



2007 Rural Florida EMS Agency Survey Survey Report

October 2007

Produced by:

FAREMS

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Introduction

The Florida Association of Rural EMS Providers (FAREMS) is an alliance of rural Florida emergency medical service (EMS) agencies whose purpose is to improve the individual agencies' capability of providing prompt, quality emergency medical response to citizens they serve. FAREMS surveys rural Florida EMS agencies biennially to better understand the needs of such providers, assess changes in and progress towards organizational goals, and to assist the organization in determining future direction.

Methodology

In May 2007, the FAREMS *2007 Rural Florida EMS Agency Survey* survey tool and instructions were distributed via U.S. Postal Service to the 43 EMS agencies located in 33 rural Florida counties (Figure 1). These agencies were given a return envelope and asked to remit the survey by June 30, 2007. Respondents were also given a choice of faxing the completed survey or completing it online. Follow-up emails and reminder cards were sent and phone calls were made to these agencies in order to improve the response rate. Seventeen of the 43 distributed surveys were completed and returned for a response rate of 39.5 percent. A list of responding agencies is included in *Appendix A*.

The survey tool was extensive, consisting of seven sections and a total of 39 questions. Questions were asked about billing services, recruitment and retention, EMS medical direction, education and training provisions, dispatch services and general organizational contact information. A copy of the survey tool is included in *Appendix B*.

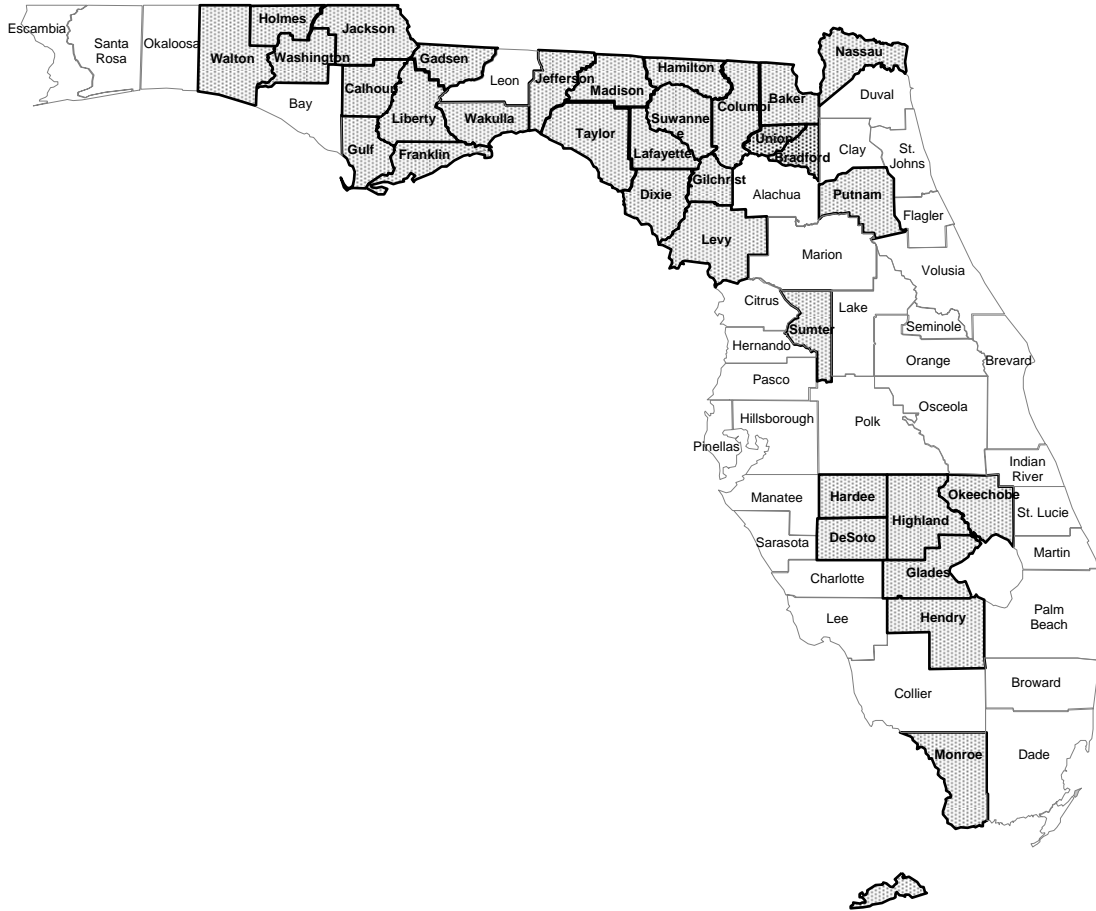
Some responses reported here are compared to responses reported two years ago in FAREMS' 2005 Inventory of Services report. Such comparisons are made to show trends as well as assist FAREMS in evaluating success and failure of certain organizational programs.

Limitations

Some survey respondents chose not to answer every question on the survey. Results presented in this report reflect percentages based on the number of respondents who answered a particular question, hereafter identified as "n". Questions marked incorrectly, or not at all, were not analyzed.

This report parallels the survey tool and shows frequencies and summaries of responses. Not all survey question results are discussed in this report but are available upon request.

