2018 OHIO RURAL EMS SURVEY

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Special thanks to the EMS agencies and practitioners that participated in the submission of information and attended meetings held throughout Ohio. Many of these individuals complete their work for the agency they are affiliated with as volunteers and give liberally of their time in their community.

Frequently Used Acronyms

The Emergency Medical Services field makes frequent use of acronyms that may not be familiar to many persons. To reduce confusion for the purposes of this report the following acronyms are defined as:

ALS	Advanced Life Support (EMT-I/AEMT or paramedic level agency)
BLS	Basic Life Support (EMT/EMR level agency)
CAH	Critical Access Hospital
CAAS	Commission on the Accreditation of Ambulance Services
CAMTS	Commission on the Accreditation of Medical Transport Systems
CE	Continuing Education
CISD	Critical Incident Stress Debriefing
ED	Emergency Department
EMD	Emergency Medical Dispatch (pre-arrival instructions for 911 calls)
EMR	Emergency Medical [First] Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician certified by Ohio
EMT-I/AEMT	EMT certified by Ohio at the Intermediate level (ILS)
EOC	Emergency Operating Center
IFT	Interfacility Transfer
MICU	Mobile Intensive Care Unit
MCI	Multiple Casualty Incident
Paramedic	Paramedic certified by Ohio (ALS)
PIER	Public Information, Education, and Relations
PMD	Physician Medical Director
PSAP	Public Safety Answering Point
ODPS	Ohio Department of Public Safety
ODH	Ohio Department of Health
SNF	Skilled Nursing Facility

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Executive Summary

The Paramedic Foundation was engaged by the state of Ohio Department of Health's State Office of Rural Health (SORH) to conduct a Rural Emergency Medical Services (EMS) needs assessment. This effort was funded entirely by the federal Medicare Rural Hospital Flexibility Grant Program.

The primary objective of the assessment was to assess the methods and delivery of EMS throughout rural Ohio, specifically related to agencies which interface with Critical Access Hospitals (CAHs). We maintained focus on what is needed by these EMS agencies to sustain the critical link of care provided to rural Ohio. The results discovered are translated into recommendations in this report and are intended to inform the on-going grant application processes that are used by the SORH.

Information contained in this report summarizes a statewide assessment of rural EMS agencies based on a web-based survey conducted March through May 2018. The findings were validated in June 2018 through in-person meetings with representatives of EMS agencies throughout Ohio. Information gathered in two previous assessments focused on two specific agencies, commissioned by the SORH in Ohio in 2017, is also embedded in the report.

The number of responses from agencies to the invitation to participate in the survey via a web-based response (other "hard copy" options were offered) were typical for this survey method. On site, face to face regional meetings conducted throughout Ohio were attended by highly-engaged, knowledgeable and informative individuals.

The following set of recommendations emerged from the survey and meetings and can be used by the SORH in future competitive and continuing applications for funding under the Medicare Rural Hospital Flexibility Grant Program (FLEX). The SORH should assist agencies in:

- Effective recruitment efforts;
- Effective staff retention efforts;
- Reviewing and securing funding sources;
- Developing and improving efficiencies within their agency; and,
- Developing a system to support the transport of patients between hospitals, especially from CAHs to tertiary care centers.

The results of this survey provide an opportunity for critical analysis of opportunities to invest in and positively impact the delivery of care to patients requesting service from EMS agencies, especially those in rural Ohio.

Background

EMS in general, but especially EMS in rural and small-town America, continues to be influenced by the unique way it developed over the last 50+ years. Ohio, as most other states, does not have laws mandating that any form of local or regional government provide EMS. The amount of EMS and the level of care provided is a local issue and has become a product of historical precedent and local initiative.

Modern EMS has roots in the 1960s yet over the last four decades, EMS in most rural communities has been heavily subsidized by volunteers who donate their time to staff emergency medical response and transportation. EMS agencies that are dependent on volunteers for staffing and fund-raising for revenue have found advancement difficult. It is a challenge to assure a timely response in these settings. In the current era of preparing public safety for effective response to manage natural disasters and other events, the reality of rural/frontier EMS is that the infrastructure upon which to build such a response is itself in jeopardy.

In any given year, roughly seven out of ten Ohioans *do not* engage in *any* organized volunteer work at all. In 2014, only 27.5% of all Ohioans reported any involvement with formal volunteer work during the year. A majority of Ohioans, it is clear, simply do not give back to their communities in this way. Volunteerism in many communities has noticeably declined in the last decade while at the same time that demand for EMS has grown.

In 2017, the nationwide average value of a volunteer's hour was $24.69 while in Ohio it was $23.33 per hour[1]. For one Ohio ambulance to be staffed 24 hours a day, 7 days per week for a year, the volunteers are contributing $408,742 (8,760 * 2 = 17,520 * 23.33 = $408,742) in free labor to the community per pair of volunteer ambulance staff.

Ohio Methods, Findings & Discussion

The Ohio Department of Health's State Office of Rural Health (SORH) contracted The Paramedic Foundation (TPF) to design, administer and assess a survey of EMS agencies in rural Ohio. The TPF team brings a combined 120+ years of experience, serving the EMS needs of rural communities in many different roles, including overseeing EMS operations at the state level as well as providing operational leadership for the purpose of assuring long-term viability of patient-centric delivery of care, notwithstanding call volume, demographics or other rural health care issues. The purpose of the survey was primarily to identify needs of rural EMS agencies within Ohio which may be positively impacted through planning and implementation of specific initiatives as determined by the SORH.

In 2016, the Wisconsin Office of Rural Health developed and published 18 Attributes of Successful Rural Ambulance Agencies. Members of our project team were expert advisors to

[1] The Independent Sector. The Value of Volunteer Time. 2018. https://www.independentsector.org/resource/the-value-of-volunteer-time-2018/

the process and authored the accompanying "EMS Attributes of Success Workbook". This document has served as the cornerstone for rural EMS development ever since and led to the development of a survey for Ohio rural EMS agencies.

Using the framework of that published work as the foundation, our 2016 survey was designed to gather information that would allow the current status of those attributes within EMS agencies in rural Ohio to be evaluated. Potential interventions to improve overall performance and sustainability of agencies were gleaned from the inputs. This survey provides an opportunity to seek out areas where changes could be made to increase the success of a rural EMS agency. It is impractical to expect that all 18 attributes can be addressed at one time, however, they provide a starting point for system improvement.

For the 2016 survey the Ohio Department of Public Safety, EMS Division (ODPS) provided a list of email contacts for each agency that had transported to one of the 33 CAHs in the previous year. For the 2018 survey, ODPS provided TPF a list of the EMS agencies serving the rural areas of Ohio. Email invitations to participate in the survey were sent by us between March and April 2018. Email bounces were researched with ODPS staff and through other means to identify participant contact information. Of the 480 individual agencies who were invited to complete the survey, 75 (16%) partially completed it and 49 (10%) completed all of it. The sixteen percent response rate (completion rate) is insufficient to develop a satisfactory confidence interval, however the data collected is consistent with expert and anecdotal opinion and should prove useful for the SORH as they engage in planning for future fiscal cycles.

Our 2018 survey focused on agency operations and questions used by the ODPS in an attrition survey were incorporated to allow this survey to complement their work and promote ease of comparison between the two.

Detailed Recommendations

Our 2018 online survey included an open-ended question asking agencies what they needed in order to continue to serve the public.

Survey question 22: What needs does your agency have in order to maintain or enhance your service? *There were 53 responses to this open-ended question (many contained multiple items). In those, there were 16 unique items.*

1. More part-time or paid staff (20 responses)
2. Funding for ambulance, building and equipment purchases (18 responses)
3. More local (including tax levy), grant, state and federal funding for operations support (17 responses)
4. Funding for initial and ongoing training (7 responses)
5. More volunteers (4 responses)
6. Larger pool of applicants (2 responses)
7. Funding for supplies (2 responses)
8. In house training center (2 responses)
9. Tax/Student loan incentives that would help draw new employees to the line of work
10. Less federal and state requirements on training for volunteers
11. Fewer non-emergency transports
12. Clinics to treat patients instead of transport them
13. Increased ambulance staff meetings
14. Tax Levy designed to implement part-time paid staff
15. Aggressive Protocols
16. In house QA Measures

These “need” responses were used in the June in-person regional meetings to further tease out specific recommendations that could be completed by existing SORH Flex-EMS funding (approximately $200,000 per year) that would provide the highest impact to the EMS agencies and the public they serve while being addressed with minimal financial investment. For future planning and funding, these areas may serve as targets for larger initiatives as more financial resources become available to the state.

The consensus that emerged during the regional meetings was the concept of developing a toolkit that would contain step-by-step suggestions and contain information on:

- Examples of successful practices and how they were achieved
- How to educate the public on the key role EMS plays in the community and healthcare
- How to cultivate community stakeholders including policy makers to support EMS
- How to work with the media to tell the EMS story
- Successful tax initiatives and other financial programs implemented to finance and enhance EMS services
- Examples of personnel and policy and procedure manuals
- Utilization of grant writers or a “road map” with step-by-step actions to help the agency successfully complete and submit grant applications

Considering the full results of the survey and regional meetings, the following four areas include recommendations for FFY2019.

RECRUITMENT

Those who provided input into this survey and review process agree their agencies are weak in the area of recruitment.

- "Our agency has advertised to pay a potential employee's tuition plus offer them a job. (We) have never had an individual take advantage of the offer in five years; I don't understand!"
- "People do not want to work for $12 - $14 an hour, they can make the same in fast food or other jobs with less responsibility and work."
- "We aren't able to compete with wages and benefits offered by larger services or public safety jobs."
- "The number of services starting part-time paramedic (advanced life support) services has increased making it a challenge to find enough providers to provide coverage."
- "People want to work for agencies that pay more or have less runs to do when they are on duty. This is true in trying to find part-time people, they go where there is less work, so they can rest and get paid."
- "We are always competing with other activities."
- "We have to do a better job of asking or persuading young people to join a service, they do not come forward on their own like in the past, they need to be convinced EMS will benefit them."

Issue:

Although the data show the total numbers of practitioners within agencies that responded to the survey as being "flat", the total number of ambulance responses and length of transports between medical facilities is increasing. The total number of practitioners needs to increase in the EMS agencies that rely partially or primarily on volunteer staffing. Every participant in the regional meetings expressed concern or agreed the pool of potential candidates is smaller now than in the past and seems to continue to get smaller each year.

Recommendation #1:

There were 69 responses to survey question 19 regarding specific recruitment activities already conducted by Ohio EMS agencies. There were 32 unique responses in the categories of advertising, education and finance, and personal contact.

A targeted survey on recruitment efforts should be conducted. The survey should contain the list of responses obtained in 2018 asking the agencies to rank the effectiveness of each option, and to submit success stories for options that are particularly effective. A report should be issued that ranks the activities by effectiveness. This ranking can be used by the agencies to increase their activities on effective

strategies and to abandon ineffective strategies. The success stories should be shared along with any specific effort that can be replicated (for example, sample flyers or newspaper ads).

RETENTION

Approaching retention of staff in a well-planned, methodical manner rather than in a "shot-gun" fashion allows an agency to measure effectiveness of efforts undertaken and to effectively and efficiently utilize those efforts which are proven to be successful. Retention efforts must be well thought out and specifically focused. Those providing input provided insights into how recruitment efforts are hampered.

