



2009 Rural Florida EMS Agency Survey Survey Report

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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 2009, the FAREMS *2009 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 3, 2009. 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. Sixteen of the 43 distributed surveys were completed and returned for a response rate of 37.2 percent. A list of responding agencies is included in *Appendix A*.

The survey tool was extensive, consisting of seven sections and a total of 37 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*.

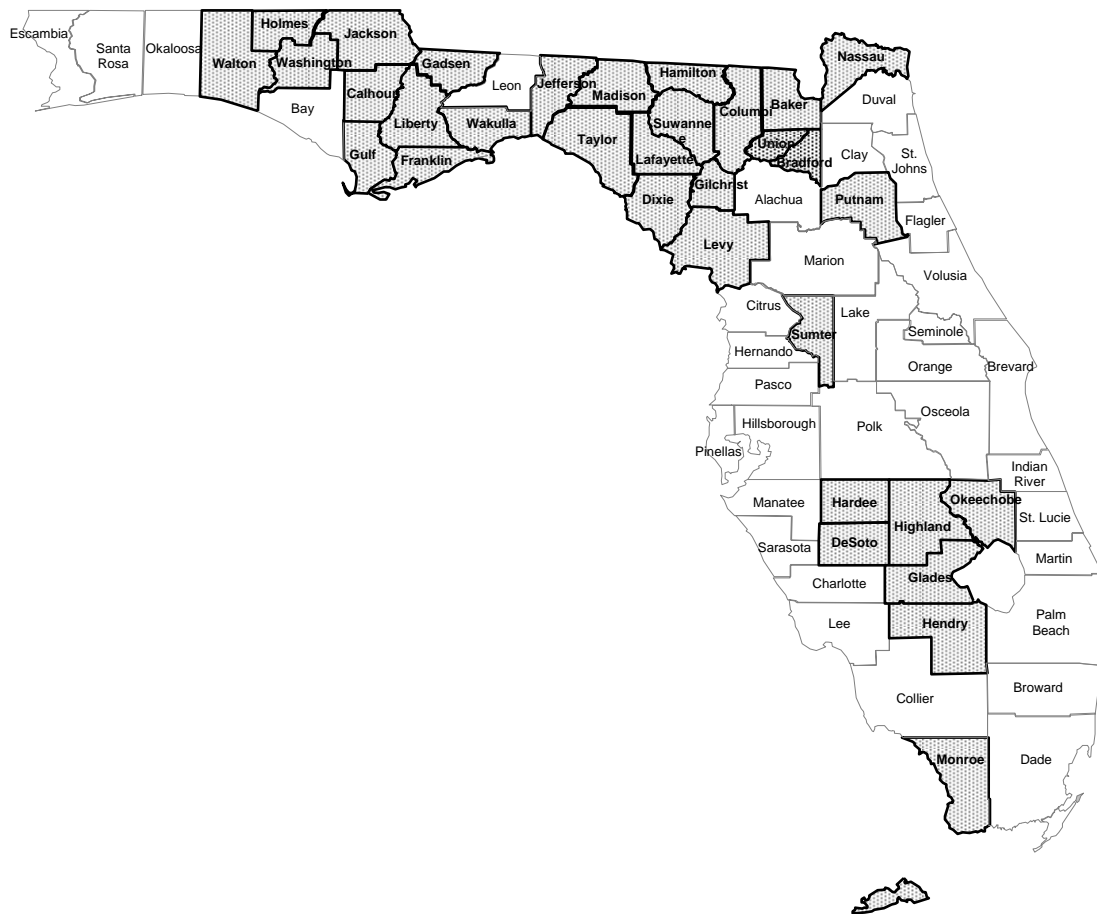
Some responses reported here are compared to responses reported in the previous two surveys completed by FAREMS in 2005 and 2007. Such comparisons are made to show trends as well as assist FAREMS in evaluating success and failure of certain organizational programs.

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.

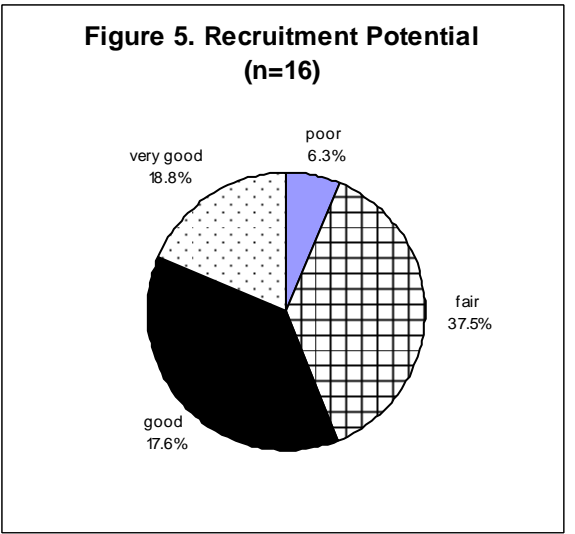
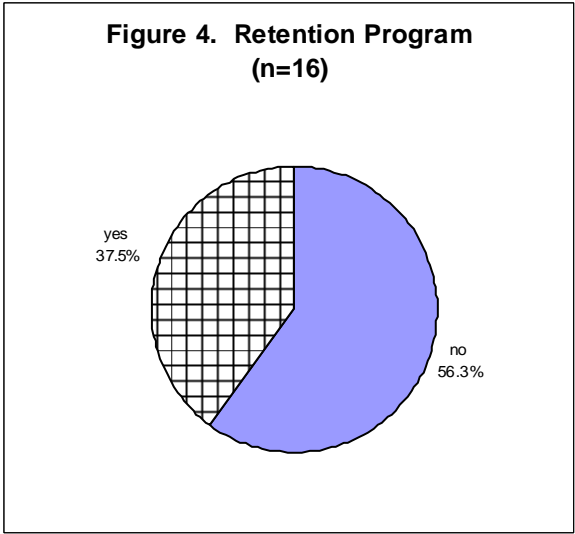
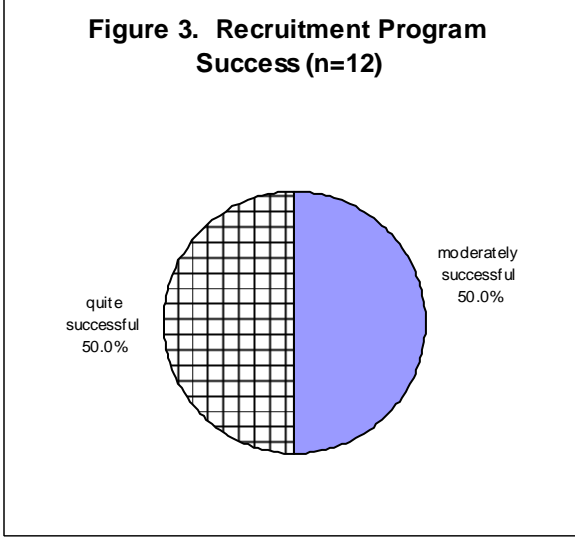
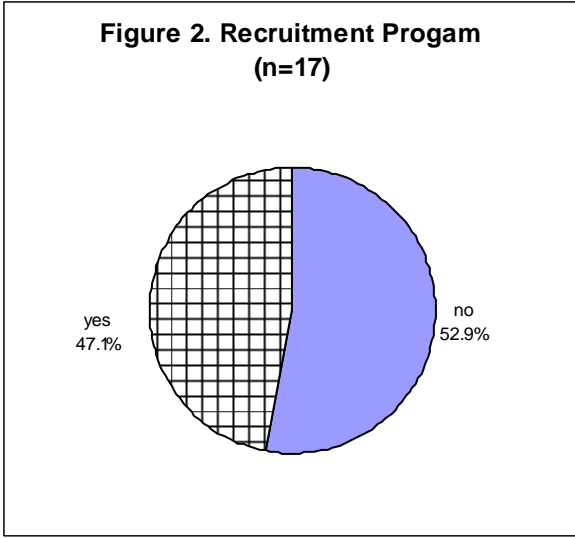


Results

Recruitment and Retention

EMS recruitment and retention (R&R) has been a priority issue for Florida’s rural providers for many years. Nearly 53 percent of survey respondents indicate they have no active recruitment program at their agency (Figure 2). Of the eight respondents that do, none rate their program as “extremely successful” (Figure 3). Over 56 percent of survey respondents have no active retention program (Figure 4), and 43.8 percent rate the potential for recruiting qualified staff in their community as “fair” or “poor” (Figure 5).

