COMMUNITY-BASED NEEDS ASSESSMENT:
Assisting Communities in Building a Stronger EMS System

U.S. Department of Health and Human Services
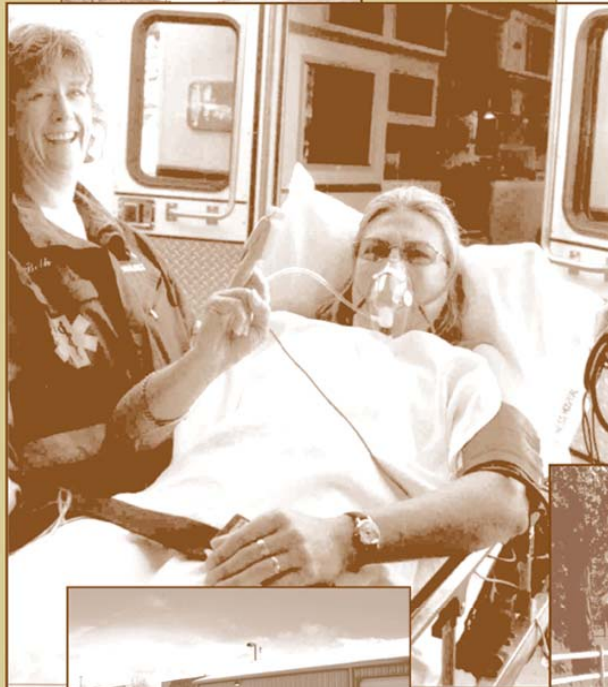**HRSA**
Health Resources and Services Administration

Community-Based Needs Assessment

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U.S. Department of Health and Human Services

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Office of Rural Health Policy

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Foreword

The face of rural and frontier Emergency Medical Services (EMS) is changing. The number of potential volunteers in many areas is dwindling due to the ever increasing age of the population. At the same time, expectations and requirements have increased, with all-hazards preparedness, pandemic disease and other preparedness requirements.

Rural health care, in general, has also changed, hospitals have closed, downsized, or converted to Critical Access Hospitals. These changes sometimes result in longer transport times to specialty care facilities in neighboring communities.

The community at large may have unrealistic expectations about access to and availability of prehospital services fueled by periodic doses of highly efficient and effective responses portrayed on television. During their moment of need, they may expect immediate personnel response with all of the latest gadgetry capable of plucking them from the very jaws of death.

Prehospital care providers themselves also often have unrealistic expectations fueled by the same media and reinforced by articles and vendor ads in trade magazines and catalogues suggesting that the next higher level of certification is always better and that the newest piece of equipment will always result in improved outcomes. These beliefs are often developed even in the face of irrefutable evidence to the contrary.

The reality is that sometimes a rock-solid basic response sustained day in and day out may be superior to a hit and miss system of advanced care. The challenge is to gather enough information from the community itself to determine the best level, type, and configuration of EMS for that community. A process that engages other health care providers, public safety personnel, the community at large, the schools, the political leadership, and the media is essential to facilitate appropriate planning and decision making at the local level. That is what the community planning process is about.

Many rural EMS agencies are fighting for their very existence. Others enjoy relative prosperity. Both want to do better. The process outlined in this document can help either take the next step, one towards survival, the other towards excellence.

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INTRODUCTION

When people call for medical help in a rural area, they expect a rapid response, competent staff, and good equipment from the local Emergency Medical Services (EMS). Too often, their expectations are formed by what they see on TV, not by the reality in their own community. Surprisingly, few EMS systems rely on sound assessment techniques to ensure that they understand and can meet the needs of the community.

Rural communities and their EMS agencies need a tool to evaluate their strengths and weaknesses and to provide a clear understanding of the needs of their customers. With this understanding, the EMS service can focus its limited resources and the community can have a greater voice in determining the EMS service it needs and is willing to support.

Even more importantly, the EMS agency needs to function as a member of its community. People may think that their local ambulance service is supported completely by government taxes – and have a negative reaction when they are billed for an ambulance call. Or they may think that the ambulance is fully tax supported and be offended when a volunteer service conducts a fundraising event.

Even more serious is the fact that most people outside the medical field (and some within the medical fields) do not understand the difference between an EMT-Basic, EMT-Intermediate, and EMT-Paramedic. They do not understand the different skill requirements, training demands, financial demands, and medical supervision in each of these levels of service.

For most people, the EMS agency is invisible until an emergency happens. And then it is too late. EMS agencies need to become an integral part of the community so that people know what it takes to provide the kind of service they want. The community needs to understand what is provided and the costs in both financial and human resources so it can make informed decisions about the level of service that is possible.

Community planning is about questioning. The community planning and integration process needs to involve the ambulance service staff and volunteers, the hospitals and medical assistance facilities, governing bodies, schools, service clubs, the business community, and the public at large in assessing its emergency health care and how that service interacts with and impacts each entity. This guide contains questions to help your community evaluate the EMS service's place in the community.

This is not a project for the EMS agency to conduct and present to the community. Instead, it must be a community-wide effort that involves many individuals. The point of this planning exercise is to discover the EMS agency's role in the community and determine if the community needs the agency's role strengthened in some areas or whether the community actually needs the EMS agency to assume a different role altogether. Is an autonomous EMS service the best for your community or would people be better served by a service that operated in conjunction with another community organization? Is the community best served by an all-volunteer service or a paid service? Should the EMS service provide only emergency care or should it take on expanded duties, such as conducting health assessments?

This guide is a step-by-step plan on how to evaluate the role of EMS in your community. Each of the questionnaires discusses a specific community group and guides your community in assessing the EMS service in relation to that segment of the community.

You will need assistance along the way to conduct this planning assessment. The facilitator in this process should bring a broad breadth and depth of EMS experience and a fresh "outside" perspective. The outside facilitator should be embraced as a partner in this process (see pg. 13; How to Choose a Facilitator). The facilitator will assist community leaders in gathering information through a series of questionnaires targeting specific segments of the community. These include:

EMS/Community Demographic Profile
This profile will assist the facilitator in understanding the unique qualities of each EMS system and the community. It provides a snapshot of the EMS system organizational structure and the community's current status.

EMS Agency Self-Assessment
It is critical to examine your own perception of how well the current system meets the needs of the community in general. This section provides an overview of the entire process and gives you a quick internal snapshot of your agency's employee/volunteer perception about how well the agency interacts with other community resources.

The Health Care System
The goal of prehospital medicine is to stabilize, treat, and transport those who are critically ill or injured to definitive care. Definitive care may be a hospital, critical access hospital or rural health clinic. Is the continuum of care from the street to these facilities being handled efficiently and productively? This section establishes whether the EMS agency integrates well with the community's overall health care system.

The Public Safety System
Managing an emergency scene often requires help from fire fighters and law enforcement. Fire fighters can assist in extrication or provide initial medical care. Law Enforcement officers secure the scene. How does the EMS service interact with public safety personnel? Does everyone have a defined role and work well together? This section explores the interactions and relationship between the EMS service and other public safety emergency responders.

The Political System
Behind any EMS agency is the political system – those who govern the community. The political system governs many aspects of prehospital care regardless of whether EMS is a public, private, volunteer or hospital-based system. Is the EMS service accountable financially? What is the cost of poor quality? Do the political bodies understand the State and national regulations governing EMS? This section details the main concerns in making sure the political system and the EMS service are working together.

The School System
How well does the EMS service work with the school system? Schools are great venues for injury prevention education and recruitment of future EMS providers. Do educators and faculty interact seamlessly with EMS personnel during an emergency? Is the community prepared for tragedies like school shootings? This section helps evaluate the EMS service in relation to the school system from education to policies and procedures.

The Local/Regional Media
There is no argument that media influences the community's perception of an industry. Does the EMS service notify the media of new programs, equipment, volunteers, and other possible feature stories? Does the EMS service maintain a positive working relationship with the media? Do EMS and media representative have established guidelines for handling news coverage during an emergency? This section examines the roles of the EMS service and the media.

The Community at Large
As stated in the _EMS Agenda for the Future_, "Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system…it will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net." Does the EMS service provide the best possible care (protocol compliance, response time, clinical error rate)? Is the EMS service meeting customers' needs and expectations? Is there a system to continually reassess whether their needs are being met? Does the general public understand the service provided by the EMS service and its limitations? Does the general public have an accurate perception of the rules governing EMS practice and how the EMS operates financially? This section researches your influence on the community.

Using the Information for Planning.
The data gathered from the sections described above should provide the facilitator and community leaders with an initial outlook on its EMS service's strengths and weaknesses. At this point, the community must decide how to respond to this information. The information provides a sound basis for making decisions about how to meet the goal of this process: that the community has an EMS service that covers its needs within its financial and human resource limits and that the community understands and supports that level of service.

This EMS community-planning guide is helpful for:
- Understanding and shaping the community's perception of the local EMS service.
- Determining the appropriate level of care (i.e. Basic Life Support (BLS) vs. Advanced Life Support (ALS)) in a community.
- Building citizen "ownership" of the EMS service for support in financial decisions.
- Increasing public awareness of the EMS service capabilities and limitations.
- Increasing the EMS service's awareness of how it fits into the community.
- Examining the EMS service's perception of the community.

- Understanding how the needs of different groups in the community are difficult to identify and how they are interrelated.
- Understanding how to set priorities where the public demands are often high and the budget is often limited.

The Guide for Community-Based Needs Assessment is a tool. The process of communicating with various entities and individuals is far more important than making sure that each question is answered by all respondents. The tool is meant to open channels of dialogue. The questions and thoughts in this guide are suggestions, not policy. There are no documentation requirements, nor will following these viewpoints ensure compliance with any Federal, State or local codes or regulations that may apply to your EMS agency.

ESTABLISHING COMMUNITY READINESS

The extent to which the Community Assessment process is successful, and how the report is used, will depend to some degree on the "readiness" of the community. A growing body of evidence suggests that community-based change is heavily dependent on the degree to which the community sees the challenge and is willing to respond. According to Oetting, et al (2001), there are nine specific stages of community readiness. These are:

1. **No Awareness.** The issue is not recognized as a problem by the community. For instance, they may not be aware that volunteer recruitment and retention is an issue.

2. **Denial.** While some leaders may perceive a simmering problem they don't think it is critical or will impact the community directly. As an example, community members may notice that the ambulance is at the service shop frequently but don't acknowledge that this could affect the agency's ability to respond.

3. **Vague Awareness.** There is a general consensus that there is a problem and that something should be done about it… but no one is taking action. This discussion often occurs around the coffee shop or other local gathering places and might go something like, "Did you know that it took the ambulance 45 minutes to get to the McEwen farm after Charlie fell off the barn?"

4. **Preplanning.** The problem is clearly identified and some action is occurring, e.g. there may be a committee looking into it. There is no specific action. As an example, the county commissioners may have referred the EMS agency's request for a new building to the health care subcommittee, but discussion has not occurred because of a more pressing (perceived) need.

