



2012 Rural Florida EMS Agency Survey Survey Report

October 2012

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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 September 2012, the *FAREMS 2012 Rural Florida EMS Agency Survey* tool and instructions were distributed via email to the 42 EMS agencies located in 32 rural Florida counties (Figure 1). These agencies were sent the printable version of the survey as well as a link to completing the survey online through SurveyMonkey.com and asked to complete the survey before September 20, 2012. Follow-up emails were sent and phone calls were made to these agencies in order to improve the response rate. Nineteen of the 42 agencies completed and returned the survey for a response rate of 45.2 percent. A list of responding agencies is included in *Appendix A*.

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

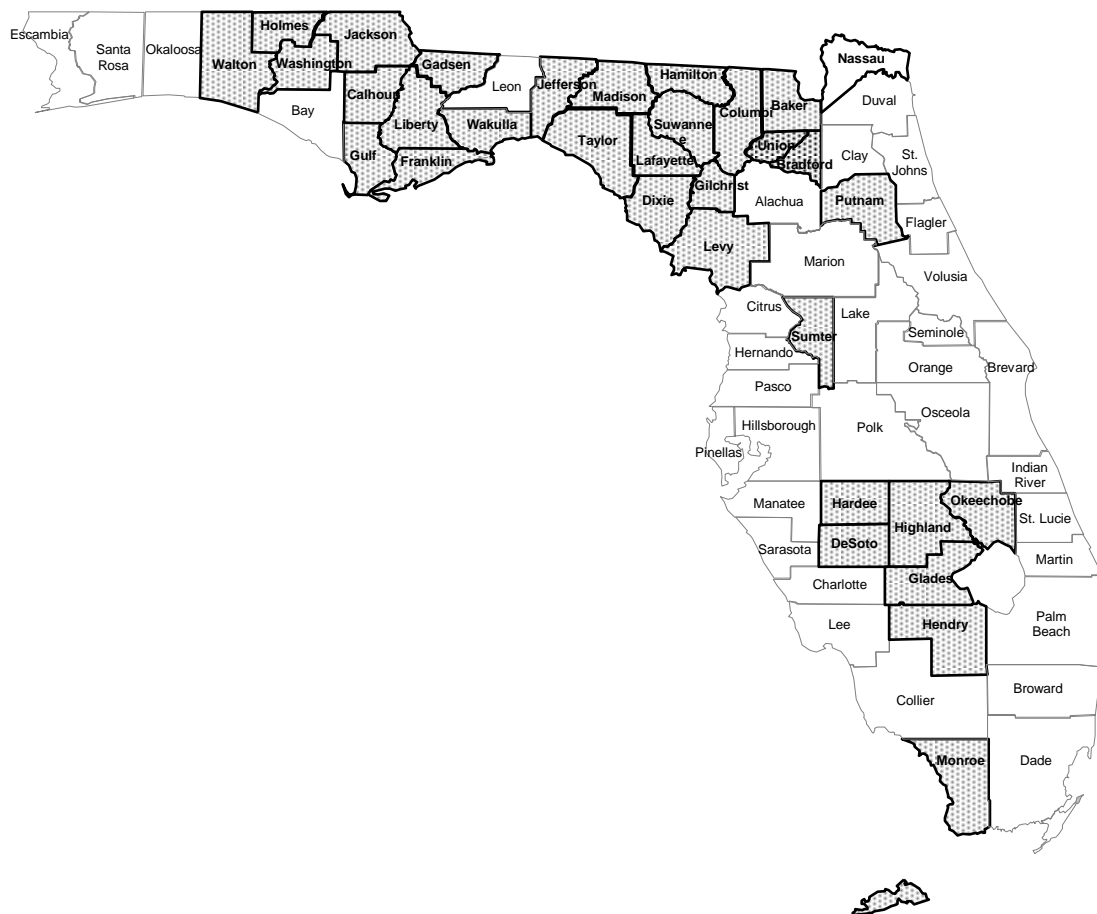
Some responses in this report are compared to responses reported in the previous three surveys completed by FAREMS in 2005, 2007, and 2009. Such comparisons are made to show trends as well as assist FAREMS in evaluating success and failure of certain organizational programs.

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 improperly, 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.

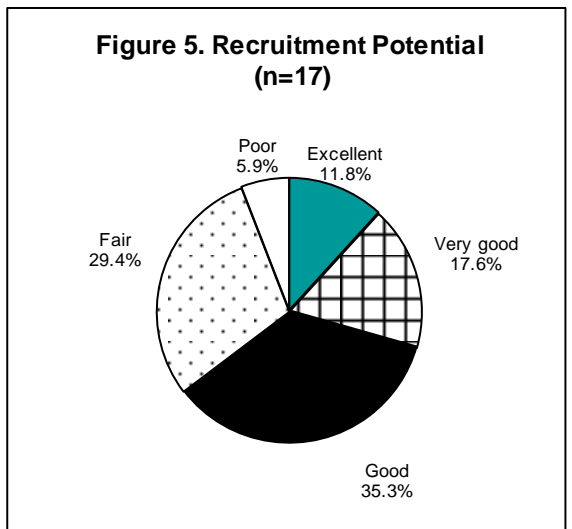
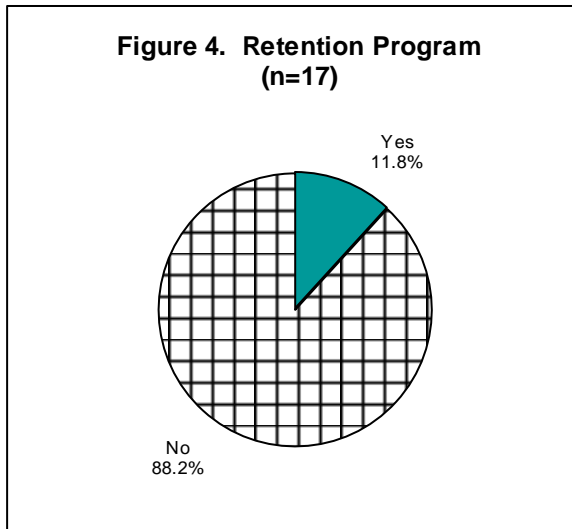
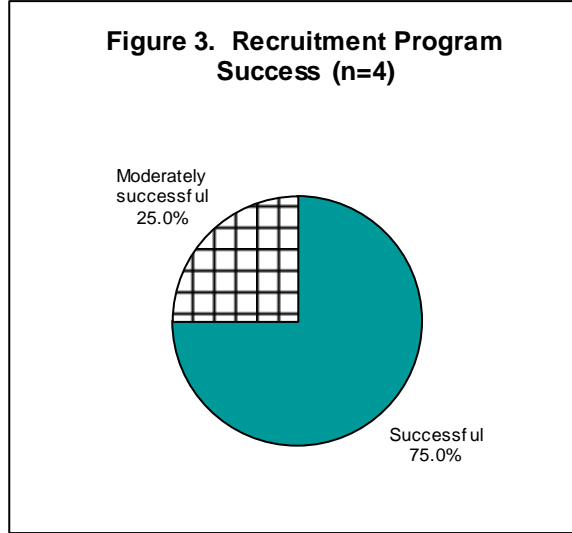
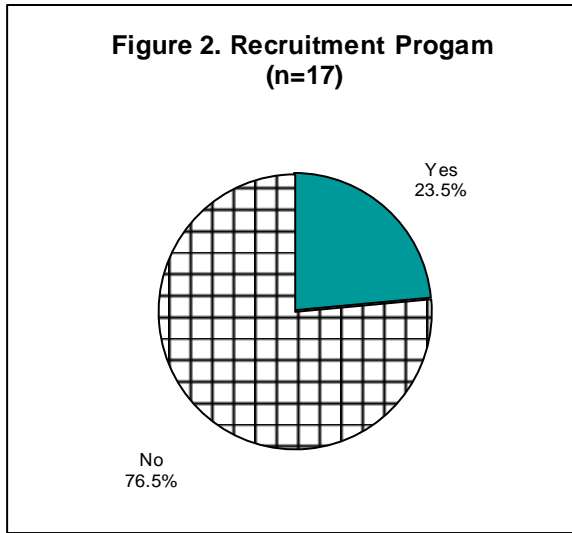