Respondents report a total of 75 EMT and paramedic resignations in 2008--an average of 4.4 people per agency. With the average personnel (EMTs and paramedics) per agency of 43.1 persons (see *Agency Information* section below), the turnover rate of responding agencies was 10.2 percent in 2008. This compares to a 2006 reported turnover rate of 15.2 percent. Nearly half of respondents indicate that the reason for the resignations was pay (Figure 6).



This year respondents were asked to indicate the number of current staff, vacancies and needed staff for eight different positions within their agency. Tables 1 and 2 show reported staffing percentages and levels of staffing for survey respondents. Four respondents indicated they were currently fully-staffed, while one agency reported a 52% staffing percentage, the lowest of all respondents.

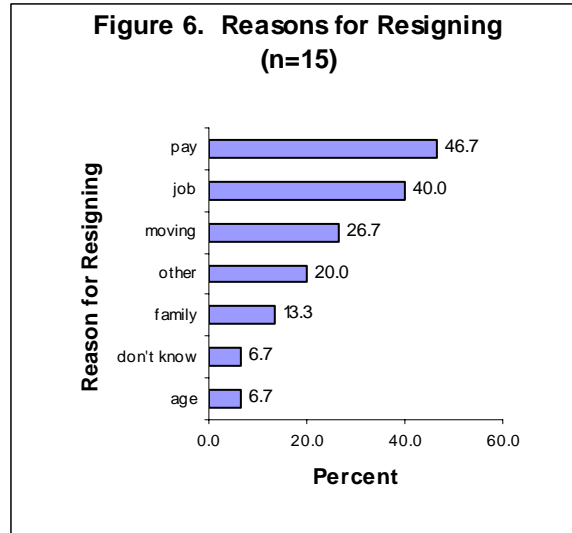


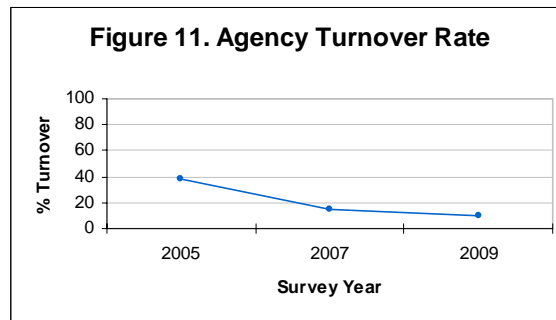
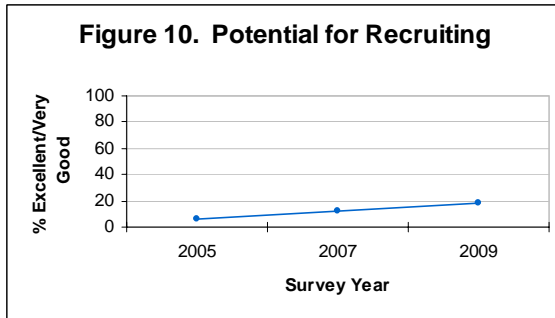
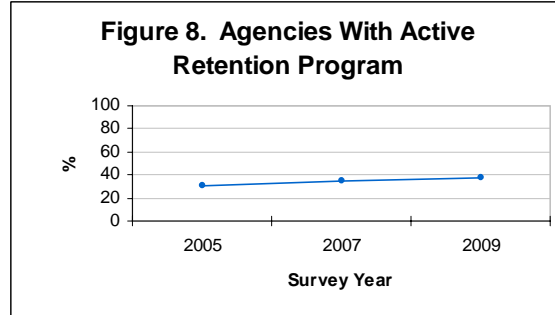
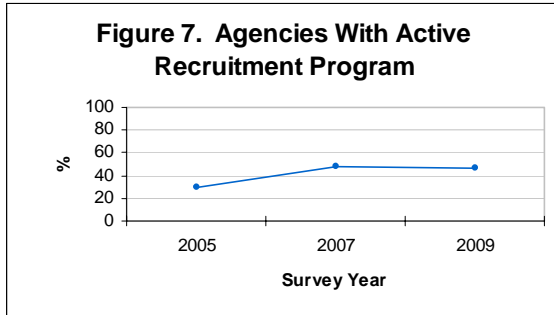
Table 1. Staffing percentages for EMT and paramedic positions. (n=16)

POSITION	% STAFFING LEVEL (CURRENT STAFF/ CURRENT STAFF + VACANCIES + UNFUNDED POSITIONS)
EMT, entry-level	90.3
EMT, OPS/PRN/part-time	78.1
EMT, 3-5 years experience	96.1
EMT, with firefighter II training	92.6
Paramedic, entry-level	93.1
Paramedic, OPS/PRN/part-time	74.6
Paramedic, 3-5 years experience	98.9
Paramedic, with firefighter II training	87.8
All positions	89.6

Table 2. Percent of agencies with various levels of staffing. (n=16)

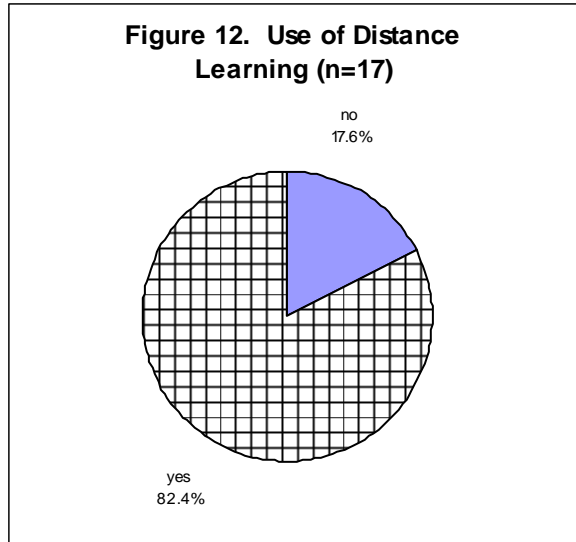
OVERALL STAFFING PERCENTAGE	PERCENT OF RESPONDENTS
100% staffed	25.0
under 90%	56.3
under 80%	25.0
under 70%	18.8
under 60%	12.5

Notable Trends in Recruitment and Retention: Since 2005, the year the first rural Florida EMS agency survey was conducted by FAREMS, trends in recruitment and retention among responding agencies have been positive. Figures 6 through 11 show positive trends for the existence of recruitment and retention programs, success of recruitment programs and potential for recruiting quality personnel, and even turnover rates for rural Florida EMS agencies.