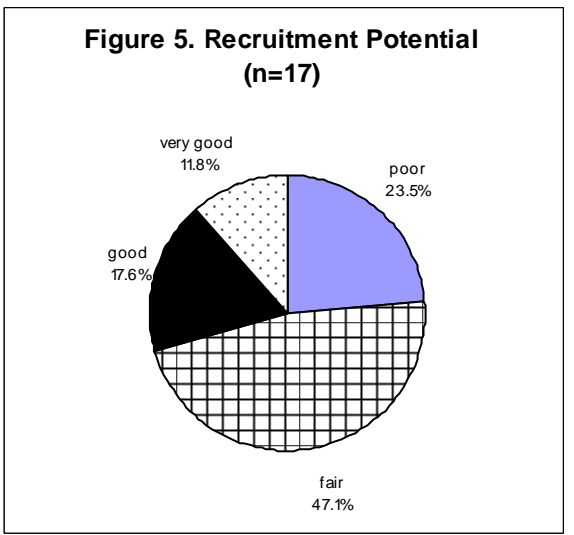
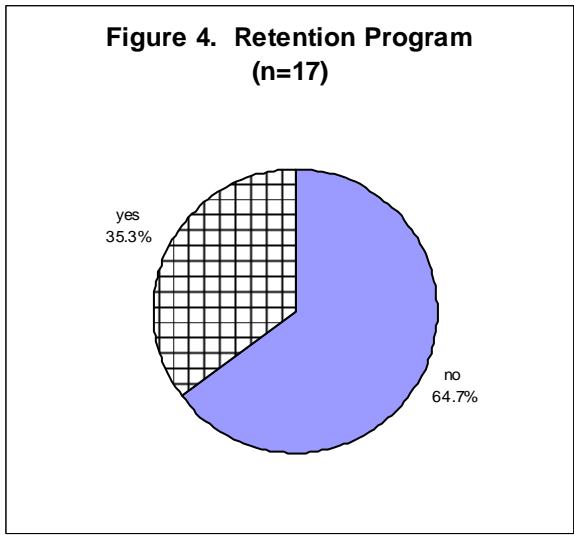
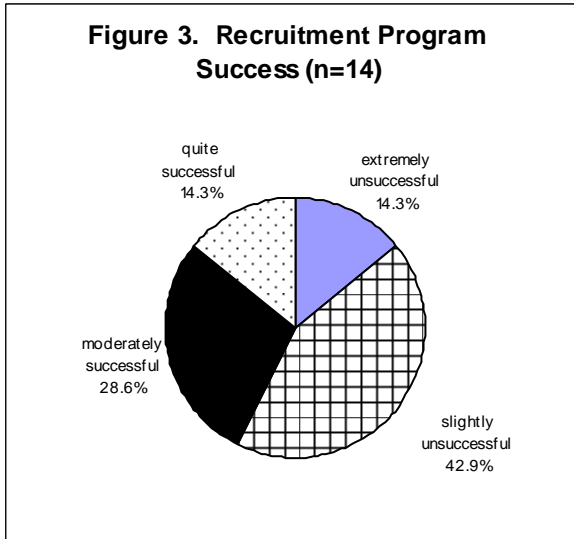
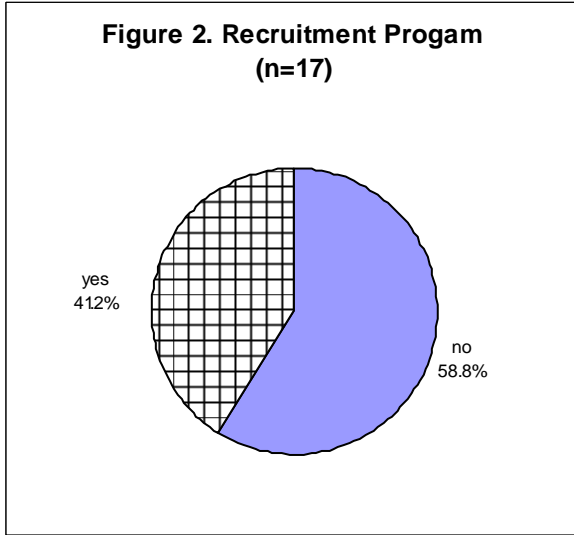
Figure 1. Survey distribution.



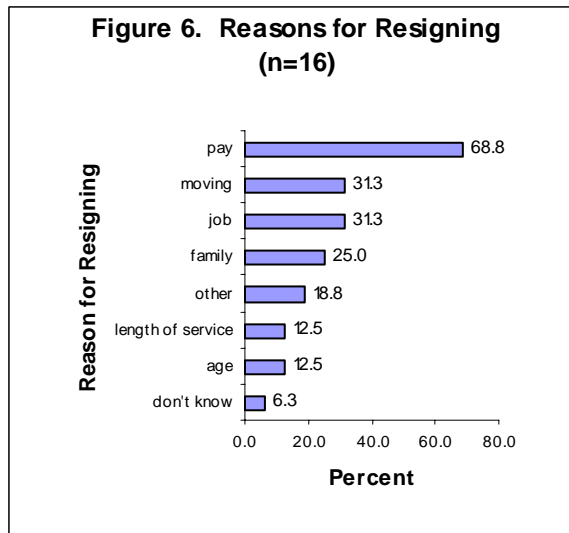
Results

Recruitment and Retention

EMS recruitment and retention (R&R) has been a priority issue for Florida's rural providers for many years. Fifty-nine (59) percent of survey respondents indicate they have no active recruitment program at their agency (Figure 2). Of the seven respondents that do, none rate their program as "extremely successful" (Figure 3). Sixty-five (65) percent of survey respondents have no active retention program (Figure 4), and 23.5 percent rate the potential for recruiting qualified staff in their community as "poor" (Figure 5). In comparison, 70 percent of the 2005 survey respondents indicated they had no R&R program, none rated their R&R program as "extremely successful," and half rated the potential for recruiting qualified staff in their community as "poor."

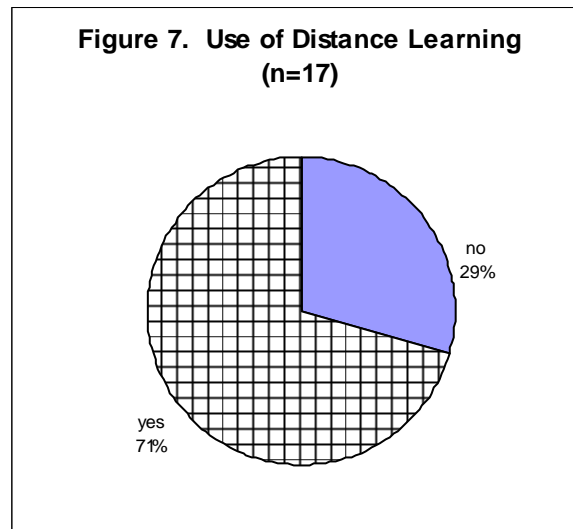


Fourteen respondents report a total of 70 staff resignations in 2006--an average of five people per agency. With the average personnel per agency of 32.8 persons (see *Agency Information* section below), the turnover rate of responding agencies was 15.2 percent in 2006. This compares to a 2004 reported turnover rate of 13.5 percent. Nearly 70 percent of respondents indicate that the reason for the resignations was pay (Figure 6). Reasons for resigning cited in the “Other” category include call load, move closer to home, and personal conflicts.

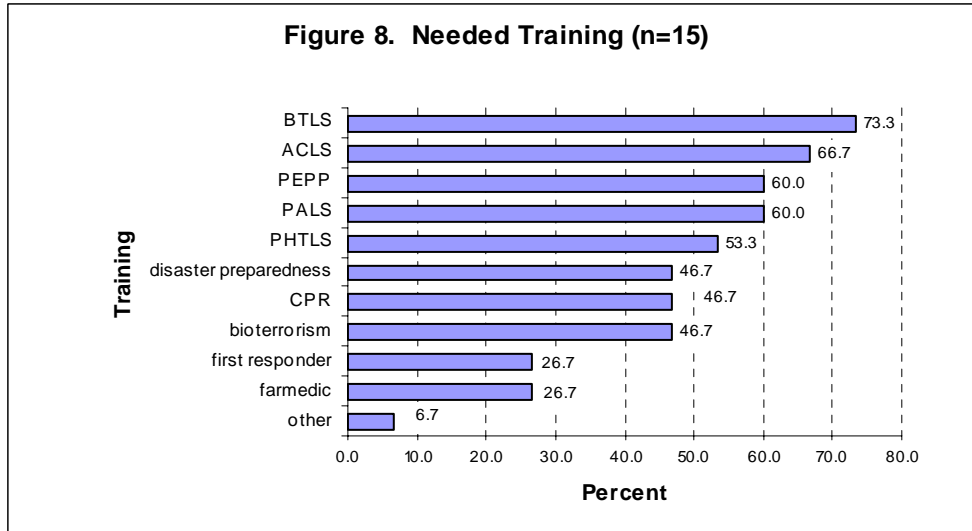


Training

In 2005, 55.6 percent of survey respondents indicated they use distance learning for continuing education. Since 2005, FAREMS has offered funding for rural EMS agencies to participate in various distance learning programs. This year, over 70 percent of survey respondents indicate they use distance learning for continuing education (Figure 7).

