



**RURAL WISCONSIN  
EMERGENCY MEDICAL  
SERVICES NEEDS  
ASSESSMENT**

**2007**

*Provided with funding through the Medicare Rural Hospital Flexibility Grant Program from the Federal Office of Rural Health Policy, HRSA, and sponsored by the Wisconsin Office of Rural Health*

**WISCONSIN OFFICE OF RURAL HEALTH  
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Madison, WI 53705  
800/385-0005  
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**WORH Survey to Assess the Current Needs of Rural Wisconsin EMS – 2007**

**Instructions:**

- Please direct this form to the individual who serves as your ambulance service Director
- Please complete the following four pages of this survey and **return by July 16, 2007**

**Contact Information:**

- Name and Title of Person Completing Survey \_\_\_\_\_
- Telephone Number \_\_\_\_\_
- E-Mail Address \_\_\_\_\_

**Section One: Demographics**

1. What is the estimated population of your service area? \_\_\_\_\_
2. What is the approximate square mileage of your service area? \_\_\_\_\_
3. Which rural hospitals do you deliver patients to routinely?  
\_\_\_\_\_
4. Do you actively participate in your Regional Trauma Advisory Committee (RTAC)?  
 Yes  No If Yes, which one? \_\_\_\_\_

**Section Two: Personnel and Training**

1. Do you have difficulty covering shifts?  Yes  No  
If yes, what shifts? (*check all that apply*)  
 Days  Nights  Weekends  Holidays
2. Indicate your top TWO reasons, (with 1 signifying the most important reason) for not being able to cover all ambulance shifts.  
\_\_\_\_ Conflicts with employer \_\_\_\_ Family Issues \_\_\_\_ Distance from employer  
\_\_\_\_ Daycare/childcare obligations \_\_\_\_ Other: \_\_\_\_\_
3. Does your agency have a recruitment and retention plan?  Yes  No
4. What are the three most successful methods your agency uses to recruit personnel?  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_
5. What are the three most successful methods your agency uses to retain personnel?  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_

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

Factors	Minor Factor		Major Factor	
	1	2	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				

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

Factors	Minor Factor		Major Factor	
	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				
Amount of critical incident stress				
Poor critical incident stress debriefing				
Physical demands of EMS work				
Shortage of personnel for backup				
Health and/or safety hazards				
Legal liability				

**8. Which of the following factor's contribute to your local technical college's (or EMS Training Center's) inability to meet needs for your Agency's training/education?**

- Classes not conveniently located     Lack of quality instruction     Cost  
 Class scheduled at wrong time of year     Class times not convenient  
 Other (Describe) \_\_\_\_\_

**9. Does your agency pay for continuing education for your EMT's?  Yes  No**

10. Please indicate your order of preference for the following types of educational opportunities.  
Rank from most preferred = 7 to least preferred = 1

Rank (1-7)	Type of educational opportunity
	Hands on skills practice
	Classroom
	Video
	Interactive televideo
	Internet
	CD or DVD
	Correspondence

### Section Three: Ambulance Operations

1. In fiscal year 2006, how many runs did your ambulance service have?

Billable runs \_\_\_\_\_ Non-billable runs \_\_\_\_\_ Total runs \_\_\_\_\_

What percent of billing claims were rejected? \_\_\_\_\_%

2. How does your Agency conduct billing activities? (check all that apply)

Agency bills directly     Billing is contracted to outside entity     Other (please specify)

\_\_\_\_\_

2. Does your Agency utilize computerized billing?

Yes     No     Not applicable

3. What type of reimbursement difficulties does your squad encounter? (check all that apply)

Complicated billing procedures     Low reimbursement levels     Inadequate manpower  
 Slow reimbursement by payer     Large number uninsured clients  
 Types of services covered by insurers     N/A (non applicable)  
 Other (please describe) \_\_\_\_\_

### Section Four: Data Collection

1. Have you heard of Wisconsin's Ambulance Run Data System (WARDS)?

Yes     No

2. Does your service have a computer available for your crew to use to enter run data?

Yes     No    If Yes, where is it located?

Station     Hospital     Technical College     Crew member's home  
 Other:

3. Does your service have internet access available to the crews?  Yes     No  
 If yes, what speed?

Dial-up     DSL     Cable     T1     Other:

4. Does your ambulance service use the State EMS Office's web-based licensing database (EMSS)?

- Yes    No   If No, why not?  
 Do not know anything about it    Have no computer  
 Have no internet to access it    Other:

**Section Five: Injury Prevention**

What public awareness and education programs are available in your community?  
(Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Poison prevention   | <input type="checkbox"/> Do Not Resuscitate        | <input type="checkbox"/> Seat belt awareness |
| <input type="checkbox"/> Child safety seats  | <input type="checkbox"/> Drug/Alcohol abuse        | <input type="checkbox"/> Water safety        |
| <input type="checkbox"/> Violence prevention | <input type="checkbox"/> Critical Access Hospitals | <input type="checkbox"/> Access to EMS       |

Other (please explain) \_\_\_\_\_  
\_\_\_\_\_

**Section Six: Priority Needs**

Please list, in order of importance (starting with the most important), what you would consider your agency's top five (5) needs.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Final Question:** What are the five (5) 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 the Wisconsin Office of Rural Health (WORH) in establishing rural EMS funding priorities for the Medicare Rural Hospital Flexibility Grant Program. Please return survey by **July 16** to:

**Nan Turner, EMS Consultant  
6321 N. Curtis Dr  
Evansville, WI 53536  
or Fax: 608/261-1893**

**For questions or comments about this survey please call Nan at 608/882-5497.**