Washington State
2019 Rural EMS Service Survey

Thank you for taking the time to complete the 2019 Rural EMS Service Survey. We'll use the information we collect to:

- Help inform where best to allocate any available funding;
- Educate policy-makers on challenges facing rural, suburban, and urban communities;
- Inform strategic planning efforts at state, regional and local levels; and
- Provide agencies with a roadmap for improvement.

If you have questions about this survey how the information will be used, please contact Christy Cammarata at christy.cammarata@doh.wa.gov or 360 236-2808

A national group of EMS providers and advocates have identified 18 attributes of a successful EMS service. For the purpose of this survey, each of those attributes has been described in five ways. Please read each description and then select the one that most closely matches your EMS service.

Acknowledgements

The Washington State Office of Rural Health (SORH) in collaboration with the Department of Health's Office of Community Health System's would like to thank the Wisconsin Office of Rural Health for the opportunity to use the 18 Attributes of a Successful Ambulance Service Survey. Additionally, the department would like to thank all of the licensed EMS agencies who complete a survey and contribute to the survey.

EMS Service Information

EMS Service Name:

Click here to enter text.

EMS Legacy Number:

Click here to enter text.

Person Completing the Survey:

Click here to enter text.

Position:

Click here to enter text.

Phone Number:

Click here to enter text.

Email Address:

Click here to enter text.

EMS Service Annual Call Volume:

Click here to enter text.

Number of Paid Personnel:

Click here to enter text.

Number of Volunteer Personnel:

Click here to enter text.

Operations Attributes

1. A Written Call Schedule

- ☐ 1. Non-existent. Pager goes off and anyone available responds.
- ☐ 2. Informal, ad-hoc agreement exists among the crew.
- ☐ 3. Written and distributed schedule exists, but for less than one week at a time.
- ☐ 4. Written and distributed schedule is for one week or more, but empty spaces are not filled, waiting for personnel to show up.
- ☐ 5. Written and distributed schedule is for two weeks or more. Empty spaces are filled prior to shift beginning.

2. Continuing Education

- ☐ 1. No continuing education is offered.
- ☐ 2. Continuing education that meets minimum requirements needed to maintain licensure is offered (internally or externally).
- ☐ 3. Continuing education above minimum requirements needed to maintain licensure is offered.
- ☐ 4. Continuing education based on quality improvement and/or quality assurance findings is offered.
- ☐ 5. Continuing education based on quality improvement and/or quality assurance findings, with medical director and/or hospital input, and taught by a certified educator is offered.

3. A Written Policy and Procedure Manual

- ☐ 1. There are no documented EMS policies and procedures.
- ☐ 2. There are a few documented EMS policies and procedures, but they are not organized into a formal manual.
- ☐ 3. All EMS policies and procedures are documented in a formal manual but crew members don't refer to/use/update it systematically.
- ☐ 4. All EMS policies and procedures are documented in a formal manual, and crew members refer to and use it systematically. It is updated, but not on a schedule.
- ☐ 5. All EMS policies and procedures are documented in a formal manual, and crew members refer to/use/update it systematically. It is written to the level of detail necessary that anyone from the crew could step in and do the job correctly.

4. Incident Response and Mental Wellness

- ☐ 1. There is no incident response and mental wellness debriefing.
- ☐ 2. There is informal and positive debriefing and support from more experienced crew members.
- ☐ 3. There is informal and positive debriefing and support from more experienced crew members. Dispatch occasionally notifies the EMS service on a predetermined set of calls (pediatric, suicides, fatalities, trauma, etc.), which are addressed informally by EMS service leadership.
- ☐ 4. EMS service leadership has training in incident response, is consistently notified by dispatch at the time of possible incident, and has a policy of debriefing impacted crew member(s).

☐ 5. All of No. 4, plus professional counseling sessions are offered at reduced or no charge to affected crew members. Follow-up with affected crew members is standard procedure.

5. A Sustainable Budget

- ☐ 1. There is no written budget.
- ☐ 2. A budget has been developed; however, it is not followed.
- ☐ 3. A budget is in place, and financial decisions and actions are based upon it.
- ☐ 4. A budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least three months is in the bank.
- ☐ 5. A budget and polices are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least six months is in the bank and the reserve has been in place for at least one year.