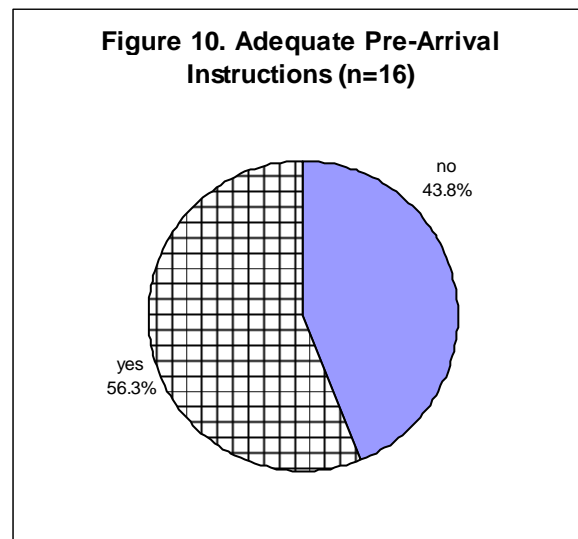
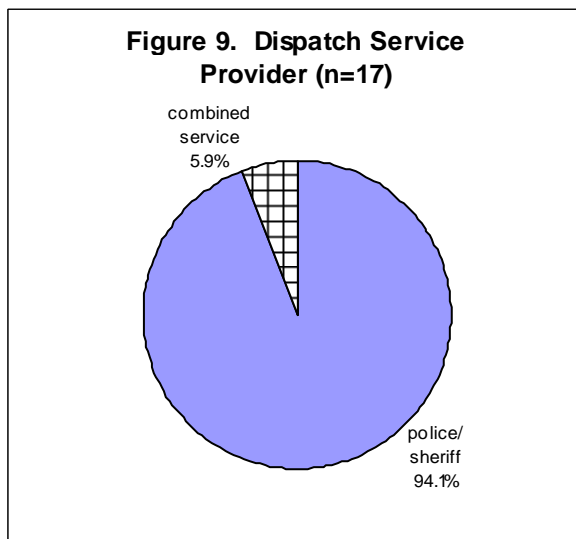


Survey respondents indicate a high need for basic training courses, including, BTLs, ACLS, PEPP, and PALS training (Figure 8). The average annual training budget reported by survey respondents is \$5,236.



Dispatch

Most survey respondents indicate the sheriff or police department provides the dispatch service for their agency (Figure 9) and, for the majority (56.3%), the pre-arrival instructions are adequate (Figure 10). However, this number is down from 2005 in which 80 percent of survey respondents indicated that pre-arrival instructions were adequate.



When asked if medically-approved pre-arrival instructions or Emergency Medical Dispatch (EMD) are used in their dispatch center, 70.6 percent respondent negatively (Figure 11). Various reasons were cited for not using EMD, including, too costly, benefits unknown, and control by law enforcement (Figure 12).

Figure 11. Medically-Approved Pre-Arrival Instructions or EMD (n=17)

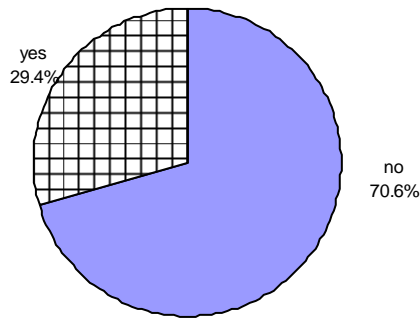
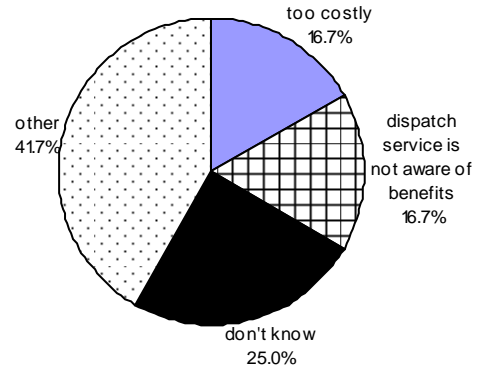
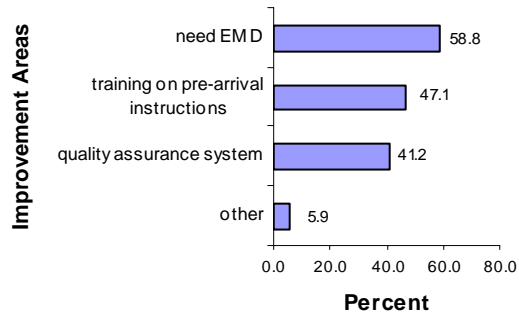


Figure 12. Reasons for Not Providing Medically Approved Pre-Arrival Instructions (n=12)



When asked what areas of dispatch need improving, nearly 60 percent of respondents indicated a need for EMD (Figure 13).

Figure 13. Areas of Dispatch Needing Improvement (n=17)



EMS Medical Direction

On average, survey respondents pay \$23,219 annually for medical direction, and all are satisfied, to some degree, with the cost of service they receive from their medical director (Figure 14). All but one respondent is satisfied, to some degree, with the quality of EMS medical direction received (Figure 15).