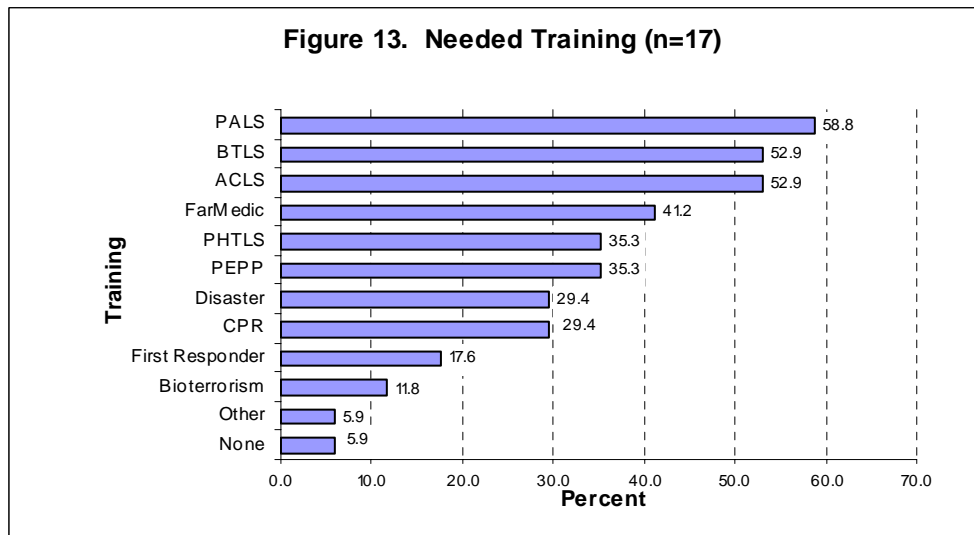


Training

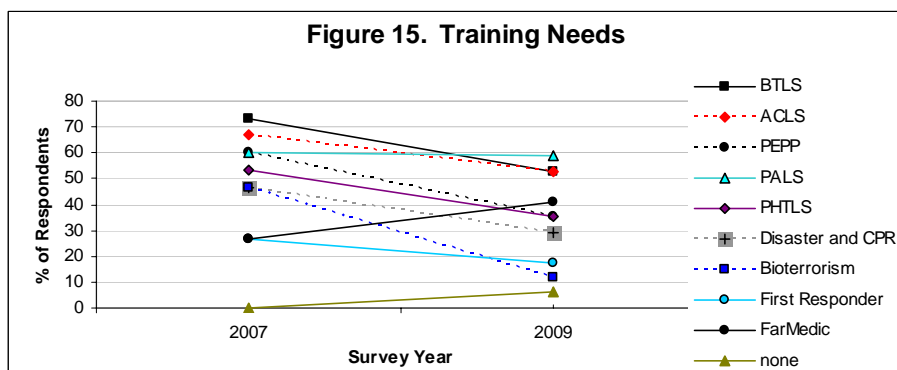
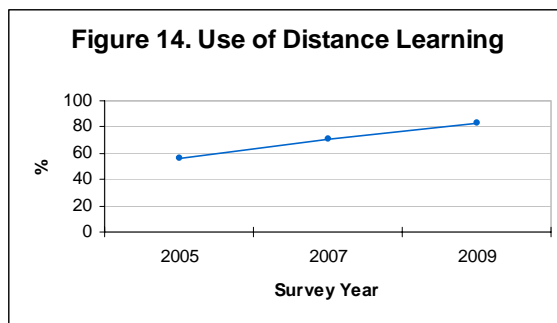
Since 2005, FAREMS has offered funding for rural EMS agencies to participate in various distance learning programs. This year, over 82 percent of survey respondents indicate they use distance learning for continuing education (Figure 12).



Survey respondents indicate a high need for basic training courses, including, PALS, BTLs, and ACLS training (Figure 13). The average annual training budget reported by survey respondents is \$8,531.

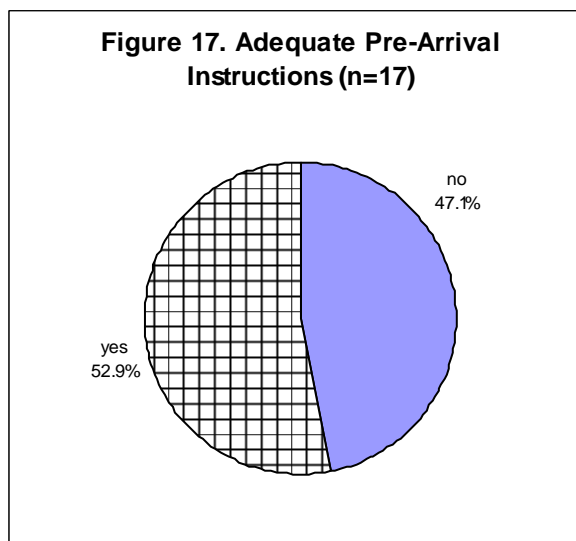
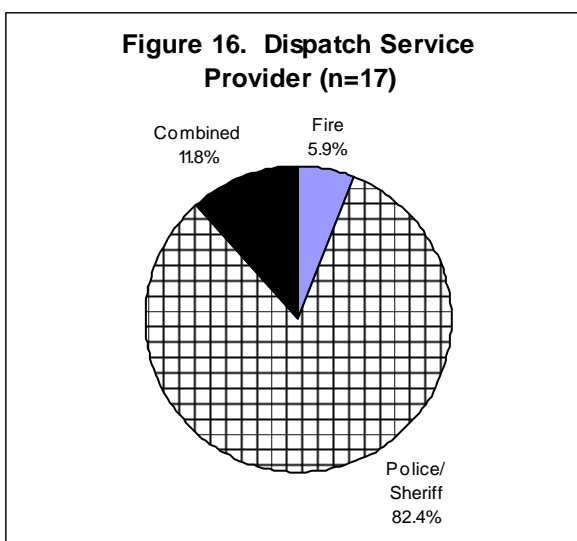


Notable Trends in Training: Since 2005, the use of distance learning in survey respondents has gone up from 55.6 percent in 2005 to over 82 percent in 2009, most likely as a result of FAREMS funding for such programs (Figure 14). Training needs for most courses have declined since 2007 (first year this question was asked). However, the need for FarMedic instruction has increased nearly 15 percent (Figure 15).

