

**Arkansas Department of Health
Section of Emergency Medical Services and Trauma Systems
Office of Rural Health and Primary Care**

Emergency Medical Services (EMS) Needs Assessment Survey 2008

DEAR SERVICE MANAGER:

Introduction

The Arkansas Department of Health's Section of Emergency Medical Services and Trauma Systems and the Office of Rural Health and Primary Care have joined together to form a partnership to conduct this survey of all EMS providers in Arkansas.

The purpose of conducting this survey is to gather data to better understand the needs and viewpoints of Arkansas' EMS providers - who provide much-needed and vital services to the communities they serve. Results from the survey will be used to help allocate staff resources and federal and state funding to improve the level of service of EMS providers in Arkansas.

Directions

We ask that you - or the current director or manager for this EMS service - complete the survey for your service according to the directions in the survey and mail it back to us in the postage-paid envelope provided.

Please note: *If your service is licensed to provide more than one type of care (for example, Paramedic Life Support, Basic Life Support, or Intermediate Life Support), we ask that you please fill out only one survey per service area. Please do not distinguish your answers between the types of care provided by your service; answer the questions based on the highest level of care provided by your service.*

Your opinions are extremely valuable and will be given important consideration as we determine how to allocate future resources and funding to improve EMS services in Arkansas. Therefore, we kindly ask that you complete this survey to help us understand your needs and concerns as an EMS provider.

Please return the survey to the below address by May 9, 2008.

For questions about the survey, contact:

David Taylor, Section Chief
Section of EMS and Trauma Systems
5800 West 10th St. Suite 800
Little Rock, AR 72204-17635
(501) 661-2262
E-mail: david.taylor@arkansas.gov

Ambulance Service Name: _____ **AR. License #** _____

Individual Completing Survey: _____

Contact Phone Number: (____) - ____ - _____

Equipment and Supply Needs

Based on your service assets and current condition of your equipment, please rate the following items as to whether they adequately meet the needs of your service. Please use the following response categories: 1=Does not meet needs at all, 2=Somewhat meets needs, 3=Mostly meets needs, 4=Adequately meets needs, 5=Fully meets needs.

Please circle only **one** answer per question.

	Does not meet needs at all	Somewhat meets needs	Mostly meets needs	Adequately meets needs	Fully meets needs	Not Applicable
1. Facilities (meetings, etc.)	1	2	3	4	5	N/A
2. Garages	1	2	3	4	5	N/A
3. Ambulances	1	2	3	4	5	N/A
4. Stretchers/Cots	1	2	3	4	5	N/A
5. Portable oxygen unit	1	2	3	4	5	N/A
6. Non-disposable airway devices	1	2	3	4	5	N/A
7. Personal protection equipment	1	2	3	4	5	N/A
8. Radio equipment	1	2	3	4	5	N/A
9. Cellular telephones	1	2	3	4	5	N/A
10. Training materials	1	2	3	4	5	N/A
11. Defibrillator	1	2	3	4	5	N/A
12. Pediatric equipment	1	2	3	4	5	N/A

13. How does your service conduct billing activities? (*Check all that apply*)

- 1) Service bills directly
- 2) Billing contracted to outside entity
- 3) Other (specify)

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14. Does your service use computerized billing? (*Check only one*)

- 1) Yes
- 2) No
- 3) Not applicable

15. Does your service have **Internet** access? (*Check only one*)

- 1) Yes
- 2) No

16 If your answer to #15 is yes, is your internet access:

- 1) Dial up
 - 2) High Speed (DSL)
 - 3) Other (specify)
-

Staffing/Personnel Needs

These next two questions are about your efforts to recruit and retain health care providers (excluding support staff). Please use the following response categories: 1=Very difficult, 2=Fairly difficult, 3=Somewhat difficult, 4=A little difficult, 5=Not at all difficult.

Please circle only **one** answer per question.

	Very difficult 1	Fairly difficult 2	Somewhat difficult 3	A little difficult 4	Not at all difficult 5
17. To what extent does your service have difficulty recruiting health care providers (excluding support staff)?					
18. To what extent does your service have difficulty retaining health care providers (excluding support staff)?					

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In your opinion, to what extent do the following issues act as barriers to **retention** of local individuals into the local EMS system? Please use the following response categories: 1=Major Barrier, 2=Somewhat of a Barrier, 3=Not a Barrier.

Please circle only **one** answer per question.

	Major Barrier	Somewhat of a Barrier	Not a Barrier
19. Time away from family	1	2	3
20. Long hours	1	2	3
21. Training requirements	1	2	3
22. Stress of EMS work	1	2	3
23. Inadequate or low pay	1	2	3
24. Poor retention effort	1	2	3
25. Physical demands	1	2	3
26. Health hazards	1	2	3
27. No interest in EMS	1	2	3
28. Medical liability	1	2	3

Grant Assistance Needs

29. Does your service actively seek out and apply for **grant assistance** (local/state/federal)?
(Check only one)

- 1) Yes
- 2) No

30. Excluding the Rural Health Services Revolving Fund (for EMS), has your service ever applied for grant assistance? (Check only one)

- 1) Yes
- 2) No

31. Is there a member of your service who has experience applying for grant assistance?
(Check only one)

- 1) Yes
- 2) No

Emergency Preparedness

32. Has any of your staff received training to respond to the following?

Circle "Yes" **or** "No" for **EACH** area listed below.

- | | | |
|---|-----|----|
| A) Hazardous Materials | Yes | No |
| B) Bioterrorism/Weapons of Mass Destruction | Yes | No |
| C) Explosions | Yes | No |
| D) Radioactive Materials | Yes | No |
| E) Mass Immunization | Yes | No |
| F) Training courses for medical directors | Yes | No |
| G) Leadership training for rural EMS managers | Yes | No |

33. Does your service have a standard operating guide or procedure for the following?

Circle "Yes" **or** "No" for **EACH** area listed below.