- "The 30-year retirement plan needs to be looked at (in our county), other areas have a 20 and 25-year plan which attracts people."
- "There seems to be no or very little recognition for volunteers in EMS. (We) have suggested to a legislator that there needs to be a tax break for volunteers to encourage them to become volunteers."

The list of efforts presently being undertaken by agencies as well as efforts which the agencies desire to undertake is long and multifaceted. Arguably there is a specific individual initiative which an agency has used, and which has shown itself to be successful. Conversely, there are likely several specific individual initiatives which have been deployed with no success. Investing time in efforts that have not worked or that have a very low rate of return needs to be exchanged for investing in efforts that worked and have shown a favorable return on the investment of time and other resources.

Issue:

Retention efforts are being used by all but four of the agencies that participated in the survey. There is no indication of whether or not any specific strategy, effort or idea deployed is effective in the greater retention effort.

Recommendation #2:

Rural agencies need help with retention efforts. There were 65 responses to survey question 20 regarding specific retention activities already conducted by Ohio EMS agencies. There were 21 unique responses in the categories of work environment, compensation and benefits, and education.

A targeted survey on retention efforts should be conducted. The survey should contain the list of responses obtained in 2018 asking the agencies to rank the effectiveness of each option, and to submit success stories for options that are particularly effective. A report should be issued that ranks the activities by effectiveness. This ranking can be used by the agencies to increase their activities on effective strategies and to abandon ineffective strategies. The success stories should be shared along with any specific effort that can be replicated.

FUNDING

A list of perceived operational funding needs is likely heavily influenced by the most recent or most talked about need of the particular single agency responding to a survey. Inter-agency perspectives, coordination and planning may help focus in on a specific subset of needs which, if applied equitably and effectively, may impact many of the other items. Some specific comments related to meeting needs, frequently connected to financial support, include:

- "Being the first (entity) on the ballot (with a levy request) helps get a levy increase passed."
- "We found out Walmart will provide $500 in gift cards a Month to agencies to help the department. Firehouse Subs has a grant program for emergency agencies too."
- "Maybe we can learn how to take advantage of special groups like Shriners, Jaycees, Lions club, etc. to tell agencies story and explain the agencies needs and what they do."
- "We all need to educate the public on what EMS does, we need to learn how to tell the EMS story."
- "We need to have a person help us find grants that are available."
- "It would be helpful to have someone do the grant application work."
- "(We) need a toolkit of success and example of how success was achieved."

Funding showed up in many comments throughout the survey process. The understanding of the EMS leaders who completed the survey and invested into the review process is that money is needed to enable the agency represented to do the job required of them.

Issue:

Insufficient funding is a reality for many of the agencies providing EMS to rural Ohio.

Recommendation #3:

Agencies need focused resources in order to address their funding issues. A standardized "community benefit" tool should be developed patterned from the existing CAH tool that will help agencies better describe to the public, their governing bodies and politicians the value they add to the community. The value to the public provided by agency volunteers must be recognized in the community benefit tool.

A standardized "financial distress" tool should be developed patterned from the existing CAH tool that can quantify the financial stability of the EMS agencies and that can identify the agencies most at risk. The tool will help the agencies better describe to the public, their governing bodies and politicians the current financial state. The ability to quantify the financial state will be a key to secure future local funding and it would allow the state to target resources to the agencies most in need.

There should be an effort to catalogue and assess local initiatives that have been successfully and unsuccessfully used by agencies to increase funding. A limited sampling of successful efforts along with the steps used to achieve success should be made

available as a standard tool for agencies to use in their efforts. One specific example: we heard from several EMS agencies that their levy requests were "always" voted in by the public because they were reasonable and specific to the agency's needs. The members of these agencies and community partners did significant communication with the public explaining the needs addressed by the levy request. We heard from an almost equal number that their levy requests were "never" approved by voters. While there may be some regional issues in play, including in a toolkit of specific methods used by those whose levy requests are approved along with specific success stories and strategies to explain the agency's needs to the public could be useful if used in planning by agencies whose levy requests were not approved in the past.

EFFICIENCIES

Having served as volunteers in various urban and rural locales, we understand the need to develop solutions that fit the local agency's unique needs. This experience has pointed to the reality that *as valuable as local solutions are, learning and applying broader based industry wide practices to local problems can be invaluable*. When attempting to increase effectiveness through increased efficiency the agencies are strongly encouraged to look broadly at experiences others have had in attempts to solve similar challenges.

Issue:

Initial EMT training and continuing education is considered by many to be too expensive, and inaccessible for many in rural settings due to distance needing to be traveled to attend courses. (This issue impacts several areas of operation such as, Recruitment, Retention, Funding, and Efficiencies.)

Recommendation #4:

With limited funding, innovative educational resources could be expanded and accessibility to students increased through the development of online resources that would meet educational needs of EMS providers. The state should consider ways to increase the availability of initial EMT, AEMT and paramedic training in areas of the state not currently covered. A combination of distance learning with local clinical time may be a strategy to consider.

Issue:

Agencies in rural Ohio are working hard to be innovative in an effort to make their agency the best it can be. Having served as volunteers in other locales, it is understandable and to some degree desirable to have solutions to operational issues take on a highly local flavor. However, much is to be learned from other agencies in rural Ohio and beyond.

Recommendation #5:

A survey and assessment of efforts being pursued or planned by agencies should be made with the intent of providing a source of best practices for all agencies to refer to which includes a broad industry-wide perspective of solutions.

INTER-FACILITY TRANSFER OF PATIENTS

As medical care systems develop, often comprised of CAHs, tertiary care centers and other entities, the need to move patients between those entities increases. With such increase in demand to move patients between facilities, EMS agencies experience a corresponding increase demand on their workforce and infrastructure. Agencies rely primarily on volunteer staffing arguably experience the greatest stress on resources. Without a corresponding increase of staffing and other infrastructure needed to successfully handle such increase volume in patient transfers, patient and facilities will experience delays in transport times.

- "Hospitals in some areas are cooperating with services to provide funds or personnel to help with funds or patient transfers; others are not so cooperative, could care less about EMS." Even when the volume of critical care patients increased.
- "Some patients can stay in a CAH hospital ER for 12 hours waiting for transport ambulance. We realize this is an issue that will not go away and will get worse with Baby Boomer generation getting older."

During the review of the survey results, agencies provided anecdotal evidence that patients experience delays in transfer from a CAH to a tertiary care center or other facility of up to 12 hours. In previous work with rural Ohio agencies incidents were documented in which patients waited 4 to 6 hours or more for an inter-facility transfer. Some of these delays included critical care patients. These delays were reported to occur 3-4 times each week. A number of agency providers agreed that this issue may only get worse with the aging of Baby Boomers.

Issue:

CAHs and other hospitals throughout rural Ohio have difficulty securing ground ambulance service to transfer patients out of the emergency department (ED) resulting in extending patient time in the ED which affects patient flow through and delays the patient's arrival at the facility that is best suited to care for the patient.

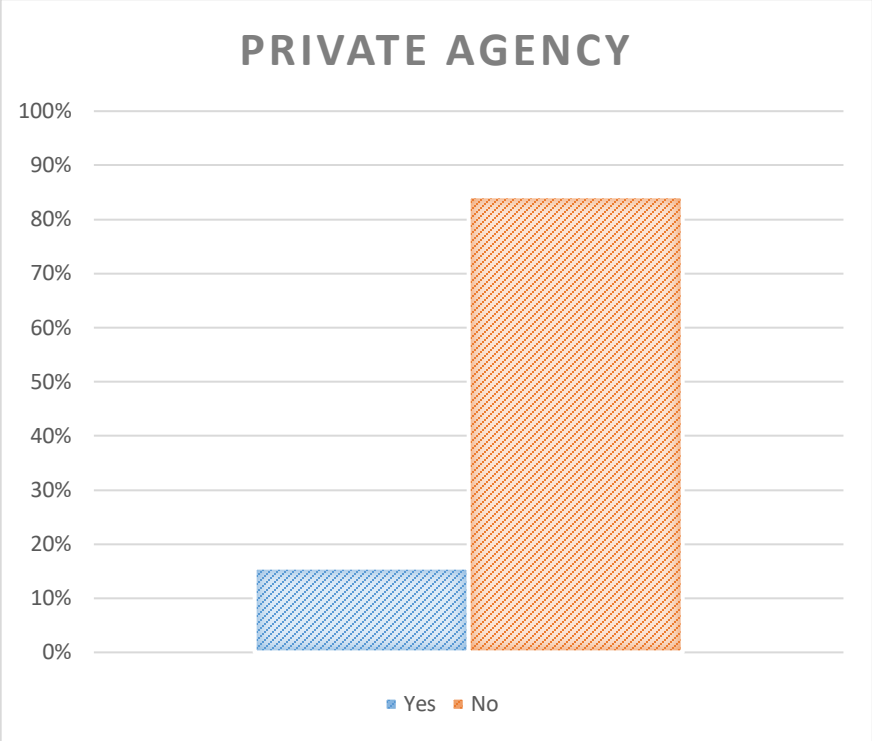
Recommendation #6:

An assessment of options to transport patients between facilities should be conducted and a plan should be advanced to address solutions to challenges currently being faced. This assessment and solution building effort should include as many stakeholders as practical but should be completed in a manner to reflect more than a local solution. It should be built so that solutions are identified for each geographical point of the state.

Survey Response Detail

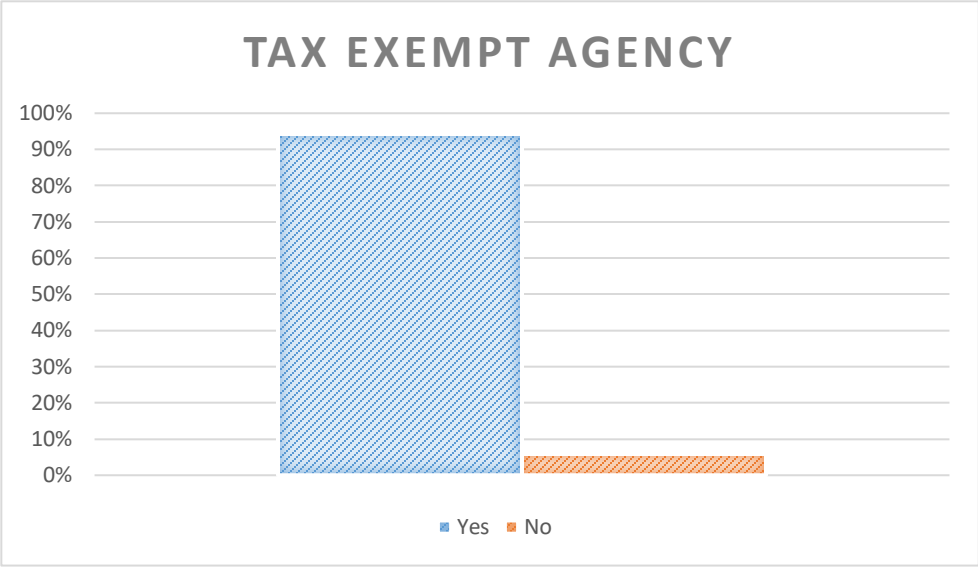
Agency Demographics

Question 1: Are you a private agency?