6. A Professional Billing Process

- ☐ 1. Services are not billed.
- ☐ 2. Services are billed, but claims are submitted by an individual (internal or external) with no formal training in healthcare billing.
- ☐ 3. Services are billed, but claims are submitted by an individual (internal or external) with limited training in healthcare billing.
- ☐ 4. Services are billed and claims are submitted by someone with skills and training in healthcare billing, but without established HIPAA-compliant billing policies or policies to handle claims that have been denied or with a balance due.
- ☐ 5. Services are billed and claims are submitted by a certified biller (internal or external) or billing service, in a timely manner (fewer than 30 days), with established HIPAA-compliant billing policies and policies to handle claims that have been denied or with a balance due.

7. County Medical Program Director Involvement

Please select County Medical Program Director: Choose an item.

☐ 1. There is a medical director in name only. He or she is not actively engaged with the EMS service beyond signatures.

☐ 2. The medical director reviews cases but not within 30 days and provides very little feedback.

☐ 3. The medical director reviews cases within 30 days and provides very little feedback.

☐ 4. The medical director reviews cases within 30 days and provides a good amount of feedback, but waits for the EMS service to engage him or her. When asked, he or she responds to hospital ED/ER contacts on behalf of the EMS service regarding the EMS service's clinical protocols and actions.

☐ 5. The medical director is an integral part of EMS, proactively engaging the EMS ervice to review cases, providing a good amount of feedback; delivering education to the EMS service; and advocating for the EMS service to hospital ED/ER contacts.

8. A Quality Improvement/Assurance Process

☐ 1. There is no plan to collect, analyze, or report EMS service performance measures.

☐ 2. Performance measure data is collected about the EMS service but not analyzed or reported.

☐ 3. Performance measures are analyzed and reported but no feedback loop exists for continual improvement of the EMS service.

☐ 4. Performance measures are reported and a feedback loop exists for general improvements.

☐ 5. Feedback from performance measures is used to drive internal change to:
(1) improve the patient experience of care (including quality and satisfaction),
(2) improve the health of the community (e.g., success of screenings, education);
(3) reduce the cost of health care services (e.g., reducing EMS costs, and/or using EMS to reduce overall healthcare costs).

9. Contemporary Equipment and Technology for Patient Care Reporting Activities

*In accordance with WAC 246-976

☐ 1. The EMS service has only the minimum equipment/technology. The budget does not allow additional equipment/technology acquisition.

☐ 2. The EMS service has the minimum equipment/technology, plus a minimal budget for additional equipment/technology acquisition.

☐ 3. In addition to the minimum equipment/technology, the EMS service has some advanced equipment/technology. There is a minimal budget for new equipment/technology acquisition and a formal replacement plan.

☐ 4. In addition to the minimum equipment/technology, the EMS service has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan.

☐ 5. In addition to the minimum equipment/technology, the EMS service has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan. There is a formal maintenance plan provided by trained/certified technicians or engineers.

10. The EMS Service Reports Data

*In accordance with WAC 246-976-430

☐ 1. No operational/clinical data are submitted to WEMSIS/NEMSIS.

☐ 2. Operational/clinical data are submitted to WEMSIS/NEMSIS, but not often within the designated timelines (locally, statewide, or nationally).

☐ 3. Operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines.

☐ 4. Operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS Service.

☐ 5. Operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process, and goals and benchmarks are used to improve performance. Summary reports are regularly shared publicly with the community.

Public Relations Attributes

11. A Community-Based and Representative Board

- ☐ 1. There is no formal board oversight.
- ☐ 2. The board consists of internal EMS service members only.
- ☐ 3. Voting board members are from the EMS service and some combination of elected officials, hospital leadership/staff, and/or governmental administrators.
- ☐ 4. Voting board members are some combination of only elected officials, hospital leadership/staff, and/or governmental administrators.
- ☐ 5. Voting board members include all of No. 4 and at least one engaged patient representative.