- | | | |
|---|-----|----|
| A) Hazardous Materials | Yes | No |
| B) Bioterrorism/Weapons of Mass Destruction | Yes | No |
| C) Explosions | Yes | No |
| D) Radioactive Materials | Yes | No |
| E) Mass Immunization | Yes | No |
| F) Training courses for medical directors | Yes | No |
| G) Leadership training for rural EMS managers | Yes | No |

Priority Needs

34. From the list below, please rank your service's **top 5 priority needs or concerns**. For example, please rank your highest priority as 1, your second highest priority area as 2, and so on until you have ranked your top 5.

RANK

A)	Training and upgrading EMS personnel	
B)	Supply needs (such as dressings, medications, etc.)	
C)	Training equipment needs (such manikins, KEDs, long spine boards)	
D)	Financial needs (reimbursement for services, concerns about sustainability, etc.)	
E)	Recruiting and retention of EMS personnel	
F)	Relations with hospitals	
G)	Continuing Education for EMS personnel	
H)	Quality Assurance	
I)	Communication Equipment	
J)	Equipment for Hazmat and/or Bioterrorism response	
K)	Medical Equipment (non-disposable)	
L)	Computers/Software	

35. Please discuss any **other needs** your service has concerning your service's ability to continue providing quality EMS services to your area. Attach a separate sheet of paper, if necessary.

Manpower Statistics and Demographics

36. Your service is: (*Check only the highest level of care that applies to your service*)

- 1) I-B
- 2) I-A
- 3) Paramedic Life Support
- 4) Advanced Response
- 5) Special Purpose
- 6) Air Ambulance

37. Your service is: (*Check all that apply*)

- 1) Hospital-Based
- 2) Fire-Based
- 3) Private
- 4) Volunteer
- 5) Public

38. **Excluding support staff**, how many of your health care providers (all levels) are:

A. Paid staff	Number	Totals
1) EMT	_____	
2) EMT-Intermediate	_____	
3) EMT-Paramedic	_____	
4) EMT-Instructor	_____	
Total paid staff (<i>not including EMT-Instructors</i>)		_____

B. Paid Volunteers – (receive stipends, gas and/or training reimbursement)

1) EMT	_____	
2) EMT-Intermediate	_____	
3) EMT-Paramedic	_____	
4) EMT-Instructor	_____	
Total paid volunteers (<i>not including EMT-Instructors</i>)		_____

C. Unpaid volunteers (no monetary pay)

1) EMT	_____	
2) EMT-Intermediate	_____	
3) EMT-Paramedic	_____	
4) EMT-Instructor	_____	
Total unpaid volunteers (<i>not including EMT-Instructors</i>)		_____

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39. At this time, how many Emergency Medical Technicians (all levels) are you short for proper staffing?

- 1) EMT- Ambulance _____
- 2) EMT- Intermediate _____
- 3) EMT- Paramedic _____

40. The **primary** source of funding for your service would be best described as:
(Check only one)

- 1) Patient billing
 - 2) Medicare/Medicaid
 - 3) City/County funding
 - 4) Fund raising
 - 5) Other
-

41. What are your radio communication capabilities?
(Check all that apply)

- 1) VHF Low (36-50 mHz)
- 2) VHF High (150-174 mHz)
- 3) UHF (450-510 mHz)
- 4) 800 mHz

42. What is the average age of your service's radio equipment?
(Check only one)

- 1) 0 to 5 years
- 2) 6 to 10 years
- 3) 11 years or older

43. What are your radio communication capabilities with other agencies?
(Check all that apply)

- 1) Police – city
- 2) Police - county
- 3) Police – state
- 4) Police - highway
- 5) Fire/Rescue
- 6) Hospital
- 7) Medical First Responders
- 8) Other EMS agencies

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44. Do you have Arkansas' Wireless Information Network radios?
(Check only one)

- 1) Yes
- 2) No

45. If you checked yes to question # 44, please respond to the following:

				Quantity
1)	Base Radios	YES	NO	
2)	Portable (Hand Held)	YES	NO	
3)	Mobile	YES	NO	

46. What is the average age of your service's A-WIN radio equipment?
(Check only one)

- 1) 0 to 2 years
- 2) 3 to 5 years
- 3) 6 years or older

47. Who provided the A-WIN radios?

	Who Provided Radios	Check all that apply	# Radios Purchased
1)	Self-Purchased		
2)	City		
3)	County		
4)	State		
5)	Federal		
6)	Other		

48. If you are a private owned ambulance service, have you been included in your county's distribution plan of the A-WIN radios?
(Check only one)

- 1) Yes
- 2) No

If you marked **other**, please explain:

49. Do your ambulances have inverters?

	# of ambulances that have inverters		# of ambulances that do not have inverters
1)		2)	

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50. Do you have Personal Protective Equipment (PPE) for extrication purposes?
(Check all that apply)

- 1) Safety Goggles
- 2) Head Gear (Safety Helmets)
- 3) Jackets (such as fire turnouts)
- 4) Pants (such as fire turnouts)
- 5) Steel Toed Boots
- 6) Gloves (Heavy Duty)
- 7) SCBAs
- 8) Other

If you marked **other**, please explain:

51. Does your service offer Emergency Vehicle Operations Courses? (EVOC)

- 1) Yes
- 2) No

52. Does your service use any type of driver monitoring devices and if so, what are they?

- 1) Yes
- 2) No

If yes, please explain.

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Thank you for completing the survey, please mail in the enclosed postage-paid envelope provided to the following:

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Arkansas Department of Health
5800 West 10th St. Suite 800
Little Rock, AR 72204-1763**