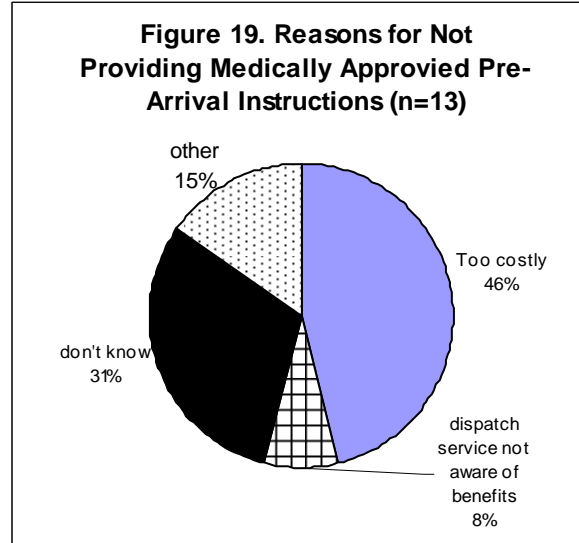
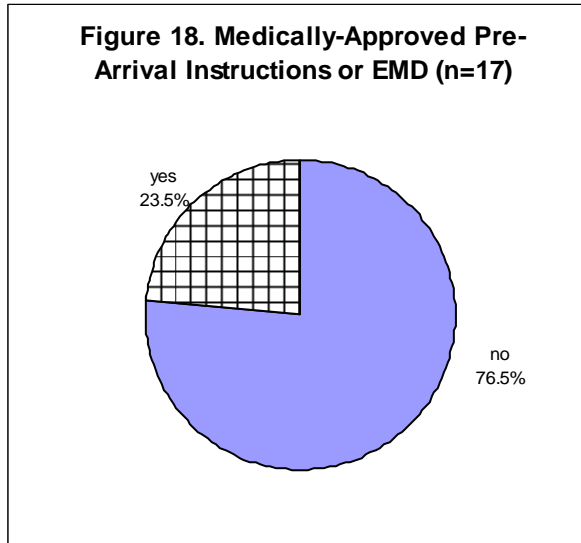


Dispatch

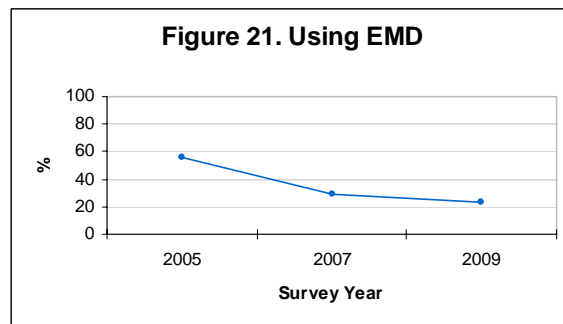
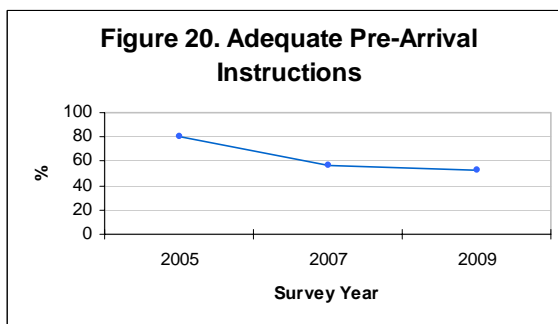
Most survey respondents indicate the local law enforcement agency provides the dispatch service for their agency (Figure 16), but for nearly half of respondents (47.1%), the pre-arrival instructions are not adequate (Figure 17).



When asked if medically-approved pre-arrival instructions or Emergency Medical Dispatch (EMD) are used in their dispatch center, 76.5 percent responded negatively (Figure 18). Various reasons were cited for not using EMD, including, too costly and unknown benefits (Figure 19).

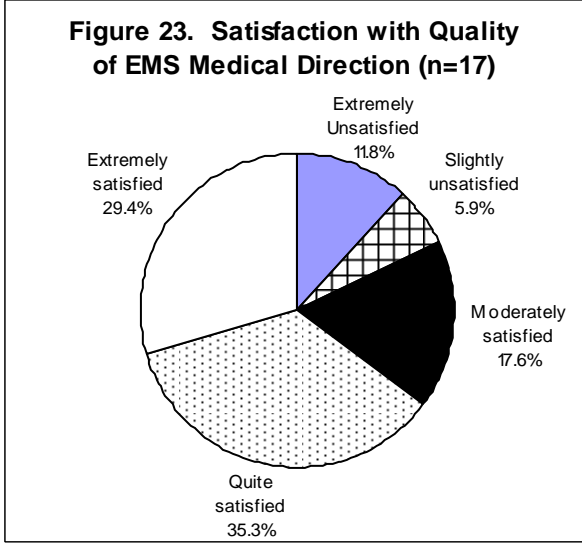
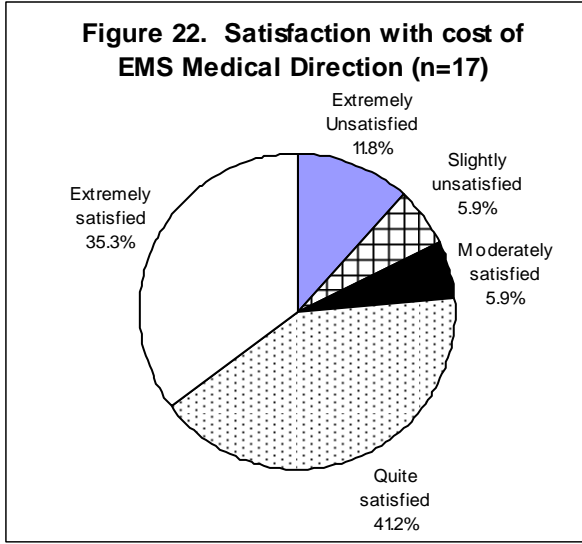


Notable Trends in Dispatch: The percentage of respondents that indicate they receive adequate pre-arrival instructions has decreased since 2005, as has the percentage that indicate they use EMD (Figures 20 and 21). These declines may reflect the recent passage of Florida Statute language requirements regarding certification of dispatchers in the state. More agencies may be aware of what constitutes medical dispatch and realizing the deficiencies in their own system.

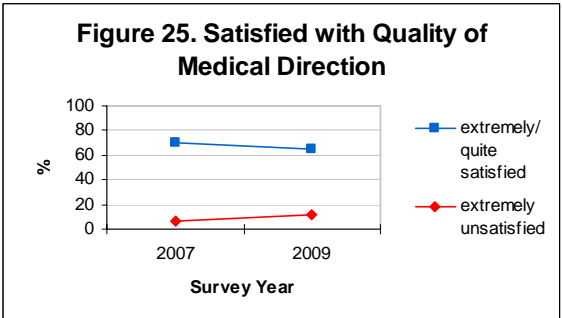
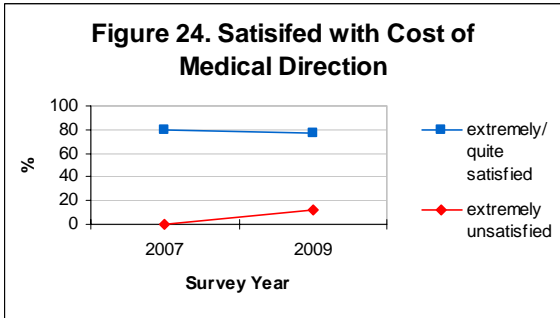


EMS Medical Direction

On average, survey respondents pay \$28,316 annually for medical direction, and most are satisfied, to some degree, with the cost and quality of service they receive from their medical director (Figures 22 and 23).