5. **Preparation.** Focused and effective planning is occurring; various options are being considered. An EMS oversight committee is considering staffing options that include establishing paid staff and sharing services with a neighboring community from 8 a.m. to 5 p.m. M-F. Pros and cons are being discussed.

6. **Initiation.** Change is underway. A new data collection software program has been purchased, some training has taken place but there is not widespread adoption.

7. **Stabilization.** Portions of the program are running and are achieving support but the entire change has not occurred. A decision concerning outsourcing billing functions has been made, the firms is now handling all accounts receivable but has no role in other financial planning such as accounts payable.

8. **Confirmation/Expansion.** Community decision makers are informed by local data and are supportive of maintenance or expansion of services. Based on improved response times using paid personnel to cover daytime shifts, the county commission has voted to include paid staffing at a satellite station as well.

9. **Professionalism.** Ongoing quality improvement is occurring, the program is secure. The EMS agency is vitally involved in the health care quality improvement task force for the community, sets benchmarks and measures performance against those criteria.

The degree of success of the community planning process is predicated on the fact that, at very least, the EMS agency director and other key medical and political stakeholders are beyond the denial stage. Without support from these key individuals the process is doomed to failure. There must be a willingness to critically assess current activities and outcomes from a systems perspective and map strategies to capitalize on strengths and opportunities while minimize threats and weaknesses.

The community assessment process itself can help create community awareness and move the community toward stage four and beyond.

ROLE OF EMS DIRECTOR OR SERVICE CHIEF

During the application of earlier versions of this community planning process, the single greatest obstacle to the timely and accurate completion of the project in a given community has been the lack of commitment and buy-in from the EMS agency director. In those cases where he or she is leading the charge, the process goes quickly and efficiently. Conversely, if the process is being "driven" by someone else, i.e. a hospital administrator or city father, without the full knowledge and support of the EMS director, then the process is arduous and unnecessarily time consuming.

Some of the duties and responsibilities of the EMS agency director include:

- Fully supporting the process
- Being willing to commit necessary personal time resources to the process
- Being available to the facilitator/consultant to answer questions in a timely manner
- Promoting the process and the outcome across the community
- Assisting in identifying key stakeholders and issues
- Convening and attending various meetings
- Active listening

This is not to say that each and every task on this list has to be personally accomplished by the agency director. Certain functions can be delegated to trusted and qualified service members. However, ultimately, the responsibility for the process lies with the agency director. The most qualified facilitator in the world can't achieve consensus if there is no one at the table, the most brilliant consultant can't make quality recommendations without access to all essential information.

SAMPLE MEMORANDUM OF AGREEMENT

[PUT ON FACILITATOR LETTERHEAD!!}

John/Jane Doe
XYZ EMS Service
XYZ Town, XYZ State, zip

Dear ------

Thank you for your interest in the Community Based Needs Assessment process. Americans often think EMS systems are well established throughout the country and are fully funded to meet their respective needs. In truth however, EMS is a fledgling development of the late 1960s and largely a minimally locally funded enterprise, many of which are surviving on a "wing and a prayer."

In order for the Community Based Needs Assessment process to begin we want to ensure that there is 100 percent cooperation and desire from you, the EMS Service Director. There are numerous tasks that rely heavily on the participation of the EMS Service Director in order for their successful completion.

Please take a moment to look at the enclosed Task/Duties Timeline, then complete the enclosed Letter of Agreement and return to us.

Again, thank you for your interest; we look forward to working with you.

Sincerely,

[Signature]

[FACILITATOR LETTERHEAD]

I, _____ hereby agree and commit myself, and the

_____ EMS Service to the completion of the EMS Community Planning Project.

I or my designee _____ will serve as the Site Coordinator for the project.

_____
EMS Service Director Signature/Date

_____
Designee (if applicable) Signature/Date

DESCRIPTION OF PROCESS

This section provides step-by-step assistance on how to assess your community's needs and perceptions in EMS. From there, you can develop a plan to enhance EMS integration into the community as a whole.

Where do you begin? The following outlines the steps involved.

1. **Complete the "Memorandum of Agreement."** Ensuring that there is true commitment between the EMS agency and the facilitator is crucial to the success of the project.

2. **Form the EMS Planning Project Team.** Without internal support, this process will falter. The EMS service needs the encouragement and assistance from the entire staff. A strong company succeeds based on the beliefs of its workers. The internal team size may vary, but typically, there will be one or two people doing most of the leg work. The role of the internal team is to keep the process moving. This involves handing out the questionnaires to both agency personnel and external respondents, scheduling meetings, answering questions, communicating with your facilitator and generally making the process a priority in their already overburdened lives. With commitment and focus, this process is relatively painless. Conversely, without this commitment, the process can drag on forever and become burdensome. Find people affiliated who are willing to help ensure that this effort is an unqualified success.

3. **Complete the EMS/Community Demographic Profile.** The profile was developed in order for the facilitator to obtain a snapshot of the EMS System and how it operates within State and local statues. It also provides a basis to which the facilitator can garner important information about the structure of the community, the trends in economic, social, and educational sectors.

4. **Complete EMS Agency Self-Assessment.** All members of the EMS agency should perform the self-assessment to find out how the organization perceives itself. Questions that will be answered from this exercise include: Do policies and procedures need to be updated? How is internal morale? Remember that the responses to the internal survey are completely confidential. They will be processed by the facilitator and the summaries provided back to the planning team in a manner that will not identify individual respondents. In this way, you are more likely to receive candid feedback.

5. **Form a Community Assessment Team.** The size of the team depends on the specific needs of the community. But you should include at least one representative from these areas:
   a. EMS Agency Planning team members
   b. Health Care System (Hospital, Critical Access Hospital, etc.)
   c. Public Safety System (Fire Department, Law Enforcement, etc.)
   d. Political System (Mayor's Office, County Commissioner, etc.)
   e. School System (Administrators, Health Nurse, etc.)
   f. Local/Regional Media (Newspaper, Television, etc.)
   g. Community At Large (Service Groups, Senior Citizen's Organizations, Community Members, Church Congregations, Etc.)

Involving a group provides a broader perspective on the issues and enhances visibility of the planning process. The more support you get in the beginning, the easier it will be to facilitate discussions, activities, and change.

6. **Establish a Schedule.** Developing an EMS integration plan can be a daunting task. Once you have determined a start date, you and the facilitator can utilize the sample timeline for specific benchmarks. Your facilitator will also help coach your team through this schedule. Creating project deadlines assists in keeping the endeavor moving. People's time is your most precious commodity. Use it wisely. Appointing someone as the administrative contact to maintain efficiency and communications is a great idea. Timelines may be modified but resist the temptation to put off various tasks.

7. **Complete Community Questionnaires.** This is the heart of the community planning exercise. This is where you look at the EMS service in relation to other community sectors and determine how the service fits into that sector. This also should prompt the assessment team to question whether the community needs to make some changes to improve the way things work.

    The first task is to decide whom you want to answer the questionnaire in each section. What existing groups can provide valuable information? Which individuals? This is an important and significant task. Be sure to include detractors and critics in addition to allies and supporters. If you do not, the process will be challenged later as you begin to elicit community support for your plan.

    Some data may be gathered at small meetings between your assessment team and other members of the community. You may make specific assignments to the various external team members and make them responsible for gathering information from the sector that they are most familiar with, e.g. the law enforcement representative should be charged with soliciting feedback not only from his or her agencies but from the other law enforcement agencies in the area.

8. **Using the Information for Planning.** After collecting the survey or interview information, you analyze what you have found by averaging the scores or counting the responses. The facilitator will assist in making sense of the information and in formulating the final report. Someone should take the responsibility for presenting the information to the others in the group.

9. **Develop an Integration Plan.** Once again, the facilitator will assist with this portion of the process. However, you must be involved in its development so that you "own" it and are proud of both the process and the final product.

    This community integration plan is the response to the information you have gathered, a plan that is shaped by the entire community assessment. You look at the strengths and weaknesses that have been identified and make decisions on whether changes are needed and where to focus your energy. This is a dynamic process. The integration plan is something that you should review frequently to see if the plan is working and whether it needs to be revised.

Community-Based Needs Assessment: Sample Timeline

Community Site:		**Facilitator:**		
Contact Name:				
Contact Email:				
Contact Phone/Fax:				
Contact Address:				

Tasks	Timeline	Who	Date Task Completed	Notes
Community Readiness–Pre Process Phase	*Weeks 1-3*			
Hold initial meeting with identified project stakeholders.		Facilitator; Site Coordinator		
Confirm computer access/email/word processing, adobe, etc.		Facilitator		
Schedule on-site technical assistance visit(s) travel arrangements, lodging, etc.		Facilitator: Site Coordinator		
Identify key internal and external team members.		Site Coordinator		
Establish contact information database for all participants.		Facilitator		
Distribute "Letter of Commitment" to leadership team.		Facilitator		
Distribute "Service Demographics" survey to all EMS service directors.		Facilitator		
Receive completed paperwork: Letter of Commitment/Service Demographics.		Facilitator		
Upon satisfaction of "Community Readiness" submit media Press Release #1.		Facilitator		
Internal Assessment-Process Phase	*Weeks 4-6*			
Hold internal stakeholder orientation meeting.		Facilitator: Site Coordinator		
Distribute internal surveys.		Facilitator		
Identify key community leaders.		Site Coordinator		
Internal surveys returned to Facilitator for analysis.		Facilitator		
Facilitator reviews internal survey data for analysis.		Facilitator		

Community-Based Needs Assessment: Sample Timeline

Community Site:		**Facilitator:**		
Contact Name:				
Contact Email:				
Contact Phone/Fax:				
Contact Address:				
Tasks	**Timeline**	**Who**	**Date Task Completed**	**Notes**
External Assessment-Process Phase	*Weeks 5-9*			
Identify all community leaders.		Site Coordinator		
Hold external stakeholder orientation meeting.		Facilitator; Site Coordinator		
Community at large input media Press Release #2		Facilitator		
Distribute external surveys to external team members.		Site Coordinator		
Tabulated external surveys returned to Facilitator for analysis.		Site Coordinator		
Seek additional input from community at large.		Site Coordinator		
Assessment Analysis Report	*Weeks 10-12*			
Facilitator review all data.		Facilitator		
Technical assistance site visit – review all data.		Facilitator; Site Coordinator		
Formulate plan.		Facilitator; Site Coordinator		
Facilitator provide draft of Community Analysis reviewed by EMS/CAH director.		Facilitator		
Community Analysis report distributed.		Facilitator		
Development of balance scorecard template		Facilitator		
Post Phase				
Ongoing analysis of balance scorecard		Site Coordinator		
Follow-up community planning process survey		Facilitator		

SAMPLE PROCESS DESCRIPTION OUTLINE

Identification of community

Acceptance by EMS Director/EMS Service (written acceptance)

Assignment of facilitator

Facilitator contact with EMS service director

Written agreement with EMS service director

Service Questionnaire

       EMS Director Questionnaire

       Medical Director Questionnaire

Add additional questions to surveys (based on local needs)

Identify tentative meeting dates

Schedule initial meeting with EMS agency

Meeting with EMS agency

       Project description

       Conduct internal survey (self-assessment - Section 2)

       Identify local resource for conduct of project

       Identify key community contacts

       Assign responsibility

       Finalize process structure/details

Schedule date/location for community meeting

Facilitator completes data entry and tabulation of internal surveys

Facilitator provides anonymous, aggregate summary of internal surveys

Service Directors identifies recipients of external surveys

Facilitator provides copies of appropriate external surveys

Service Director distributes external surveys

External surveys are returned to Service Director/facilitator

External surveys are tabulated

Community meeting is conducted with facilitator present

       Provides overview of process

       Presents tabulated results of internal/external surveys

       Facilitates discussion

       Identifies issues/concerns of participants

       Identifies strengths/weaknesses/opportunities/threats (SWOT)

Facilitator drafts project report

Local review and comment on project report

Final on-site meeting to review project report

       Final edits to report

       Assign tasks/responsibilities/timelines

Submission of final report

HOW TO CHOOSE A FACILITATOR

The success and effectiveness of any Community Planning process is directly related to the skills and knowledge the facilitator brings to the process. It must be said that the facilitator cannot arrive in town on a white horse and provide solutions to problems and issues that may have existed in an EMS system for months or years. An experienced facilitator can, however, provide unbiased guidance through the Community Planning process and ensure the best possible outcome.