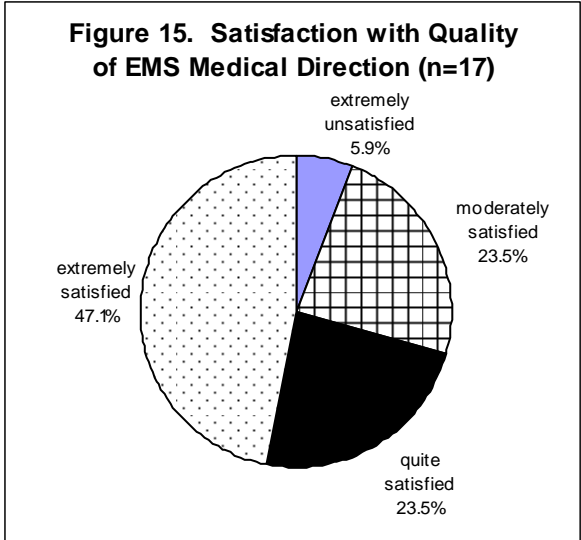
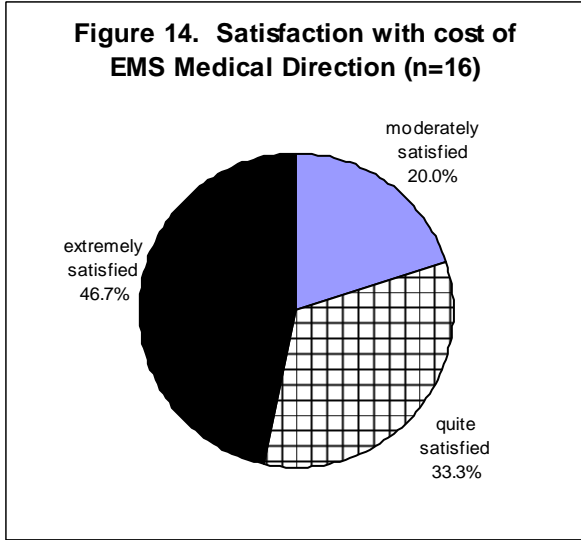
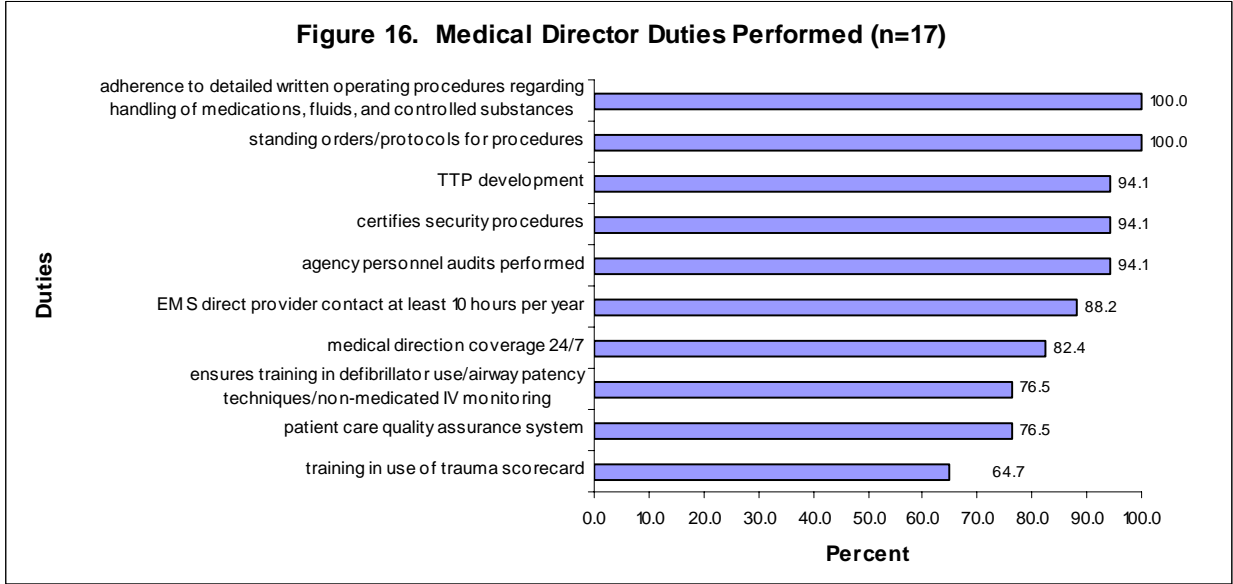
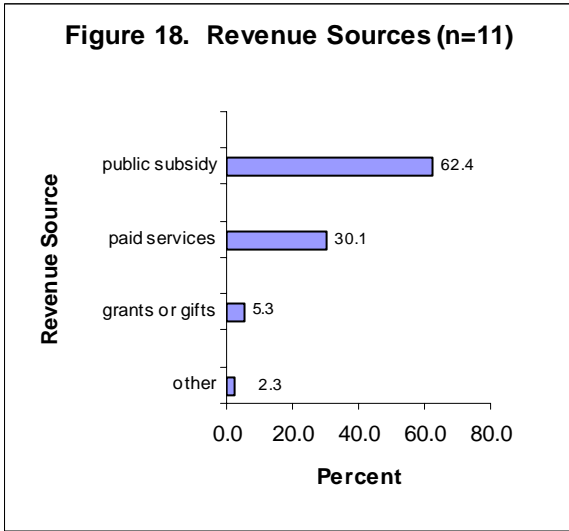
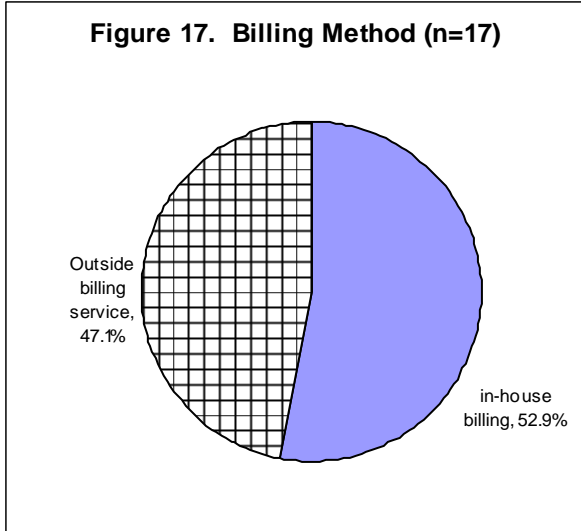


Figure 16 shows how respondents view medical director performance in accordance with Chapter 64E-2.004, FAC.



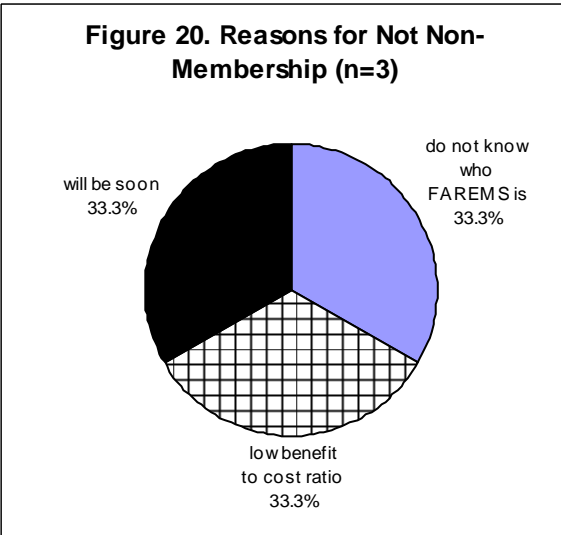
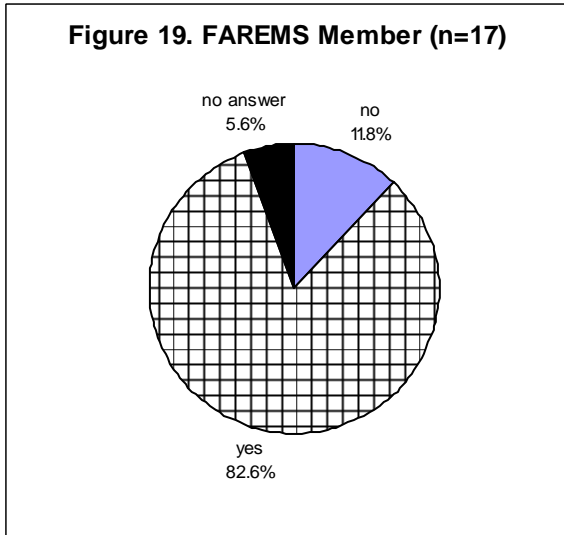
Billing