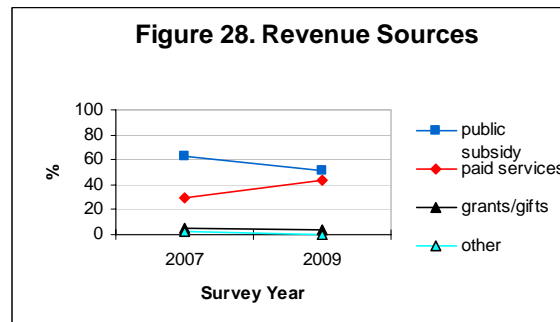
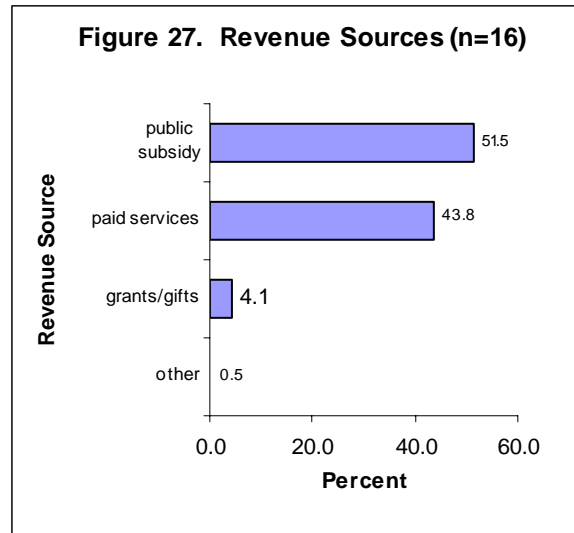
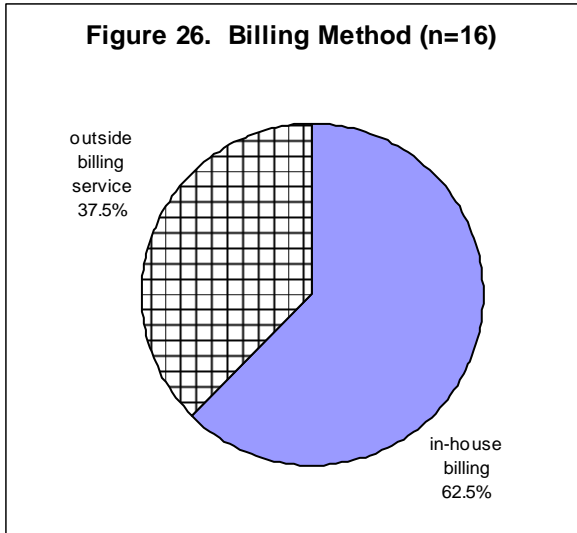
Notable Trends in EMS Medical Direction: Although overall satisfaction with medical direction cost and quality is very high, the number of respondents that indicated a high satisfaction with these services is down slightly from 2007, and the percentage of respondents that indicated they were “extremely unsatisfied” is slightly higher (Figures 24 and 25).



Billing

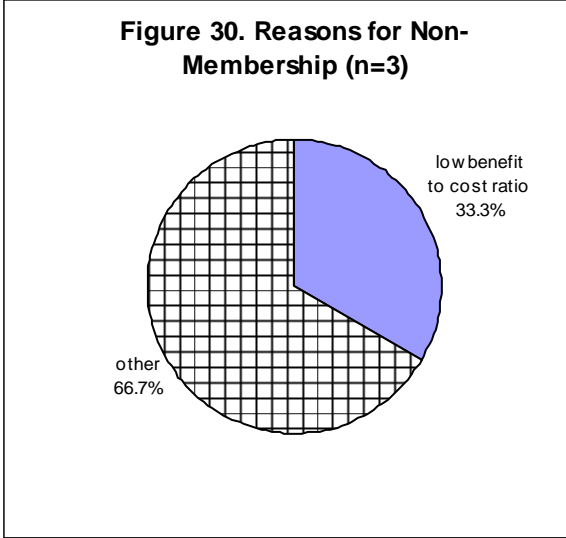
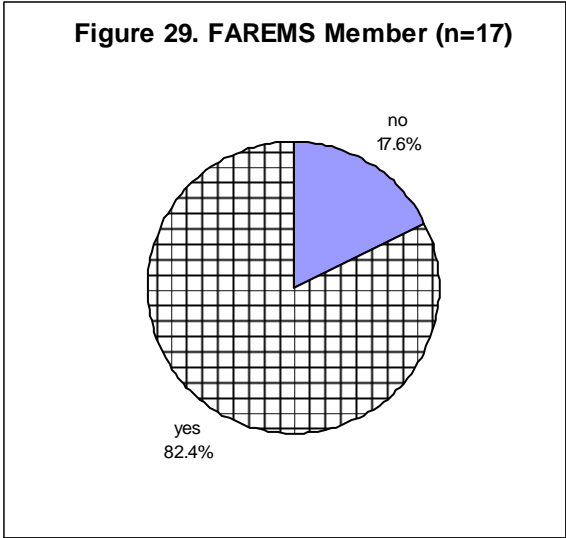
The majority of respondents indicate they bill for services in-house (Figure 26). An average of 37.4 percent of billed services were not recovered in 2008 by survey respondents, and public subsidies continue to be the main revenue source for respondents (Figure 27).

Notable Trends in Billing: Figure 28 indicates an increase in paid service revenue and a decrease in public subsidies since 2007 for survey respondents.



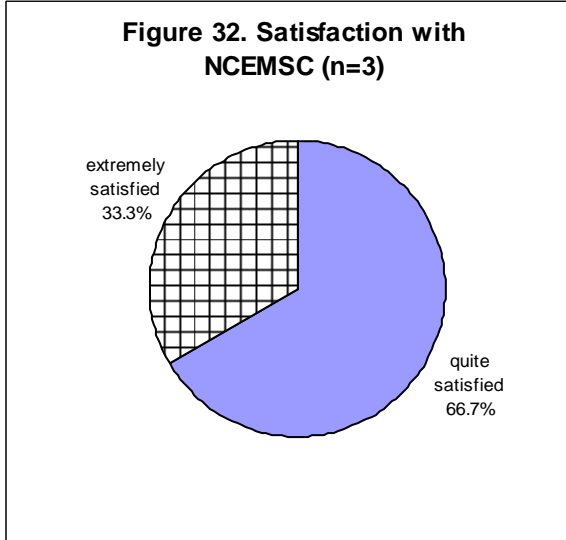
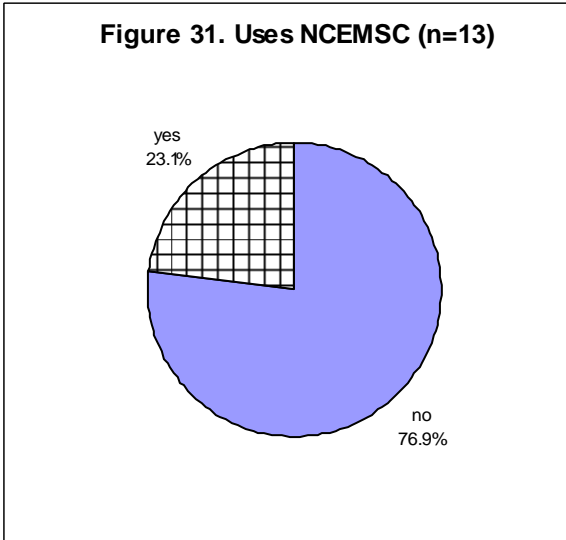
FAREMS