Results

Recruitment and Retention

EMS recruitment and retention (R&R) has been a priority issue for Florida’s rural providers for many years. However, due to economic reasons, many EMS agencies that have struggled in the past with retaining qualified professional staff, have realized a lower rate of turnover and fewer position openings. People who might have left EMS positions for better opportunities in other industries or areas have not been able to find them in recent years. Over 76 percent of survey respondents indicate they have no active recruitment program at their agency (Figure 2). Of the four respondents that do, none rate their program as “extremely successful” (Figure 3). Over 88 percent of survey respondents have no active retention program (Figure 4), and 65 percent rate the potential for recruiting qualified staff in their community as “good,” “very good,” or “excellent.” (Figure 5).

Sixteen respondents report a total of 37 EMT and paramedic resignations in 2011--an average of 2.3 people per agency. This compares with 75 resignations in 2008, an average of 4.4 people per



agency. With the average personnel (EMTs and paramedics) per agency of 48.5 persons, the turnover rate of responding agencies was 4.7 percent in 2011. This compares to 2006 and 2008 reported turnover rates of 15.2 and 10.2 percent, respectively. Unlike in 2008 when nearly half of respondents indicated that the reason for the resignations was pay, there is no clear reason for EMS staff resigning this past year (Figure 6). “Other” reasons reported for leaving include: going to fire service, out of EMS, or becoming a flight medic; retiring; lack of training; and management attitude.

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 indicate they are currently fully-staffed, while one agency reported a 65% staffing percentage, the lowest of all respondents. Overall, respondents report an 88 percent staffing level. This compares to an 89 percent staffing level reported in the 2009 survey.

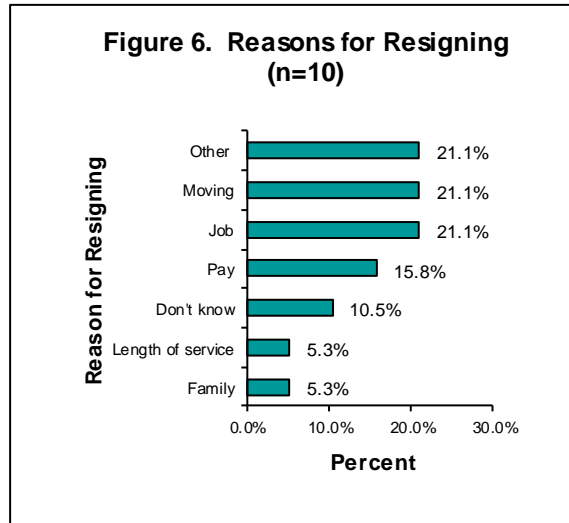


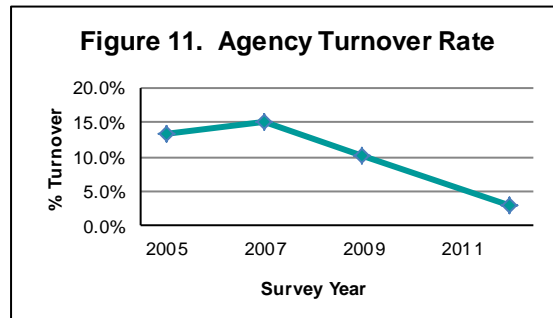
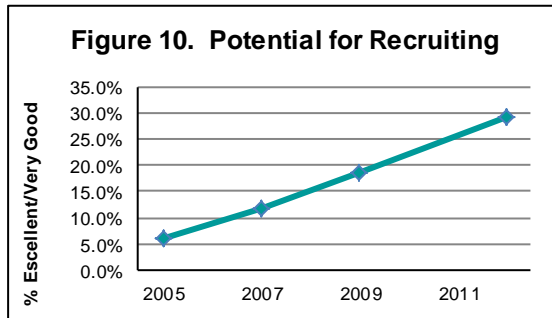
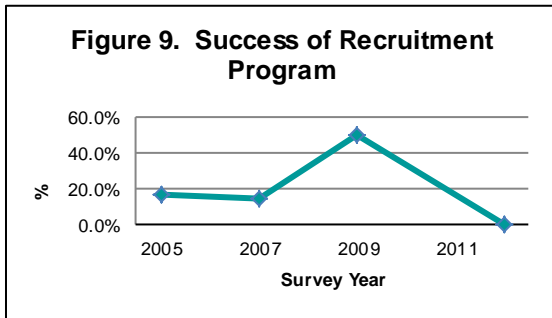
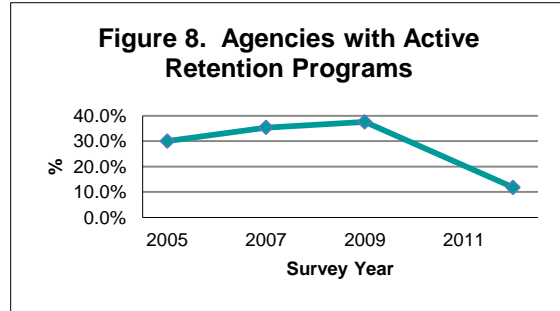
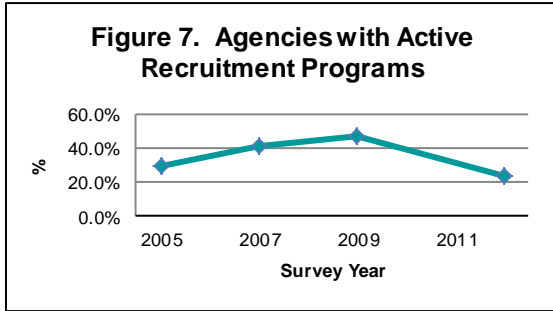
Table 1. Staffing percentages for EMT and paramedic positions. (n=17)