Qualified facilitators do not grow on trees. Effective facilitation of the Community Planning process requires two important attributes:

1. **A background in and experience with both patient care and leadership in EMS**. It is important that the facilitator has been "in the trenches" of EMS and knows the street side of EMS. It is equally important that the facilitator has held leadership roles within EMS or other organizations in order to understand the challenges facing EMS organizations and their leaders. The facilitator must understand that the core function of an EMS agency is to provide quality and timely patient care. He or she must also understand that, in order to provide those core functions, it is necessary to have a healthy infrastructure that includes well trained and competent human resources as well as functional buildings, vehicles and equipment. It is difficult to appreciate the challenges of managing a healthy EMS organization unless one has some level of experience in EMS leadership.

2. **Experience in facilitation and consensus building**. The EMS Community Planning process implies the community, in a broad sense, becomes involved with EMS, public safety, and healthcare to learn about strengths and challenges to rural EMS agencies and to provide "informed" input that can make the EMS agency healthier and more sustainable within the resources of the community. With this diverse group, meeting facilitation and consensus building is essential to the process.

The facilitator assists the EMS agency leadership in working through the process and assists the community in working toward an integrated EMS system. The facilitator fulfills the following tasks:

- Reaching agreement on meeting agendas and processes before and during the meeting
- Conducting the meeting – making sure the group keeps to ground rules and agendas
- Guiding discussion
- Staying neutral – asking questions and suggesting ways to proceed
- Keeping the group on track and keeping the energy up
- Making sure everyone participates and no one dominates
- Creating a safe, non-threatening environment for problem identification and problem solving
- Ensuring that consensus is reached, that timelines and responsibilities are identified.

The facilitator should be familiar with the EMS Community Planning Guide and process and have the personal or organizational resources to assist EMS agency leadership with survey customization and tabulation. Tabulation can be accomplished with a spreadsheet program such as Microsoft Excel or with more powerful statistical programs such as SPSS.

The facilitator should be familiar with SWOT analysis and be able to identify and capture Strengths, Weaknesses, Opportunities, and Threats in a manner that enables the EMS agency and its community to utilize the SWOT analysis for planning and decision making.

After surveys are completed and tabulated and meetings are held, the facilitator assists the EMS agency leadership in formulating a short and intermediate range plan that will implement action items agreed to through the consensus process. This plan will document the Community Planning process, describe the results on internal and external surveys, and summarize discussions held at meetings. The SWOT analysis is summarized and integrated into the plan.

The facilitator needs to be dedicated to meeting the needs of the EMS agency, its public safety and healthcare partners and its community. A person with a personal or professional bias or who is "only in it for the money" will make a poor facilitator. Choose your facilitator wisely for the best possible outcome.

For assistance in identifying and selecting a qualified facilitator you are encouraged to contact the Critical Illness & Trauma Foundation (CIT), (300 North Willson Avenue, Suite 502E, Bozeman, MT 59715, (406) 585-2659, www.citmt.org, info@citmt.org). As of the printing date, CIT had assisted more than thirty communities across seven States complete this process.

CUSTOMIZING THE PROCESS

While the general form and format of the community planning process has withstood the test of time across dozens of communities in multiple States, the questionnaires can be expanded to address specific issues. For instance if consolidating the local EMS agency with a neighboring town is an option, you may want to elicit feedback from the general public on that specific strategy. It may also be necessary for you to broaden the scope of the participants to include representation from that neighboring town. While expanding the scope is encouraged, experience would indicate that narrowing either depth or breadth of the questionnaires or the range of participants is not a good strategy. Broad, inclusive representation is essential to creating an informed public who will support the specific action steps as you begin to implement the findings.

HOW TO FUND THE PROCESS

The community planning process represents a significant investment in time, money and other resources. Once again, experience would suggest that the costs for a qualified facilitator, associated travel and expenses will be at least $6,000 and will climb to as much as $15,000 depending on customization needs and travel requirements. In rare instances it may be possible to conduct the assessment for less, if a qualified facilitator is willing to donate his/her time. Funds for previous assessments have come from agency budgets or reserves, State EMS "mini-grants," State Offices of Rural Health, and local health care facilities. While the investment may seem daunting to rural volunteer services operating on a "bake sale" budget, without such an investment, the odds are that you might be trying to bake enough cookies, 5, 10, or 15 years from now to continue to keep the doors open, the lights on, and the wheels turning. You can find names and contact information for State EMS Offices on the National Association of State EMS Official's Web site at www.nasemso.org and Offices of Rural Health contacts on the National Rural Health Association's Web site at www.nrharural.org.

QUESTIONNAIRE

DEMOGRAPHIC PROFILE

1.   What is your agency's name?

2.   What is your name?

3.   What is your title?

4.   What is your phone number?

			-			-			

5.   What is your email address?

6.   Will you be serving as the Community Planning project's key contact?

7.   What is your rank/position?

☐ Chief   ☐ Director

☐ Other:

8.   What is your certification level? *Do not choose more than two of the following*

☐ Fire Fighter   ☐ First Responder

☐ EMT Basic   ☐ EMT Intermediate

☐ EMT Paramedic   ☐ Other

9.   What is the average age of the population you serve? _____

10.   What is the primary culturaly diverse group? ____Caucasian _____ Hispanic _____Native American _____other

11.   What is the economic base of the community? _____poverty _____low-medium income _____medium-high income

12.   What business is considered your community's primary employer?

13.   What is the approximate square mileage of your service area? _____ (If you have a map of your boundaries, please attach.)

14.   What is the nearest hospital that your personnel transport patients to?

15.   Is this hospital one of the following? *(Please indicate which.)*

☐ Regional Trauma Center   ☐ Community Hospital ED

16.   Which of the following best describes your agency? *Select all that apply*

☐ Public   ☐ Private

☐ Non-Profit   ☐ For Profit

17. Please complete the following chart to most accurately describe your agency type.

	YES	NO
Fire Agency	☐	☐
EMS Agency	☐	☐
Transport Agency	☐	☐
Non Transport Agency	☐	☐

18. Are you a 9-1-1 public response agency? ☐ Yes   ☐ No

19. What type of 9-1-1-dispatch center do you have in your service area?

- A. 9-1-1 Simple ☐
- B. 9-1-1 E (Enhanced) ☐
- C. Police ☐
- D. Sheriff ☐
- E. Fire ☐
- F. Other (specify) ☐

20. Who provides dispatch services for your agency?

- A. EMS ☐
- B. Police ☐
- C. Fire ☐
- D. Sheriff ☐
- E. Other (specify) ☐

21. What is the primary method of dispatch used by your dispatch center?

- A. Pager ☐
- B. Mobile Radio ☐
- C. Telephone ☐
- D. Other (specify) ☐

_____

22. Do your dispatchers use a priority dispatch system?   ☐ Yes   ☐ No

23. Are your dispatchers Emergency Medical Dispatch (EMD) certified? ☐ Yes   ☐ No

How many personnel work in your agency (total, including non emergency and emergency staff)? ☐

24. What is your primary funding source? *Select one*

☐ Public   ☐ Private   ☐ Tax Levy

☐ Subscription Service ☐ Other: _____

25. What duties do your emergency response personnel typically perform for your agency? Select all that apply

☐ EMS   ☐ Fire

☐ Other (**If other, describe in box below.**)

1.
2.

26. **Does your agency interface with First Responder Groups**   ____yes   ____no

27. **What is the average response time for the transporting vehicle? (This is the time from receipt of the call from 911 to arriving on the scene)**

28. **Please complete the following chart to most accurately describe your current staffing level.**

	Number of Paid Staff	Number of Non Paid Staff
Basic EMT		
Intermediate EMT		
Paramedic EMT		
First Responder EMT		
Driver		
Other		

29. **In the space provided indicate the number of calls your service responded to and the level of treatment provided for the years 2003-2005**

YEAR	ALS	BLS	Non Emergency	Treat and Release	Other
2003					
2004					
2005					

30. **Do you provide full time coverage to other communities?   ____yes   ____no**

31. **To what extent does each one of the following *Agency* factors contribute to your agency's ability to retain personnel?**

	Minor Factor		Major Factor
Factors	1	2	3
Lack of emotional support from agency coworkers			
Effort is not valued by agency			
Personality issues at agency			
Lack of respect from physicians			
Lack of respect from nurses			
On-call expectations			
Lack of opportunity to participate at agency			
Lack of independence			
Must also be a firefighter			
Must participate in firefighting			
Response location			
Response time requirements			
Lack of internal structured training program			
Sufficient similarly certified EMS personnel			
Lack of adequate EMS equipment			

32. To what extent does each one of the following *Personal* factors contribute to your agency's ability to **retain** personnel?

Factors	Minor Factor 1	2	Major Factor 3
Lack of support from non-agency employer			
Difficulty getting time off from employer for emergency calls			
Lack of support from non-agency coworkers			
Out of pocket expenses to volunteer			
Employment schedule/shift work			
Time commitment at agency			
Lack of wage/salary compensation during call time			
Transportation issues interfere with agency participation			
Child/Elder care issues interfere with agency participation			
Family obligations other than child/elder care interfere with agency participation			
Lack of family support interferes with agency participation			
Community not supportive of EMT to participate with agency			
Personal health interferes with agency participation			
Insufficient salary levels for paid personnel			

33. Are any of your personnel employed by a hospital, nursing home, or other health care provider? _____ If yes, in what capacity? _____

FINAL QUESTION: What are the five greatest challenges you face as the manager of a rural EMS service?