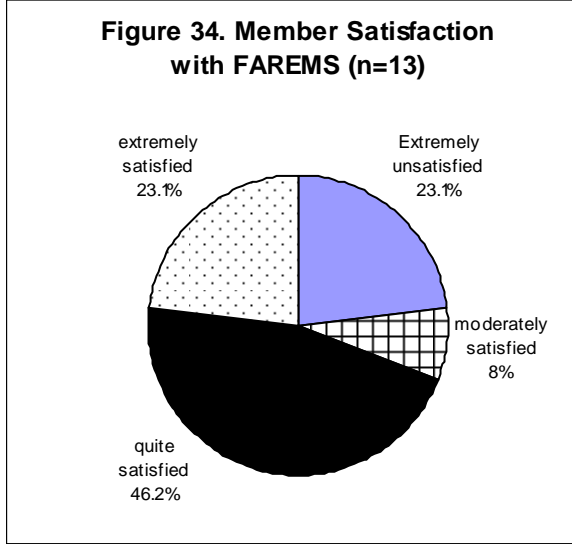
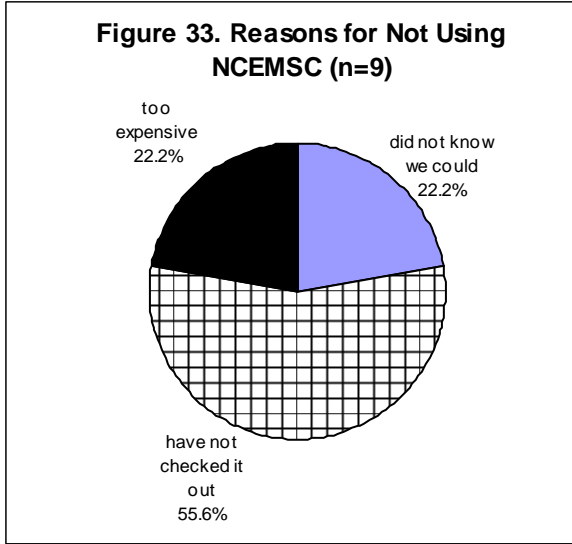
Respondents were asked several questions about membership in FAREMS and services received through membership. Fourteen of the 17 respondents are FAREMS members (Figure 29). When asked why they were not FAREMS members, one respondent indicated there was a low benefit to cost ratio, one indicated they were becoming a member this year, and one indicated there was no good reason why they were not members (Figure 30).



FAREMS member respondents were asked if they participate in the group purchasing program, North Central EMS Cooperative (NCEMSC). The majority of respondents do not (Figure 31), but those that do indicate they are satisfied with the service, product availability and price of the program at least to some degree (Figure 32). Member respondents who are not using the NCEMSC, indicate several reasons (Figure 33). Nearly 78 percent indicate they have not checked it out or did not know they could use it.

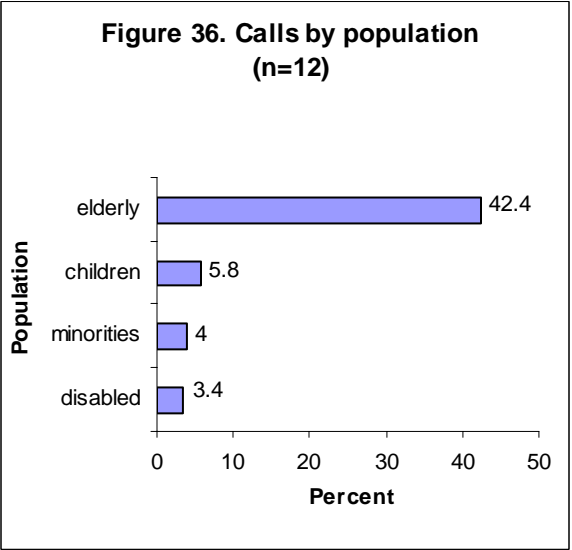
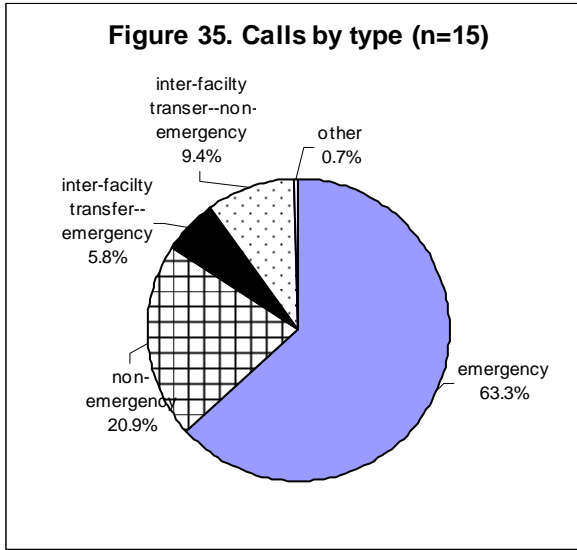
When asked how satisfied they have been with services and benefits of FAREMS membership, most member respondents indicated some degree of satisfaction (Figure 34).



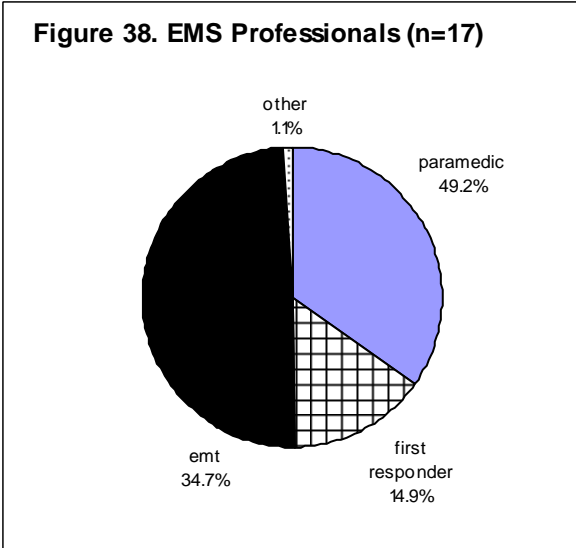
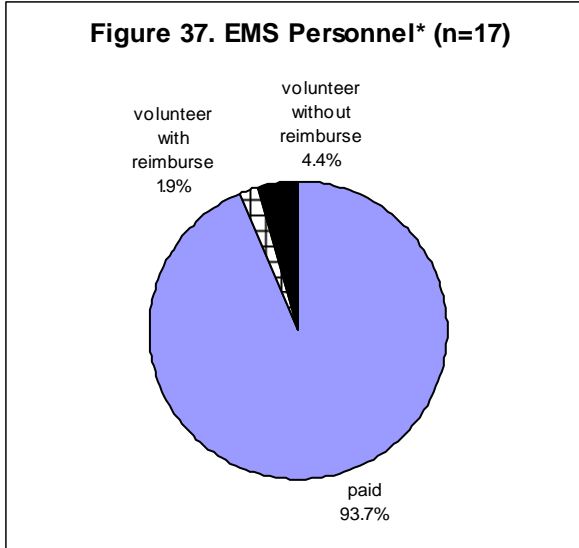


Agency Information

Survey respondents report responding to an average of 7,674 calls in 2008, with over 69 percent considered emergency calls (Figure 35). Over 42 percent of calls in 2008 were for the elderly population (Figure 36).



Agencies responding to the survey retain 732 trained EMS personnel on their staff, or an average of 43.1 persons per agency. Most of these persons (93.7%) are paid staff (Figure 37), 49.2 percent are paramedics, 34.7 percent are EMTs, and 14.9 percent are first responders (Figure 38).