POSITION	% STAFFING LEVEL (CURRENT STAFF/ CURRENT STAFF + VACANCIES + UNFUNDED POSITIONS)
EMT, entry-level	70.5
EMT, OPS/PRN/part-time	96.1
EMT, 3-5 years experience	100.0
EMT, with firefighter II training	70.2
Paramedic, entry-level	80.3
Paramedic, OPS/PRN/part-time	91.0
Paramedic, 3-5 years experience	89.3
Paramedic, with firefighter II training	92.4
All positions	88.1

Table 2. Percent of agencies with various levels of staffing. (n=17)

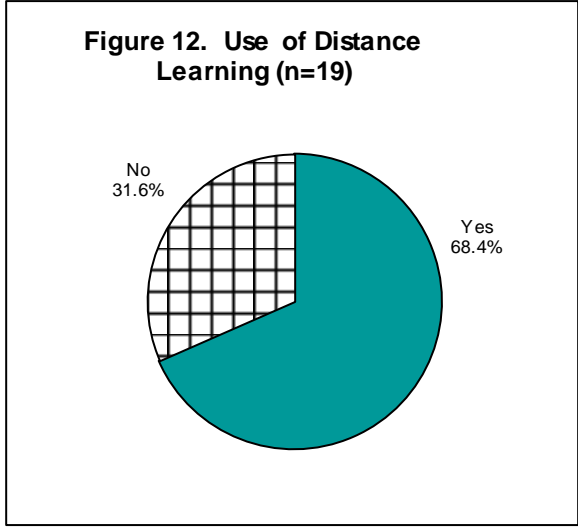
OVERALL STAFFING PERCENTAGE	PERCENT OF RESPONDENTS
100% staffed	23.5
under 90%	47.1
under 80%	17.6
under 70%	5.9

Notable Trends in Recruitment and Retention: From 2005 to 2009, survey responses reveal a gradual increase in the existence of recruitment and retention programs at rural Florida EMS agencies. The current survey indicates a sharp decline in these programs as well as greater success at recruiting and retaining professional EMS staff (Figures 7-10). These changes are believed to be due to the current economy--people who may have left EMS positions for better opportunities in other industries or areas have not been able to find them in recent years. Staff turnover rates are extremely low (Figure 11). Because of this, it is believed that agencies are foregoing structured recruitment and retention programs and indicate what they are doing is working and they have no current need for such programs.

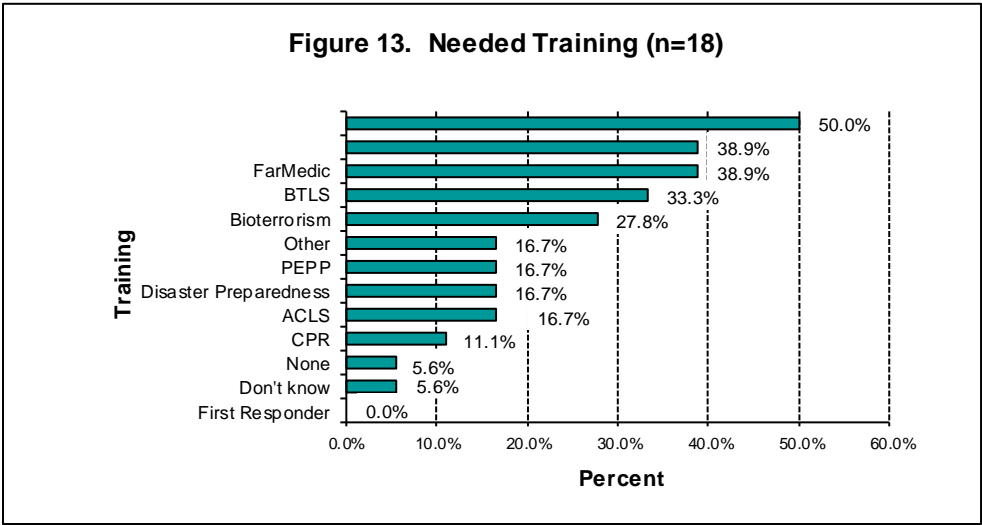


Training

In 2005, FAREMS first offered funding for rural EMS agencies to participate in various distance learning programs. This year, over 68 percent of survey respondents indicate they use distance learning for continuing education (Figure 12). This is down from 82 percent reported in the 2009 survey. The average cost per professional staff member for online training is \$61.