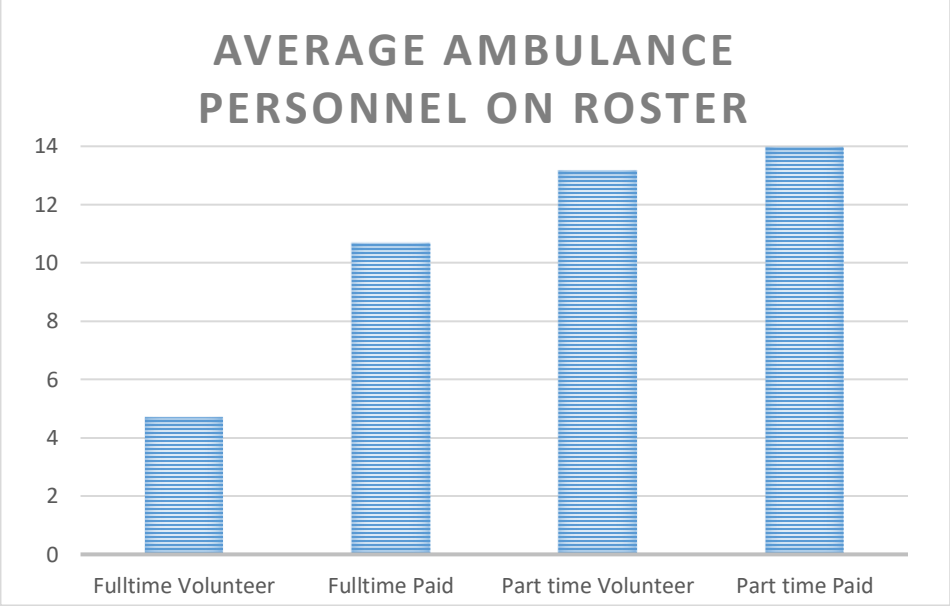
Private agencies often provide service to more populated areas and increasingly are associated with or are embedded within a hospital system. Public agencies are frequently associated with a geopolitical division which includes a paid department responsible for providing EMS. The public agencies that participated in this survey largely are representative of an agency that is small and which relies heavily on volunteer leadership and staffing, as well as modest government financial support through levies, grants and fee for service billing to Medicare, Medicaid and private parties (insurance and individuals.) Both private and public agencies have challenges specific to their size and relationships with governing entities. All agencies may find themselves in the position of having to justify their existence to the public and to rely more heavily on public and third-party payers for financial resources.

Question 2: Are you a federal tax-exempt organization?



Federally tax-exempt agencies generally are in a position to maximize benefits available to them in terms of grants and funding for specific agency needs.

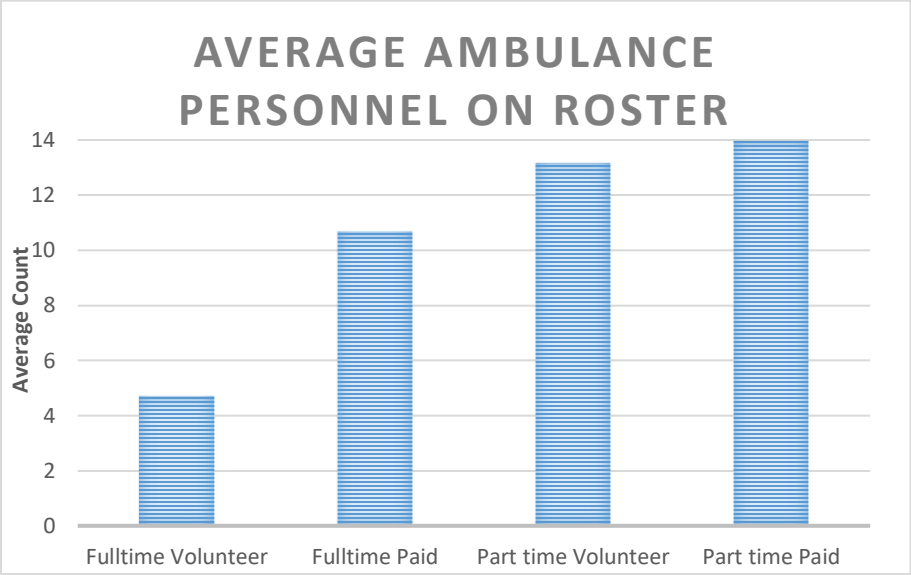
Question 3: How many total ambulance personnel are currently on the roster at this ambulance agency?



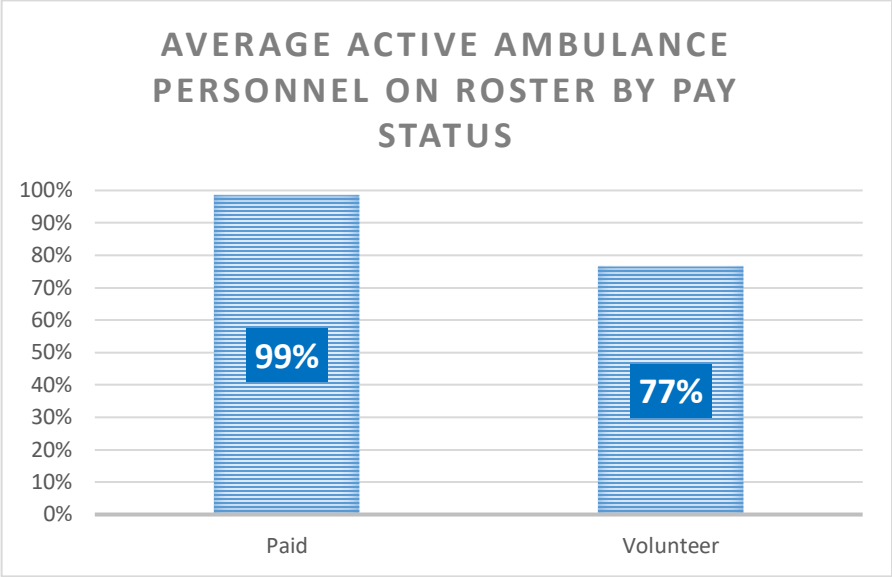
Each agency, in consultation with the public they serve, needs to determine what the ideal number of personnel is required to have a team ready to respond to the needs of the patients. More is not always better. Standards related to staffing levels of the agency and expectations of volunteers in providing coverage to meet those standards helps clarify the commitment made by those who will fill a spot on the agency's roster.

The value to the public provided by agency volunteers must be recognized. According to Independent Sector[2], an Ohio volunteer's time in 2017 was valued at $23.33 per hour. This cost is rarely accounted for in budgeting for volunteer agencies, nor is it generally recognized by the political and public entities that rely heavily on the volunteer agencies to fill the role of a critical and essential service. Adding more staff without funding is increasingly difficult as demands on staff increase (related to volume and length of transfers) as well as a general decline in the commitment individuals have to volunteer time to organizations such as EMS agencies.

Question 4: How many of these ambulance staff are active (participate in training, cover call time or shifts, etc.)?



[2] https://independentsector.org/

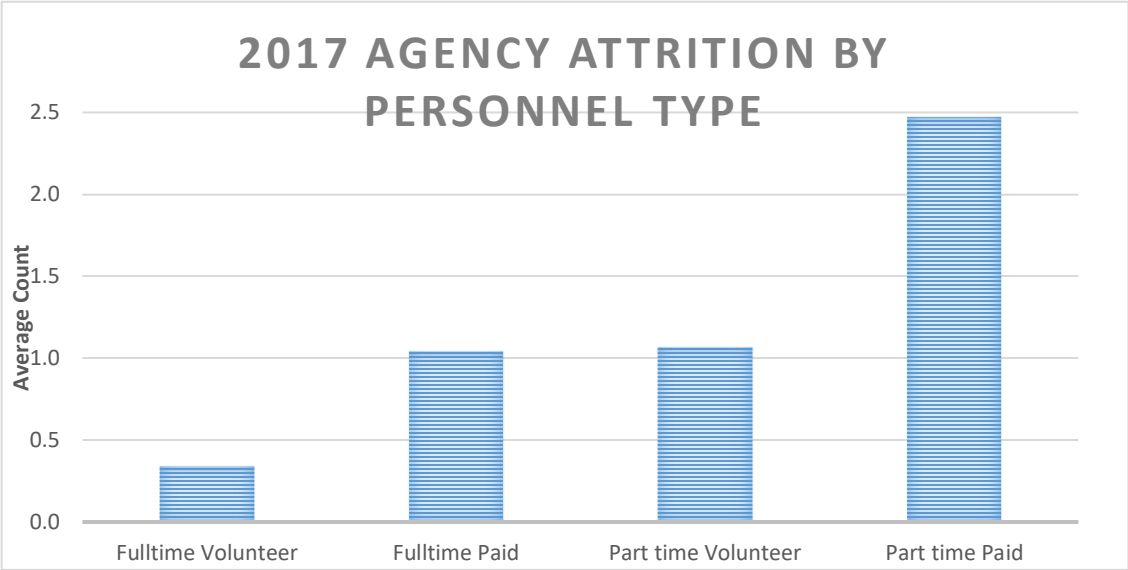


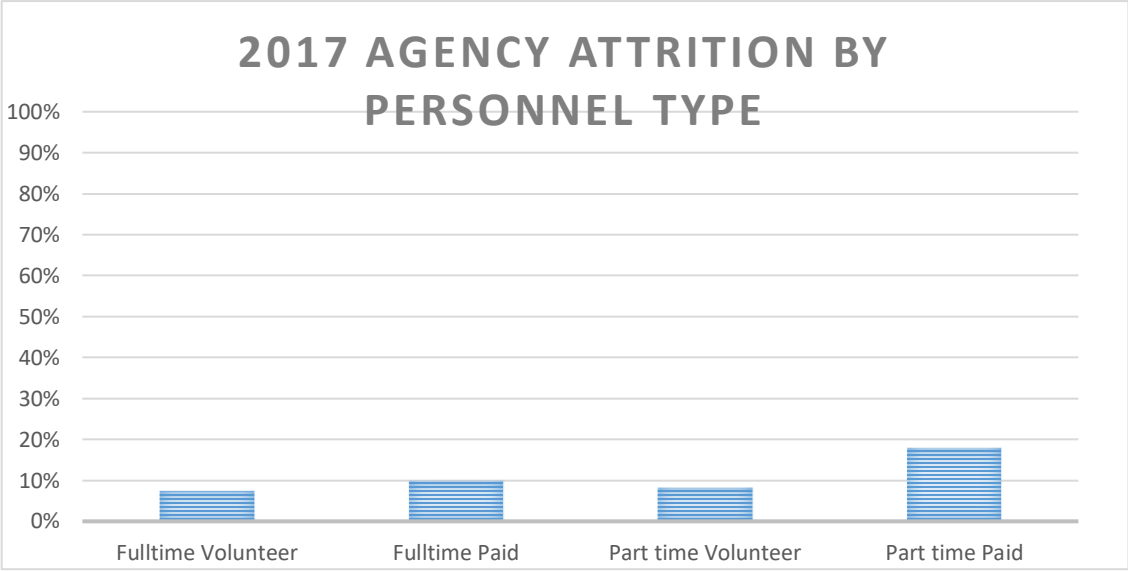
Personnel, whether paid or volunteer, must meet the requirements of the agency to become and remain an active member of the agency. As commonly expected and often accepted, volunteers are allowed to remain in an active status with an agency even if the individual's participation in training, call coverage and shifts covered is viewed by some as below the level necessary to remain active. Standards and mutually understood expectations need to guide the level of participation, again so the agency is well-prepared to meet the needs of the patients.