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

QUESTIONNAIRE

EMS AGENCY SELF-ASSESSMENT
The Self-Assessment Questionnaire is used to evaluate your EMS Agency's strengths and weaknesses internally. The following questions will provide you with an overall sense of how well your EMS agency is integrated into the community. **BE HONEST.** Scoring low in an area does not mean you, or your agency, are doing a poor job. It simply focuses your attention to the areas that need more attention.

THIS INTERNAL ASSESSMENT PORTION OF THE PROJECT IS STRICTLY CONFIDENTIAL. YOU WILL NOT BE IDENTIFIED IN ANY WAY TO YOUR AGENCY'S MANAGEMENT. ONLY SUMMARY INFORMATION FROM ALL PARTICIPANTS WILL BE PROVIDED BACK TO THE AGENCY.

There are 59 statements broken up in 8 main areas. Spend time with each statement and reflect on your strengths and weaknesses as an organization. A thorough assessment in Section 2 will provide the foundation for the rest of the assessment. Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

GENERAL

The following four statements concern community-centered integration as a whole. In some instances, the questions will be a yes or no answer. In others you will be asked for your opinion, please rate these questions from 1-7.

2.1   Our EMS agency has a mission statement

Yes _____   No_____   Don't Know _____

2.2   It is my belief that our mission statement clearly outlines our relationship to the community and to the provision of emergency medical care.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.3   I believe that we have a clear vision of our plans for the future.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.4   I think that we are integrated into the community as a whole.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

EMPLOYEES/VOLUNTEERS

The next 15 statements focus on your perceptions as a front-line EMS provider. Specifically, assess how well your agency prepares its employees/volunteers for the provision of emergency medical care within a broad community context. Employees/volunteers should have access to the necessary resources, knowledge, and education to successfully complete their job requirements. Please rate each statement from 1-7.

2.5   I feel that the EMS agency is meeting my needs as an employee or volunteer.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.6   I believe in our vision and have high morale concerning my affiliation with our agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.7   I receive regular feedback and performance evaluations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.8   Compared to other EMS agencies, I believe that we have a low employee/volunteer turnover rate.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Excellent

2.9   I have been trained in how to minimize work-related injuries, i.e., safe driving, proper lifting, etc.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.10 I believe that we are provided sufficient opportunities for high quality continuing education.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.11 All of our employees/volunteers have undergone training in principles of customer service.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.12 I believe that an appropriate number of our employees/volunteers have undergone leadership training.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Excellent

2.13 It is my opinion that our employees/volunteers receive appropriate recognition for service by our agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Excellent

2.14 I believe that we have an appropriate number of employees/volunteers to meet our staffing needs.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Excellent

2.15 Data collected from our patient care records are tabulated and reported back to employees/volunteers in an understandable and useful format.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.16 I think that our vehicles/equipment are adequate to meet our needs.

N/A – D/K	1 - Poor	2	3	4 – Average	5	6	7 - Excellent

2.17 I feel that the financial aspects of our organization are well managed.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.18 I believe that our service is staffed and licensed at an appropriate level of care, e.g., BLS vs. ALS.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.19 When I encounter a "patient" who doesn't require an ambulance but who has clear safety risks or special needs, there are clear policies outlining an appropriate referral process.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 – Very Well

HEALTHCARE SYSTEM

The following eight statements are provided to gauge your opinions concerning your relation and integration with the healthcare system. The entities to which you relinquish patient care are the receiving facilities.

2.20 In my experience, we have a positive working relationship with our receiving facilities.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Excellent

2.21 I feel like the role of EMS personnel during the transition of patient care at the receiving facility is clear.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.22 I feel like we have an active service medical director.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.23 I think that we regularly participate in quality improvement activities with our medical director, including periodic run reviews.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.24 I think that our agency regularly provides data (response times, IV success rates, number of trauma vs. medical patients, etc.) to our medical director.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.25 In my opinion, members of our agency serve on appropriate health care-related committees.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.26 I feel like we regularly review patient care issues with the receiving facilities.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.27 I think that we participate in quality improvement activities with our receiving facilities.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

PUBLIC SAFETY SYSTEM

Public safety is defined as any agency that assists in the well being of the community in the midst of a crisis (i.e. fire departments, other EMS agencies, ski patrol, highway patrol, search and rescue, department of emergency services, etc.). The following eight statements are designed to gauge your agency's integration with other public safety entities. Please rate each statement from 1-7.

2.28 I think that we have a positive working relationship with other public safety agencies/ personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.29 I think that we regularly communicate with other public safety agencies through system quality improvement.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.30 In my opinion, we actively participate in joint training with other public safety agencies.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.31 I feel like we have a common incident command system with other public safety agencies.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.32 In my experience, the role of our agency is clear during a multiple agency response.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.33 To the best of my knowledge, we share a common medical director with all response agencies that treat/transport patients in our primary response area.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.34 I believe that our dispatch system meets our agency's needs.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.35 I think that we spend adequate time working on planning and exercises to prepare us for multiple casualty incidents involving all types of manmade and natural events.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

POLITICAL SYSTEM

The political system is a set of formal legal institutions that constitute a "government" or a "State." In the broadest term, the political system includes city, county, State, and Federal governing bodies that specifically are related to EMS (i.e. city council, State EMS bureau, etc.). The three questions contained in this section ask you to evaluate your relationship with the city, town or county government. Please rate each statement from 1-7.

2.36 I think that we have a solid working relationship with our political oversight body, e.g. county commissioners.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.37 I believe that our agency contributes to the political oversight body's meetings.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.38 In addition to our governmental oversight body, our agency has an advisory or oversight group with broad community representation.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

SCHOOL SYSTEM

This section details your opinions about how well your EMS agency is integrated in the local school system. Please rate the following seven questions on a scale of 1-7.

2.39 In my opinion, we have a positive working relationship with school officials at all levels, i.e., administrators, educators, and faculty.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.40 I think that we periodically educate students, i.e., first aid talks, CPR instruction, career day, injury prevention.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.41 I feel like we participate in school drills and training for emergencies.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.42 We periodically meet with school health nurses.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.43 I think that our agency receives information from school officials concerning the enrollment of any children with special healthcare needs.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.44 We receive training regarding children with special health care needs.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.45 In my experience, we participate periodically in joint training with school athletic staff, i.e., trainers and coaches.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

LOCAL/REGIONAL MEDIA

The media have a major impact on the community's thoughts and feelings toward your emergency service. The following five statements probe your relationship with the media. Please rate each statement on a scale of 1-7.

2.46 I think that we have a positive working relationship with the media.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.47 I have received specific written policies and procedures concerning the release of information to the media.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.48 In my experience, the media reports the activities of our agency fairly.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.49 I think that we regularly notify the media of possible feature stories, i.e., new personnel, equipment, etc.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.50 Our agency has a designated public information officer or other person specifically identified as the media contact.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

CUSTOMER SATISFACTION

The final 10 statements are associated with the relationship that is fostered between your EMS agency and the community at large. As your primary customer, the patients, family, and bystanders play a vital role in your agency's development and effectiveness in a community. Please rate each statement on a scale of 1-7.

2.51 I believe that we meet our customers' needs and expectations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.52 I think that we conduct mail and telephone surveys with our customers.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.53 I think that our agency charts the ratio between compliments vs. complaints.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.54 From my perspective, we continually reassess our services to make sure we are meeting the needs and expectations of our customers.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.55 I think that we provide the best possible medical care in accordance with our agency's licensure level and our personnel's scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.56 From my perspective, we maintain protocol compliance.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.57 In my opinion, we meet our response time benchmarks.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.58 I think that our personnel maintain their emergency medical skills.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.59 In my opinion, we upgrade our knowledge consistent with published trends in emergency medical care.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.60 I feel like our agency participates regularly in public information and education activities.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments:
What are your EMS agency's three greatest strengths? _____
_____
_____
_____
_____
_____

What are your EMS agency's three greatest challenges?
_____
_____
_____
_____
_____

How would you propose to overcome the challenges identified above?
_____
_____
_____
_____

Other comments:
_____
_____
_____

THE HEALTH CARE SYSTEM
The following assessment should be used to gauge the integration between the EMS agency and overall health care system. It is meant to be filled out by personnel outside of your agency. This should include personnel from the surrounding EMS agencies, public health departments, receiving hospitals, nurses, physicians, allied staff, etc.

Instruction to Respondents
Please complete only the general section and those sections that apply to you, e.g., flight team.

When scoring each statement, **BE HONEST.** Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 28 statements broken up in 5 main areas. Spend time with each statement and reflect on your strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development of the EMS agency and increased continuity of care for the patient. Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

GENERAL (All Healthcare Related Providers)
Overall, the EMS agency should be an integral part of the health care system. EMS agencies that have positive relationships and open communication with their health care system tend to be progressive and well accepted in their community. Please read each of the seven statements and then rate your perception of current EMS practices in your area from 1-7.

3.1 I feel like I have a clear understanding of the level of care that patients should receive from this EMS agency, consistent with their licensure level and scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.2 I think that the EMS agency and the receiving facility that I represent conduct period joint quality improvement meetings.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.3 In my opinion, the EMS service and receiving facilities have established procedures for regularly sharing feedback on patient outcome and for reviewing patient care.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.4   I think that the EMS service and receiving facilities communicate regarding billing issues.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.5   In my opinion the EMS agency's personnel (EMT, EMT-P) role in the emergency department is clearly defined during the patient hand-off between the EMS personnel and the ED staff.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.6   In my experience, there are established procedures and protocols in place for the transfer of patient care information between the EMS personnel and facility staff.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.7   I think that there are established procedures and protocols in place for the exchange of medical equipment, i.e., spine boards and linens.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments:
What is this EMS agency's greatest strength? _____
_____
_____

What is this EMS agency's greatest challenge? _____
_____
_____

How would you propose to overcome the challenge identified above?
_____
_____

Specifically, as they relate to this EMS agency's relationship with the larger health care system, what suggestions would you have?
_____
_____
_____

Other comments: _____
_____
_____

MEDICAL DIRECTION RELATIONS (To be completed by all physician medical directors or their surrogates for either [or both] on-line or off-line medical direction).

The following four statements relate to the EMS agency's relationship with their medical director. EMS "medical director" means a physician or surrogate who is responsible for all aspects of patient care within an EMS system or EMS agency, including providing for or ensuring the medical direction of EMS providers; the development, implementation, evaluation of medical protocols; and oversight of quality assurance activities. This section should be filled out by all persons responsible for providing either administrative (off-line) or real time (on-line) medical direction.