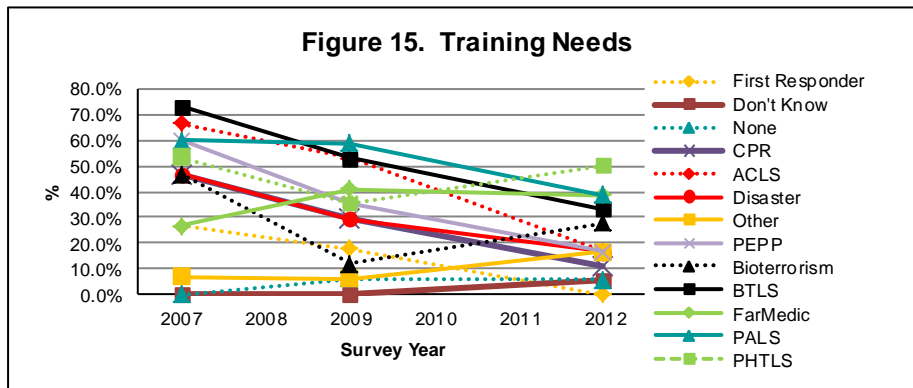
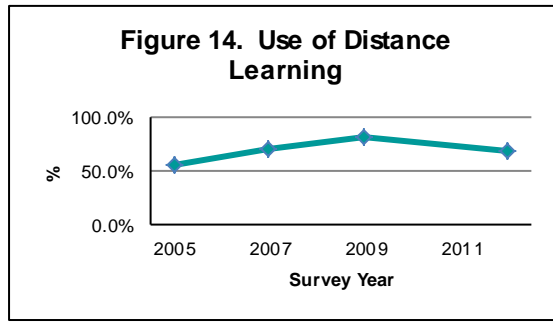


Survey respondents indicate a need for a variety of courses: half indicate a need for PHTLS and over a third need FarMedic and PALS training (Figure 13). The average annual training budget reported by survey respondents is \$10,020.



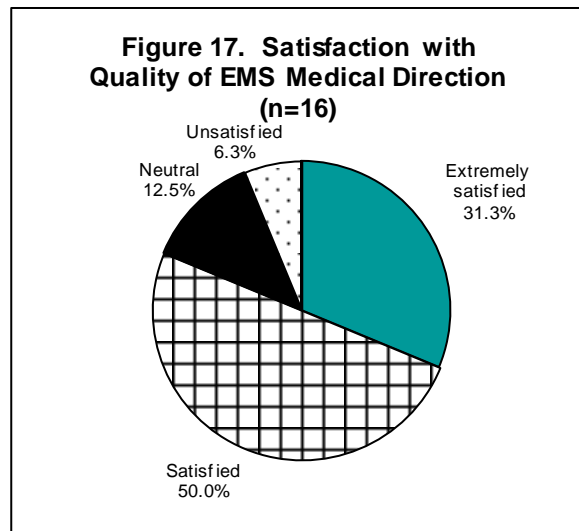
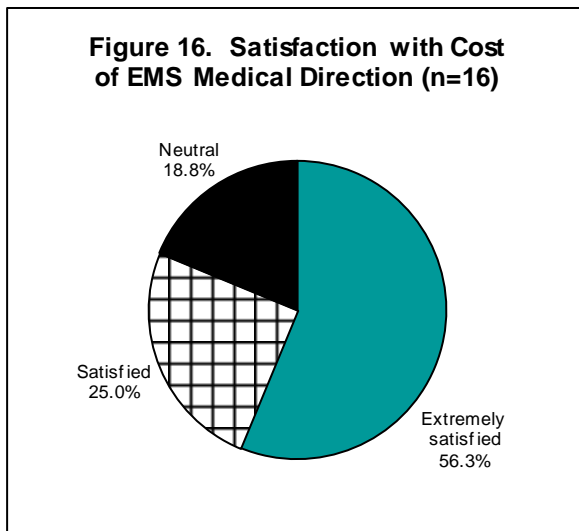
Notable Trends in Training: The use of distance learning by survey respondents has gone down since the 2009 which may be due to limited FAREMS funding for such programs in the past few years (Figure 14). Currently, FAREMS is working on an online training program that members can access through the FAREMS website.

The need for many types of training has continued to decline since the last survey, however, respondents indicate a greater need for PHTLS and bioterrorism training than in the past (Figure 15).

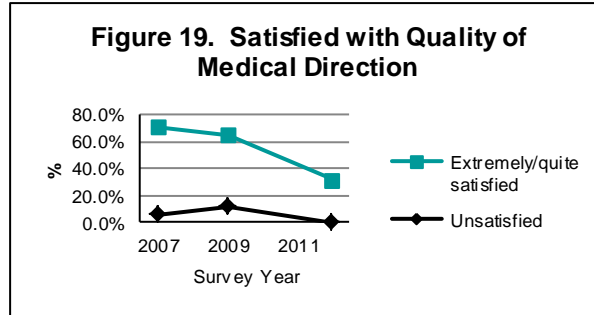
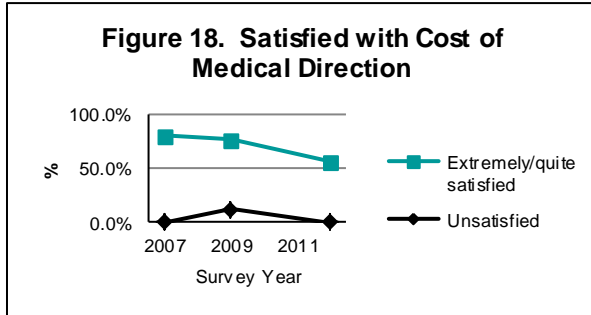


EMS Medical Direction

On average, survey respondents pay \$17,950 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 16 and 17).

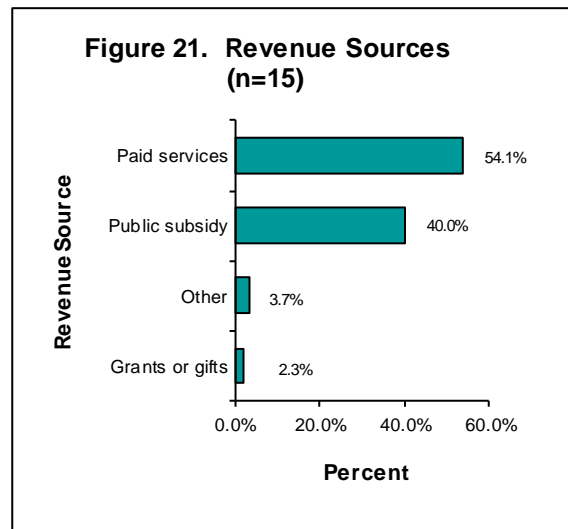
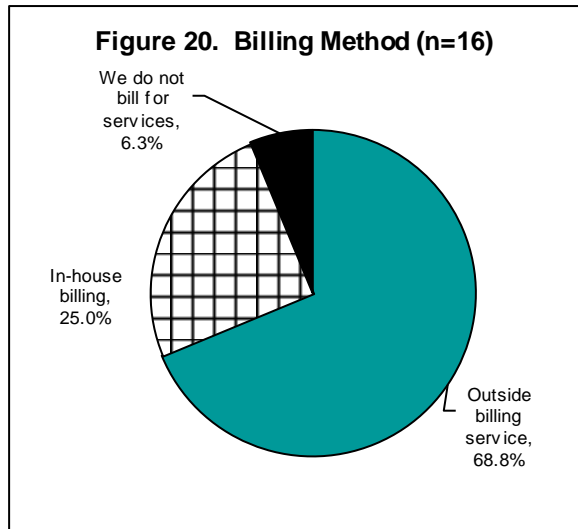