12. EMS Service Attire

- ☐ 1. There is no identifying EMS service attire.
- ☐ 2. There is identifying EMS service attire, but it is not adequately protective.
- ☐ 3. There is identifying EMS service attire, which is adequately protective, but elements of it are purchased by the members.
- ☐ 4. There is identifying EMS service attire, which is adequately protective, and all of it is purchased by the EMS service.
- ☐ 5. There is identifying EMS service attire, which is adequately protective and purchased by the EMS service. A written policy identifies what attire is required and how it is to be provided, cleaned, maintained, and replaced.

13. Public Information, Education, and Relations (PIER)

- ☐ 1. There is no plan for addressing PIER.
- ☐ 2. The EMS service is in the process of developing a PIER plan.
- ☐ 3. There is a PIER plan, but no funding dedicated to its implementation.
- ☐ 4. There is a PIER plan that has funding dedicated to its implementation.

☐ 5. There is a PIER plan that has funding dedicated to its implementation, someone identified as responsible for PIER, and a recurring evaluation of its success.

14. Involvement in the Community

☐ 1. No public education courses are offered.

☐ 2. Occasional basic public education courses, such as CPR/AED and first aid training, are offered.

☐ 3. Frequent basic public education courses, such as CPR/AED and first aid training, plus other EMS-related training are offered.

☐ 4. A robust array of public education courses and other training are offered, and the EMS service is active in community promotions at various events.

☐ 5. The EMS service offers a robust array of public education courses and other training, organizes or assists in planning health fairs, is a champion for a healthy community, is an active partner with other public safety organizations, and is seen as a leader for community health and well-being.

15. A Recruitment and Retention Plan

- ☐ 1. There is no agreed-upon plan nor substantive discussion on recruitment and retention.
- ☐ 2. There is no agreed-upon plan but there have been substantive discussions on recruitment and retention.
- ☐ 3. There is an informal, agreed-upon plan, and people have been tasked with addressing the issues of recruiting new crew members and retaining existing crew members.
- ☐ 4. There is a formal written plan, and people have been tasked with recruiting new crew members and strategizing methods to keep current crew members active (such as compensation, recognition and reward program, management of on call time, adequate training).
- ☐ 5. There is a formal written plan, and people have been tasked with recruiting new members and retaining existing crew members. There is a full roster with a waiting list for membership.

16. Formal Personnel Standards

- ☐ 1. There is no official staffing plan or formal process for hiring new personnel (paid and/or volunteer).
- ☐ 2. There is a staffing plan and documented minimum standards for new hires.
- ☐ 3. There is a staffing plan, documented minimum standards for new hires, and an official new-hire orientation.
- ☐ 4. There is a staffing plan, documented minimum standards for new hires (including background checks), an official new-hire orientation, and systematic performance reviews/work evaluations.
- ☐ 5. All of No. 4, plus there is a process to resolve personnel issues.

17. An Identified EMS Operations Leader with a Succession Plan

☐ 1. There is an identified EMS operations leader (e.g., chief, director, director of operations, EMS deputy chief or captain within a fire EMS service), but he or she has not had any leadership training.

☐ 2. There is an identified EMS operations leader with some leadership training, but he or she was not selected by a recruitment process.

☐ 3. There is an identified EMS operations leader with some leadership training who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan).

☐ 4. There is an identified EMS operations leader with comprehensive leadership training who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding, no succession plan).

☐ 5. There is an identified EMS operations leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to appropriately handle the transition of the leadership role.

18. A Wellness Program for EMS Service Staff

☐ 1. There is no wellness program for crew members.

☐ 2. Written information is available for crew members regarding physical activity, healthy food options, and tobacco cessation.

☐ 3. All of No. 2 and occasional educational programming regarding healthy lifestyles is offered, and there is policy support for healthy food options at meetings.

☐ 4. All of No. 3 and there is policy support for healthy lifestyle opportunities during work time.

☐ 5. There is a structured wellness program following national recommendations. Crew members are actively encouraged with EMS service-funded fitness opportunities, healthy food choices, and disease- prevention programs such as tobacco cessation.