3.8   I think that the medical director plays an active role in the EMS systems' current quality improvement activities.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.9   In my experience, the medical director reviews cases regularly as part of continuing education processes with the EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.10 In my opinion, the medical director regularly provides direction and guidance to the EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.11 In my experience, there is a well-established medical direction procedure by which on-line medical direction regularly communicates with the EMS providers concerning out-of-hospital patient care.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
_____
_____
_____
_____
_____
_____
_____
_____

FLIGHT TEAM RELATIONS (All rotor or fixed wing medical and flight personnel)

In many areas, flight, or "aeromedical," teams are integral to the care of the sick and injured patient. Please rate the following four statements from 1-7, based on the integration of the EMS agency and the flight service.

3.12 In my opinion, the EMS agency knows the policies/procedures in place for initiating an aeromedical response.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.13 In my experience, we conduct joint training with this EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.14 I think that there are policies/procedures in place for helicopter operations during scene responses and that the EMS agency follows them.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.15 I think that the there are policies/procedures in place for helicopter or fixed wing operations during transfers and that the EMS agency follows them.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
_____
_____
_____
_____
_____
_____
_____
_____

RN/NP/PA RELATIONS (To be completed by all nursing and mid-level practitioners that have routine or occasional contact with personnel from the EMS agency, particularly in the emergency or diagnostic imaging departments).

Nurses, nurse practitioners, and physician assistants play an integral role in the definitive treatment and continuity of patient care. Rate the following three statements from 1-7.

3.16 I feel like I have a clear understanding of the level of care that patient's should receive from this EMS agency, consistent with their licensure level and scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.17 To the best of my knowledge, there are policies/procedures in place for RN/NP/PA accompaniment during complex transfers.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.18 In my opinion, there are well established procedures for radio, telephone, verbal and written patient updates and transfer of information prior to and upon arrival at the facility.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PUBLIC HEALTH/COMMUNITY HEALTH (To be completed by members of the local or county public health department and other community health partners and advocates)

Broadly defined, the role of the public health system is to prevent disease and injury, as well as to promote, protect, and improve the health of the population. Multiple entities at the community level form the system, which performs these functions. The local health department is a key focal point for coordination of public health system functions. The expertise of the EMS and the local health department should be shared to assure coordinated efforts to address identified health issues in the community. Rate the following ten statements from 1-7.

3.19 I feel that the EMS agency collaborates with the local health department and other entities to identify health problems through a community health assessment process.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.20 In my opinion, the EMS agency collaborates with the local health department and other entities in community health education programs, targeting identified causes of premature death and disability.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.21 In my experience, the EMS agency collaborates with the local health department and other entities in the development of community plans for public health emergencies, including bioterrorism.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.22 I feel that the EMS agency collaborates with the local health department and other entities in partnerships to address community health problems, such as health promotion coalitions (for example, Safe Kids).

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.23 I think that the EMS agency participates with the local health department and other entities in training programs, such as those addressing worker safety/blood borne pathogens/emerging infectious diseases.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.24 In my experience, the EMS agency leadership meets regularly with local health department leadership and other entities to discuss priority activities and potential areas for collaboration.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

NOTE: During the following four questions, keep in mind the limitations that may be imposed by the EMS agency's personnel in regards to their level of certification and limitations in scope of practice.

3.25   To the best of my knowledge, the EMS agency assists in performing sports and preschool physicals.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.26   I feel like the EMS agency assists in performing blood sugar testing.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.27   In my experience, the agency assists in performing hypertension screening.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

3.28   In my opinion, the EMS agency assists with immunizations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
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QUESTIONNAIRE

THE PUBLIC SAFETY SYSTEM

The following segment should be used to assess interagency relations. Managing an emergency scene often requires help from other public safety personnel. Firefighters can assist with scene management, extrication or provide initial medical care. Law Enforcement officers secure the scene in criminal cases. Disaster and emergency services are called into play for catastrophic events. How does the EMS agency interact with fellow public safety agencies and their personnel? Does everyone have a defined role and work well together? This section explores how well the EMS system works with the other public safety agencies, officials and street level personnel

Instruction to Respondents

All respondents should complete the general section, including any additional comments that you may have. You should then complete the specific section that pertains to your public safety role, e.g., firefighting.

When scoring each statement, **BE HONEST.** Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 43 statements broken up into 7 main areas. Please complete only the general section and those sections that apply to you, e.g. fire department. Spend time with each statement and reflect on your strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

GENERAL

The first 14 statements concern public safety integration as a whole. With the dynamic conditions that present to emergency care providers, it is imperative there is a solid working relationship between agencies. Please rate each statement from 1-7.

4.1 I feel like I have a clear understanding of the level of care that patient's should receive from this EMS agency, consistent with their licensure level and scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.2 In my opinion, personnel from this EMS agency and other public safety personnel actively participate in joint training.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.3   I think that that this EMS agency regularly communicates with other public safety agencies through system quality improvement.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.4   In my experience, this EMS service is considered to be an asset to other public safety professions.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.5   I think that our public safety agency has a positive working relationship with this EMS agency and its personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.6   I think that we regularly communicate with this EMS agency through system quality improvement.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.7   In my opinion, we actively participate in joint training with this EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.8   I feel like we have a common incident command system with this EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.9   In my experience, the role of the EMS agency is clear during a multiple agency response.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.10   To the best of my knowledge, we share a common medical director with this EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.11 In my opinion, the EMS service and our agency have established procedures for regularly sharing feedback on patient outcome and for reviewing patient care.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.12 In my opinion, the EMS agency's personnel (EMT, EMT-P) role during the hand-off of patient care between the EMS personnel and our agency's personnel is clear.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.13 In my experience, there are established procedures and protocols in place for the transfer of patient care information between our agency and the EMS personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.14 I think that there are established procedures and protocols in place for the exchange of medical equipment, i.e., spine boards and O_2.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments:
What is this EMS agency's greatest strength? _____
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What is this EMS agency's greatest challenge? _____
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What steps could you suggest to help the EMS agency overcome the challenge identified above?
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Specifically as they relate to this EMS Agency's relationship with the larger public safety system, what suggestions would you have? _____
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Other comments: _____
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FIRE DEPARTMENT (To be completed by fire department personnel)

In many areas, the fire department serves as a first response service. Their role is to stabilize the incident, provide initial medical care, and perform specialized rescue functions. The next five statements establish the EMS system's level of involvement with local fire departments.

4.15 In my opinion, our fire department actively participates in EMS and rescue operations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.16 It is my experience that there are established procedures for dealing with hazardous materials and that the EMS agency adheres to those guidelines.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.17 I think that the EMS agency and our department periodically participate in joint training exercises.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.18 In my experience, there are established procedures in place for communicating with this EMS agency during a multiple agency response incident.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.19 I think that there are specific protocols for transfer of the patient and patient information between our fire personnel and the EMS agency's personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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LAW ENFORCEMENT (To be completed by local, county and State law enforcement officials)

Law enforcement is vital for scene security, crime scene integrity, and EMS assistance. The following six statements establish the EMS system's level of involvement with local law enforcement.

4.20 In my opinion, our law enforcement agency actively participates in EMS and rescue operations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.21 I feel like there are periodic opportunities for joint training with this EMS agency in balancing patient care needs with crime/death scene integrity.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.22 In my experience, there are established procedures and protocols in place for EMS staging and response during potentially dangerous situations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.23 I think that here are established procedures and protocols in place for debriefing and quality improvement following difficult joint agency responses.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.24 In my experience, there are established procedures in place for communicating with this EMS agency during a multiple agency response incident.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.25 I think that there are specific protocols for transfer of the patient and patient information between our law enforcement personnel and the EMS agency's personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
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DISASTER AND EMERGENCY SERVICES (To be completed by city and county officials responsible for multi-agency all hazard incident planning and response).

The Office of Disaster and Emergency Services is an agency that works closely with local government emergency managers, other State agencies, voluntary organizations and Federal agencies, such as the Federal Emergency Management Agency (FEMA), to ensure a comprehensive, efficient and effective response to emergencies and disasters. The next nine statements are designed to establish the EMS system's level of involvement with Disaster and Emergency Services. The term "all hazard incident response" is used to denote a broad range of multiple patient responses including those emanating from both natural and manmade causes.

4.26 I feel that EMS knows the established protocols for activating DES in an emergency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.27 In my opinion, there are established protocols in place for EMS response to all hazard response incidents.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.28 I feel that the EMS agency has a clear understanding of the role of DES during all hazard response incidents.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.29 I think that DES provides assistance in securing support to this EMS agency during times of extended emergencies, i.e. Red Cross.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.30 In my experience, this EMS agency is trained in, and adheres to, the incident command system in use in our jurisdiction.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.31 I think that EMS and the other public safety agencies use a consistent triage system for sorting casualties during all hazard incident responses.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.32 In my opinion the radio communications systems in use by this EMS agency are capable of use during an all hazard, multiple agency response.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.33 I feel like EMS is an active participant in all hazards planning, training and evaluation processes, e.g. serve on LEPC (Level Emergency Preparedness Committee).

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.34 I think that there are established procedures and protocols in place for the exchange of medical equipment, i.e., spine boards and O_2.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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SEARCH & RESCUE, SKI PATROL, and SPECIALIZED RESCUE (To be completed by a representative sample of search/rescue personnel).

Search and rescue, ski patrol, and specialized rescue groups offer expert skills and knowledge that assist the EMS service with medical care in extreme environments. The following five statements clarify the EMS system's relationship with rescue agencies.

4.35 I feel that there are established procedures and protocols in place between this EMS agency and our group concerning the initial medical care provided by our agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.36 In my experience, this EMS agency and our rescue group collaborate well during incidents.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.37 In my opinion, the radio communications systems in use by this EMS agency are capable of use during a joint response with our personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.38 I think that there are specific protocols for transfer of the patient and patient information between our rescue personnel and the EMS agency's personnel.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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NATIONAL GUARD/MILITARY (To be filled out by representatives of local military installations/agencies)

The National Guard/military provides trained units and equipment to protect life and property for the United States. The next three statements focus on the EMS system's association with the National Guard/military.

4.39 In my experience, this EMS agency and our military units conduct joint training in how and when to request military resources.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.40 I feel that there is a clear procedure for notifying the EMS service about National Guard/military training exercises.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.41 In my opinion, there are established protocols in place for activating the National Guard/ military in an emergency, and this EMS agency knows about these protocols.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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CORONER (To be filled out by coroner or medical examiner)

The final two statements establish the EMS system's level of involvement with the coroner.

4.42 I feel like there are periodic opportunities for joint training with this EMS agency in balancing patient care needs with death scene integrity.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

4.43 In my experience, the EMS agency knows when to notify our office concerning potential coroner cases.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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THE POLITICAL SYSTEM
Behind most EMS agencies is a political system – those who govern the community. The political system governs many aspects of prehospital care regardless of whether EMS is a public, private, volunteer, or hospital-based system. This section details the main concerns in creating a positive working environment. Not all portions of Section 5 will apply to all communities.