Notable Trends in EMS Medical Direction: Although overall satisfaction with medical direction cost and quality is very high, the number of respondents that indicated a high satisfaction with these services continues a downward trend. However, the percentage of respondents that indicate this year they are “extremely unsatisfied” is zero (Figures 18 and 19).

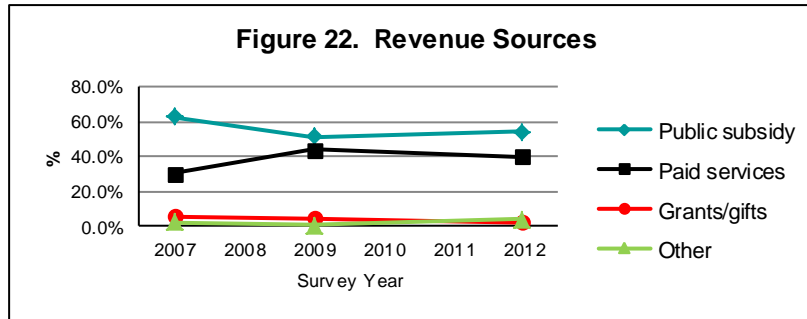


Billing

The majority (69%) of respondents indicate they use an outside billing service (Figure 20). This has nearly doubled since 2009 when only 37.5 percent indicated they use such services. An average of 35.9 percent of billed services was not recovered in 2011 by survey respondents, slightly lower than the 37.4 percent reported in 2009. Paid services (self-pay, insurance, Medicare/Medicaid) is the main revenue source for respondents (Figure 21).

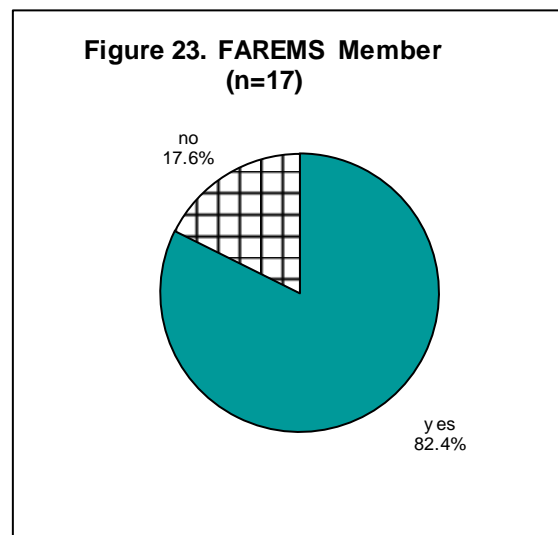


Notable Trends in Billing: Since 2007, there has been an upward trend in paid services as a revenue source and a downward trend in public subsidies as a revenue source (Figure 22). Grants/gifts and other sources continue to be a very small portion of the revenue for survey respondents.



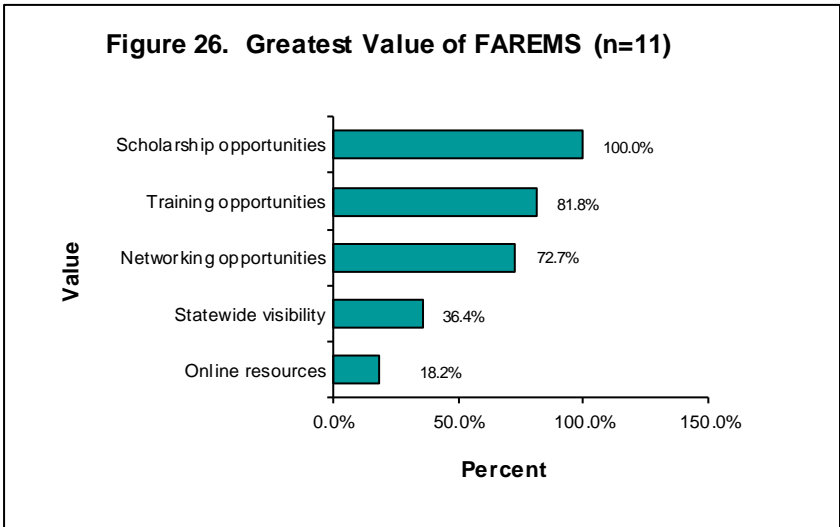
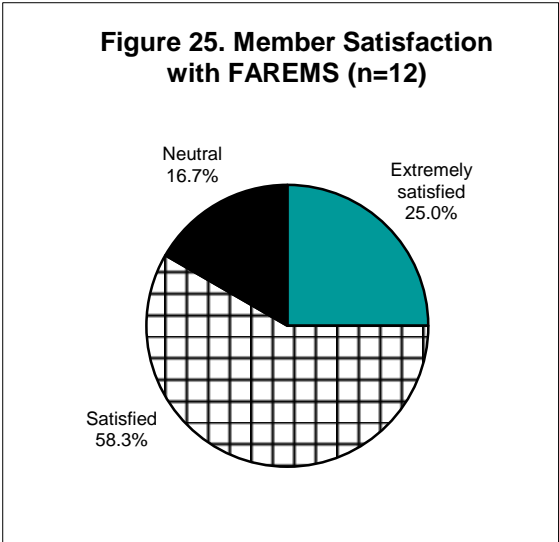
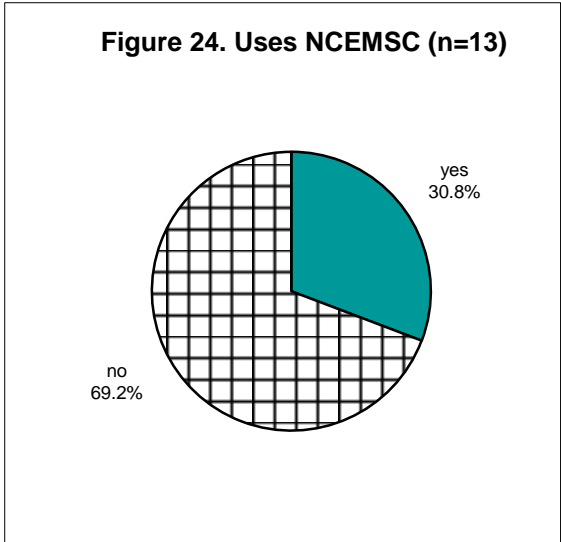
FAREMS