Individual's inputs convey significant frustration related to personnel on the agency's roster who are not active. Examples of comments include:

- "It always goes back to what you are willing to pay people and we don't have money to pay them (to stay active)."
- "Money is the biggest motivator to attract and keep people. There never seems to be enough money for EMS."
- "People do not want to work as hard now, days especially, doing hard work like patient care."
- "People do not want to work in EMS for $12.00 to $14.00 per hour when they can make the same working fast food or other jobs with less demands and responsibilities."

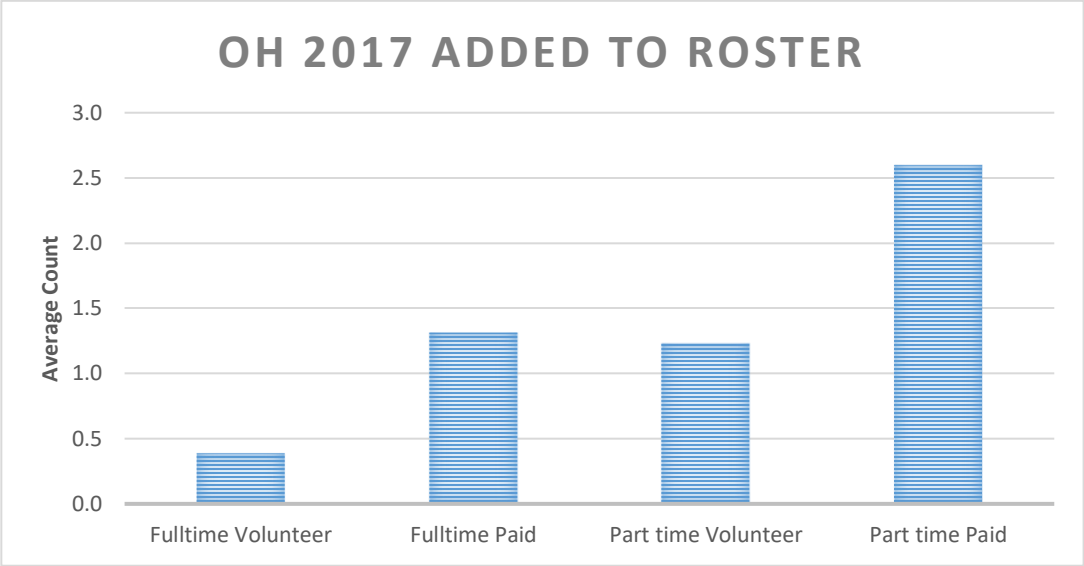
Question 5: How many total ambulance personnel left this ambulance agency in 2017?





(*See notes following the next question and graph*.)

Question 6: How many total ambulance personnel were successfully added to the roster 2017?



The total number of ambulance personnel who left agencies in 2017 is nearly identical to the total number of personnel added to the rosters of agencies in 2017. This data is consistent with data from the ODPS Division of EMS certifications database that collects data on certification renewals and the Division of EMS Attrition Survey related to non-renewal of individual certifications.

Although the data show the total numbers of providers within agencies that responded to the survey as being "flat", workload (total number of responses, as well as length of transports between medical facilities) is increasing. Especially for agencies that rely partially or primarily on volunteer staffing the total number of providers engaged in each agency needs to increase. Anecdotally, every participant in the regional meetings expressed concern or agreed the pool of potential candidates is smaller now than in the past and seems to continue to get smaller each year. Participants attributed this to:

- Less job opportunities in rural communities
- Young families and individuals are more transient today than in the past and are not as inclined to stay and get involved in a community as in the past
- There is an attitude among young people that "the grass is greener on the other side" which makes them more willing to move and not be established in a community
- EMS is competing with school and other activities and organizations for the family's time and commitment

Question 7: Why did these personnel leave the agency?

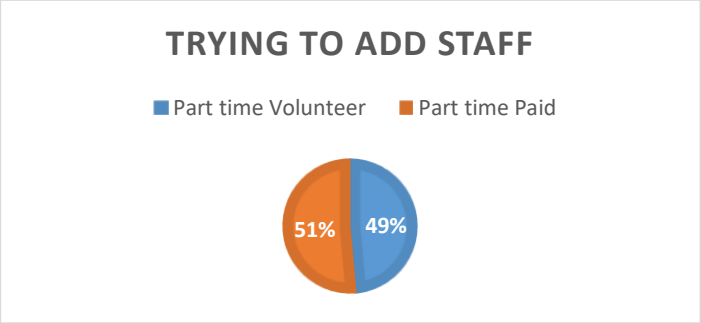
Reason for leaving	Number
Relocated	29
External factors/not employee's choice to leave	11
Unknown	9
Needed to meet EMS job requirement for a different job	8
Lack of promotion opportunities	7
Unable to find full-time work	6
Inflexible work schedule	6
Did not enjoy EMS work	5
Poor management or hostile work environment	2
Work injury	2
Tried it only to see if I liked it	2
Got a degree in another field	1

The "understood" reason(s) for personnel leaving an agency may differ significantly with reasons provided from the individual leaving. Individuals who completed this survey are actively engaged in an agency. As such, this data is provided by the team member who is still engaged in the agency, not the individuals who left. This discrepancy is significant as an entirely different set of reasons may rise to the top if those who left were queried. There was a perception among the participants in our regional meetings that personnel tend to move from agency to agency as full-time or higher paying jobs become available.

Representative comments pertaining to why people left, include:

- "One left because of pay and another left because of frustration with local governments lack of action to address local EMS issues."
- "Politicians are a barrier and (that) frustrates people staying in EMS because they have no clue what EMS does and talk circles around issues. (We) cannot pin them down just where they stand in reference to EMS. This is very frustrating."
- "Time commitment is the reason for loss of volunteers."
- "Run volume and dealing with more challenging and critical patients."
- "Individuals (are) not as loyal to an organization as in the past."
- "People leave for more money now, not for benefits. Benefits are not important to young people. They are short-term, not long-term thinkers."

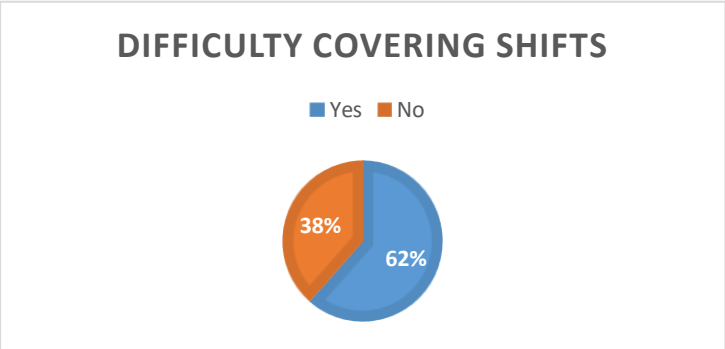
Question 8: Are you trying to add volunteer or paid ambulance staff to your roster at this time?



Difficulties are faced by most agencies that try to add staff. Perspectives offered include:

- "Not many medics are applying for positions. The lack of a training program in our area has impact on recruiting personnel and providing service."
- "People just do not want to work, especially hard work like patient care."
- "Both family members now have to work to support family members, that makes it hard to recruit volunteers. This is the same issue in fraternal organizations like the Elks, Jaycees etc."
- "There is a generational issue about not wanting to volunteer, the younger generation just does not want to volunteer because they are too busy, do not see the importance to volunteer plus they need to be persuaded to volunteer."
- (People just do not want to work) "we buy them pants, boots and shirts and never see them again"

Question 9: Do you have trouble covering shifts?

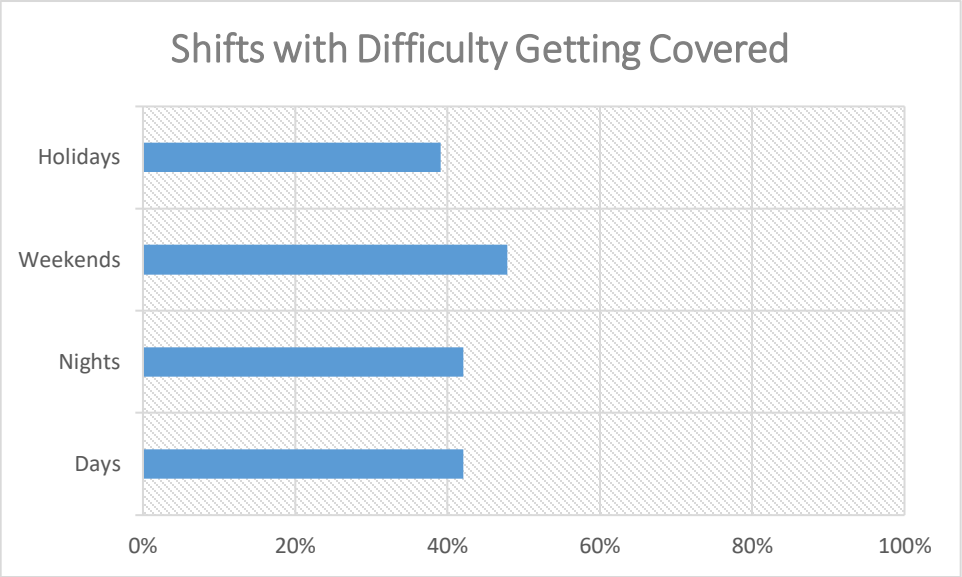


The inability to cover shifts must be a primary driver in an agency's decision to add staff. This inability threatens the agency's ability to meet the needs of the patients served. This may be due to vacancies created by personnel leaving, volumes of specific types of calls increasing or a demand to increase coverage presented by changing demographics. These challenges are met by adding staff and necessary infrastructure.

Inputs were offered about why shifts go uncovered:

- "People are working overtime because others do not help."
- "(The volunteers) work outside the community they live in so may have job that is not as flexible for them to provide coverage or do not have time to provide coverage because of travel between work and home."
- "Yes, we have same staff coverage (as we did) 10 years ago covering for a marked increase in workload today."
- "We're dealing with forced overtime because of call volume and not enough providers."
- "Volume has increased but (the agencies) are now losing money because of reimbursement technicalities."

Question 10: Which shifts?



Often shifts are most difficult to cover when the shift falls within time slots which are also considered "prime family" or "recreational" time. It is also common for volunteer agencies to have difficulty covering shifts during time periods when employers are not able or willing to release employees from their vocational commitments.

Question 11: Top TWO reasons for not being able to cover all ambulance shifts?

Reasons Not Able To Cover All Shifts	Rank
Family issues	1
Conflicts with employer	2
Daycare/childcare obligations	3
Distance from employer	4

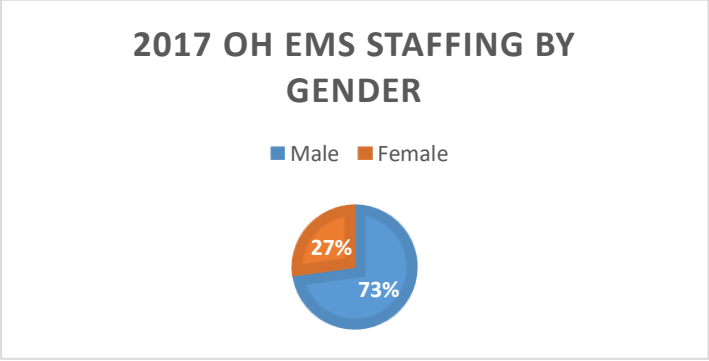
Question 12: What other reasons do you have trouble covering shifts?