Instruction to Respondents
This section details your perceptions of the EMS agency. All persons responding to this section should complete both the <u>general section</u> and the <u>city/county section</u>.

When scoring each statement, **BE HONEST.** Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are eight statements broken up in two main areas. Spend time with each statement, and reflect on the EMS system's strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development of the EMS agency and increased quality of care for the patient. Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

GENERAL
On the whole, EMS agencies have a responsibility to the political system. EMS agencies that have a continually positive and open communication relationship with their local, regional, and State officials tend to be readily accepted in their community.

Please read each statement and then rate your perception of current practices in your area from 1-7.

5.1   I feel like I have a clear understanding of the level of care that patients should receive from this EMS agency, consistent with their licensure level and scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

5.2   In my opinion, the EMS agency leadership has regular meetings with, or representation on, local government bodies.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

5.3   I feel like the EMS service is accountable to the government in regards to financial performance.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

5.4	In my opinion the responsible governmental/political agencies are sufficiently familiar with all aspects of EMS in the community.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

5.5	I think that there is an avenue for sharing thoughts, ideas, and concerns with the EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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CITY/COUNTY GOVERNMENT

The following three statements establish the level of the EMS system's involvement with the city and/or county government.

5.6   I feel like there are specific criteria by which we can evaluate the efficacy of the EMS agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

5.7   In my opinion, the EMS agency is meeting these criteria.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

5.8   If funded by government, finances are in order and acceptable.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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THE SCHOOL SYSTEM
Is the EMS agency active in the school system? Schools are great venues for injury prevention education. Does the EMS system interact seamlessly with school staff during an emergency? Are they prepared for tragedies like school shootings? This section looks at the EMS system's involvement in the school system from education to policies and procedures.

Instructions to Respondents
Please complete the following questions to the best of your ability.

When scoring each statement, **BE HONEST.** Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 10 statements. Spend time with each statement and reflect on the EMS agency's strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development of the EMS agency and increased quality of care for the patient. Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

GENERAL

The school system is the foundation for education, immunizations, and training in basic health care and emergency management. EMS agencies should have a strong relationship with the local system on many different levels.

Please read each statement and then rate your perception of current practices in your area from 1-7.

6.1   I feel like I have a clear understanding of the level of care that patients should receive from this EMS agency, consistent with their licensure level and scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.2   It is my experience that the EMS service regularly visits schools in non-emergency situations for training or health promotion activities.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.3   I think that the EMS service conducts injury prevention activities within the school district.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.4   I think that the EMS service regularly meets with the school health nurse.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.5   I believe that there are established procedures and protocols for handling emergency calls, (i.e. permission to transport, notification of parents, etc.) and that the EMS agency is aware of these procedures.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.6   I think that this EMS agency has worked with our athletic trainers and coaches to improve the emergency care that our students receive at athletic events.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.7   It is my experience that this EMS agency is willing to work with our school for stand by at special event coverage.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.8   I think that this EMS agency personnel have received specific training on pediatric emergencies.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.9   In my opinion, EMS agency personnel have been willing to be trained in the specific nuances of caring for any children with special health care needs who are enrolled in our school,

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

6.10   In my opinion, the EMS agency's personnel (EMT, EMT-P) role in the school during the hand-off between the school personnel and the EMS staff is clearly defined.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
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QUESTIONNAIRE

THE LOCAL/REGIONAL MEDIA
The media influences the community's perception of an EMS agency. Does your EMS service notify the media of new programs, equipment, volunteers, and other possible feature stories? Like EMS protocols, the media follow a set of guidelines. Are EMS system employees trained to communicate with the media? Does the EMS service maintain a positive working relationship with the media? This section examines the EMS system's relationship with the media.

Instructions to Respondents
Please answer each question contained in this section.

When scoring each statement, **BE HONEST.** Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 14 statements broken up into 2 sections. Spend time with each statement, and reflect on the EMS agency's strengths and weaknesses. A thorough assessment in this section will facilitate further growth of the EMS agency and development and increased opportunities to engage the community. Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

GENERAL
The relationship between the EMS agency and media should foster positive and open communications. The association between the media and the EMS agency can help foster a safer environment for the community.

Please read each statement and then rate your perception of current practices in your area from 1-7.

7.1   I feel like I have a clear understanding of the level of care that patients should receive from this EMS agency, consistent with their licensure level and scope of practice.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.2   In my opinion, the EMS service notifies our news agency of new programs, equipment, volunteers and other possible feature stories.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.3   I feel like the EMS agency works hard to contribute to a positive working relationship with our news agency.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.4   It is my experience, that a number of the EMS agency personnel have been specifically trained to work with the media.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.5   I think that the EMS service has a designated "Information Officer" to provide public information and to serve as a primary media contact.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.6   Our news agency perceives the EMS agency as a positive contributor to the community.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments:
What is this EMS agency's greatest strength? _____
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What is this EMS agency's greatest challenge? _____
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How would you propose to overcome the challenge identified above?
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Specifically as they relate to this EMS agency's relationship with the media, what suggestions would you have? _____
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SPECIFIC

The following eight statements ask specific questions regarding daily policies and procedures with the media.

7.7 In my opinion, there are policies/procedures on how this EMS agency communicates with the media.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.8 It is my experience that the media is used to cover both positive and negative news regarding EMS activities in the community.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.9 I feel that there are established procedures to ensure the information is accurate.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.10 It is my opinion that there are established procedures to communicate technical information.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.11 I feel that there are established procedures to give all media equal access to information.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.12 It is my experience that there are established protocols to ensure media representatives' safety.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.13 It is my experience that there are established protocols to maintain patient confidentiality.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

7.14 It is my opinion that our media outlet has been adequately briefed on HIPAA and other patient confidentiality rules and regulations.

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____
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QUESTIONNAIRE

THE COMMUNITY AT LARGE
Emergency Medical Services (EMS) is the ambulance service in your community and much, much
more. It is there not only to transport the sick or injured but also to provide high quality patient care
outside of the hospital. EMS provides care and transports patients between hospitals as well. It also
participates in health promotion activities such as injury prevention or blood pressure screening

This survey is being provided to you so that you can provide your opinions on the emergency medical
services (EMS) system in your community. For most people EMS is equated with the ambulance
service, so in an effort to keep this survey simple we will use the term ambulance followed by the
initials (EMS) throughout the document.

The purpose of this questionnaire is to determine how the ambulance (EMS) responds to the
community's needs as a whole. Does the community have a solid understanding of what the ambulance
service does? Do people understand the level of care that the ambulance (EMS) personnel provide?

Your feedback is the single most important aspect of this community-planning project. Thank you in
advance for your participation in this simple survey.

When scoring each statement, **BE HONEST.** Scoring low in an area does not mean the ambulance
(EMS) system is doing a poor job. It simply focuses attention on the areas that may need more
attention.

There are 13 statements. Spend time with each statement and reflect on your ambulance (EMS)
service's strengths and weaknesses. A thorough assessment by many community representatives, such
as yourself, will help stimulate future growth and development of the ambulance (EMS) agency to
allow the service to better meet the community's needs. Please mark N/A if the question is not
applicable and D/K if you simply do not know the answer.

GENERAL

8.1   Has your family ever used the ambulance (EMS) service in this community?

     Yes ____   No____   Don't Know ____

8.2   If you answered yes to question number one, did anyone from the ambulance (EMS) service ever
     contact you or your family to inquire about how well you liked the service that they provided?

     Yes ____   No____   Don't Know ____

8.3   If you answered yes to the first question, how would your rate the service that you received?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Answer the remaining questions even if you have never used the ambulance (EMS). Please read each of the following statements and then rate your perception of current practices in your area from 1-7. Please mark N/A if the question is not applicable and D/K if you simply do not know the answer.

8.4   How well do you think the ambulance and the other equipment are kept clean and well maintained?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.5   How professional do you think that the ambulance (EMS) personnel act and dress?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.6   How well trained do you think the ambulance (EMS) personnel are?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.7   Is it your perception that there are enough ambulance (EMS) personnel?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.8   Do you think that the ambulance (EMS) agency promotes its programs and services well?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.9   How well do you think that the ambulance (EMS) agency meets the community's needs for health care information such as first aid and CPR classes?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.10 Do the ambulance (EMS) agency personnel participate in health promotion programs like health fairs and blood pressure screening?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.11 In your opinion, how well is the ambulance (EMS) service valued as a community resource?

N/A – D/K	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

8.12 Does your ambulance (EMS) service receive city or county funding?

City ____   County ____   Don't know ____

8.13 Are the Emergency Medical Technicians and Paramedics that work on your ambulance (EMS) service paid?

Yes ____   No ____   Don't know ____

Comments:
What do you think the ambulance (EMS) services single biggest strength is? _____
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_____
_____

What would you like to see different about the ambulance (EMS) service? _____
_____
_____
_____

Other comments: _____
_____
_____
_____
_____
_____
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TALLY SHEET
The survey forms in this guide are built around what is called a modified Likert scale, where respondents check their level of agreement on a scale of 1 to 7. In each section, you can simply add up the scores and divide by the total number of responses to come up with an average score. That tells you where you are and gives you a target if you want to improve that average.

Keep in mind that a simple average may be misleading. For example, 10 people may mark "4" on one survey question, indicating that all of them have responded "average." On another question, five people could mark "1" indicating "poor" and five could mark "7" indicating "excellent." Both questions would have an average of "4." However, obviously you have more problems with the second situation than the first. If you suspect something like the above, go ahead and count the number of people who marked each response.

How you go about doing the math depends on the number of surveys you gather. If you have a small number for each section, it may be fine to simply hand count the responses and do the math with a calculator. If you have a large number of surveys, you may want to enter the information in a spreadsheet program that allows you to build formulas to calculate sums, averages and the number of responses.

The Health Care System
Now that you have rated the 28 statements in Health Care System, compile your average score for each section and a total average score:

Area	Average Score
General	
Medical Direction Relations	
Flight Team Relations	
RN/PA/NP Relations	
Public Health/Community Health	
TOTAL	

What are the three highest scores? _____
What are the three lowest scores? _____

The Public Safety System
Now that you have rated Public Health System and the 43 statements, compile your average score for questionnaire and a total average score:

Area	Average Score
General	
Fire Department	
Law Enforcement	
Disaster and Emergency Services	
Search & Rescue, Ski Patrol, Specialized	
National Guard/Military	
Coroner	
TOTAL	

What are the three highest scores? _____
What are the three lowest scores? _____

The Political System

Compile your average score for the 8 statements for each questionnaire and total the average score for Political System.

Area	Average Score
General	
City/County Government	
TOTAL	

What are the three highest scores? _____
What are the three lowest scores? _____

The School System

Now that you have rated School System, compile your average score for the 10 statements.

