

EMS SURVEY FOR CALENDAR YEAR 2017

Name of Service: _____

Chief / Head of Service: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____

Name & Title of Person Completing Survey: _____



THE ANNUAL SOUTHERN REGION EMS SURVEY

Reporting Period: January 1 - December 31, 2017

This form is available online at www.sremsc.org. Click on 'Programs', then either 'Code Blue' or 'Minigrants', depending on which you're applying for, or might possibly apply for. Filling this now leaves you ready for funding needs that might come up for future grant opportunities – such as the extra Code Blue CPR money in the past.

This EMS survey will provide basic data about the EMS systems within Southern Region. The data will be used for local, regional and statewide planning and evaluation; grant applications; improving training; other EMS program related aspects and funding requests. Both ground ambulance and first responder services are included in this survey.

This survey is particularly important to help capture data from services who are not yet reporting to AURORA 3.0 – Note: Per Alaska State Legislature, all certified services must be migrated to 3.0 and to include first responder service data into our regional EMS response statistics.

Eligibility for Code Blue/Capital Equipment, Minigrants and any other grants is dependent upon this survey being submitted by the October 31, 2018 deadline!

If you have any questions about AURORA, please contact
Samantha Cunningham, (907) 226-1134 or J.R. Gardner (907) 562-6449

scunningham@sremsc.org

jgardner@sremsc.org

**If your service is currently collecting prehospital data electronically,
simply attach a summary report which contains the requested information for this form.**

*Thank you for taking the time to complete this important survey. If you have any questions, please call
JR Gardner, Executive Director at Southern Region 562-6449; jgardner@sremsc.org.*

Submit this survey to our office by October 31, 2018 (bool)

Email Address: sreading@sremsc.org - Subject "Survey"

Mailing Address: 6130 Tuttle Place, Suite B, Anchorage, AK 99507

Service Information

1. Does your service fill out an EMS patient care report (PCR) for every patient you treat?
 Yes No If using other electronic PCR, what software are you using (fill in below)

2. Does your service insure that a copy of the final, completed Patient Care Report (PCR) for every patient treated is delivered to the receiving provider facility (clinic, hospital, medevac team)?
 Yes No

3. Which version of AURORA data reporting do you use:
 2.0 3.0 None

4. If you use an electronic patient care report system (ePCR), which system or software do you use?
 Alaska's free Elite Our custom Elite Other (please name) _____

5. Does your agency have a plan to reach compliance with AURORA 3.0 reporting in 2018 (if not already in compliance?)
 Yes No Already 3.0 Compliant

6. Does your agency routinely receive information on patient outcomes? Yes No

7. Check all types of communications used for emergency response by your service:
 Cell Phone Telephone Marine VHF Satellite Phone
 ALMR VHF FirstNet
 Other, Please list: _____

8. What is the emergency number(s) or notification method(s) in your community?
 911 Other-please list _____

9. How are you maintaining your responder training records:
 Paper records Excel spreadsheet Electronic training record system
 AURORA () Not maintaining Other (Describe) _____

10. What training does your service have the most difficulty accessing?
 CPR ETT ETT-EMT-1 Bridge EMT-1 EMT-2 EMT-3 EMT Refresher
 Pediatric CME Other, please list _____

11. How often does your First Responder group meet for training? _____
 At what location do you hold training? _____

12. Does your service have a QI/QA process/program in place? Yes No

13. If you are a Certified Service, please list your certification number
 Certification # _____ Not Certified/1st Responder

List the numbers of personnel in your service, their provider level, and if they are paid or volunteer:

Number of Volunteers					Number of Paid (Including CHA/CHPs)				
ETT	EMT I	EMT2	EMT3	EMT-P	ETT	EMT I	EMT2	EMT3	EMT-P
Do the volunteers receive a stipend or tum out pay? Yes No Stipend Amount: _____					How many of those above are CHA/CHP? _____				

Patient Encounters

***If your service is currently collecting prehospital data electronically check here ".....":
Attach the summary report which contains the information requested below.***

1. How many times did your service respond to an EMS call, including patient care, standbys, false alarms, or cancelled runs, between January 1 & December 31, 2017? _____
2. How many EMS patients were evaluated, treated or transported by your service during 2017? _____
3. Did your service submit data to AURORA for the full 2017 calendar year? Yes No
(If yes, you do not need to fill out question 4. Just attach your AURORA report covering these points.)
4. List the number of patient contacts by the patient's primary medical problem or injury below.

____ Altered Level of Consciousness
____ Abdominal Pain/problems
____ Allergic Reaction
____ Back Pain (non-traumatic)
____ Behavioral/Psychiatric Disorder
____ Burns

Cardiac

____ Cardiac Arrest
____ Chest Pain/Discomfort
____ Cardiac Rhythm Disturbance
____ Cardiac – other
____ Diabetic
____ Drowning/Near Drowning
____ Drug/Substance Abuse
____ ETOH/Alcohol Abuse
____ Frostbite
____ Hypothermia
____ Hypovolemia/Shock
____ OB
____ Obvious death
____ Poisoning/Drug Ingestion

Respiratory

____ Airway Obstruction
____ Arrest
____ Asthma
____ COPD/Emphysema/ Chronic Bronchitis
____ Respiratory Distress
____ Smoke Inhalation
____ Respiratory
____ Respiratory Other, please list: _____
____ Seizure
____ Stroke
____ Trauma
____ Unconscious
____ Other - please list:

____ TOTAL (Should match the number of patient contacts listed in #2 in Patient Encounters.)