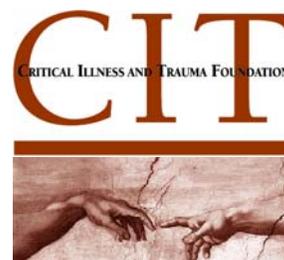


EMS COMMUNITY PLANNING AND INTEGRATION GUIDE

ASSISTING COMMUNITIES IN BUILDING A
STRONGER EMS SYSTEM

CRITICAL ILLNESS & TRAUMA FOUNDATION
300 NORTH WILLSON AVE. SUITE 3002
BOZEMAN, MONTANA 59715

www.citmt.org
406-585-2659



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Community Planning and Integration Consultants

Katrina Altenhofen, Washington IA

Joseph D. Hansen, Big Timber MT

Bob Prewitt, Garden City KS

Nels D. Sanddal, Bozeman MT

Linda Williams, Fort Benton MT

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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. And surprisingly few EMS systems rely on sound assessment techniques to ensure that they understand and can meet the needs of the community.

EMS agencies need a tool to evaluate their strengths and weaknesses and to provide a clear understanding of their customers, the needs of those customers, and how to meet these needs within their community. 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.

Even more importantly, EMS agencies need to function as a member of their communities. Too often, people form opinions about EMS from watching popular television shows. These programs can lead to unrealistic expectations and subsequent dissatisfaction. Even those who do not form their opinions from television often have a limited understanding of how their local EMS agency works.

People may think that their local ambulance service is supported completely by government taxes – and experience a negative surprise when they are billed for an ambulance call. Or they may think that the ambulance is a for-profit business 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 -- let alone the legal and ethical requirements -- in each of these levels of service.

For most people, the EMS agency is invisible until an emergency happens. And that 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 an informed decision 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 planning 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 seek discover the EMS agency's roles in the community and determine if the community needs that roles 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 eight main sections 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 consultants selected by the Critical Illness and Trauma Foundation to support your efforts in this process bring a broad breadth and depth of EMS experience and a fresh "outside" perspective. We hope that you will embrace them as partners in this process.

Section 1 – Where Do We Start?

Developing an EMS integration plan can be a daunting task. This section identifies the basic steps of a successful evaluation: establishing a planning team, analyzing strengths and weaknesses, and developing and integrating a plan for increasing community development with your EMS agency.

Section 2 – 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 agencies employee/volunteer perception about how well the agency interacts with other community resources.

Section 3 – Health Care System

The ultimate 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.

Section 4 – Public Safety System

Managing an emergency scene often requires help from fire fighters and police officers. Fire firefighters can assist in extrication or provide initial medical care. Law Enforcement officers secure the scene in criminal cases. 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 services and other public safety emergency responders.

Section 5 – 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 in step.

Section 6 – 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.

Section 7 – 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.

Section 8 – 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.

Section 9 – Where Do We Go From Here?

The data gathered from these sections should provide your community 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. BLS vs. 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 Community Planning Guide 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.

Good Luck! Examining these questions will help the EMS service become an even more vital and integrated part of the community. The goal is to create an EMS service that provides the best level of service possible with resources that are reasonably available.

SECTION 1 – WHERE TO START?

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 on enhancing your EMS integration into the community as a whole.

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

1. **Form the EMS Planning Project Team.** Without internal support, this process will fail. 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 facilitating. 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 CIT consultant and generally making the process a priority in their already overburdened lives. With commitment and focus, this process is relatively painless without this commitment the process can drag on forever and become burdensome. Find people affiliated that are willing to help ensure that this effort is an unqualified success.
2. **Complete Section 2.** The EMS service team 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 CIT 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.
3. **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. Media (Newspaper, Television, etc.)
 - g. Community At Large (Service Groups, Senior Citizen's Organizations, Community Members, 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.

4. **Establish a Schedule.** Developing an EMS integration plan can be a daunting task. Once you have determined a start date, CIT will provide you with a schedule template with specific benchmarks. Your consultant, along with CIT staff, 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.
5. **Complete Sections 3-8.** 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 question is to decide who 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.

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/her agencies but from the other law enforcement agencies in the area.

6. **Complete Section 9.** After collecting the survey or interview information, you analyze what you have found by averaging the scores or counting the responses. The CIT consultant 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.
7. **Develop an integration plan.** Once again, the CIT consultant 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 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.

SECTION 2 – SELF-ASSESSMENT

(TO BE COMPLETED BY ALL AGENCY AND AFFILIATED EMS PROVIDERS)

The Self-Assessment Questionnaire is used to evaluate your EMS Agency’s strengths and weakness internally. The following questions will provide you with an overall sense of how 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 eight 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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

EMPLOYEES/VOLUNTEERS

The next fourteen 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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.7 I receive regular feedback and performance evaluations.

