ANNUAL INTERIOR REGION EMS SURVEY

REPORTING YEAR: _____

January 1 -December 31

Official Name of Service:	
Fire / EMS Chief / Head of Service:	
Mailing Address:	
Physical Address:	
Phone:	Email:
Name of Community	
Name & Title of Person Completing Survey:	

This form is available online at www.iremsc.org if you prefer a paper survey, however, we have gone to an online survey that may be found at: 2024 EMS Servey for Interior Alaska

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 AURORA-Elite and to include first responder service data into our regional EMS response statistics.

If you have any questions about AURORA-Elite, please contact the State EMS Office: EMSinfo@alaska.gov

Thank you for taking the time to complete this important survey.

If you have any questions, please call: 907-456-3978

Email completed survey to: admin@iremsc.org or Mail to 2503 18th Avenue, Fairbanks, AK 99709

Service Information – This section describes your EMS Service

Service Type: Select only one

Alaska State Certified Ambulance or First Responder Service?	☐
Non-certified Ambulance Service?	☐
Non-registered First Responder	☐

Do you have a Service Medical Director? ☐ Yes ☐ No

Medical Director Name: _____

Phone: _____ Email: _____

PERSONNEL

List the number of personnel you have in your service, their provider level, and whether they are paid or volunteer. For "other" list all other personnel such as drivers, assistants, trained ETT and First Responders, EMTA, BLS, etc.

Type of Provider	Total #	# Paid Saff	# Volunteer	Per Run Pay or Stipend if Applicable for Volunteers
ETT/EMR				
EMT 1				
EMT 2				
EMT 3				
AK-AEMT				
Paramedic				
NR-EMT				
NR-AEMT				
CHAP (hold no other EMS levels)				
Other (describe)				
GRAND TOTAL				

Please select the MINIMUM level of care available on MOST Calls	Check only 1
ETT/EMR	☐
EMT 1	☐
EMT 2	☐
EMT 3	☐
AK-AEMT	☐
Paramedic	☐
NR-EMT	☐
NR-AEMT	☐
CHAP (hold no other EMS levels)	☐
Other (describe)	☐

Please select the MAXIMUM level of care available on MOST Calls	Check only 1
ETT/EMR	☐
EMT 1	☐
EMT 2	☐
EMT 3	☐
AK-AEMT	☐
Paramedic	☐
NR-EMT	☐
NR-AEMT	☐
CHAP (hold no other EMS levels)	☐
Other (describe)	☐

What other personnel do you have to assist you? Please list the roles or titles of available personnel. An EMS Chief, Rescue Captain, Training Officer, Operations Chief, Squad Leader, Administrative Assistant, or Secretary may assist you. Specific tasks may include gathering or highlighting runs that meet certain criteria, collating materials for a Run Review presentation, scheduling training or travel,

PUBLIC SAFETY ACCESS:

Safety for EMS providers is paramount. Please provide us information on your community's public safety options such as the availability of AK State Troopers, VPO, VPSO and other types of local public safety providers.

1. Is Public Safety available in your community? ☐ Yes ☐ No ☐ Maybe

2. Type of Public Safety:

	Yes, Always	Yes, Occasionally	Yes, if called	No
Village Police Officer	☐	☐	☐	☐
Village Public Safety Officer	☐	☐	☐	☐
Tribal Police Officer	☐	☐	☐	☐
Local Police	☐	☐	☐	☐
Trooper	☐	☐	☐	☐

3. If Public Safety is required for an emergency, what is the typical response time? _____

COMMUNICATION

☐ Cell Phone ☐ Telephone ☐ Marine VHF ☐ VHF

☐ ALMR ☐ Satelite Phone ☐ HAM Radio ☐

☐ App -what type?	
☐ Other - please list:	

Internet Information

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

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

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

Internet Access Type: ☐ Satellite *(i.e., Starlink)* ☐ Cable/Fiber ☐ DSL ☐ Dial-up

DISPATCH

1. What is the emergency contact number or system in your community?
   911 _____Other- please list _____
2. How do you call out your responders? _____
3. Does your Dispatch center utilize EMD (Emergency Medical Dispatch) or pre-arrival instructions to callers? ☐ Yes ☐ No ☐ Only sometimes