Area	Average Score
TOTAL	

What are the three highest scores? _____
What are the three lowest scores? _____

The Local/Regional Media

Now that you have rated the 14 statements in Local/Regional Media, compile your average score for each questionnaire and a total average score:

Area	Average Score
General	
Specific	
TOTAL	

What are the three highest scores? _____
What are the three lowest scores? _____

The Community At Large

Now that you have rated the previous 13 statements, compile your average score for each questionnaire and a total average score:

Area	Average Score
TOTAL	

What are the three highest scores? _____
What are the three lowest scores? _____

USING THE INFORMATION FOR PLANNING

Analyzing the Data
Having mountains of data does no good because you have more information than anyone can easily digest. You need to analyze what you have collected so you can understand what it means. While some of the initial tabulations of each section should be done by your EMS Planning team, remember that the facilitator's job is to help you sort through and make sense of the information you have gathered. He or she will need to communicate frequently with you to determine how to best support your efforts in looking at your strengths and potential areas for improvement.

Presenting the Information
At the very least, you will want to prepare a written report that lists the average score on each section and the average score of each question for the assessment team to look at. If you met with any community groups or agencies in collecting the data, you may want to present the results to the group, especially if you will be seeking its help in developing an action plan. If you are making a presentation to a larger group, it can help to describe the planning process and present the main results with a PowerPoint presentation. Once you have written the growth and development plan, you may want to give more presentations outlining your goals for the EMS service to EMS members and community groups.

The presentation of these data should be the basis for your final external team meeting. Share what you have found and ask them to help you identify solutions to challenges that have been identified. This helps bring the process to closure for your external team.

Community-Based Needs Assessment
There are no "good" or "bad" scores from these data – they are just numbers. Your community planning team decides how to react to the numbers and how to set priorities. Just because the "score" is low on some section does not make that section an automatic priority. Only the team, often in conjunction with the facilitator, can set the priorities.

Following are some questions to discuss:
1. What areas are our strengths?
    a. What do we need to concentrate on right now?
    b. What things do we need to continue doing correctly?
2. What areas are our weaknesses?
    a. What areas need immediate change?
    b. What areas need change later on?
3. Opportunities
4. Threats

The answers to these questions will form your short and long-term goals. Take your time with these discussions. They are the main point of the community planning exercise. Make sure someone is recording the ideas: write them on a chalkboard or flipchart, or have someone type them into a computer and display them with an LCD projector.

You may find after studying the situation carefully that the best action is to make a major overhaul in how EMS is structured in your community. If ongoing funding is a problem, you may decide that you need to change the very basic structure of your community's EMS service, i.e., moving from a government-funded service to one allied with a local health facility or vice versa. Or maybe your community needs a service with paid EMS staff rather than relying on volunteers or vice versa. Or maybe your community is better off with EMT-Intermediate service rather than EMT-Basic or vice versa. No one can tell what system will work best in your community. These are tough decisions.

Finding Solutions
This part of planning calls for real brainstorming. Take the goals you have identified and come up with suggestions for achieving them. You want to foster a lively discussion and encourage all ideas – even the silliest suggestion may lead to something useful.

As you work through the discussions, you will probably generate a long list of actions. You must choose those that are the top priorities. You can take a vote on each action item individually to set its priority as high, medium, or low or you can ask everyone to list their top five priorities and then identify those that are chosen most often. Whatever method you use, encourage discussion about these priorities.

Take your top priorities and set a time frame for completion. If the action is ongoing, such as: "Meet quarterly with city council," set a time frame for when the ongoing activity is going to start. For example, "Meet quarterly with city council with the first meeting no later than the end of this year." Be sure your time frames are realistic both in relation to the individual action and to other actions that will be going on at the same time. You will probably have to adjust several time frames after you look at the big picture.

Finally, you should figure out how you are going to measure your progress. The time frames you set up will help you determine how often you should evaluate your progress. You may decide to review the entire plan in a year or 6 months. Or you may want to review several critical goals after their time frames for action have elapsed.

Following are some questions to guide your evaluation:
       1) Was the action completed in the set time frame?
       2) Was the action successful in achieving the goal or moving toward achieving the goal?
If   not, what alternative action could be attempted?
       3) Have circumstances changed any priorities?

Writing the Final Report and Action Plan
After you, the external team, and the facilitator have analyzed the data and worked through some of the issues above, the facilitator will help you draft the plan.

The integration plan is a formal document that describes the planning process used to develop the plan, your goals and actions, and how you are going to evaluate your progress. The format of the plan varies based on community needs and desires. The following table of contents has been used in many plans that have resulted from this process.
Introduction

Orientation to the community planning and integration process
A description of the local EMS system
Formation of the assessment team
        Internal survey results/findings
        External survey process
        External survey results/findings
        Results and action agenda
        Priority tasks
        Conclusion
A sample final report is attached as an appendix to this document (Appendix A: Sample Final Report).

Review the Plan
The action plan should be reviewed regularly. The needs of a community are constantly changing. After a certain amount of time, you may want to re-do the community planning exercise entirely, or re-do specific sections, to see whether there have been any changes in the scores. Any time there are major changes in the EMS service or some segment of the community, is a good time to re-do all or some of the planning process.

It is important to set measurable objectives supported by action steps in various areas where you would like to see improvement. Develop one objective across several categories such as finance, public relations, quality improvement, and healthcare resource integration rather than several objectives in one area. This broad-based approach to system improvement results in a more balanced scorecard for your agency. For additional information on a balanced scorecard approach to system quality improvement, see: Niven (2003) (Appendix D).

In some communities the planning and assessment team that was organized to conduct this initial assessment have agreed to meet on an occasional basis to keep the project moving forward.

FREQUENTLY ASKED QUESTIONS

Over 30 services across the country have successfully completed the Community Planning Process. From these communities the following "Frequently Asked Questions" have been formulated.

Whom should I choose for my Internal Team, and how many?

As the Site Coordinator you need to be able to delegate some of the duties to various individuals which will help you to accomplish the various tasks within their respective timeframes. Most sites have chosen one or two individuals to serve as part of the team. These individuals have been EMS service providers and/or individuals from the Critical Access Hospital.

What is the Internal Assessment Orientation?

This is for the members of the EMS Service. Ideally the assessment orientation is done on a regular meeting night with all members requested to be in attendance.

Whom do I select for the External Team?

Representation from each of the identified stakeholders needs to be a part of the team. An individual with strong leadership should ideally be appointed as the lead for that particular stakeholder area.

How do I set up the External Stakeholder Orientation?

Planning the meeting over the lunch hour or dinner where there is food served has been successful. Various individuals from the respective stakeholder groups should be invited with the expectation that one person from each area will serve as the lead and part of the external team.

How much time will this process take?

Ideally this is a 60-90 day process; therefore, communities need to be ready and prepared to conduct the meetings and disseminate the survey assessment questionnaires in a timely fashion.

What type of resources do I need to do the process?

EMS services need to be able to copy and disseminate the various survey assessment tools. Secure a meeting location for both the internal, external, and final meetings. Additions of food, drink, and/or survey assessment completion incentives are up to each independent service.

APPENDIX A: SAMPLE PLANNING REPORT

Community Planning Project Profile – Sample Report

LOCATION: Anywhere USA

ENTITIES/PARTICIPANTS:
USA Ambulance Service

LOCAL CONTACT:
EMS Director

CONSULTANT:

****
PROCESS TO COMPLETE PROJECT:
> ⇒ Project Orientation
> ⇒ Internal Assessment-Analysis
> ⇒ External Assessment-Analysis
> ⇒ Project Summation

****
KEY ISSUES IDENTIFIED:
- Strong leadership
- Recruitment
- Dedication of providers

RECOMMENDATIONS & COMMENTS:
- Development of a strategic plan
- Establish recruitment program
- Increase service visibility within the community

****
CURRENT STATUS:
Project Completed

ANYWHERE Emergency Medical Services
Community Assessment

FINAL REPORT

And

ACTION PLAN

Part of the:

Supported by:

DATE

Introduction
This report is based on the results of a process of internal and external assessments of the effectiveness of the current EMS system in ANYWHERE USA. The process was designed to serve as a tool to evaluate strengths and identify areas of challenge.

Delivery of health care services is in a rapid state of change, and delivery of care in the out-of-hospital setting by Emergency Medical Services (EMS) agencies and providers is no exception. Advancing technology and increasing State and national standards for training and certification is increasing the standard of patient care. Increasingly, volunteerism is no longer able to sustain full-time transporting ambulance services in every community. Systems of care need to be built on collaborative community partnerships.

Community planning is about questioning and assessing how the service interacts with the community and each of the agencies and systems that impact emergency medical care.

This EMS community planning process was conducted to enable ANYWHERE USA Ambulance to identify, modify, or enhance local resources to reduce suffering, disability, and death from injury or illness while ensuring access, quality, and affordability of out-of-hospital EMS for the community of ANYWHERE USA.

The following narratives briefly summarize each step in the process, identify some immediate action items, and will serve as a template that can be used to generate a long-term community strategic plan.

Community Planning Overview Orientation
An overview of the EMS Community Planning process was presented to the various communities involved with the following outcome expectations:
- Development of clear expectations about what the process could do for each respective community within the State of ANYWHERE USA.
- Define roles and responsibilities for all process participants.
- Provide clear expectations about what outside resources would be available to draw upon.
- Assign target dates for various stages of the process.

ANYWHERE USA EMS System
ANYWHERE USA is one of three ambulance services within the county. The ANYWHERE USA EMS System consists of one county-subsidized ambulance service authorized at the EMT-Basic level. Currently there are 2 individuals authorized at the State's First Responder level, 12 authorized at the EMT-Basic level, and 2 authorized as EMT-Intermediate providers, for a total 16 providers and 2 ambulances available for service. These individuals respond to approximately 50-70 transport calls per year. The average response area (ambulance base to scene) is defined as approximately 25 miles, with an average time from receipt of call to scene to initial medical facility being 30 minutes. The current staffing pattern is provided strictly through volunteers. Approximately 30 hours of continuing education is provided yearly to the ANYWHERE USA Ambulance EMS providers.

Formation of Internal Assessment Team
Internal support from the EMS agency in the community planning process is vital to its success. A strong EMS agency succeeds based on the beliefs of its members. Therefore assistance and participation from the entire staff was imperative to the success of this project.

The internal team was identified and included EMS Ambulance Director for ANYWHERE USA, HELPER ONE and HELPER TWO. With the identification of the internal team, the process began with an orientation for agency personnel. On August 1, 2003, a meeting was conducted at the ANYWHERE USA Ambulance station to provide an overview of the community-planning process and to identify various participants' roles and responsibilities. All of the EMS personnel were present at the meeting and completed their assessment surveys that evening following the orientation.

Various questions were answered concerning the process and ideas were generated in an effort to provide solutions to challenges they as providers felt were the highest priority.

Internal Assessment Survey Results
Nine of the sixteen EMS personnel provided responses and comments to the 45 questions comprising the internal assessment. The responses to the internal surveys were mailed directly to and tabulated by CIT to ensure the maintenance of confidentiality among the members of ANYWHERE USA EMS. Based on these responses the following observations were made.