Billing for services by survey respondents is completed nearly equally in-house and with the use of an outside billing service (Figure 17). An average of 39.6 percent of billed services were not recovered in 2006 by survey respondents, and public subsidies is the main revenue source for respondents (Figure 18).



FAREMS

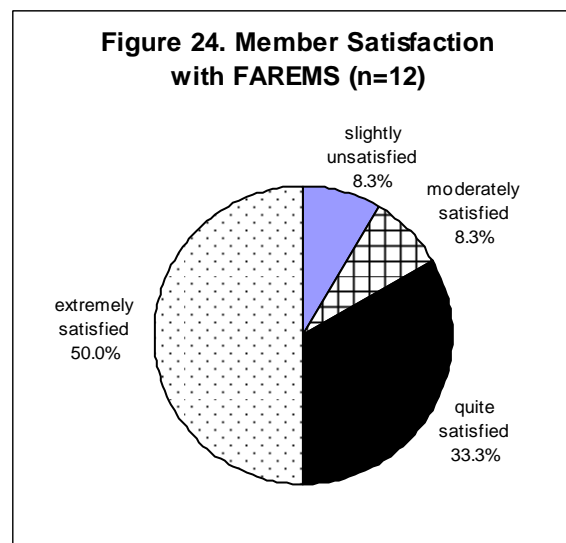
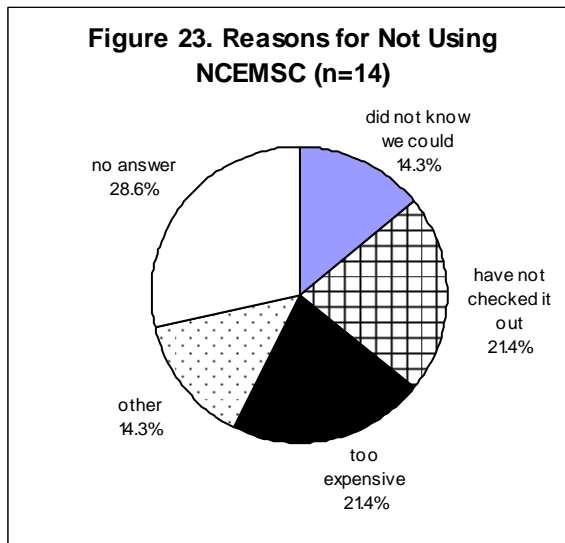
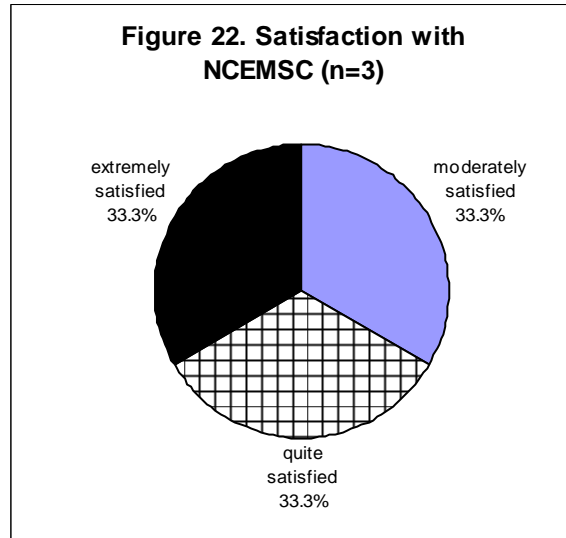
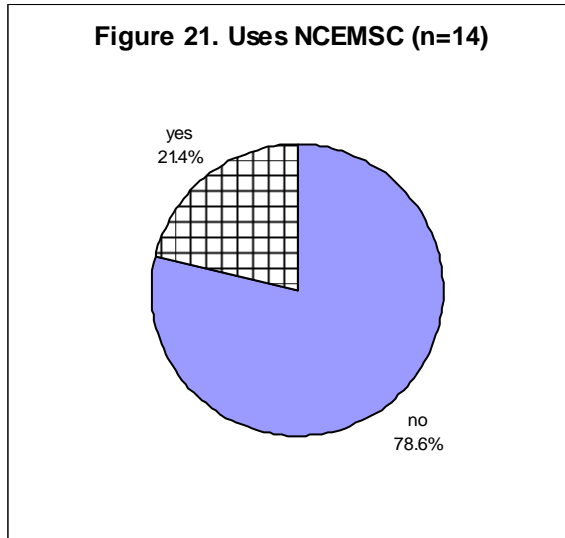
Respondents were asked several questions about membership in FAREMS and services received through membership. Fourteen of the 17 respondents are FAREMS members (Figure 19). When asked why they were not FAREMS members, one respondent indicated they did not know who FAREMS is, one indicated a low benefit to cost ratio, and one indicated they probably will be members soon (Figure 20).



FAREMS member respondents were asked if they participate in the group purchasing program, North Central EMS Cooperative (NCEMSC). Most respondents do not (Figure 21), but those that do indicate they are satisfied with the service, product availability and price of the program at least to some degree (Figure 22). Member respondents who are not using the NCEMSC,

indicate several reasons (Figure 23). Nearly 36 percent indicate they have not checked it out or did not know they could use it.

