2020 ANNUAL INTERIOR REGION EMS SURVEY

Reporting Period: January 1 - December 31, 2020

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 you 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: _____
(*Person responsible for leading First Responder or Ambulance Service)*

Service Mailing Address: _____

Service 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 pro- gram 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: IREMSC Data Manager 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: 907-456-3970

Service Information

Are you an Alaska State 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 First Aiders, etc.

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)			

If you have answered these questions in previous years AND the information has not changed, it is not necessary for you to complete this section. Please go to Patient Encounters section.

- 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 in the future? ☐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? ☐ Radios ☐ Phone ☐ Other_____
- 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 ☐ AEMT

  ☐ EMT or ETT Refresher ☐ Pediatric ☐ Continuing medical education/ CME _____

  ☐ Other – please list:_____

  _____

  _____

How do you get a patient from your community to a higher level of care? Check all that apply:

☐ Ambulance ☐ Personal Vehicle ☐ Commercial Airplane ☐ EMS Transpt Vehicle ☐ Medevac

☐ Transfer to other EMS Agency ☐ Other_____

What is the age of your EMS Response Vehicle? *Enter Year it was made*:

Ambulance _____ EMS Transport Vehicle _____

Patient Encounters/ Patient Statistics

1. Did your service submit data to AURORA for the full **2020** 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, 2020- December 31, 2020**?
   Total number of responses _____

3. How many EMS patients were evaluated, treated or transported by your service during the year listed in #2? 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:

_____
_____
_____