There were 31 responses to the open-ended portion of this question. In those responses there were 17 unique items:

1. Low- or no-pay (5 responses)
2. Lack of volunteers (4 responses)
3. Volunteers: conflicts with full-time non-EMS job (3 responses)
4. Full-Time work obligations elsewhere (3 responses)
5. Recertification demands too high (2 responses)
6. Lack of qualified applicants (2 responses)
7. Working for more than one EMS agency
8. Mandatory overtime at another job
9. Family obligations
10. Lack of enough paramedics on paid staff
11. Paid staff unwilling to work excessive overtime to cover open shifts
12. Long Transport times
13. Millennials
14. No desire to run calls in the middle of the night
15. Public misuse of the EMS service causing burnout
16. Some just don't like to work
17. Sometimes unable to get a full 24 hours of coverage

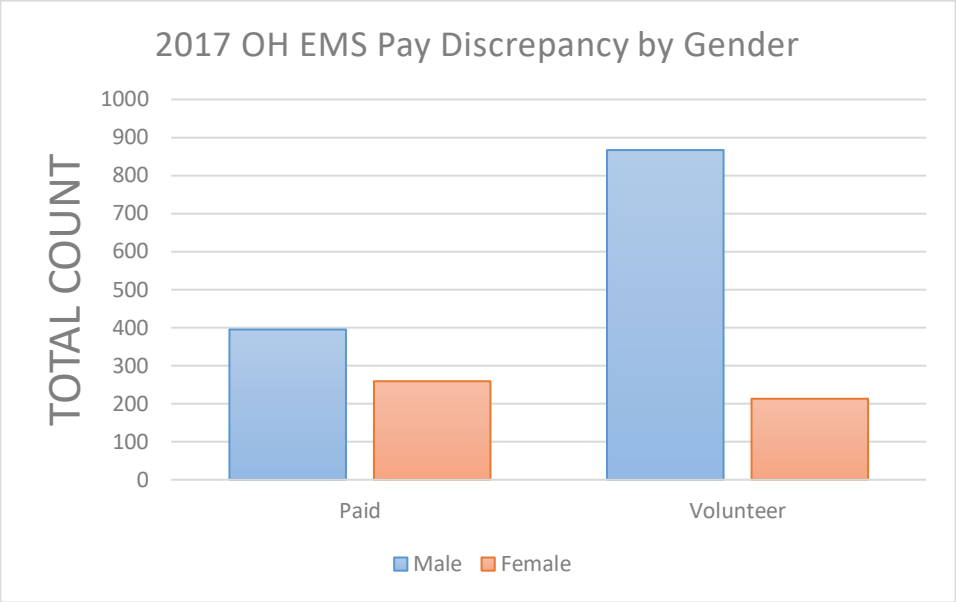
In general, the frustration carried by agencies can be summed up by a succinct comment "Trying to compete with overtime pay of paid departments when trying to get coverage is impossible."

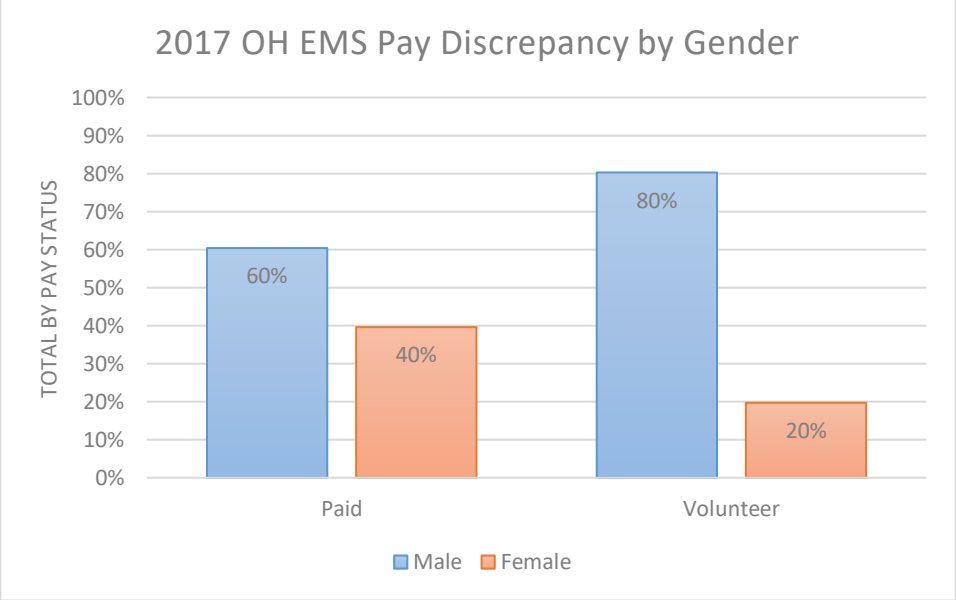
Question 13: Gender of Staff?



EMS workforce gender is changing. Understanding and tracking such changes allows the agency to find and use the very best EMS practitioners in their community as well as those outside the community who are seeking the opportunity to work for the EMS agency.

One interesting comment received was that there is a “pocket of counties in rural Ohio” that rely on “older ladies” who have effectively provided coverage for the volunteer EMS service in those areas for “some time”. Another comment was that there are some agencies specifically recruiting retired people to volunteer, especially during work day hours.





Question 14: How long have your staff been with your agency?

Longevity	Total Workforce	Volunteers	Paid Staff
<1 year	9%	7%	11%
1-2 years	12%	13%	12%
3-5 years	18%	15%	19%
6-10 years	25%	29%	23%
>10 years	36%	36%	36%

Longevity of staff can be an indicator of several characteristics of an agency:

- staff satisfaction
- ability to effectively integrate new members into the agency
- overall efficiency of an agency
- experience level of staff
- employee's perception of being appreciated and highly valued
- existence of clear expectations for employees and the agency
- agency leadership

These factors, expounded on in this report, are something an agency cannot buy but can invest in.

Question 15: What is the age of your staff?

Age of Workforce	ODPS Database Benchmark	Survey Total Workforce	Volunteers	Paid Staff
18-24	9%	33%	29%	35%
25-34	26%	29%	22%	34%
35-44	25%	18%	17%	19%
45-54	24%	9%	10%	8%
55-64	14%	2%	4%	1%
65-74	3%	0%	0%	0%
>75	0%	9%	17%	3%

The current workforce reported by ODPS has 59% of survey respondents as comprised of individuals who are 18 to 44 years old while rural survey respondents were primarily (80%), weighted heavily with those 18 to 34 years old. This represents a workforce that is not at significant risk due to retirements, which are generally associated with an older workforce. The survey data is in conflict with workforce data held by ODPS which indicates there is an aging

workforce and that the 18-24-year-old range provides the smallest percentage of the workforce. This discrepancy is likely due to the convenience sample of agencies used in the survey – the state's data includes the entire licensed workforce.

Question 16: What are the licensure levels of the staff on your roster?

Licensure Level	Total Workforce	Volunteers	Paid Staff
EMR	47%	60%	38%
EMT	10%	13%	8%
AEMT	38%	18%	53%
Paramedic	5%	10%	2%

A phenomenon, referred to as the "paramedic paradox"[3] refers to the fact that the more rural an area is, potentially the most difficult geographical areas to attract paramedics to work in, the more essential it is to be able to provide paramedic level service to the population served. Increasing the number of AEMTs and paramedics within a local agency is a worthwhile goal. Recruitment and retention efforts can be successful in helping to solve this paradox. Relatively high on any list containing initiatives to achieve such a goal is accessibility to quality, relevant and meaningful education and training. Input received included "more agencies are becoming paramedic level services."

Question 17: What is the staffing level for your agency?

Staffing Level	Total Workforce	Volunteers	Paid Staff
EMR	7%	16%	4%
EMT	36%	69%	21%
AEMT	6%	7%	6%
Paramedic	51%	9%	69%

A direct correlation exists between the staffing level for an agency and the licensure levels of staff on the agency's roster. Variables that move the numbers in that correlation include whether or not staff is fulltime paid, part time paid, volunteer or some hybrid of those models.

[3] https://www.nasemso.org/Projects/MobileIntegratedHealth/documents/RHNfall01.pdf

Question 18: What languages are spoken by your staff?

Language	Percent of Workforce	Volunteers	Paid Staff
Dutch	46%	42	12
Spanish	38%	26	19
German	10%	12	0
French	3%	2	2
Arabic	1%	0	1
Chinese	1%	0	1

This list of languages represents languages identified by the Ohio School System[4] as "first languages" spoken by families of students within Ohio schools.

Question 19: What steps does your agency take to <u>recruit</u> staff?

1. Advertising
    a. Newspaper (18 responses)
    b. Internet - associations, Facebook or other social media (17 responses)
    c. Flyers or mailers (4 responses)
    d. Sign advertising (3 responses)
    e. Civil service advertising (2 responses)
    f. Radio
    g. Announcement at sporting events
    h. Fund raiser
2. Education/Financial
    a. Paid education (5 responses)
    b. Low-cost education (5 responses)
    c. Provide training of new EMTs (2 responses)
    d. Provide good equipment (2 responses)
    e. Pay exam cost
    f. Explorer post
    g. Paid on-call stipends
    h. Enhanced pay
3. Personal contact
    a. Word of mouth (14 responses)
    b. Friends & family, open house or community events (13 responses)
    c. Recruiting at schools and colleges (6 responses)
    d. Health & job fairs (4 responses)
    e. County fairs, parades, festivals, sporting events (4 responses)

[4] http://education.ohio.gov/Topics/Other-Resources/English-Learners/Research/Profile-of-Ohio-s-English-Language-Learners-ELL

f. With other agencies that we know to help recruit (2 responses)
g. Recruit from EMS course participants
h. Informal meetings
i. Formal meetings
j. Emergency and first responder recruiting
k. Employee referral

Recruitment of new team members is an issue that is a concern for EMS agencies. Those who provided input into this survey and review process agree their agencies are weak in the area of recruitment. Difficulties in recruiting exist and were clearly expressed.

- "Our agency has advertised to pay a potential employee's tuition plus offer them a job. (We) have never had an individual take advantage of the offer in five years; I don't understand!"
- "People do not want to work for $12 - $14 an hour, they can make the same in fast food or other jobs with less responsibility and work."
- "We aren't able to compete with wages and benefits offered by larger services or public safety jobs."
- "The number of services starting part-time paramedic (advanced life support) services has increased making it a challenge to find enough providers to provide coverage."
- "People want to work for agencies that pay more or have less runs to do when they are on duty. This is true in trying to find part-time people, they go where there is less work, so they can rest and get paid."
- "We are always competing with other activities."
- "We have to do a better job of asking or persuading young people to join a service, they do not come forward on their own like in the past, they need to be convinced EMS will benefit them."

Question 20: What steps does your agency take to <u>retain</u> staff?

1. Work Environment
    a. Work on good staff morale/work environment (17 responses)
    b. Flexible scheduling (7 responses)
    c. Keep stations, ambulances and equipment updated (6 responses)
    d. Engage staff in planning, decision making, and quality programs (3 responses)
    e. Family and team building events (3 responses)
    f. Promote internally first (2 responses)
    g. Accessible governing board
    h. Foster a community minded environment
2. Compensation and benefits
    a. Progressive pay (11 responses)
    b. Provide benefits (9 responses)
    c. Pay for time on run/call time (6 responses)
    d. Pay comparable for region (4 responses)
    e. Financial incentives (4 responses)

   f. Provide uniforms
   g. Flexible time off
   h. Meal cards
3. Education
   a. Continuing education (13 responses
   b. Free training (5 responses)
   c. Paid certification advancement (3 responses)
   d. Staff development training
   e. Paid initial and continued training

Four agencies responded that they have no retention plan or activities.