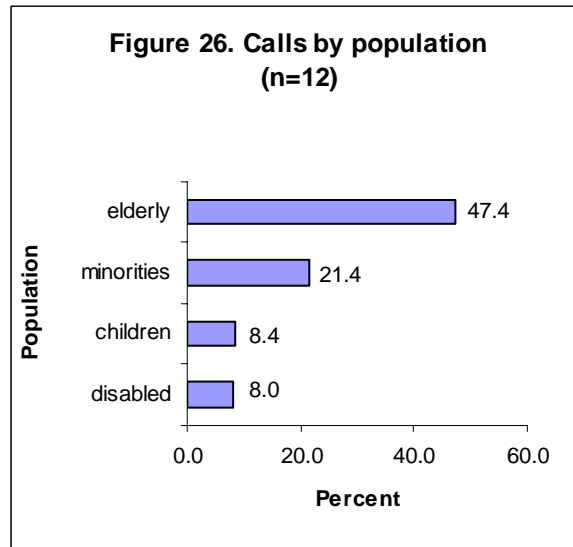
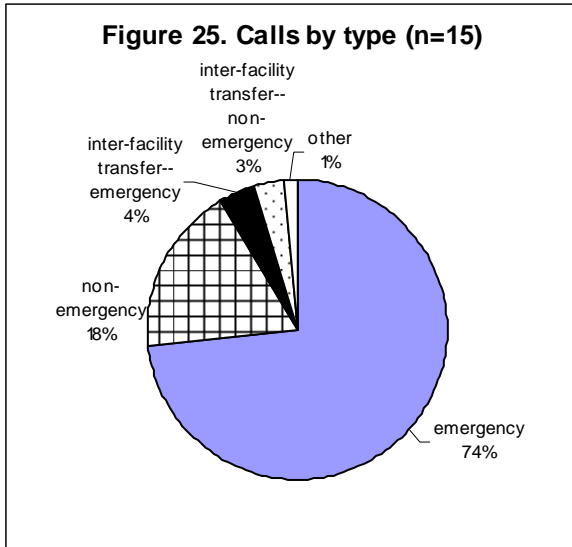
When asked how satisfied they have been with services and benefits of FAREMS membership, most member respondents indicated some degree of satisfaction (Figure 24).



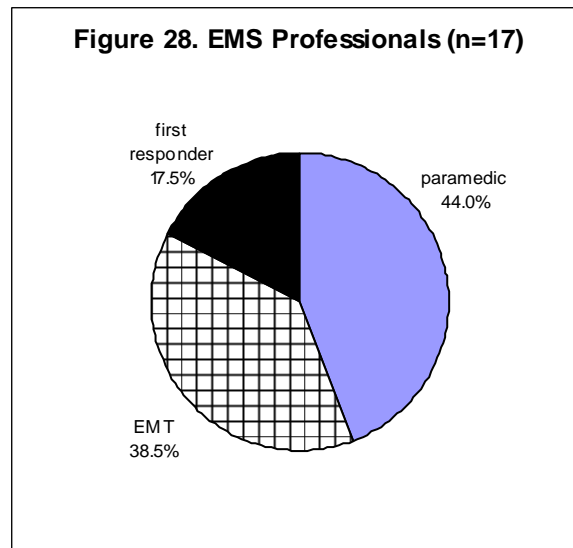
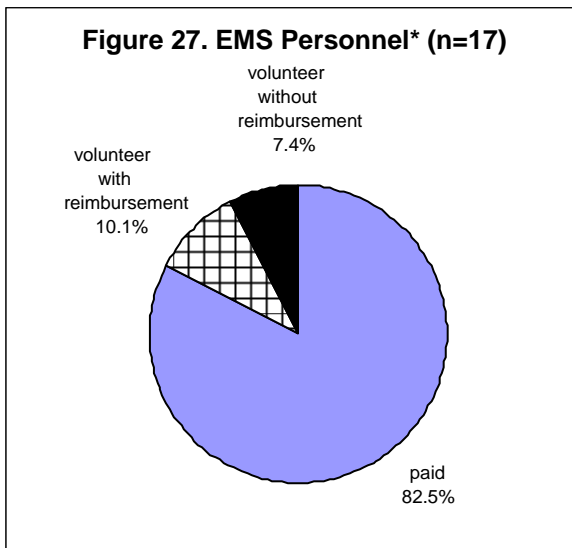
Agency Information

Survey respondents report responding to an average of 5,753 calls in 2006, with nearly three-fourths considered emergency calls (Figure 25). Nearly half of the calls in 2006 were for elderly

population (Figure 26). This compares to 2004 where survey respondents reported 34.6 percent of their calls were for elderly persons.



Agencies responding to the survey retain 676 trained EMS personnel on their staff, or an average of 39.8 persons per agency. Most of these persons (82.5%) are paid staff (Figure 27), 44 percent are paramedics, 38.5 percent are EMTs, and 17.5 percent are first responders (Figure 28).



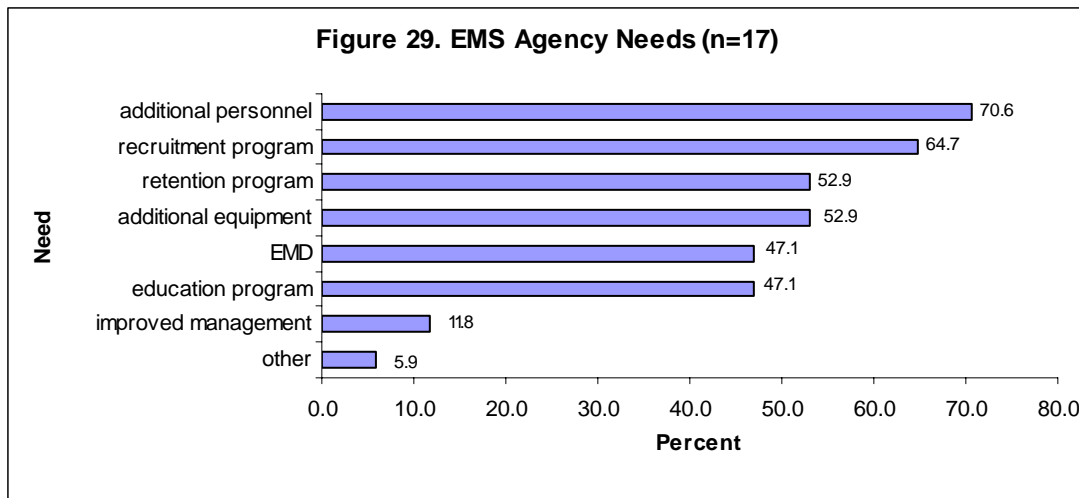
*Percentage based on 676 personnel.

Table 1 shows the average, high and low EMT and paramedic salaries reported by survey respondents.