Respondents were asked several questions about membership in FAREMS and services/benefits received through membership. Fourteen of the 17 respondents are FAREMS members (Figure 23). When asked why they were not FAREMS members, the three non-members indicated it was for a funding reason (not approved in budget, too expensive, and funding cuts).



FAREMS member respondents were asked if they participate in the group purchasing program, North Central EMS Cooperative (NCEMSC). Over 69 percent do not (Figure 24). Member respondents who are not using the NCEMSC indicate they are not because: they already have contracted vendors, they need more information about the program, they have not checked it out, they can get it cheaper elsewhere, and there is little actual savings for them.

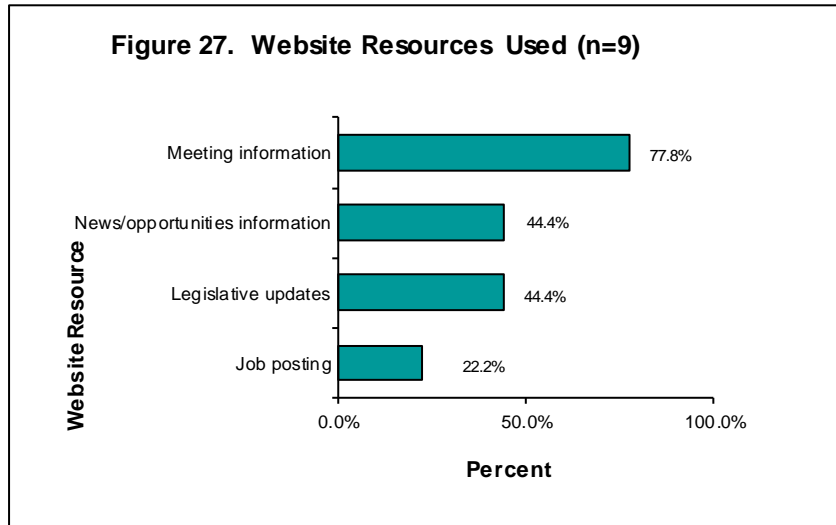
When asked how satisfied they have been with services and benefits of FAREMS membership, most member respondents indicated some degree of satisfaction (Figure 25). Members ranked the greatest value that FAREMS gives them from 1 to 3. All members indicate scholarship opportunities as one of the top three values (Figure 26). Over 36 percent ranked networking opportunities and scholarships as the number one value.



Members indicated they would like to see FAREMS offer additional services/benefits to members, including:

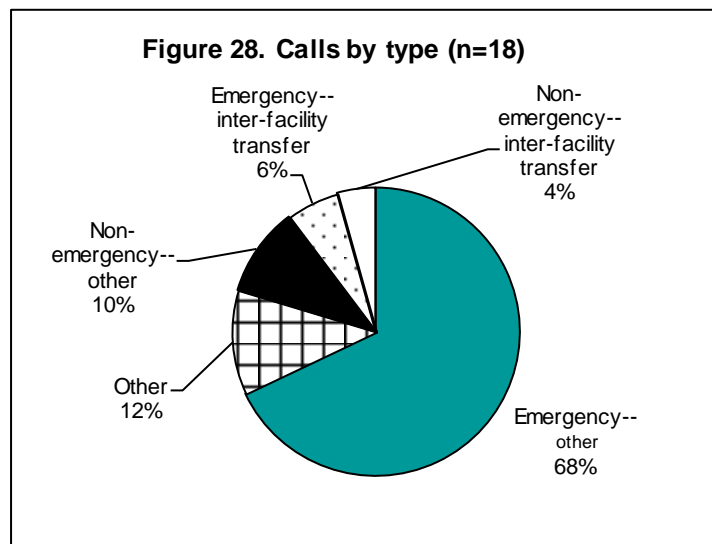
- more active in legislative matters
- recognize that rural is different than small
- funding ideas
- leadership training
- purchasing power
- inter-service cooperation
- more paramedic scholarships
- legal/state requirements training
- grant writing training
- education scholarships

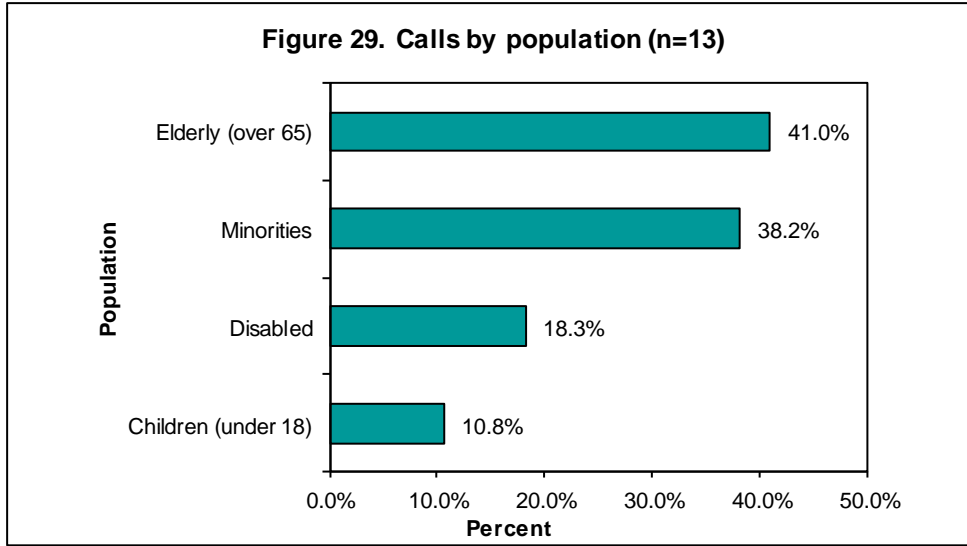
When asked what FAREMS website resources they have used in the past year, over 77 percent used meeting information (Figure 27). When asked what other resources they would like to see on the website, responses were EMS management/leadership forum and educational resources.



