



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709
Phone (907) 456-3978 • Fax (907) 456-3970

ANNUAL INTERIOR REGION EMS SURVEY

Reporting Year: _____

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

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

This form is available online at www.iremsc.org

Name of Service: _____

Leader / Head of Service: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____

Name & Title of Person Completing Survey: _____

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, and other EMS program related aspects and funding requests. Both ground ambulance and first responder services are included in this survey.

This survey is critical to help capture data from services that are not reported to the state's AURORA electronic data system and to include first responder service data into our regional EMS response statistics.

If your service is currently collecting prehospital data electronically, you may attach an AURORA summary report in place of questions 2-4 in Section B (Patient Encounters) that includes the information requested in these questions.

Thank you for taking the time to complete this important survey. To submit the survey, email, mail, or fax

to: Email Address: admin@iremsc.org with the subject *IREMSC EMS Survey*.

Mailing Address: 2503 18th Avenue, Fairbanks, AK 99709

Fax: 907-456-3970

A. Service Information

1. Are you an Alaska Certified EMS Service? Yes No

2. List the number 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 a separate list if needed).

Type of Provider	Number of Paid Providers (salary or wage)	Number of Unpaid Volunteer Providers	Number of Pay/Run or Stipend Volunteer Providers
ETT			
EMT1			
EMT2			
EMT3			
Paramedic			
Other (describe)			

3. Please check all types of communication used for emergency response by your service:

Cell Phone Telephone Marine VHF VHF
 ALMR Satellite Phone Sat Phone Number _____
 HAM Radio Other (please detail) _____

4. Does your agency have access to the internet? Yes No

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

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

Internet Access Type: Satellite Cable DSL Dial-up

5. Does your service fill out a pre-hospital patient care report (run sheet/PCR) for every patient you treat?
 Yes No

6. Do you provide a completed run sheet/PCR to the receiving provider or facility?
 (clinic, hospital, medevac team)
 Yes No

7. Are you using the State of Alaska AURORA EMS data system and electronic run sheet/PCR?
 Yes No

If you selected no, do you plan to participate in the AURORA EMSdata system? Yes No

If you selected yes, do you need training in the AURORA EMSData system? Yes No

8. Does your service routinely receive information on patient outcomes? Yes No

9. Does your service do run reviews? Yes No

If yes, how often: _____

10. What is the emergency contact number or system in your community?
 911 Other (please detail) _____

11. How do you call out your responders? _____

12. Does your service meet for EMS training? Yes No

If yes, how often does your service meet for training? _____

13. Do you maintain responder training records? Yes No

14. 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): _____

How can IRESMC assist you in meeting this challenge? _____

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

Personal Vehicle Commercial Airplane Medevac

Ambulance Model year _____

EMS Transport Vehicle Model year _____ Transfer to another EMS Agency

Other Please List: _____

B. Patient Encounters/Patient Statistics

1. Did your service submit data to AURORA for the entire 2022 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 canceled 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 included above.

2. How often did your service respond to an EMS call, including patient care standbys, false alarms, refusals, or canceled runs, between January 1, 2022- December 31, 2022?

Total number of responses _____

3. How many EMS patients were evaluated, treated, or transported by your service during 2021?

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
	Burns
	Cardiac Arrest
	Chest Pain/Discomfort
	Deceased – No Treatment
	Diabetic
	Drowning
	Frostbite
	General Illness
	Hypothermia
	Multi System Trauma

	OB/Pregnancy
	Respiratory Arrest
	Respiratory Distress
	Seizure
	Slip/Trip/Falls
	Smoke Inhalation
	Suspected Drug/Substance Abuse
	Suspected Alcohol Use
	Suspected Poisoning
	Stroke
	Other (please list):