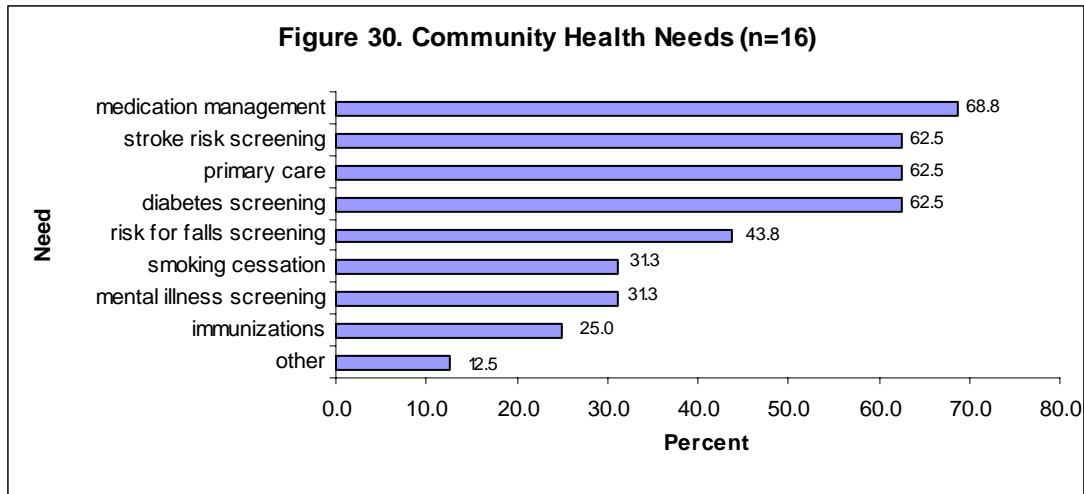
Table 1. Rural EMS salaries.

POSITION	PER HOUR SALARY		
	AVERAGE	HIGH	LOW
EMT, entry-level (n=16)	\$9.94	\$19.03	\$6.74
EMT, OPS/PRN/part-time (n=9)	\$8.90	\$14.00	\$7.00
EMT, 3-5 years experience (n=9)	\$10.68	\$19.43	\$7.67
EMT, with firefighter II training (n=5)	\$11.06	\$17.04	\$7.67
Paramedic, entry-level (n=16)	\$11.48	\$18.26	\$8.22
Paramedic, OPS/PRN/part-time (n=10)	\$11.63	\$17.00	\$9.00
Paramedic, 3-5 years experience (n=10)	\$12.69	\$21.38	\$8.98
Paramedic, with firefighter II training (n=5)	\$13.31	\$18.77	\$8.75

When asked what their agency needs, nearly 71 percent of survey respondents indicate they need additional personnel (Figure 29). Over half of respondents indicate a need for a recruitment program (64.7%), a retention program (52.9%), and additional equipment (52.9%). These needs are similar to needs indicated in the 2005 survey where the top needs were additional personnel (70%), a retention program (55%), additional equipment (45%), and a recruitment program (45%).



In order to gauge the need for additional programs and assess agency director’s perception of community health needs, respondents were asked to indicate the health needs of the community they serve. Nearly 69 percent of respondents indicate their community needs medication management and 62.5 percent indicate a need for stroke risk screening, primary care, and diabetes screening (Figure 30).



Key Findings

Recruitment and Retention

- Sixty-five percent of survey respondents indicate they have no active retention program.
- Fifty-nine percent of survey respondents indicate they have no active recruitment program.
- Nearly 25 percent of respondents rate their potential for recruiting qualified staff in their community as “poor.”
- The turnover rate of responding agencies was 15.2 percent in 2006.
- Nearly 70 percent of respondents indicate that the reason for resignations was pay.

Training

- Seventy percent of survey respondents indicate they use distance learning for continuing education.
- Survey respondents indicate a high need for basic training courses, including, BTLS, ACLS, PEPP, and PALS.

Dispatch

- Over 56 percent of survey respondents indicate pre-arrival instructions are adequate; however, this number is down from the 2005 survey in which 80 percent of survey respondent indicated that pre-arrival instructions were adequate.
- Nearly 71 percent of survey respondents indicate that EMD is not used at their dispatch center.

EMS Medical Direction

- Most survey respondents (94.1%) are satisfied with the quality of EMS medical direction they receive.

FAREMS

- Three survey respondents were not FAREMS members. The reasons they cite for not being members are: low benefit to cost ratio; they do not know who FAREMS is; and one indicates they will be a member soon.
- Nearly 80 percent of survey respondents do not use the group purchasing program. The reasons they cite for not using it are: did not know they could use it; have not checked it out; it is too expensive; and other.
- Most member survey respondents (91.7%) indicate they are satisfied to some degree with services and benefits of FAREMS membership.

Agency Information

- Nearly half (47.4%) of all 2006 calls reported by survey respondents were for the elderly population. This is an increase from 34.6 percent reported in 2004.
- The average entry-level EMT salary reported by survey respondents is \$9.94 per hour.
- The average entry-level paramedic salary reported by survey respondents is \$11.48 per hour.
- Over half of survey respondents indicate a need for: additional personnel (70.6%); recruitment program (64.7%); retention program (52.9%); and additional equipment (52.9%).
- When asked about the health needs of the community they serve, over half of survey respondents indicate a need for: medication management (68.8%); stroke risk screening (62.5%); primary care (62.5%); and diabetes screening (62.5%).

Appendix A: Responding Agencies

COUNTY	AGENCY
Baker	Baker County EMS
Dixie	Dixie County Emergency Services
Franklin	Weems EMS
Gadsden	Gadsden EMS
Glades	Glades County EMS
Glades	Seminole Tribe of Florida Fire Rescue
Gulf	Gulf County EMS
Hamilton	Hamilton County EMS
Hendry	Hendry County Emergency Services
Highlands	Highlands County EMS
Jackson	Jackson County Fire Rescue
Liberty	Liberty County EMS
Madison	Madison County EMS
Monroe	Monroe County Fire Rescue
Putnam	Putnam County EMS
Taylor	Doctor's Memorial Emergency Medical Services
Union	Union County EMS

Appendix B: Survey Tool



2007 RURAL FLORIDA EMS AGENCY SURVEY

All information from individual surveys will be kept confidential. Your answers will be summarized for statistical purposes only.

Check or short answer the following questions as appropriate.

PART A. RECRUITMENT AND RETENTION

1. Do you have an active recruitment program at your agency?

- No Yes

2. Do you have an active retention program at your agency?

- No Yes

3. How successful has your recruitment program been in the last year?

- Extremely unsuccessful Slightly unsuccessful Moderately successful Quite successful Extremely successful

4. How do you rate the potential for recruiting qualified job applicants in your community/area?

- Poor Fair Good Very good Excellent

5. In 2006, how many of your EMTs and paramedics resigned? _____

6. What reasons did staff give for resigning? (Check all that apply.)

- Age Length of service Don't know
 Family Moving Other (specify) _____
 Job Pay

PART B. TRAINING

7. What is the amount of your agency's annual training budget? _____

8. Does your agency currently use distance learning or on-line training for continuing education?

- No Yes

9. What type of in-house training do you need? (Check all that apply.)

- ACLS Disaster Preparedness PEPP
 Bioterrorism FarMedic PHTLS
 BTLS First Responder Don't know
 CPR PALS Other (specify) _____

PART C. DISPATCH

10. Who provides dispatch services for your agency?

- EMS Combined Service
 Fire Other (specify) _____
 Police or Sheriff

11. Does your dispatch center provide your service with adequate pre-arrival instructions?

- No Yes

12. Does your dispatch center provide medically-approved pre-arrival instructions or Emergency Medical Dispatch?

- No Yes (If YES, GO TO Question 14 below.)