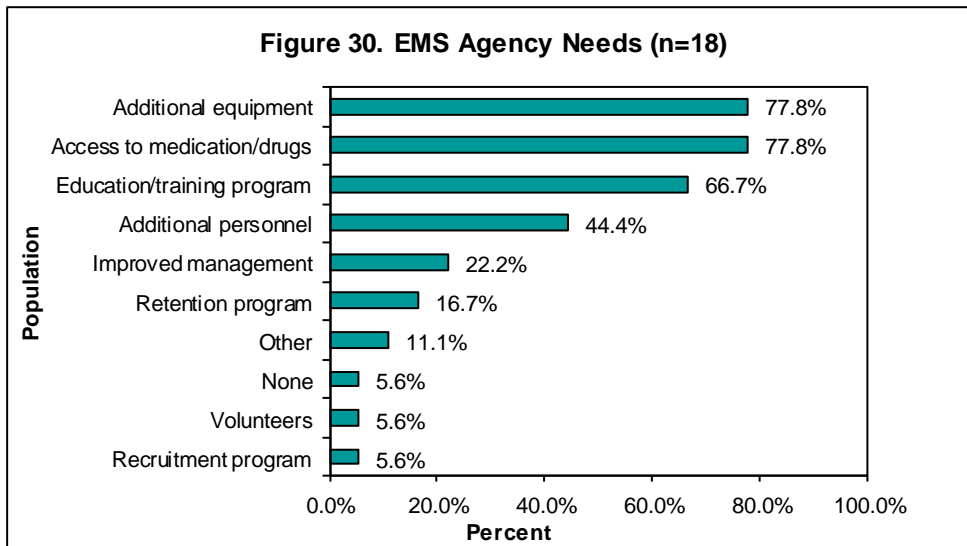
Agency Information

Survey respondents report an average of 5,544 calls in 2011, with 74 percent considered emergency calls (Figure 28). Forty-one percent of calls in 2011 were for the elderly population (Figure 29).



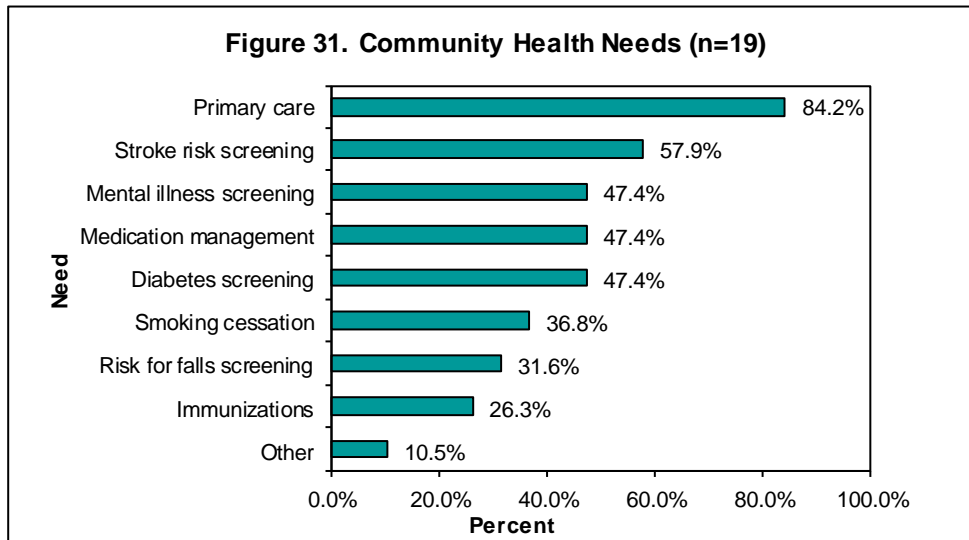


When asked what their agency needs, nearly 78 percent of survey respondents indicate they need additional equipment and access to medication/drugs (Figure 30). Two-thirds of respondents indicate a need for education/training program, and over 44 percent indicate a need for additional personnel.

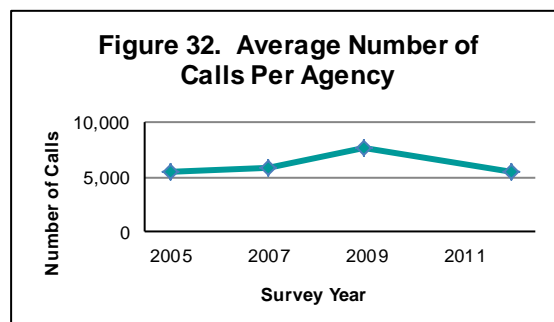


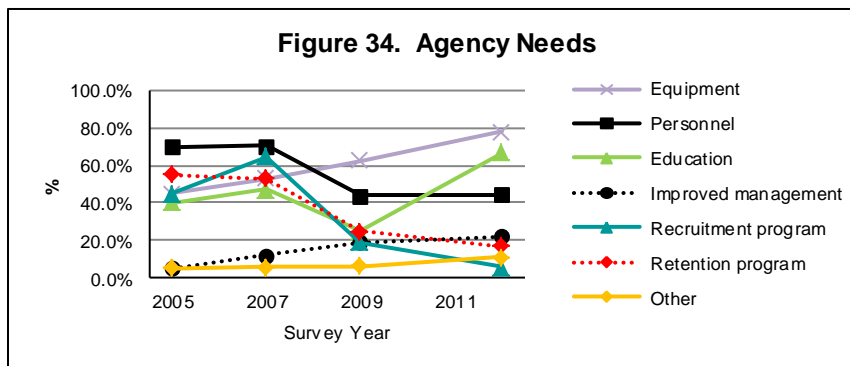
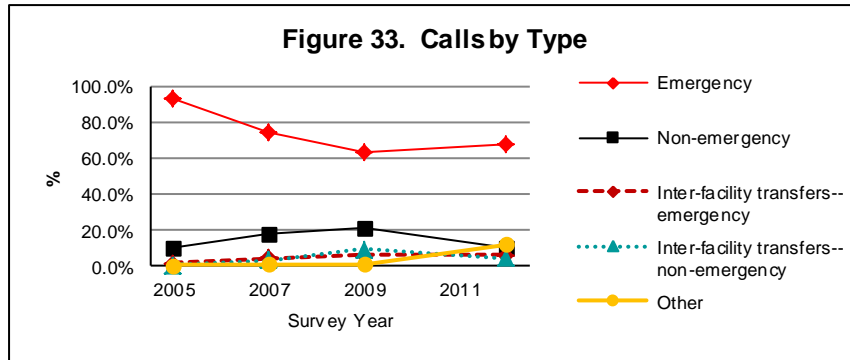
In order to gauge the need for additional programs and assess agency director's perception of community health needs, respondents were asked to indicate the health needs of the communities they serve. Over 84 percent indicate a need for primary care and over half indicate a need for stroke risk screening (Figure 31). This is in contrast to 2009 when 76.5 percent indicated a need for stroke risk screening and 58.8 percent indicated a need for primary care. Respondents

