

Instructions: Please complete the following questions to the BEST of your knowledge & return to UNMC using the enclosed return-stamped envelope.

Service Name: _____ Service License Number: _____

Services Provided

1. Which license does your service currently have through the state of Nebraska? Please choose one of the following:

- Basic life support – Non-transport
- Basic life support – Transport
- Advanced life support – Non-transport
- Advanced life support – Transport

2. Which of the following best describes your service?

- Ambulance District that does not contract with another entity to provide EMS services
- City or County Third Service (separate department not part of the fire or police department)
- Fire Department Based
- Hospital Based
- Law Enforcement Based
- Private – Not for Profit (Not affiliated with a hospital or government entity)
- Private – For Profit

2a. For Fire Department Based EMS Services only. What statement below best describes your service’s requirements for membership/employment?

- Members/employees are allowed to be “Firefighters Only” and are not required to attend EMS training or calls.
- Members/employees are allowed to be “EMS Only” and are not required to attend Firefighter training or calls.
- Members/employees must be dual role and are required to attend both Firefighter and EMS training or calls.

3. Please indicate if your service responds to the following types of calls. If so, how many calls did your service respond to in 2008?

	Provide Service		# of Calls Responded to in 2008
	YES	NO	
911 emergency calls	<input type="checkbox"/>	<input type="checkbox"/>	
Inter-facility transfers	<input type="checkbox"/>	<input type="checkbox"/>	
Standbys	<input type="checkbox"/>	<input type="checkbox"/>	

4. Which of the following best describes your service's call volume over the last five years?

- Volume has increased
- Volume has decreased
- Volume has stayed the same

5. Which of the following best describes your service's call volume over the last 12 months?

- Volume has increased
- Volume has decreased
- Volume has stayed the same

If your service is an ALS - Transport service, please continue to question #6
If your service is a BLS service, please skip to question #8

6. [For ALS-Transport only] Of the total calls responded to by your service, what percentage require your members to utilize their ALS level skills?

_____ percent of calls required ALS level skills

7. [For ALS-Transport only] Does your service offer ALS-level support to area BLS services as part of a formal or informal tiering agreement?

- Yes
- No
- Don't know

8. [For BLS only] Does your service currently receive support from an ALS service as part of a formal or informal tiering agreement?

- Yes
- No
- Don't know

8a. If Yes, what type of ALS - Transport service provides support to your service?

- ALS – ground transport
- ALS – air transport
- ALS – both ground and air transport

8b. Does your service have a formal **written** agreement established with an ALS service to provide tiering support?

- Yes
- No
- Don't know

If your service is a licensed transport service, please continue to question #9
If your service is NOT a licensed transport service, please skip to question #10

9. In 2008, approximately how many patients did your service transport from the scene of an emergency to a treatment facility? (Do not include the number of patients transferred from one treatment facility to another.)

- Zero to 10 patients
- 11 to 25 patients
- 26 to 50 patients
- 51 to 100 patients
- 101 to 500 patients
- 501 to 1,000 patients
- 1,001 to 2,500 patients
- 2,501 to 5,000 patients
- 5,001 to 10,000 patients
- Over 10,000 patients

Staffing

Please use the following definitions for payment status when answering the following questions:

- Unpaid** = volunteer provider; receives NO financial reimbursement for services
- Partially paid** = volunteer or non-volunteer provider; receives some sort of monetary reimbursement for each run or standby
- Fully paid** = non-volunteer provider; is considered an employee of the service

10. Please indicate which of the following statements best describes your service’s annual payment status for licensed providers 12 months ago.

- All service providers were **unpaid**.
- Some service providers were **unpaid and some were paid** (partially or fully).
- All service providers were **fully paid**.

11. Indicate the **CURRENT TOTAL** number of licensed personnel on your service’s roster, by annual payment status and gender. (If members have more than one license, count only their highest level of certification; totals should match the number of licensed personnel listed in that row/column.)

	# Unpaid		# Partially Paid		# Fully Paid		Total
	Male	Female	Male	Female	Male	Female	
First Responder							
EMT–Basic							
EMT–Intermediate							
EMT–Paramedic							
Licensed Practical Nurse (LPN)							
Registered Nurse (RN)							
Physician Assistant (PA)							
Physician (MD)							
Total (status/gender)							

12. **[For services that receive 300 or fewer calls per year]** From the list above, please indicate the number of **ACTIVE** personnel. By active we mean those who participate in 25% or more of the calls per year. (Totals should match the number of licensed personnel listed in that row/column.)

