity levels in emergency medical services dispatch centers: Using the newsvendor approach. *Am. J. Emerg. Med.* **2018**, *36*, 804–815. [[CrossRef](#)] [[PubMed](#)]
8. Popovich, M.L.; Henderson, J.M.; Stinn, J. Information technology in the age of emergency public health response. The framework for an integrated disease surveillance system for rapid detection, tracking, and managing of public health threats. *IEEE Eng. Med. Biol. Mag.* **2002**, *21*, 48–55. [[CrossRef](#)]
9. Kruk, M.E.; Gage, A.D.; Arsenaault, C.; Jordan, K.; Leslie, H.H.; Roder-DeWan, S.; Adeyi, O.; Barker, P.; Daelmans, B.; Doubova, S.V.; et al. High-quality health systems in the Sustainable Development Goals era: Time for a revolution. *Lancet Glob. Health* **2018**, *6*, e1196–e1252. [[CrossRef](#)]

10. Mashoufi, M.; Ayatollahi, H.; Khorasani-Zavareh, D. A Review of Data Quality Assessment in Emergency Medical Services. *Open Med. Inform. J.* **2018**, *12*, 19–32. [\[CrossRef\]](#)
11. Hatami-Marbini, A.; Varzгани, N.; Sajadi, S.M.; Kamali, A. An emergency medical services system design using mathematical modeling and simulation-based optimization approaches. *Decis. Anal. J.* **2022**, *3*, 100059. [\[CrossRef\]](#)
12. Neira-Rodado, D.; Escobar-Velasquez, J.W.; McClean, S. Ambulances Deployment Problems: Categorization, Evolution and Dynamic Problems Review. *ISPRS Int. J. Geo-Inf.* **2022**, *11*, 109. [\[CrossRef\]](#)
13. Schmid, V. Solving the dynamic ambulance relocation and dispatching problem using approximate dynamic programming. *Eur. J. Oper. Res.* **2012**, *219*, 611–621. [\[CrossRef\]](#)
14. Shetab-Boushehri, S.-N.; Rajabi, P.; Mahmoudi, R. Modeling location–allocation of emergency medical service stations and ambulance routing problems considering the variability of events and recurrent traffic congestion: A real case study. *Healthc. Anal.* **2022**, *2*, 100048. [\[CrossRef\]](#)
15. Abreu, P.; Santos, D.; Barbosa-Povoa, A. Data-driven forecasting for operational planning of emergency medical services. *Socio-Econ. Plan. Sci.* **2023**, *86*, 101492. [\[CrossRef\]](#)
16. Utley, M.; Crowe, S.; Pagel, C. *Operational Research Approaches (Elements of Improving Quality and Safety in Healthcare)*; Cambridge University Press: Cambridge, UK, 2022. [\[CrossRef\]](#)
17. Tippong, D.; Petrovic, S.; Akbari, V. A review of applications of operational research in healthcare coordination in disaster management. *Eur. J. Oper. Res.* **2022**, *301*, 1–17. [\[CrossRef\]](#)
18. Johansson, C.; Åström, S.; Kauffeldt, A.; Helldin, L.; Carlström, E. Culture as a predictor of resistance to change: A study of competing values in a psychiatric nursing context. *Health Policy* **2014**, *114*, 156–162. [\[CrossRef\]](#)
19. Alharbi, T.S.; Ekman, I.; Olsson, L.E.; Dudas, K.; Carlström, E. Organizational culture and the implementation of person centered care: Results from a change process in Swedish hospital care. *Health Policy* **2012**, *108*, 294–301. [\[CrossRef\]](#)
20. Mareš, J. Resistance of health personnel to changes in healthcare. *Kontakt* **2018**, *20*, e262–e272. [\[CrossRef\]](#)
21. Stefánsdóttir, N.T.; Nilsen, P.; Lindstroem, M.B.; Andersen, O.; Powell, B.J.; Tjørnhøj-Thomsen, T.; Kirk, J.W. Implementing a new emergency department: A qualitative study of health professionals’ change responses and perceptions. *BMC Health Serv. Res.* **2022**, *22*, 447. [\[CrossRef\]](#)
22. Coetsee, L. From resistance to commitment. *Public Admin Q.* **1999**, *23*, 204–222.
23. Le, A.B.; Buehler, S.A.; Maniscalco, P.M.; Lane, P.; Rupp, L.E.; Ernest, E.; Von Seggern, D.; West, K.; Herstein, J.J.; Jelden, K.C.; et al. Determining training and education needs pertaining to highly infectious disease preparedness and response: A gap analysis survey of US emergency medical services practitioners. *Am. J. Infect. Control* **2018**, *46*, 246–252. [\[CrossRef\]](#) [\[PubMed\]](#)