Approaching retention of staff in a well-planned, methodical manner rather than in a "shot-gun" fashion allows an agency to measure effectiveness of efforts undertaken and to effectively and efficiently utilize those efforts which are proven to be successful. Retention efforts must be well thought out and specifically focused. Those providing input provided insights into how recruitment efforts are hampered.

- "The 30-year retirement plan needs to be looked at (in our county), other areas have a 20 and 25-year plan which attracts people."
- "There seems to be no or very little recognition for volunteers in EMS. (We) have suggested to a legislator that there needs to be a tax break for volunteers to encourage them to become volunteers."

Question 21: What mechanisms are in place to provide orientation and training to new or existing staff?

There were 56 written responses to this open-ended question (many included multiple methods). In those, there were 76 unique items:

1. In house training and continuing education (25 responses)
2. Structured orientation including checklist (21 responses)
3. Field training/ride-along program/probation (20 responses)
4. Mentors (7 responses)
5. Paid training as long as the new staff needs it
6. Customer service classes
7. Hospital orientation
8. Yearly EMS Competency review and protocol test

As demonstrated by the preceding list, agencies employ a wide variety of initiatives in an effort to provide training and orientation to their staff. Providers report that:

- there are "gaps in coverage for education opportunities in rural areas of Ohio", and
- "there are counties in Ohio where there is no internet access which hampers educational efforts."

- "Ohio exceeds national curriculum standards which make reciprocity to Ohio a challenge."

From broad-based system perspective, investing in a means to measure the efficacy of these efforts would be valuable. If done effectively the orientation process, as well as the on-going continuing education of staff, is a comprehensive and costly effort. Specific orientation and continuing education plans with measurable goals, will serve the new staff member and the agency with an increased measure of effectiveness and potentially staff satisfaction.

Question 22: What needs does your agency have in order to maintain or enhance your service?

There were 53 responses to this open-ended question (many contained multiple items). In those, there were 16 unique items.

1. More part-time or paid staff (20 responses)
2. Funding for ambulance, building and equipment purchases (18 responses)
3. More local (including tax levy), grant, state and federal funding for operations support (17 responses)
4. Funding for initial and ongoing training (7 responses)
5. More volunteers (4 responses)
6. Larger pool of applicants (2 responses)
7. Funding for supplies (2 responses)
8. In house training center (2 responses)
9. Tax/Student loan incentives that would help draw new employees to the line of work
10. Less federal and state requirements on training for volunteers
11. Fewer non-emergency transports
12. Clinics to treat patients instead of transport them
13. Increased ambulance staff meetings
14. Tax Levy designed to implement part-time paid staff
15. Aggressive Protocols
16. In house QA Measures

A list of perceived operational needs, such as the one compiled here, is likely heavily influenced by the most recent or most talked about need of the particular agency responding to a survey. Inter-agency perspectives, coordination and planning may help focus in on a specific subset of needs which, if applied equitably and effectively, may impact many of the other items included in this list. Some specific comments related to meeting needs, frequently connected to financial support, include:

- "Being the first (entity) on the ballot (with a levy request) helps get an increase passed."
- "We found out Walmart will provide $500 in gift cards a Month to agencies to help the department. Firehouse Subs has a grant program for emergency agencies too."

- "Maybe we can learn how to take advantage of special groups like Shriners, Jaycees, Lions club, etc. to tell agencies story and explain the agencies needs and what they do."
- "We all need to educate the public on what EMS does, we need to learn how to tell the EMS story."
- "We need to have a person help us find grants that are available."
- "It would be helpful to have someone do the grant application work."
- "(We) need a toolkit of success and example of how success was achieved."

Question 23: How would you rate your staff's job satisfaction?

Very satisfied	41%
Somewhat satisfied	46%
Neither satisfied or dissatisfied	7%
Somewhat dissatisfied	2%
Very dissatisfied	4%

Much like the scoring for the question on why a team member terminated, the scoring for this question is based on the perception of the one who is completing the survey on behalf of the agency. Opinions and ideas can vary greatly between those who are fully engaged, such as may be the case for the individual completing the survey, and those who are less engaged, perhaps due to low job satisfaction.

Question 24: In your opinion what actions could your agency take to increase job satisfaction?

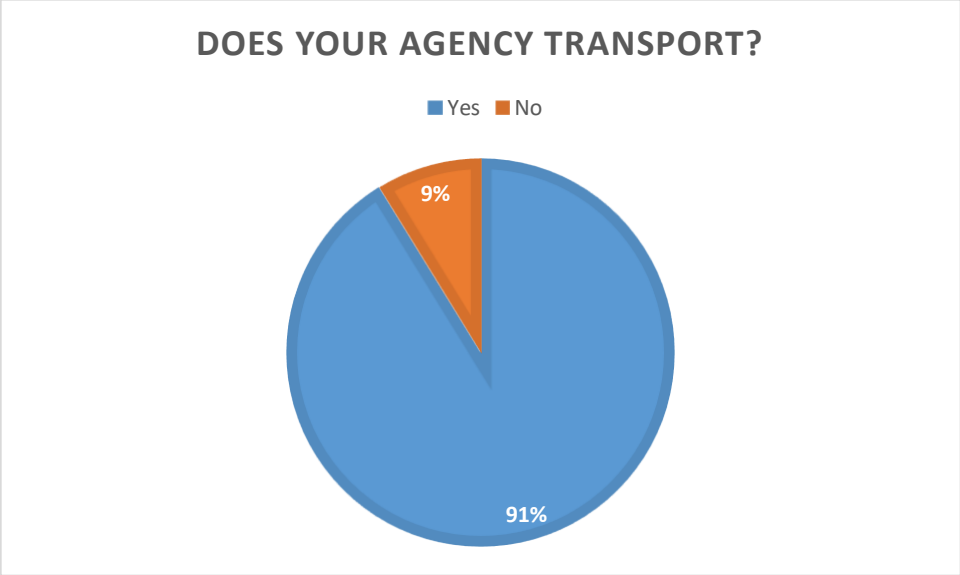
There were 95 responses to this open-ended question (many contained multiple items). In those, there were 23 unique items.

1. Higher pay rates to support having a single job (18 responses)
2. Flexible scheduling/increase staffing level (16 responses)
3. Better/updated equipment (13 responses)
4. Provide more inside and outside training (10 responses)
5. Provide or improve benefits (9 responses)
6. Construct larger/replace existing station (5 responses)
7. Provide call-time pay (5 responses)
8. Job advancement options (4 responses)
9. Provide incentive pay (3 responses)
10. More training time (3 responses)
11. Annual wage increases (3 responses)
12. Less requirements to obtain and retain certification (3 responses)
13. Pay for paramedic school (2 responses)
14. Provide uniforms (2 responses)
15. More or better leadership (2 responses)

16. More partners (2 responses)
17. Positive recognition program (2 responses)
18. Eliminate non-emergency response/transfer runs (2 responses)
19. 25-year retirement (2 responses)
20. Take over full time EMS for the city
21. Tax breaks for volunteers
22. Receive support from the city administration. Have the administration view us as an important service that needs supported and improved
23. Upgrade vehicle fleet

Funding, recruitment, retention and satisfaction issues tie closely together. A systematic over-arching plan will have the greatest potential of effectively addressing such issues. It was clear that working to enhance EMS staff satisfaction is critical. One frank comment, in a somewhat grave manner, was: "Volunteer service is not dead but is having CPR performed on it".

Question 25-31: Agency Demographics

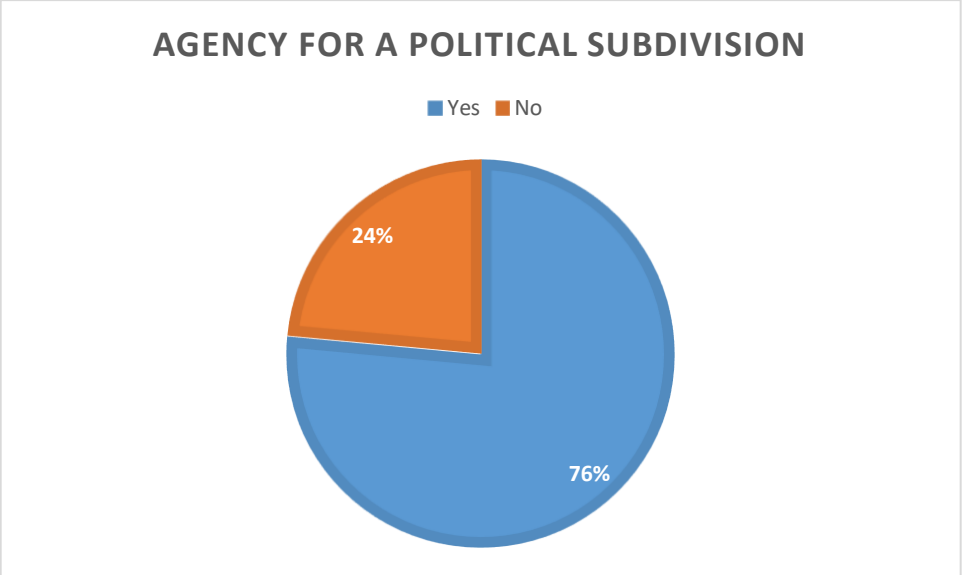


2017 Rural Ohio EMS Agency Averages

Operating Budget	$1,090,680
Number of Runs	1,196
Number of Transports	1,051
Population Served	24,751
Square Miles Covered	319
Number of Stations	2

Anecdotal comments from providers indicate number of runs are increasing, financial support of agencies is diminishing, or being stretched, and volunteer staff is becoming more difficult to sustain.

Question 32: Is your agency the primary provider of EMS for a political subdivision?



Competition between multiple agencies located within a single subdivision has been shown to be deleterious to the provision of EMS. Being the sole provider within a subdivision provides a greater opportunity to establish a well-equipped and functioning EMS agency. At the same time, being the sole provider places a greater burden on the agency to assure service can be provided to any patient at any time.

An insight related to cooperation and competition was provided: “Regional rivalries between departments are not as bad (as they were), but it is still there to some degree in a few areas.” It was also noted “there are still a lot of stand-alone EMS agencies in Ohio” implying a lack of cooperation.

Question 32: Revenue from public subsidies, personal gifts, grants, EMS billing, contracts, state reimbursements, and other misc. revenue?