13. Why doesn't your dispatch service provide medically-approved pre-arrival instructions?

- Too costly Don't know
 Dispatch service has not considered it Other (specify) _____
 Dispatch service is not aware of benefits

14. What areas of your dispatch system need improving?

- Need Emergency Medical Dispatch Training on pre-arrival instructions
 Quality assurance of system Other (specify) _____

PART D. EMS MEDICAL DIRECTION

15. How much do you pay annually for EMS medical direction? _____

16. Who is your EMS medical director? _____

17. How satisfied are you with the cost of the EMS medical direction you receive?

- Extremely unsatisfied Slightly unsatisfied Moderately satisfied Quite satisfied Extremely satisfied

18. How satisfied are you with the quality of service you receive from your EMS medical director?

- Extremely unsatisfied Slightly unsatisfied Moderately satisfied Quite satisfied Extremely satisfied

19. Which of the following duties does your EMS medical director perform in accordance with Chapter 64E-2.004, FAC? (Check all that apply.)

- Has developed standing orders/protocols for procedures
- Ensures 24/7 medical direction coverage
- Has developed patient care quality assurance system
- Audits performance of agency personnel including review of patient care records, direct observation, and comparison of performance standards for drugs, equipment, system protocols and procedures
- Ensures and certifies that security procedures are in compliance with Chapters 499 and 898, F.S., and Chapter 64F-12, FAC
- Creates, authorizes and ensures adherence to detailed written operating procedures regarding handling of medications, fluids and controlled substances
- Ensures that EMTs are trained in: automatic or semi-automatic defibrillator use; airway patency techniques including airway adjuncts; and monitoring and maintenance of non-medicated IVs
- Ensures personnel are trained in the use of trauma scorecard methodologies
- Has developed TTPs
- Participates in direct contact time with EMS field providers a minimum of 10 hours per year

PART E. BILLING

20. How does your agency bill for service?

- In-house billing We do not bill for services (specify why) _____
 Outside billing service Other (specify) _____

21. In 2006 or last fiscal year, approximately what percentage of your billed services were not recovered? _____%
22. In 2006 or last fiscal year, approximately what percentage of your revenue came from the following sources?
- | | |
|---|---|
| ___% Grants or gifts | ___% Public subsidy (federal, state, county, city or other local funds) |
| ___% Paid services (including self-pay, insurance, Medicare/Medicaid) | ___% Other (specify)_____ |

PART F. FAREMS

23. Is your agency a member of FAREMS?
- No (If NO, GO TO Question 29 below.) Yes
24. Does your agency purchase items through the North Central EMS Cooperative (NCEMSC)?
- No (If NO, GO TO Question 26 below.) Yes
25. How satisfied have you been with service, product availability, and price of NCEMSC?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely unsatisfied | Slightly unsatisfied | Moderately satisfied | Quite satisfied | Extremely satisfied |
- (GO TO QUESTION 27 below.)
26. Why are you not using the NCEMSC group purchasing program?
- | | |
|--|--|
| <input type="checkbox"/> Did not know we could use it or how to use it | <input type="checkbox"/> Too expensive—can get better prices elsewhere |
| <input type="checkbox"/> Have not checked it out | <input type="checkbox"/> Other (specify)_____ |
27. How satisfied have you been with the service and benefits you have received from FAREMS?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely unsatisfied | Slightly unsatisfied | Moderately satisfied | Quite satisfied | Extremely satisfied |
28. What can FAREMS do to better serve the needs of rural Florida EMS providers? _____

(GO TO QUESTION 30 below.)

29. Why is your agency not a FAREMS member?
- | | |
|--|---|
| <input type="checkbox"/> Do not know who FAREMS is | <input type="checkbox"/> Too expensive |
| <input type="checkbox"/> Have not checked it out | <input type="checkbox"/> Other (specify)_____ |
| <input type="checkbox"/> Low benefit to cost ratio | |

PART G. AGENCY INFORMATION

30. Approximately how many calls did your agency respond to in 2006? _____
31. In 2006 or last fiscal year, approximately what percentage of calls were of the following types?
- | | |
|--|---|
| ___% Emergency | ___% Inter-facility transfer –non-emergency |
| ___% Non-emergency | ___% Other (specify)_____ |
| ___% Inter-facility transfer --emergency | |

32. In 2006 or last fiscal year, approximately what percentage of calls were for the following population groups?

- | | |
|---------------|-----------------|
| ___% Children | ___% Elderly |
| ___% Disabled | ___% Minorities |

33. How many trained EMS staff persons does your agency currently employ?

- | | |
|----------------------------------|-------------------------------------|
| ___ Paid | ___ Volunteer without reimbursement |
| ___ Volunteer with reimbursement | |

34. How many of each professional does your agency currently employ?

- | | |
|---------------------|--------------------------|
| ___ EMT | ___ Paramedic |
| ___ First Responder | ___ Other (specify)_____ |

35. What is the starting per hour salary for the following positions at your agency?

- | | |
|---|---|
| \$___ EMT, entry-level | \$___ Paramedic, entry-level |
| \$___ EMT, OPS/PRN/part-time | \$___ Paramedic, OPS/PRN/part-time |
| \$___ EMT, 3-5 years experience | \$___ Paramedic, 3-5 years experience |
| \$___ EMT, with firefighter II training | \$___ Paramedic, with firefighter II training |

36. What does your agency need? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Additional equipment (specify)_____ | <input type="checkbox"/> Recruitment program |
| <input type="checkbox"/> Additional personnel | <input type="checkbox"/> Retention program |
| <input type="checkbox"/> Education program | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Emergency Medical Dispatch | <input type="checkbox"/> Other (specify)_____ |
| <input type="checkbox"/> Improved management | |

37. From direct observation, what are the health needs of the community you serve? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Risk for falls screening |
| <input type="checkbox"/> Diabetes screening | <input type="checkbox"/> Smoking cessation |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Stroke risk screening |
| <input type="checkbox"/> Mental illness screening | <input type="checkbox"/> Other (specify)_____ |
| <input type="checkbox"/> Primary care | |

38. What is the name of your agency? _____

39. What is your name? _____

**THANK YOU for participating in this important survey.
We appreciate your time and all you do for the rural Florida EMS community.**

Please send your completed survey back to us by **June 30, 2007**, in one of the following ways:

1. Mail in the envelope provided, or to:

FAREMS
PO Box 358582
Gainesville, FL 32635-8582

2. Fax to: 1-386-462-2292

3. Complete the survey on-line at: <http://survey.doh.state.fl.us/survey/entry.jsp?id=1179230815348> (A link is also available at www.farems.org.)