24. Haleem, A.; Javaid, M.; Singh, R.P.; Suman, R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sens. Int.* **2021**, *2*, 100117. [\[CrossRef\]](#) [\[PubMed\]](#)
25. Albina, A.; Archer, L.; Boivin, M.; Cranmer, H.; Johnson, K.; Krishnaraj, G.; Maneshi, A.; Oddy, L.; Redwood-Campbell, L.; Russell, R. International Emergency Medical Teams Training Workshop Special Report. *Prehospital Disaster Med.* **2018**, *33*, 335–338. [\[CrossRef\]](#) [\[PubMed\]](#)
26. Camacho, N.A.; Hughes, A.; Burkle, F.M., Jr.; Ingrassia, P.L.; Ragazzoni, L.; Redmond, A.; Norton, I.; Von Schreeb, J. Education and Training of Emergency Medical Teams: Recommendations for a Global Operational Learning Framework. *PLoS Curr.* **2016**, *8*.
27. Oconnor, R.; O’Connor, R.E.; Lerner, E.B.; Allswede, M.; Billittier, A.J.; Blackwell, T.; Hunt, R.C.; Levinson, R.; E Wang, H.; White, L.J.; et al. Linkages of acute care and emergency medical services to state and local public health programs: The role of interactive information systems for responding to events resulting in mass injury. *Prehospital Emerg. Care* **2004**, *8*, 237–253. [\[CrossRef\]](#)
28. Kumar, V. *How Technology Is the Key to Improving Emergency Medical Services in India*; Express Computer: Mumbai, India, 2021; Available online: <https://www.expresscomputer.in/guest-blogs/how-technology-is-the-key-to-improving-emergency-medical-services-in-india/79356/> (accessed on 11 October 2023).
29. Morse, M. Why EMS Cross-Training Is a Great Idea. Fire Engineering. 24 May 2017. Available online: <https://www.fireengineering.com/fire-ems/why-ems-cross-training-is-a-great-idea/#gref> (accessed on 11 October 2023).
30. Daly, A.; Teeling, S.P.; Ward, M.; McNamara, M.; Robinson, C. The Use of Lean Six Sigma for Improving Availability of and Access to Emergency Department Data to Facilitate Patient Flow. *Int. J. Environ. Res. Public Health* **2021**, *18*, 11030. [\[CrossRef\]](#)
31. Sanders, J.H.; Karr, T. Improving ED specimen TAT using Lean Six Sigma. *Int. J. Health Care Qual. Assur.* **2015**, *28*, 428–440. [\[CrossRef\]](#)
32. Buttigieg, S.C.; Dey, P.K.; Cassar, M.R. Combined quality function deployment and logical framework analysis to improve quality of emergency care in Malta. *Int. J. Health Care Qual. Assur.* **2016**, *29*, 123–140. [\[CrossRef\]](#)
33. Celano, G.; Costa, A.; Fichera, S.; Tringali, G. Linking Six Sigma to simulation: A new roadmap to improve the quality of patient care. *Int. J. Health Care Qual. Assur.* **2012**, *25*, 254–273. [\[CrossRef\]](#)
34. Russo, F.; Rindone, C. Urban exposure: Training activities and risk reduction. *WIT Trans. Ecol. Environ.* **2014**, *191*, 991–1001. [\[CrossRef\]](#)
35. Vitetta, A. Network Design Problem for Risk Reduction in Transport System: A Models Specification. *Int. J. Transp. Dev. Integr.* **2022**, *6*, 283–297. [\[CrossRef\]](#)
36. Rindone, C. Planning for Risk Reduction in the Transport System at Urban Level. Available online: <https://trid.trb.org/view/2169551> (accessed on 11 October 2023).

37. Lincoln, E.W.; Reed-Schrader, E.; Jarvis, J.L. *EMS Quality Improvement Programs*; StatPearls Publishing: St. Petersburg, FL, USA, 2023. Available online: <https://www.ncbi.nlm.nih.gov/books/NBK536982/> (accessed on 11 October 2023).
38. Zhang, Z.; Sarcevic, A.; Joy, K.; Ozkaynak, M.; Adelgais, K. User Needs and Challenges in Information Sharing between Pre-Hospital and Hospital Emergency Care Providers. *AMIA Annu. Symp. Proc.* **2022**, *2021*, 1254–1263.
39. Olive, C.K.; Hyder, A.A.; Bishai, D.; Joshipura, M.; Hicks, E.R.; Mock, C. Chapter 68. Emergency medical services. In *Disease Control Priorities in Developing Countries*, 2nd ed.; Jamison, D.T., Breman, J.G., Measham, A.R., Eds.; Oxford University Press; International Bank for Reconstruction and Development; The World Bank: New York, NY, USA, 2006. Available online: <https://www.ncbi.nlm.nih.gov/books/NBK11744/> (accessed on 11 October 2023).

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.