	# Unpaid/ Volunteer		# Partially Paid		# Fully Paid		Total
	Male	Female	Male	Female	Male	Female	
First Responder							
EMT–Basic							
EMT–Intermediate							
EMT–Paramedic							
Licensed Practical Nurse (LPN)							
Registered Nurse (RN)							
Physician Assistant (PA)							
Physician (MD)							
Total (status/gender)							

13. Does your service use a prearranged call schedule to determine which personnel will respond to 911 emergency calls over the course of 24 hours?

- Yes, please answer 13a.
- No, please skip to 13b.
- Don't know
- N/A – Service does not respond to 911 emergency calls

13a. **If Yes**, how many hours does the average call shift last?

_____ hours

13b. **If No**, please explain the process your service uses to determine which personnel will respond to calls.

14. Do you have an adequate number of active personnel to respond to calls during the following times?

	Yes, we have adequate staffing	No, we are short on staff
Midnight to 6:00 AM	<input type="checkbox"/>	<input type="checkbox"/>
6:01 AM to 6:00 PM	<input type="checkbox"/>	<input type="checkbox"/>
6:01 PM to Midnight	<input type="checkbox"/>	<input type="checkbox"/>

15. In 2008, was your service ever unable to respond to a call due to a staffing shortage?

- Yes
 No
 Don't know

15a. **If Yes**, please indicate the total number of calls missed in 2008 during each time period.

	Number of calls missed
Midnight to 6:00 AM	
6:01 AM to 6:00 PM	
6:01 PM to Midnight	
Total calls	

16. How would you describe your service's operating budget throughout 2008 as compared to the previous year?

- Amount increased
 Amount decreased
 Amount stayed the same
 Service does not use an operating budget

Recruitment & Retention

17. Please indicate the number of unfilled/vacant **non-volunteer** positions at your service for the following licensed professionals. *(If your service uses only unpaid volunteers, please skip to question #18.)—*If your service has vacant positions but you are unable to designate the level, please enter the number of vacant positions in the total row.*

	# of vacant positions
First Responder	
EMT–Basic	
EMT–Intermediate	
EMT–Paramedic	
Licensed Practical Nurse (LPN)	
Registered Nurse (RN)	
Physician Assistant (PA)	
Physician (MD)	
*Total	

18. Does your service place a cap on the number of unpaid volunteer licensed professionals accepted into your organization?

- Yes
- No
- Don't know
- N/A - Service does not utilize unpaid volunteer licensed professionals. *(Please skip to question #20.)*

19. Please indicate the number of unfilled/vacant **unpaid volunteer** positions at your service for the following licensed professionals. **If your service has vacant positions but you are unable to designate the level, please enter the number of vacant positions in the total row.*

	# of vacant positions
First Responder	
EMT-Basic	
EMT-Intermediate	
EMT-Paramedic	
Licensed Practical Nurse (LPN)	
Registered Nurse (RN)	
Physician Assistant (PA)	
Physician (MD)	
*Total	

Please enter any additional comments regarding unfilled/vacant positions mentioned in questions above:

20. Please explain what recruitment strategies your service uses when seeking additional licensed professionals.

21. When recruiting new licensed professionals, does your service have a formal process/policy in place to verify the following?

	Yes, there is a formal process	No, there is not a formal process
Currently licensed as a Pre-hospital Provider with the State of Nebraska	<input type="checkbox"/>	<input type="checkbox"/>
Criminal background check	<input type="checkbox"/>	<input type="checkbox"/>

22. Please indicate the number of licensed providers your service has recruited/hired and the number of licensed providers that are no longer with or have resigned from your service over the last two years for each type of provider.

	# of Licensed Providers Recruited/Hired	# of Licensed Providers Resigned/No longer with service
First Responder		
EMT–Basic		
EMT–Intermediate		
EMT–Paramedic		
Licensed Practical Nurse (LPN)		
Registered Nurse (RN)		
Physician Assistant (PA)		
Physician (MD)		

23. On average, how many years do licensed professionals remain with your service before resigning?

_____ years

24. What are the most common reasons given by professionals who are resigning? *(Check all that apply.)*

- Age
- Family
- Job (non-EMS)
- Moving
- Too many calls
- Too few calls
- Retirement
- Time
- Inadequate compensation / no compensation
- Leadership
- Length of Service
- Other (please specify): _____

GENERAL COMMENTS:

Thank you for your participation!

If you have any questions, please contact:

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