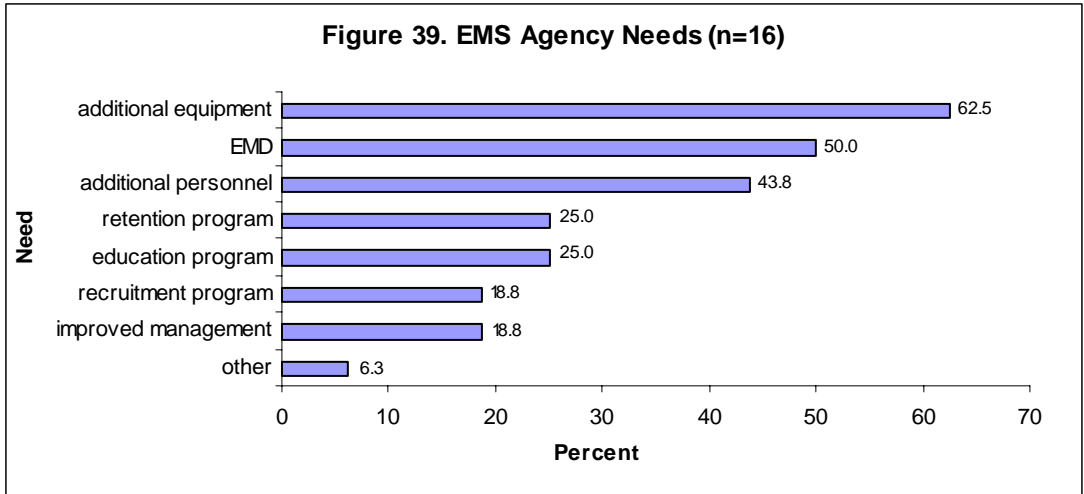
* Percentage based on 732 personnel.

Table 3 shows the average, high and low EMT and paramedic salaries reported by survey respondents.

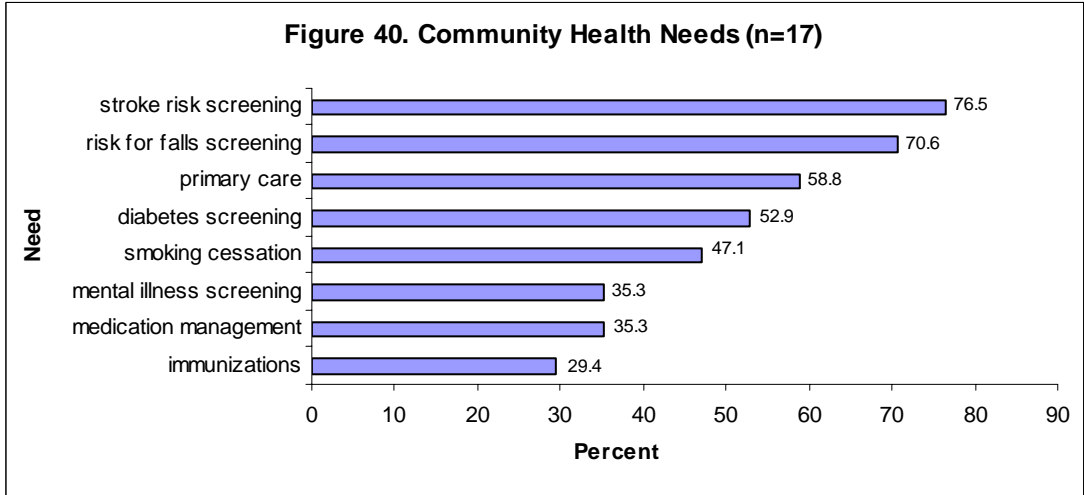
Table 3. Rural EMS salaries.

POSITION	PER HOUR SALARY		
	AVERAGE	HIGH	LOW
EMT, entry-level (n=13)	\$8.76	\$9.50	\$7.25
EMT, OPS/PRN/part-time (n=10)	\$9.30	\$12.50	\$7.50
EMT, 3-5 years experience (n=8)	\$8.95	\$10.10	\$7.88
EMT, with firefighter II training (n=7)	\$10.12	\$13.67	\$8.77
Paramedic, entry-level (n=13)	\$10.53	\$12.50	\$8.22
Paramedic, OPS/PRN/part-time (n=10)	\$11.19	\$15.50	\$9.00
Paramedic, 3-5 years experience (n=8)	\$10.90	\$12.50	\$8.98
Paramedic, with firefighter II training (n=8)	\$12.33	\$15.70	\$9.90

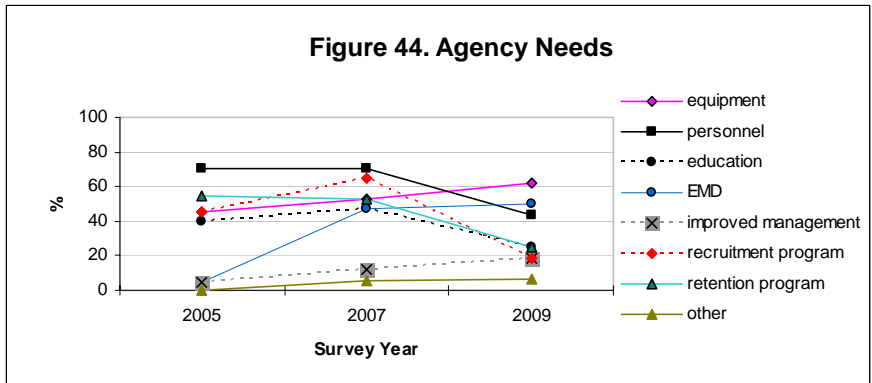
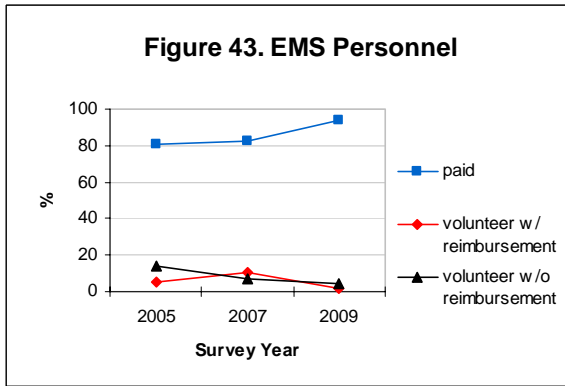
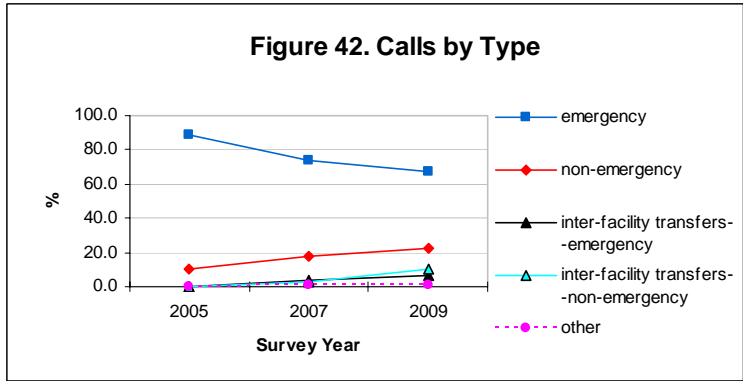
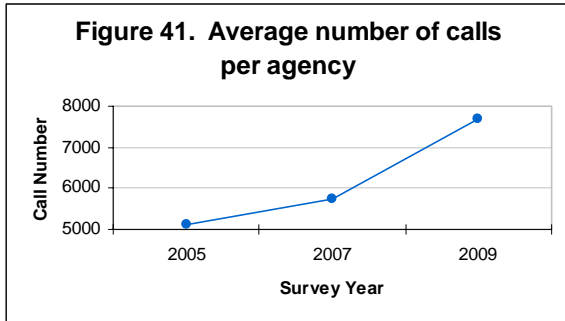
When asked what their agency needs, nearly 63 percent of survey respondents indicate they need additional equipment (Figure 39); one-third of these respondents indicate they need ambulances. Half of respondents indicate a need for EMD, and nearly 44 percent indicate a need for additional personnel.



