



2019 ANNUAL INTERIOR REGION EMS SURVEY
Reporting Period: January 1 - December 31, 2019

YOU WILL BE REQUIRED TO COMPLETE THIS FORM IF YOU RECEIVED A MINI-GRANT OR ARE APPLYING FOR A MINI-GRANT OR SUBMIT A REQUEST FOR CODE BLUE FUNDS

Deadline for Reporting: Depending on what application your are submitting (Code Blue or Mini-grant). Deadline is the application deadline.

Eligibility for mini-grants, Code Blue/Capital Equipment & other grants is dependent on this survey being submitted by the deadline.

Name of Service: _____

Leader / Head of Service: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____

Name & Title of Person Completing Survey: _____

This form is available online at www.iremsc.org

This EMS survey will provide basic data about the EMS systems within the Interior 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 the state's AURORA electronic data system, and to include first responder service data into our regional EMS response statistics. If you have any questions about AURORA, please contact: Wilma Vinton at 907 456-3978.

If your service is currently collecting prehospital data electronically, you may attach a AURORA summary report in place of questions 2-4 on the Patient Encounters page.

Thank you for taking the time to complete this important survey. If you have any questions, please call Wilma Vinton at 907 456 3978

To submit the Survey:

Email Address: admin@interioremscouncil.org with the subject

I R E M S C "EMS Survey"

Mailing Address:

2503 18th Avenue

Fairbanks, AK 99709

Or Fax to 907-456-3970

Service Information

Are you an Alaska Certified EMS Service? Yes No

List the numbers of personnel you have in your service, their provider level, and if they are paid or volunteer. For "other" list all other personnel such as drivers, assistants, trained ETT and First Responders, etc. (attach seperately if needed)

Type of Provider	Number That are Paid with Salary or Wage	Number that are Volunteer	Per Run Pay or Stipend if Applicable for Volunteers
ETT			
EMT 1			
EMT 2			
EMT 3			
Paramedic			
Other (describe)			

- Please check all types of communications used for emergency response by your service:

Cell Phone _____ Telephone _____ Marine VHF _____ VHF _____

ALMR _____ Satellite Phone _____ Sat phone number: _____

HAM radio: _____ Other – Please list:

- Does your agency have access to the internet? Yes No

If yes, PLEASE list the following information about your primary internet access:

Location: _____ (e.g. EMS station, fire station, clinic, community center, squad member's home, etc.).

Internet Access Type: ___ Satellite ___ Cable ___ DSL ___ Dial-up

Access Speed, (answer "?" for unknown): _____ Upload _____ Download

- Does your service fill out a pre-hospital patient care report (run sheet/PCR) for every patient you treat? Yes No
- Do you provide a completed run sheet / PCR to the receiving provider or facility (clinic, hospital, medevac team)? Yes No
- If using electronic run sheet /PCR, what software are you using? AURORA
Other : Please list: _____
- Do you plan to participate in the AURORA EMS data system? Yes No
 - Do you need training in the AURORA EMS Data system? Yes No
 - Does your agency routinely receive information on patient outcomes? Yes No

• Does your service do run reviews? Yes No If yes how often: _____

• What is the emergency contact number or system in your community?

911 _____ Other- please list _____

• How do you call out your responders? _____

• Does your service / group meet for EMS training? Yes No

• How often does your service / group meet for training? _____

• Do you maintain responder training records? Yes No

• What training does your service have difficulty obtaining?

CPR ____ ETT ____ ETT-EMT-1 Bridge __ EMT-1 ____ EMT-2 ____ EMT-3 ____

EMT or ETT Refresher ____ Pediatric ____ Continuing medical education/ CME ____

____ Other – please list: _____

Patient Encounters/ Patient Statistics

1. Did your service submit data to AURORA for the full **2019** Calendar year? Yes No
If yes, you do not need to fill out questions 2 - 4 however, you must attach a summary report which contains the following information:
 - Number of EMS Responses, including standbys, false alarms or cancelled calls
 - Number of Patients evaluated, treated, and/or transported
 - *Age range of patients : < 1 year; 1-14 years; 15 and up*
 - Chief Complaint information on patients include above.

2. How many times did your service respond to an EMS call, including patient care standbys, false alarms, refusals or cancelled runs, between **January 1, 2019- December 31, 2019**?
 Total number of responses _____

3. How many EMS patients were evaluated, treated or transported by your service during **2019**? Total number of patients: _____
 Number of patients: Less than one year ____; 1 – 14 years ____ ; 15 and up ____

4. List the number of patient contacts by the patient's primary medical problem or injury below.
 List at least one per patient.

- Altered Level of Consciousness
- Abdominal Pain/problems
- Allergic Reaction Type if known
- Burns

Cardiac

- Cardiac Arrest
- Chest Pain/Discomfort
- Cardiac – Other Please list:

- Diabetic
- Drowning
- Suspected Drug/Substance use
- Suspected Alcohol use
- Frostbite
- Hypothermia
- OB
- Deceased – no treatment
- Suspected Poisoning

Respiratory

- Respiratory Arrest
- Respiratory Distress
- Smoke Inhalation
- Respiratory Other Please list:

- Seizure
- Stroke
- Trauma
- General Illness
- Other – please list:

