

Rural Emergency Medical Services Survey for Critical Access Hospital Grant

1. Name of Service: _____
2. Primary County of Operation: _____
3. County(s) or Portion of County(s) where Mutual Aide is provided by your service:

4. Approximately, how many ALS runs do you perform monthly? _____
BLS? _____
5. How many full-time EMTs do you employ? _____
6. How many part-time EMTs do you employ? _____
7. How many full-time Paramedics do you employ? _____
8. How many part-time Paramedics do you employ? _____
9. Do you currently have any part- time of full- time positions open for an EMT or Paramedics? No _____, Yes, How many of each?
10. If funding and personnel were available, would you expand your fleet?
_____ By how much? ALS Units _____ or BLS units _____
11. Do you use EMS personnel that are residents in other counties? _____
If yes, from which county(s) do they commute?

12. Are any of your EMS personnel employed by a hospital, nursing home, or other health care provider? _____, If yes, in what capacity? _____
13. Which of Florida's approved EME/ Paramedic training center is nearest to your service? _____ Approximate distance? _____
14. Do your employees have to travel out of county for continuing education training? _____
- 14a. If not, do you conduct the needed training? _____ How often? _____
- 14b. If yes, where do they have to go for their training? _____ Distance _____
15. Which rural hospitals do you deliver patients to routinely?

16. How frequently do you take patients to a rural hospital emergency room listed in this letter? _____ Which one(s) ? _____

17. When you have to bypass a rural hospital, where do you take patients?
_____, _____

18. What is the average time for an ambulance to be back in service in your county when you must transport out of your area? _____ Hrs _____ Minutes

19. Do you have communication (radio or cell phone) capability with all hospitals in your area? _____ Med. 8? _____

20. How many BLS units do you have permitted? _____

21. How many ALS units do you have permitted? _____

Listed below are the areas in which funds can be awarded. Please review the list and comment on how your service could benefit if funds were made available.

A. Development / Modification of Referral and Transfer Protocols

Comments:

B. Training and Upgrading of Emergency Medical Services Personnel

Comments:

C. Recruitment and Retention of Emergency Medical Services Personnel

Comments:

D. Public Education

Comments:

E. EMS / Hospital Communications

Comments:

F. EMS Medical Direction

Comments:

G. EMS Data Collection and Evaluation

Comments:

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

1. _____
2. _____
3. _____
4. _____
5. _____

Thank you very much for your assistance. This information will assist us in establishing priorities for the Critical Access Hospital funds for the next three years. If you would like to have a copy of the finding of this survey please provide and e-mail address or fax number-mail _____ fax _____