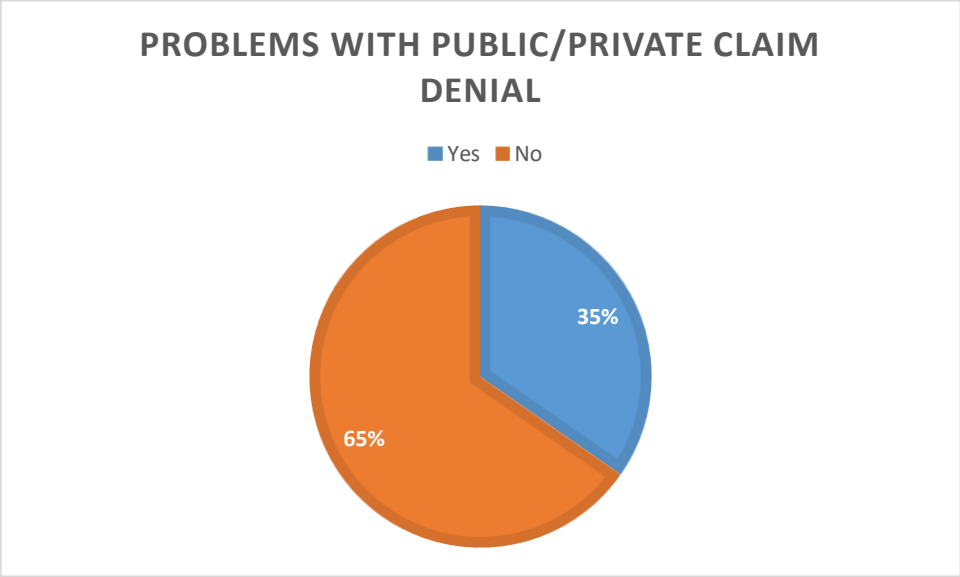
Across respondents there was a +2% increase in revenues from 2016 to 2017.

Sources of revenue change from year to year. The ability to monitor, project and adjust to such changes is critical.

A sampling of current perceptions shared include:

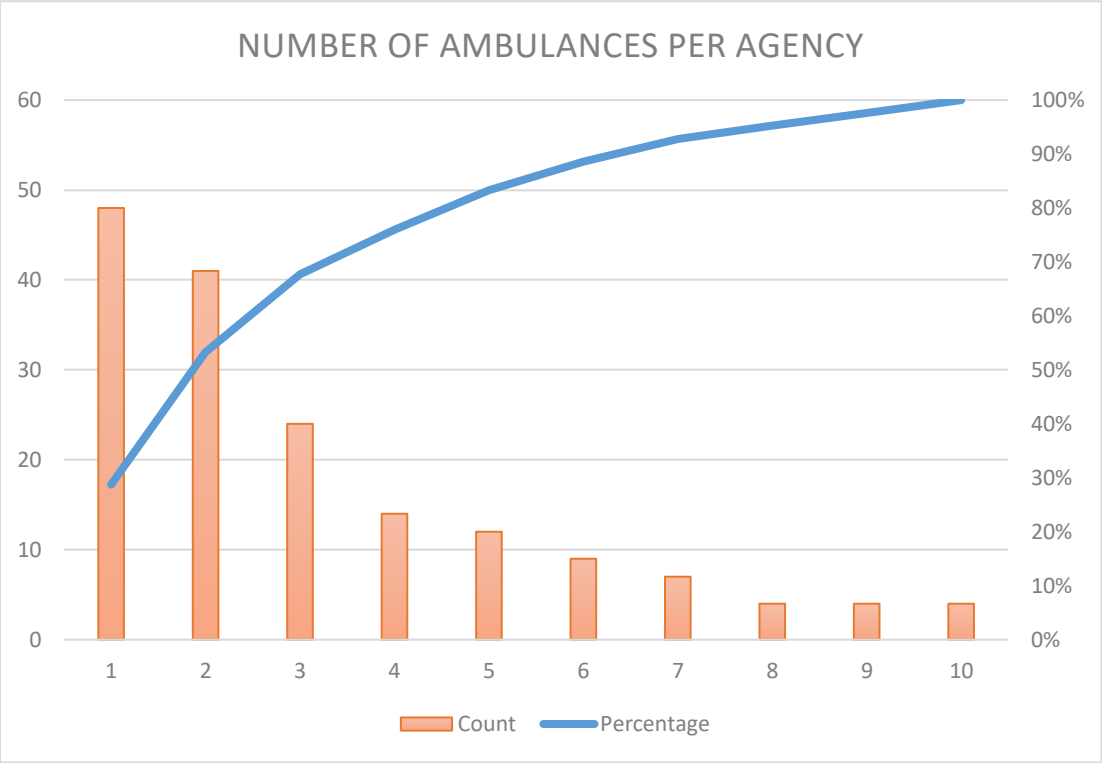
- "We have been operating on same mill levy for 20 years while demand has increased over 20%."
- "No resource funds are available to promote EMS to help generate funds."
- "Communities may have to get use to less services if funding does not increase."

Question 33: Is your agency experiencing problems with Medicare, Medicaid or private insurance claims being denied?



A large percentage of agencies rely on third party, professional billers to submit claims to Medicare, Medicaid and private parties. This does not eliminate issues with billing, but it appropriately places the complicated process in skilled and systematic professional companies.

Section 5 – Vehicle Information



Section 6 - General

As medical care systems develop, often comprised of CAHs, tertiary care centers and other entities, the need to move patients between those entities increases. With such increase in demand to move patients between facilities, EMS agencies experience a corresponding increase demand on their workforce and infrastructure. Agencies rely primarily on volunteer staffing arguably experience the greatest stress on resources. Without a corresponding increase of staffing and other infrastructure needed to successfully handle such increase volume in patient transfers, patient and facilities will experience delays in transport times.

- "Hospitals in some areas are cooperating with services to provide funds or personnel to help with funds or patient transfers; others are not so cooperative, could care less about EMS."
- "Some patients can stay in a CAH hospital ER for 12 hours waiting for transport ambulance. We realize this is an issue that will not go away and will get worse with Baby Boomer generation getting older."

Regional Meetings

Following initial analysis of the survey results Regional Meetings were scheduled for five locations within Ohio. All those who participated in the survey were invited to participate or have representation at the meetings. In addition, all interested EMS agencies as well as individual providers were encouraged to attend. Representatives from the Ohio Department of Health, Office of Rural Health and the Ohio Department of Public Safety, EMS Division were represented at each meeting.

Inputs were clearly in line with issues the survey had identified. During the Regional Meetings discussion lead to the full understanding that neither the ORH or the ODPS had funds available to completely address and satisfy the needs of any specific issue. To that end, the concept of developing a "tool box" which would contain step-by-step suggestions and contain information on:

- Examples of successful practices and how they were achieved
- How to educate the public on the key role EMS plays in the community and healthcare
- How to cultivate community stakeholders including policy makers to support EMS
- How to work with the media to tell the EMS story
- Successful tax initiatives and other financial programs implemented to finance and enhance EMS services
- Examples of personnel and policy and procedure manuals
- Utilization of grant writers or a "road map" with step-by-step actions to help the agency successfully complete and submit grant applications

APPENDIX A

2018 Survey Participants	City
Anna Rescue Unit Inc	Anna
Appleseed Joint Ambulance District	Arlington
Arcanum Rescue	Arcanum
Arrowhead Joint Fire District	Gnadenhutten
Ashtabula Fire Department	Ashtabula
Athens County EMS	The Plains
Bellefontaine Fire Department	Bellefontaine
Bladensburg Fire District	Bladensburg
Bolivar Fire	Bolivar
Central Fire District	Smithville
Central Ohio Joint Fire District	Centerburg
Chillicothe Fire Dept	Chillicothe
City of Ashland, Division of Fire	Ashland
Clinton Twp. Fire Department	Shreve
College Township Fire Department	Gambier
Coshocton County EMS	Coshocton
Crooksville Fire Dept	Crooksville
Deerfield Township Fire/Rescue	Loveland
Dresden Vol. Fire Dept.	Dresden
East Holmes Fire & Ems Co.	Millersburg
East Palestine Fire Department	East Palestine
Eastern Knox County Joint Fire District	Danville
Fayette County Memorial Hospital Emergency Medical Services	Washington CH
Firelands Ambulance Service	New London
Geneva Fire Department	Geneva
Gettysburg Rural Fire Dept., Inc.	Gettysburg
Henry County South Joint Ambulance District	Hamler
Hicksville Rescue Squad	Hicksville
Highland County North Joint Fire and Ambulance District	Leesburg
Hocking County Emergency Medical Service	Logan
Holmes fire district #1	Millersburg
Homeworth Volunteer Fire Company	Homeworth
Jackson County EMS	Jackson
Jackson-Forest Ambulance District	Forest
Macochee Joint Ambulance District	West Liberty

Malta & McConnelsville Fire Department	McConnelsville
Marion Fire Department	Marion
Mechanicsburg Fire and EMS	Mechanicsburg
Mercer Health	Coldwater
Midvale-Barnhill Volunteer Fire Department	Midvale
Mineral-Sandy Ambulance District	Mineral City
Muskingum Watershed Conservancy District	New Philadelphia
Negley Fire/EMS	Negley
Paint Township Fire and Rescue	Mount Eaton
Paint Township Volunteer Fire Department	Winesburg
Pleasant Township Fire Department	Marion
Putnam County EMS	Atlantic
Ridgeville Twps. Vol. Fire Dept.	Ridgeville Corners
Rittman EMS	Rittman
Riverside Emergency Medical Service	De Graff
Robinaugh EMS	Bellefontaine
Sandusky County EMS	Fremont
Saybrook Twp. Fire Dept.	Ashtabula
Scioto Valley Fire District.	La Rue
Seneca County EMS	Tiffin
Somerset Emergency Service	Somerset
South Central Ambulance District	Rome
South Central Fire District	Fredericksburg
SRWW Joint Fire District 2	Sabina
Strasburg Volunteer Fire Department	Strasburg
Uniopolis Vol. Fire Dept. 140	Uniopolis
Upper Scioto Valley Ambulance District	Alger
Van Wert Fire Department	Van Wert
Versailles EMS	Versailles
Wapakoneta Fire & EMS	Wapakoneta
West Point Volunteer Fire Department INC	Lisbon
Williams County EMS	Bryan
Zanesville Fire Department	Zanesville

APPENDIX B

Regional Meeting Locations and Attendance by Agency

	Meeting Location	Agencies Represented	
#1	New Philadelphia, OH	Bolivar Fire Department Coshocton County EMS Buckeye Career Center EMS Education Ohio Dept of Health, Office of Rural Health Ohio Dept of Public Safety, Division of EMS	
#2	Nelsonville, OH	Athens County EMS Hocking County EMS Jackson County EMS Hocking College EMS Education Malta & McConnelsville Fire Department Ohio Dept of Health, Office of Rural Health Ohio Dept of Public Safety, Division of EMS	
#3	Chillocothe, OH	Central Ohio Fire District Chillicothe Fire Department Fayette County EMS Lawrence County EMS Pickaway-Ross EMS Education Ohio Dept of Health, Office of Rural Health Ohio Dept of Public Safety, Division of EMS	
#4	Lima, OH	American Township Fire Department Alger Apollo EMS Education Jackson-Forest Joint Ambulance District Macochee Joint Ambulance District Mercer County EMS Sandusky EMS Seneca County EMS Spencerville Ambulance Service Williams County EMS Ohio Dept of Health, Office of Rural Health Ohio Dept of Public Safety, Division of EMS	
#5	Archbold, OH	Antwerp EMS Four County Career Center EMS Hicksville Rescue Squad Ridgeville Township Volunteer Fire Department Ohio Dept of Health, Office of Rural Health Ohio Dept of Public Safety, Division of EMS	
	By Phone	Bradford Fire and Rescue Tipp City EMS	

APPENDIX C

2018 Survey Tool

Survey Begins on Next Page

Survey: 2018 Ohio Rural EMS Agency Survey

The Paramedic Foundation

March 2018

Rural EMS Stakeholders,

The Ohio Department of Health's (ODH) State Office of Rural Health is conducting a Critical Access Hospital (CAH) and Emergency Medical Services (EMS) Needs Assessment in Ohio. This Rural Ohio EMS Needs Assessment, conducted by The Paramedic Foundation (TPF), will set the stage for future support of Ohio's rural EMS agencies from the federal Medicare Rural Hospital Flexibility (FLEX) grant. The needs assessment includes an important survey from TPF. Future rural EMS projects funded by this program will be tied to the needs identified in the survey.