N/A – DK	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 – DK	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 – DK	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 continued education.

N/A – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 you relinquish patient care to are the receiving facilities.

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

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

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

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

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

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

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

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

2.23 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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.24 In my opinion, members of our agency serve on appropriate healthcare-related committees.

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

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

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

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

N/A – DK	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.

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

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

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

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

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

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

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

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

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

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

2.32 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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.33 I believe that our dispatch system meets our agency’s needs.

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

2.34 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 – DK	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, we ask you to evaluate your relationship with the city, town or county government. Please rate each statement from 1-7.

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

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

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

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

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

N/A – DK	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.

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

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

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

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

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

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

2.41 We regularly meet with school health nurses.

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

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

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

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

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

2.44 In my experience, we participate regularly in join training with school athletic staff, i.e., trainers and coaches.

N/A – DK	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.

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

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

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

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

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

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

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

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

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

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

CONSTITUENCY AND CUSTOMER SATISFACTION

The final ten 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.

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

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

2.51 I think that we conduct mail and telephone surveys with our constituency.

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

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

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

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

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

2.54 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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

2.55 From my perspective, we maintain protocol compliance.

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

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

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

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

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

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

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

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

N/A – DK	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: _____

SECTION 3 – THE HEALTHCARE SYSTEM

(TO BE COMPLETED BY A WIDE RANGE OF HEALTH CARE PROVIDERS)

Section 3 focuses on the Healthcare System. The following assessment should be used to gauge the integration between the EMS agency and overall healthcare 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 department, receiving hospital, 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 five 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 healthcare system. EMS agencies that have positive relationships and open communication with their healthcare 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 patient's should receive from this EMS agency, consistent with their licensure level and scope of practice.

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

Comments: _____

SECTION 4 – THE PUBLIC SAFETY SYSTEM

(TO BE COMPLETED BY A REPRESENTATIVE SAMPLE OF PUBLIC SAFETY REPRESENTATIVES, INCLUDING FIRE, LAW ENFORCEMENT, DISASTER AND EMERGENCY SERVICES AND OTHER PUBLIC SAFETY PERSONNEL)

Section 4 focuses on the integration of EMS and 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 seven 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 fourteen 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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 O₂.

N/A – DK	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? _____

What steps could you suggest to help the EMS agency overcome the challenge identified above?

Specifically as they relate to this EMS Agency's relationship with the larger public safety system, what suggestions would you have? _____

Other comments: _____

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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____

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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____

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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____

SECTION 5 – THE POLITICAL SYSTEM

(TO BE COMPLETED BY COUNTY COMMISSIONERS, CITY COUNCIL MEMBERS, TRIBAL AUTHORITIES, ETC)

Section 5 focuses on 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 general section and the city/county 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 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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____

SECTION 6 – THE SCHOOL SYSTEM

Section 6 focuses on 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 ten 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 healthcare 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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 emergency care that our students receive at athletic events.

N/A – DK	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 – DK	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 – DK	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 that are enrolled in our school,

N/A – DK	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 is clearly defined during the hand-off between the school personnel and the EMS staff.

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

Comments: _____

SECTION 7 – THE LOCAL/REGIONAL MEDIA

(TO BE COMPLETED BY REPRESENTATIVES OF ALL LOCAL AND REGIONAL MEDIA OUTLETS, I.E. NEWSPAPER, RADIO AND TV)

Section 7 focuses on the 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 fourteen statements broken up into two 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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 media, what suggestions would you have? _____

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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	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 – DK	1 - Not at All	2	3	4 – Average	5	6	7 - Very Well

Comments: _____

SECTION 8 – THE COMMUNITY AT LARGE

(TO BE COMPLETED BY AS MANY COMMUNITY MEMBERS AS POSSIBLE)

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 thirteen 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 Have 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 you rate the service that you received?

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

SECTION 9 – WHERE DO WE GO FROM HERE?

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 CIT consultant's job is to help you sort through and make sense of the information you have gathered. He/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.

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.

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 their 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 in a slide show. 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 PLANNING

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 CIT consultant, 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?

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 on-going 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 – THE ACTION PLAN

This part of planning calls for real brainstorming. Take the goals that 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. Either while you are generating ideas or later when that discussion has flagged, determine who will be responsible and estimate how long it will take to complete each action.

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 an on-going one, such as: “Meet quarterly with city council,” set a time frame for when the on-going 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 six 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 INTEGRATION PLAN

After you, the external team and the CIT consultant have analyzed the data and worked through some of the issues above, the CIT consultant 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

REVIEW THE PLAN

The integration 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. And any time there are major changes in the EMS service or some segment of the community, that would be a good time to re-do all or some of the planning process.