DOCUMENTATION

1. Does your service fill out a pre-hospital patient care report (run sheet/PCR) for every patient you treat?

   ☐ All the Time ☐ Most of the time ☐ Sometimes ☐ Once in a while ☐ Never

2. If yes – how are you documenting?

   ☐ Electronic Patient Care Report (ePCR):

   ☐ State AURORA-Elite

   ☐ Other ePCR

   ☐ Paper/written

   Would you like to participate in the AURORA-ELITE EMS data collection ☐ Yes ☐ No

   Do you need training in the AURORA EMS data collection system? ☐ Yes ☐ No

3. Do you provide a completed run sheet / PCR to the receiving provider or facility *(clinic, hospital, medevac team)*?

   ☐ Yes ☐ No

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

5. Does your service do run reviews? ☐ Yes ☐ No If yes, how often? _____

PATIENT ENCOUNTERS

1. How many times did your service respond to an EMS call, including patient care standbys, false alarms, refusals, or cancelled runs, between January 1, _____ and December 31, _____ ?

   Total number of responses _____

2. How many EMS patients were evaluated, treated or transported by your service during this survey year?

   Total number of responses _____

3. Did your service submit data to AURORA for the full calendar year? ☐ Yes ☐ No

   If yes, and you are currently collecting prehospital data electronically, simply attach a summary report which contains the requested information to this form. You do not need to fill out question 4-5.

4. How many EMS patients were evaluated, treated, or transported by your service?

   Total number of patients: _____

   Number of patients:

   <1 year old ___; 1 – 9 years old ____ ; 10-19 years old___; 20 – 59 years old ____; 60+ years old ____

5. List the leading types of calls your service responded to, between January _____ - December _____ .

   a. Top 3 Medical call types:

   1 _____

   2 _____

   3 _____

   b. Top 3 Trauma call types:

   1 _____

   2 _____

   3

   c. # of Cardiac Arrest ☐

TRANSPORTATION:

List your vehilcle/s type (ambulance, patient transport vehicle, utility transport vehicle, snowmachine, 4-wheeler, boat,

pick-up truck, SUV, etc.) If information in this section provided in previous years has not changed, you may skip this section and go to TRAINING.

Vehicle Type	Year	Make	Mileage	P=Primary S=Secondary	Year acquired	Where/how stored (garage, car port, outside)

1. Do your vehicles get annual routine maintenance? ☐ Yes ☐ No
2. Are any of your vehicles in need of repair? ☐ Yes ☐ No
3. Are any of your vehicles out of service? ☐ Yes ☐ No
4. Do you have a local trained mechanic for servicing? ☐ Yes ☐ No
5. Do you have tire mounting capability in your community? ☐ Yes ☐ No

TRAINING

1. Does your service/group meet for EMS training? ☐ Yes ☐ No
2. How often does your service/group meet for training? _____
3. Do you maintain responder training records? ☐ Yes ☐ No
4. What training does your service provide and do you have difficulty obtaining it?

	Yes, No Difficulty	Yes, with Difficulty	No, do not train at this level
CPR	☐	☐	☐
ETT	☐	☐	☐
ETT-EMT BRIDGE	☐	☐	☐
EMT 1	☐	☐	☐
EMT 2	☐	☐	☐
EMT 3	☐	☐	☐
AK AEMT	☐	☐	☐
ETT/EMT Renewal	☐	☐	☐
Pediatric	☐	☐	☐
CME – please list:	☐	☐	☐
Other, explain			

IN CLOSING

This is your opportunity to " think outside the box" and let us know how we can best serve your community.
Is there any additional information about your role as Chief or administrator that you think would support the goals of this survey?
What's on your wish list? What support, resource, or assistance would have the greatest benefit to your service?
What do you believe are the biggest challenges facing EMS in Interior Alaska in the next 5 years?
Any other thoughts or ideas you have?
Interior Region EMS Council greatly appreciates your support and will work to help you make EMS strong and successful.