The Ohio Rural EMS Survey will focus on transporting EMS agencies that provide service to rural Ohio. Your agency is included in this group. The survey results will be useful for both your agency to benchmark itself against the other agencies surveyed, and for the state to know which issues to address in future funding cycles of the FLEX program.

A survey instrument will be emailed to you before the end of March with a due date of April 30th. Please update your email address with the Division ofEMS as soon as possible. After the survey arrives, you will have three options to submit the results; each option will be detailed in the email you receive from TPF:

The preferred option is to use an internet link to enter your responses directly into a database.
The second option is to return a paper form by mail.
The third option is to return the completed survey by fax.

We anticipate the survey will take less than 30 minutes to complete, but the information requested in the survey may come from multiple people. If you have any questions please reach out to members of the TPF project team, Gary Wingrove (wingrove@paramedicfoundation.org) or Paul Anderson (panderson@paramedicfoundation.org).

Your individual agency responses are confidential by default. You will be given the opportunity to "opt-in" to have your agency's responses shared with the Ohio Division of EMS and Ohio Office of Rural Health. Shortly after survey completion, you will receive a copy of your answers and blinded answers from the other survey participants. In June, TPF will conduct five meetings across rural Ohio. At these meetings summary results will be presented and you will have the opportunity to validate the results and rank them in order of priority. After the final meeting the TPF team will create a final report for the state rural health and EMS agencies. The final report will be public and will be shared with you.

Thank you for your anticipated cooperation.

Daniel Prokop
Flex/SHIP Program Coordinator
Ohio Department of Health
State Office of Rural Health

Melvin R. House
Executive Director
Ohio Department of Public Safety
Division of Emergency Medical Services

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* **Name**
* **Ohio Agency ID**
* **Agency Name**
* **Street Address**
* **City**
* **State**
* **Zip Code**
* **Email address**

* **Are you a private agency?**

- ○ Yes
- ○ No

Are you a federal tax exempt organization?

- ○ Yes
- ○ No

* **I GIVE PERMISSION TO THE PARAMEDIC FOUNDATION TO SHARE THE INFORMATION CONTAINED IN THIS SURVEY WITH THE OHIO DIVISION OF EMS AND OHIO STATE OFFICE OF RURAL HEALTH**

- ○ Yes
- ○ No

Section 1: Ambulance Staff

1.1 How many total ambulance personnel are currently on the roster at this ambulance agency?
Please enter 0 if there are no EMS personnel in that category.

	Volunteer	Paid
Full Time		
Part Time		

1.2 How many of these ambulance staff are active (participate in training, cover call time or shifts, etc.)

	Volunteer	Paid
Full Time		
Part Time		

1.3 How many total ambulance personnel left this ambulance agency in 2017?

	Volunteer	Paid
Full Time		
Part Time		

1.4 How many total ambulance personnel were successfully added to the roster 2017?

	Volunteer	Paid
Full Time		
Part Time		

1.5 Why did these personnel leave the agency (check all that apply)

- ☐ Low Salary or poor working conditions
- ☐ Relocated
- ☐ Poor management or hostile work environment
- ☐ Bullied by coworker
- ☐ External factors/not employee's choice to leave
- ☐ Unable to find full-time work
- ☐ Work injury
- ☐ Inflexible work schedule
- ☐ Did not enjoy EMS work
- ☐ Lack of promotion opportunities
- ☐ Inadequate training
- ☐ Risk of acquiring infectious dis-ease
- ☐ Unsafe work environment/risk of violence to EMS workers
- ☐ Tried it only to see if I liked it
- ☐ Got a degree in another field
- ☐ Needed to meet EMS job requirement for a different job
- ☐ Unknown
- ☐ Other

1.6 Are you trying to add volunteer or paid ambulance staff to your roster at this time?

	Volunteer	Paid
Yes	☐	☐
No	☐	☐

Section 2: Current Ambulance Operations

2.1 Do you have trouble covering shifts?

- ○ Yes
- ○ No

Which Shifts?
Check all that apply.

- ☐ Days
- ☐ Nights
- ☐ Weekends
- ☐ Holidays

2.2 Indicate your agency's top TWO reasons (with 1 signifying the most important reason), for not being able to cover all ambulance shifts.

Conflicts with employer	-- Select --
Family issues	-- Select --
Distance from employer	-- Select --
Daycare/childcare obligations	-- Select --

Other 1 (specify)

Other 2 (specify)

Section 3: Ambulance Staff Characteristics

3.1 Please indicate the number of EMS volunteer and EMS paid staff on your agency's roster by sex.

	Volunteers	Paid Staff
Male		
Female		

3.2 Please indicate the number of EMS volunteer and EMS paid staff on your agency's roster by how long they have served/been employed at this agency.

	Volunteers	Paid Staff
less than 1 year		
1 to 2 years		
3 to 5 years		
6 to 10 years		
over 10 years		

3.3 Please indicate the number of volunteer and paid staff on your agency's roster by their age using the following age categories.

	Volunteers	Paid Staff
18-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75 or over		

3.4 Member certification levels: number of each

	Volunteers	Paid Staff
EMR		
EMT		
AEMT		
Paramedic		

3.5 Describe staffing level; number of each

	Volunteers	Paid Staff
EMR		
EMT		
AEMT		
Paramedic		

3.6 Please indicate the number of volunteer and paid staff on your agency's roster by their ability to speak the following foreign languages.

	Volunteers	Paid Staff
Spanish		
Somali		
Arabic		
German		
Pennsylvania Dutch		
Chinese		
Japanese		
French		
Russian		
Twi		

Other language (specify)

3.7 What steps does your agency take to recruit staff?

3.8 What steps does your agency take to retain staff?

3.9 What mechanisms are in place to provide orientation and training to new or existing staff?

3.10 What needs does your agency have in order to maintain or enhance your service?

3.11 How would you rate your staff's job satisfaction?

- ○ Very satisfied
- ○ Somewhat satisfied
- ○ Neither satisfied or dissatisfied
- ○ Somewhat dissatisfied
- ○ Very dissatisfied

3.12 In your opinion what actions could your agency take to increase job satisfaction? List up to 4 actions.

Section 4: Ambulance Finances and Infrastructure

4.1 Does your agency transport?

- ○ Yes
- ○ No

4.2 Budget

	2016	2017
4.2 What is your agency's operating budget?		

4.3 GENERAL INFORMATION FOR LAST YEAR

	2017
Number of transports within the budget period	
Population Served	
Population increase	
Square Miles Covered	
Number of stations	
Number of EMS Runs	

4.4 Highest level of service provided

- ○ EMR
- ○ EMT
- ○ AEMT
- ○ Paramedic

4.5 Provide a brief description of your primary response area

4.6 Is your agency the primary provider of EMS for a political subdivision?

- ○ Yes
- ○ No

4.7 Funding sources: In 2016 and 2017, what revenue did you receive from public subsidies (federal, state, county, city, township and other local funds), personal gifts (do not identify individuals), grants, EMS billing, contracts, state reimbursements, and other miscellaneous revenue.

Description	2016	2017

Source 1			
Source 2			
Source 3			
Source 4			
Source 5			
Source 6			
Source 7			
Source 8			
Source 9			
Source 10			
Source 11			
Source 12			
Source 13			
Source 14			
Source 15			

4.8 Is your agency experiencing problems with Medicare, Medicaid or private insurance claims being denied?

- ○ Yes
- ○ No

If yes, please detail the problems (including the number of claims denied in 2017).

Section 5: Vehicles

5.1 Please indicate the number of EMS vehicles your ambulance service operates and provide additional information about each.

	Type (e.g., III)	Manufacturer (Ford / Horton)	Year	Mileage	Hours	Monitor With 12-lead EKG Capability (Yes/No)	Cardiac Resuscitation Device (Yes/No)
Vehicle #1							
Vehicle #2							
Vehicle #3							
Vehicle #4							
Vehicle #5							
Vehicle #6							
Vehicle #7							
Vehicle #8							
Vehicle #9							
Vehicle #10							

Section 6: General

6.1 Which of these information & communication technologies are used by your agency?

- ☐ We have a computer
- ☐ We have access to the internet
- ☐ We have an internal computer network
- ☐ We operate a computer network
- ☐ Our personnel all have portable radios
- ☐ Our radio system is interoperable with our public safety partners
- ☐ Our radio system is inter-operable with our local public health department
- ☐ Our radio system is inter-operable with our hospitals

6.2 Does your agency report data into the EMSIRS system? If not, why not?

- ○ Yes
- ○ No - why not?

6.3 List the ambulance services you have mutual aid agreements with and whether they are written or informal agreements.

	Agency Name	Written or Informal?
Agency 1		
Agency 2		
Agency 3		
Agency 4		
Agency 5		

6.4 What is your average response time (time of 911 call to time of arrival at the scene)?

6.5 Do you have seasonal fluctuations in run volume?

- ○ No
- ○ Yes, explain the fluctuation

6.6 Who dispatches your agency?

6.7 Are pre-arrival instructions provided?

- ○ Yes
- ○ No

6.8 Are you dispatched using a priority dispatch system (are lights and siren responses limited)? If yes, which priority dispatch system is used?

- ○ No
- ○ Yes, this system is used (indicate "unknown" if you don't know or can't find out):

6.9 Who serves as the medical director for your agency?

6.10 How long has she/he been your medical director?

6.11 Does your medical director receive monetary compensation for his/her duties?
If yes, and payment is NOT made by your agency, who provides the compensation?

- ○ No
- ○ Yes, paid by:

6.12 Is your medical director a physician? If no, what credentials does the medical director have?

- ○ Yes
- ○ No, credentials of medical director are:

6.13 Has your medical director completed a medical direction course? If yes, who sponsored the course?

- ○ No
- ○ Yes, course sponsored by:

6.14 Is your medical director currently active in the practice of emergency medicine (working regular shifts in an emergency department)?

- ○ Yes
- ○ No

6.15 What is the medical specialty of your medical director?

6.16 Does your medical director provide any of the following services for your agency? (mark all that apply)

- ☐ Conducts performance improvement / quality assurance programs
- ☐ Provides continuing education programs
- ☐ Conducts protocol updates
- ☐ Signs application for agency drug license
- ☐ Other

6.17 What hospital is your primary source of on-line medical control (if applicable)?

6.18 Do you experience any difficulty obtaining on-line medical control from this hospital? If yes, please explain

- ○ No
- ○ Yes, please explain:

6.19 List the hospitals that your agency transports patients to.

	Hospital Name	Location (city, state)
Hospital 1		
Hospital 2		
Hospital 3		
Hospital 4		
Hospital 5		

6.20 Describe the relationship between your ambulance service and the hospitals you transport patients to. Do you collaborate? If so, how? Do they provide services for you? What services? Do you provide services to them? Do you collaborate in planning and participating in disaster drills? Please include any other information you feel pertinent.

Thank you for completing the survey as requested by the Ohio Department of Health and the Ohio Department of Public Safety working with The Paramedic Foundation. The Paramedic Foundation will use the information collected from the survey to help build a regional perspective of EMS in Ohio. That will help inform the Ohio Department of Health and the Ohio Department of Public Safety as they set objectives to support the vision for EMS in Ohio.

Please click "Done" below to record your survey responses.