Sub-Section	Strength	Challenge
General	-Felt that the EMS service was integrated into the community as a whole.	-Not a clear understanding of the mission or future plans of the EMS service.
Employees	-High morale -Low incidence of work-related injuries -Service is meeting the needs of the employees -Opportunity exists to receive EMS continuing education -Staffed at an appropriate certification level -Vehicles/equipment is adequate to meet the needs -Financially the service is well organized	-Lack of non-medical training (people skills, problem solving skills, leadership, data collection)
Health Care System	-Medical director was engaged -Regular CQI process with the medical director -Service provides data	-Reviewing of patient care issues with receiving facilities -Lack of participation in CQI activities with receiving facilities
Public Safety System (strong area)	-Have a positive working relationship with public safety personnel -Opportunities for joint training -Dispatch meets our needs	-Sharing of a common medical director

Political System (low area)		-Lack of a solid working relationship -Lack of knowledge of political trends -Contribution to the political system -Need for a service oversight committee and/or advisory committee

School System	-Positive working relationship -Regularly provide first aid talks and CPR	-Not meeting regularly with school officials/school nurses -Lack of participation in school drills and training for emergencies -Lack of participate regularly with athletic staff, trainers, and coaches -Training regarding special health care needs
Media Relations	-Positive working relationship with the media	-Written policies on usage of media -Media reflects our agency fairly -Usage of media for non emergency events
Community at large	-Meet the communities needs -We maintain protocol compliance -Meet the response time benchmarks	-Ratio of compliments vs. complaints -Patient satisfaction surveys

Overall the members of the ANYWHERE USA Ambulance service hold it in high regard. The service scored high in several key areas including numerous positive working relationships among other community agencies, protocol compliance, and opportunities for education. Numerous comments were written concerning the strength that the current service director brings to the organization. Other comments concerning the strengths of ANYWHERE USA Ambulance included loyal and dedicated volunteers, good educational opportunities, great community support, and low turnover.

The internal survey did point out, however, opportunities for improvement in a number of areas. Strong relationships have been forged between members of ANYWHERE USA EMS, the Healthcare system, and public safety systems, yet that same integration is lacking within the school, media, and political systems. Within the written comments there was an underlying theme of concern over the depletion of human resources and lack of EMS providers to handle the needs of the service. There was a distinct feeling that a main challenge to overcome is the primary staffing comprised of volunteers, which leaves day shift work hours slim. Despite the numerous praises given to the current administration, there is concern over who will carry the service into the future.

Formation of External Assessment Team and External Survey Process

Similar to the process used in the formation of an internal team the external team was formed to be inclusive of key community stakeholders. A clear understanding of these stakeholders' perception of ANYWHERE USA EMS provides the catalyst for change. Involvement of an external group broadens the perspective on the various issues and enhances visibility of the planning process.

Individuals from the health care, public safety, political, and the school systems as well as representatives of the media and community at large were invited to participate in a meeting held in ANYWHERE USA on August 3, 2003.

Responses were mailed directly to and tabulated by EMS DIRECTOR to ensure the maintenance of confidentiality among the various external stakeholders. Based on these responses, the following observations were made. EMS DIRECTOR streamlined his process through color-coding the respective surveys, which made it easier for individuals who represented more than one area of expertise, to participate in all of the applicable surveys. The number of surveys handed out into the respective subcategory is listed on the table within the subsection column.

Sub-Section	Strength	Challenge
Health Care System (39) -*General*	-Clear understanding of the level of care EMS provides -Having a dedicated ambulance director provides organizational continuity	-Quality improvement -Patient care outcome feedback -Understanding and sharing of billing information -Understanding of equipment exchange
-*Medical Direction*	-Plays an active role in the CQI process -Provides clear direction through protocol -There is a well-established procedure for medical direction within the service	
-*RN/NP/PA*	-Clear understanding of the level of care EMS provides	-Policies and procedures for patient transfers -Policies and procedures for patient care verbal and written report
-*Public Health*	-Agency collaboration	-Meeting with Public Health officials

		-Collaboration of both agencies to work on a single public health problem -Not a clear understanding of the role of EMS
Subsection	*Strength*	*Challenge*
Public Safety System (55)	-Understands what EMS is -Has accurate perception of EMS -Actively participates in EMS and Rescue operations Understanding of the non-paid volunteer status	-Sharing of the same medical director. -Need to establish procedures to provide regular feedback
Political System (12)	-There is an avenue for sharing thoughts, ideas, and concerns with the EMS agency. -Understanding that the EMS leadership has regular meetings	-Level of care provided by the EMS agency is unclear -Government /political agencies are sufficiently familiar with all aspects of EMS
School System (77)	-Willingness to provide "stand-by" care at special events and provide care at the school -Are willing to be trained in specific issues related to children with special needs -Patient care protocol for handing patient care over to EMS	-Regular visits to the school and meetings with the school nurse -Conducting injury prevention initiatives -Working with the school health official -Provides training to coaches and staff
Media Relations (2)	-The media has an accurate perception of EMS in ANYWHERE USA and it's current level of authorization -EMS is a positive contributor to our community -Has a dedicated P.I.O. staff member	-Realizes that the EMS service is privately held or public -Positive working relationship -Information officer

Subsection	Strength	Challenge
Community at large (620)	-Over half surveyed had used the EMS system -Perceived the EMS providers to be clean and professional looking -Perceived the EMS providers to have nice equipment -Dedication to the community	-Of those who had utilized EMS, they were never given a patient-care survey -Do not know how EMS is financed -Do not know how and/or if EMS providers are paid

Numerous comments were given in each of the various categories with a continual underlying theme: the EMS providers of ANYWHERE USA should be paid; yet there were no informative solutions as to how to budget such an expense. There is also a worry that the standard of care that has been provided in the past is in jeopardy due to the inability to recruit new providers.

Final Report and Recommendations
The Community Planning Process can be further broken down by the utilization of the SWOT Analysis tool (Strengths, Weaknesses, and external Opportunities and Threats.) Feedback provided by both the internal and external surveys can be integrated into the analysis as follows:

Internal Strengths:
- High morale and dedication
- Strong leadership
- Opportunity for patient care continuing education
- Low incidence of work-related injuries

Internal Weaknesses:
- Understanding of future direction
- Training for management education (people skills, problem solving skills)
- Decrease in staff during daytime on-call hours

External Opportunities:
- Utilization of media as a community education tool
- Increase service visibility within the community
- Utilization of cross training among various systems
- Partnership building among various external stakeholder systems
- Strong community and stakeholder support

External Threats:
- Diminishing volunteer pool
- Increase in standard of care (inclusion of disaster preparedness)
- Increase in Federal and State regulations (HIPPA)

Actions to be considered in planning of long and short term goals within the ANYWHERE USA Ambulance Service Strategic Planning process:

1. Continue to convene the stakeholders quarterly (at a minimum) each year.
   a. Each meeting should provide a forum to which progress benchmarks can be discussed and measured as to their accomplishments.
2. Formulate a strategic plan inclusive of the challenges noted within the community planning process.
   a. Develop long and short term goals which address the issues of, but not limited to:
      i. Public information and education (public perception)
      ii. Human resource development (recruitment and retention)
      iii. Appointment of county EMS representatives to State, regional, and local committees
      iv. Cross discipline training and educational opportunities
3. Establish working relationships with various media outlets to provide public education of EMS to the community

   (Include EMS within various brochures that highlight the community of ANYWHERE USA and Ottawa County, provide information to city hall to include EMS within the demographic information of the county)

Internal and External Stakeholder Final Report Meeting
On January 5, 2004, a final meeting was conducted at the ANYWHERE USA Ambulance building. A total of 37 individuals were present.

Discussion centered on the recommendations and challenges that were identified in both the internal and external assessments. The group discussed the need to proactively address recruitment and increasing visibility of the services within the community.

It was noted that the overall scores received by ANYWHERE USA EMS were above average in every category expect one. Internally, the ANYWHERE USA EMS organization appears to be extremely strong with positive comments made concerning the current leadership.

Recommendation was made to accept the final report and begin the process of addressing and prioritizing the various identified challenges within a strategic plan format.

ANYWHERE USA
Community Planning Data/Comment Summation

Summary of Section Tally: [scale of 1 (not at all) – 7 (very well)]

Internal	= 6.10
Health Care	= 4.44
Public Safety	= 5.45
Political System	= 5.14
School System	= 4.5
Media	= 5.10
Community	= 5.69

Comments:

Internal-

Greatest Strengths:

Service director's leadership; dedicated volunteers; community support; low turnover; excellent training officers and training opportunities; good vehicles and equipment.

Greatest Challenges:

Daytime coverage; maintaining a high level of community appearance; future leadership; level of certification; lack of personnel; roads are bad, which hampers response times

Solutions to the Challenges:

Paid staff; clear understanding of personnel's private vs. public time; offer class on filling out-run reports

Other Comments:

We are a very lucky community; Ambulance Advisory Council needs to do a better job of meeting; educate the community of our needs

Healthcare

Greatest Strengths:

Patient care; patient always comes first; pleasant, friendly staff; willingness to serve

Greatest Challenges:

Keeping volunteers; time commitments; money for equipment; staying current on medical trends and scope of practice

Solutions to the Challenges:

Recruitment and retention program; continuing education; grant funding

Other Comments:

Recommend joint training with ANOTHER ANYWHERE USA EMS

Public Safety
>Greatest Strengths:
>>Personnel; leadership; dedication; well trained; work together as a team; equipment
>Greatest Challenges:
>>Improve incident command and usage of 10 codes, recruitment and retention, funding, response time, 24/7 coverage
>Solutions to the Challenges:
>>More cross training; more public information; split response; reimburse for staff per call; secure more staff

Political System - Nothing noted

School System
>Other Comments:
>>Teach more CPR/First Aid classes; need more volunteers; pay the volunteers; doing a great job; not familiar with the EMS system or the providers

Media
>Greatest Strengths:
>>Care and concern of staff; local people; good equipment
>Greatest Challenges:
>>Maintaining quality staff
>Other Comments:
>>We have a good relationship due to their designated public information person.

Community
>Greatest Strength:
>>Well-trained staff; committed staff; availability; response time; our community would be lost without them; glad we have them; great leadership
>What would you like to see different:
>>More public information; full-time staff; more public programs; pay for the volunteers; don't know
>Other Comments:

>>PROUD OF PERSONNEL, DOING A FINE JOB

APPENDIX B: ACKNOWLEDGMENTS

APPENDIX C: REMSTTAC STAKEHOLDERS GROUP

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Bill White, President
National Native American EMS Association

Gary Wingrove, Technical Consultant
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Rural Health Resource Center

Jill Zabel Myers, Healthcare Consulting
Wipfli LLP

APPENDIX D: REFERENCES

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