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 communities they serve. Over three-quarters of respondents indicate their community needs stroke risk screening and over 70 percent indicate a need for risk for falls screening (Figure 40).



Trends in Agency Data: Since 2005, the reported volume of calls rural Florida EMS agencies respond to each year has gone up dramatically (Figure 41). Of these calls, the number of actual emergency calls has gone down while the number of non-emergency calls has risen (Figure 42). Figure 43 shows the percentage of paid professional staff at responding agencies has risen compared to volunteer staff. Agency needs have changed in the past several years from a high need for additional staff and recruitment and retention programs in 2005 to more agencies needing additional equipment and EMD in 2009 (Figure 44).



Key Findings

Recruitment and Retention

- Nearly 53 percent of survey respondents indicate they have no active recruitment program at their agency.
- Over 56 percent of survey respondents have no active retention program.
- Nearly 44 percent rate the potential for recruiting qualified staff in their community as “fair” or “poor.”
- One quarter of responding agencies indicate a staffing percentage of less than 80 percent.
- Since 2005, trends are positive for the existence of recruitment and retention programs, success of recruitment programs and potential for recruiting quality personnel, and even turnover rates for rural Florida EMS agencies.

Training

- Survey respondents indicate a high need for basic training courses, including, PALS, BTLs, and ACLS training.
- Since 2005, the use of distance learning in survey respondents has gone up from 55.6 percent in 2005 to over 82 percent in 2009, most likely as a result of FAREMS funding for such programs.
- Training needs for most courses have declined since 2007 (first year this question was asked). However, the need for FarMedic instruction has increased nearly 15 percent.

Dispatch

- When asked if medically-approved pre-arrival instructions or Emergency Medical Dispatch (EMD) are used in their dispatch center, 76.5 percent responded negatively.
- The percentage of respondents that indicate they receive adequate pre-arrival instructions has decreased since 2005, as has the percentage that indicate they use EMD.

EMS Medical Direction

- Although overall satisfaction with medical direction cost and quality is very high, the number of respondents that indicated a high satisfaction with these services is down slightly from 2007, and the percentage of respondents that indicated they were “extremely unsatisfied” is slightly higher.

FAREMS

- The majority of respondents do not participate in the group purchasing cooperative, NCEMSC, but those that do indicate they are satisfied with the service, product availability and price of the program at least to some degree.
- When asked how satisfied they have been with services and benefits of FAREMS membership, most member respondents indicated some degree of satisfaction.

Agency Information

- When asked what their agency needs, nearly 63 percent of survey respondents indicate they need additional equipment; one-third of these respondents indicate they need ambulances.
- When asked about the health needs of the community they serve, over half of survey respondents indicate a need for stroke risk screening, risk for falls screening, primary care, and diabetes screening.

Appendix A: Responding Agencies

COUNTY	AGENCY
Baker	Baker County Emergency Services
Calhoun	Calhoun Liberty Hospital Association DBA Calhoun County EMS
Columbia	Columbia County EMS
DeSoto	DeSoto County Fire Rescue
Franklin	Weems Hospital
Gilchrist	Gilchrist County EMS
Glades	Glades County EMS
Gulf	Gulf County EMS
Hendry	Hendry County EMS
Highlands	Highlands County EMS
Jackson	Jackson County Fire Rescue
Jefferson	Jefferson County Fire Rescue
Madison	Madison County EMS
Putnam	Putnam County Emergency Services
Sumter	Lake-Sumter EMS
Wakulla	Wakulla EMS

Appendix B: Survey Tool



2009 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. (Don't forget the back sides!)

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 2008, 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

7. Please enter the current number of staff, vacancies, and needed staff for each position in the following table.

POSITION	NUMBER OF STAFF CURRENTLY AT THIS POSITION	NUMBER OF CURRENT VACANCIES AT THIS POSITION	NUMBER OF ADDITIONAL STAFF NEEDED BUT NOT FUNDED AT THIS POSITION
EMT, entry-level			
EMT, OPS/PRN/part-time			
EMT, 3-5 years experience			
EMT, with firefighter II training			
Paramedic, entry-level			
Paramedic, OPS/PRN/part-time			
Paramedic, 3-5 years experience			
Paramedic, with firefighter II training			

PART B. TRAINING

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

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

- No Yes

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

- ACLS
- Bioterrorism
- BTLS
- CPR
- Other (specify) _____
- Disaster Preparedness
- FarMedic
- First Responder
- PALS
- PEPP
- PHTLS
- Don't know
- None

PART C. DISPATCH

11. Who provides dispatch services for your agency?

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

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

- No
- Yes

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

- No
- Yes (If YES, SKIP TO Question 15 below.)

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

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

PART D. EMS MEDICAL DIRECTION

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

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

- Extremely unsatisfied
- Slightly unsatisfied
- Moderately satisfied
- Quite satisfied
- Extremely satisfied

17. 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

PART E. BILLING

18. How does your agency bill for service?

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

19. In 2008 or last fiscal year, approximately what percentage of your billed services were not recovered? _____%

20. In 2008 or last fiscal year, approximately what percentage of your revenue came from the following sources?

- ___% Grants or gifts
- ___% Paid services (including self-pay, insurance, Medicare/Medicaid)
- ___% Public subsidy (federal, state, county, city or other local funds)
- ___% Other (specify) _____

PART F. FAREMS

21. Is your agency a member of FAREMS?

- No (If NO, SKIP TO Question 27 below.) Yes

22. Does your agency purchase items through the North Central EMS Cooperative (NCEMSC)?

- No (If NO, SKIP TO Question 24 below.) Yes

23. How satisfied have you been with service, product availability, and price of NCEMSC?

- Extremely unsatisfied Slightly unsatisfied Moderately satisfied Quite satisfied Extremely satisfied

(SKIP TO QUESTION 25 below.)

24. Why are you not using the NCEMSC group purchasing program?

- Did not know we could use it or how to use it Too expensive—can get better prices elsewhere
 Have not checked it out Other (specify) _____

25. How satisfied have you been with the service and benefits you have received from FAREMS?

- Extremely unsatisfied Slightly unsatisfied Moderately satisfied Quite satisfied Extremely satisfied

26. What can FAREMS do to better serve the needs of rural Florida EMS providers? _____

(SKIP TO QUESTION 28 below.)

27. Why is your agency not a FAREMS member?

- Do not know who FAREMS is Too expensive
 Have not checked it out Other (specify) _____
 Low benefit to cost ratio

PART G. AGENCY INFORMATION

28. Approximately how many calls did your agency respond to in 2008? _____

29. In 2008 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

30. In 2008 or last fiscal year, approximately what percentage of calls were for the following population groups?

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

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

- ___ Paid ___ Volunteer without reimbursement
___ Volunteer with reimbursement

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

____ EMT
____ First Responder
____ Paramedic
____ Other (*specify*) _____

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

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

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

- Additional equipment (*specify*) _____
- Additional personnel
- Education program
- Emergency Medical Dispatch
- Improved management
- Recruitment program
- Retention program
- Volunteers
- Other (*specify*) _____

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

- Immunizations
- Diabetes screening
- Medication management
- Mental illness screening
- Primary care
- Risk for falls screening
- Smoking cessation
- Stroke risk screening
- Other (*specify*) _____

36. What is the name of your agency? _____

37. 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 3, 2009**, 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=1242841847824> (A link is also available at www.farems.org.)