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.

Dear Respondent:

Please assist our EMS agency in their system wide quality improvement effort! Please complete the attached survey and return to _____ by _____, 2003.

Thank you for your assistance with this important project. If you have any questions, please call _____ at _____.

EMS Community Planning and Integration Project Ambulance Service Survey

Service Name: _____

Service Characteristics

1. Our ambulance service is licensed as a:
ALS Service _____ Other Service Type _____
2. Other service level descriptors, e.g., EMT-Intermediate. _____
3. Actual or estimated number of transports per year _____
4. Average mileage from ambulance station to scene to initial medical facility (or transfer point) _____
5. Average time from receipt of call to scene to initial medical facility (or transfer point) _____
6. Number of vehicles typically in, or available for, service at one time (excluding special events) _____
7. Current number of staff or volunteers on your service at all certification levels _____

Certification Level	Estimated or Actual Number
First Responder	
First Responder - Ambulance	
EMT- Basic	
EMT – Defibrillator	
EMT – Intermediate	
EMT – Paramedic	
Other	

Affiliation

8. Our service is
 - _____ Unaffiliated volunteer or non-profit without any subsidy
 - _____ Unaffiliated volunteer or non-profit with subsidy
 - _____ City subsidy
 - _____ County subsidy
 - _____ Other subsidy
 - _____ Fire department affiliated
 - _____ Law enforcement affiliated
 - _____ Hospital affiliated
 - _____ Other (Describe) _____

Personnel Characteristics

9. Our service is staffing pattern includes (select 1):
 - Strictly volunteer staff _____
 - Limited pay for service - on call time _____
 - Limited pay for service - per run time _____
 - Limited pay for service - other _____ (describe) _____
 - Mostly volunteers - paid administration/coordination _____
 - Mostly paid staff - augmented by volunteers _____
 - Strictly paid staff _____

Dear _____:

The _____ EMS agency is teaming up with the Montana Department of Public Health and Human Services, the Montana Health Research and Education Foundation, and the Critical Illness and Trauma Foundation (CIT), to conduct formal EMS community assessment and integration process. The purpose of the assessment and integration activities is to solicit feedback from a wide variety of agencies and individuals that will help us serve the community better and chart a course for the future.

Health care, at all levels, has changed during the past decade. The complexity of EMS has, likewise, changed. Many EMS agencies, particularly those providing care in rural environments, are faced with challenges that threaten their very existence in terms of recruitment, retention and training of personnel; billing and collection issues; chronic under-funding; and, increasing technological complexity. Those EMS systems that seem to be the most stable and secure are well integrated into other health care, public safety and community systems. It is the integration with, and support from, other sectors that this community planning and integration process seeks to achieve.

The planning and integration process involves a self-assessment, external community evaluation using standardized tools, and a structured input process. Expert assistance from outside our community will be available to assist us throughout the effort.

The success of this process is dependent upon strong community input and participation. As a community leader, we need your assistance. Your responsibilities to the project would include participation in 2 or 3 EMS community planning committee meetings and in the distribution and collection of surveys to people in your profession or circle of influence. It is a simple list of tasks and is not particularly time consuming. However, your participation is crucial to the success of the project. Please plan to attend the orientation meeting on month , day , and 2003 at time am/pm at location.

Please RSVP your attendance to this meeting to _____ at phone # .

In the meantime, if you have any questions, please do not hesitate to give me a call.

Sincerely,

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.

Section 3 – Healthcare System

Now that you have rated the 28 statements in Section 3, 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? _____

Section 4 – Public Safety System

Now that you have rated Section 4 and the 43 statements, compile your average score for each section 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? _____

Section 5 – Political System

Compile your average score for the 8 statements for each section and total the average score for Section 5.

AREA	AVERAGE SCORE
General	
City/County Government	
TOTAL	

What are the three highest scores? _____

What are the three lowest scores? _____

Section 6 – School System

Now that you have rated Section 6, compile your average score for the 10 statements.

AREA	AVERAGE SCORE
TOTAL	

What are the three highest scores? _____

What are the three lowest scores? _____

Section 7 – Local/Regional Media

Now that you have rated the 14 statements in Section 7, compile your average score for each section and a total average score:

AREA	AVERAGE SCORE
General	
Specific	
TOTAL	

What are the three highest scores? _____

What are the three lowest scores? _____

Section 8 – Community At Large

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

AREA	AVERAGE SCORE
TOTAL	

What are the three highest scores? _____

What are the three lowest scores? _____