indicating “other” needs, say their citizens need alternative transportation and cardiac prevention/AEDs/CPR training.



Trends in Agency Data: Compared with 2009, the reported 2011 call volume rural Florida EMS agencies responded to went down dramatically after a steady increase since 2005 (Figure 32). Of these calls, the number of actual emergency calls has leveled off, while the number of inter-facility and non-emergency calls has started to decline (Figure 33). 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 education/training programs in 2011 (Figure 34).





Key Findings

Recruitment and Retention

- The current survey indicates a sharp decline in recruitment and retention programs but a greater success at recruiting and retaining professional EMS staff. These changes are believed to be due to the current economy--people who may have left EMS positions for better opportunities in other industries or areas have not been able to find them in recent years.
- The staff turnover rate is extremely low--2.9 percent--when compared with previous survey figures: 10.2 in 2009; 15.2 in 2007; and 13.5 in 2005.

Training

- Survey respondents indicate a high need for PHTLS, PALS and FarMedic.
- The use of distance learning by survey respondents has gone down since the 2009 which may be due to limited FAREMS funding for such programs in the past few years

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 continues a downward trend.

- The percentage of respondents that indicate this year they are “extremely unsatisfied” with the cost or quality of their EMS medical direction is zero.

Billing

- The percentage of survey respondents that indicate they use an outside billing service has nearly doubled since 2009 to 69 percent.

FAREMS

- When asked how satisfied they have been with services and benefits of FAREMS membership, most member respondents indicated some degree of satisfaction.
- All member respondents indicate scholarship opportunities as one of the top three values of FAREMs membership.
- Over 36 percent of member respondents rank networking opportunities and scholarship opportunities as the number one value of membership.

Agency Information

- When asked what their agency needs, nearly 78 percent of survey respondents indicate they need additional equipment and access to medications; two-thirds of respondents indicate they need an education/training program.
- Over 84 percent of respondents indicate a need for primary care and over half indicate a need for stroke risk screening in their community. This is in contrast to 2009 when 76.5 percent indicated a need for stroke risk screening and 58.8 percent indicated a need for primary care.
- Respondents indicating “other” needs of their community, say their citizens need alternative transportation and cardiac prevention/AEDs/CPR training.

Appendix A: Responding Agencies

COUNTY	AGENCY
Baker	Baker County Emergency Services
Bradford	Bradford County Emergency Medical Services
DeSoto	DeSoto County Fire Rescue
Gadsden	Gadsden EMS
Hamilton	Hamilton County EMS
Hardee	Hardee County Fire Rescue
Hendry	Hendry County EMS
Highlands	Highlands County EMS
Jackson	Jackson County Fire Rescue
Jefferson	Jefferson County Fire Rescue
Lafayette	Lafayette County Rescue
Levy	Levy County Department of Public Safety
Okeechobee	Okeechobee County Fire Rescue
Putnam	Putnam County Fire & EMS
Sumter	Sumter County Fire & EMS
Taylor	Doctors' Memorial Hospital- Emergency Medical Service
Union	Union County EMS
Wakulla	Wakulla County Fire and EMS
Walton	South Walton Fire District

Appendix B: Survey Tool

FAREMS 2012 Rural Florida EMS Agency Survey

1. Agency Information

1. What is the name of your agency?

2. What is your agency's mailing address?

3. What is your agency's physical address, if different from above?

4. What is the name of your agency director?

5. What is your agency director's email?

6. What is your agency director's phone number?

7. In 2011, how many 911 calls did your agency respond to?

8. In 2011, what percentage of 911 calls your agency responded to were of the following types?

Emergency-interfacility transfer	<input type="text"/>
Emergency-other	<input type="text"/>
Non-emergency-interfacility transfer	<input type="text"/>
Non-emergency-other	<input type="text"/>
Other	<input type="text"/>

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9. In 2011, what percentage of calls your agency responded to were for the following population groups?

Children (under 18)	<input type="text"/>
Disabled	<input type="text"/>
Elderly (over 65)	<input type="text"/>
Minorities	<input type="text"/>

10. What are your agency's current needs? (Check all that apply.)

<input type="checkbox"/> Access to medication/drugs	<input type="checkbox"/> Recruitment program
<input type="checkbox"/> Additional equipment	<input type="checkbox"/> Retention program
<input type="checkbox"/> Additional personnel	<input type="checkbox"/> Volunteers
<input type="checkbox"/> Education/training program	<input type="checkbox"/> None
<input type="checkbox"/> Improved management	
<input type="checkbox"/> Other (please specify)	
<input type="text"/>	

11. From your 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"/> None
<input type="checkbox"/> Primary care	
<input type="checkbox"/> Other (please specify)	
<input type="text"/>	

12. What are your agency's top three most successful programs or events (e.g., community paramedicine, health fairs, explorer post, etc.) Please describe briefly.

-
-
-

FAREMS 2012 Rural Florida EMS Agency Survey

2. Training

13. What is your agency's total annual training budget (in dollars)?

14. What type of training do you currently need? (Check all that apply.)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> ACLS | <input type="checkbox"/> Disaster Preparedness | <input type="checkbox"/> PEPP |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> FarMedic | <input type="checkbox"/> PHTLS |
| <input type="checkbox"/> BTLS | <input type="checkbox"/> First Responder | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> CPR | <input type="checkbox"/> PALS | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

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

- Yes
- No

If yes, what do you pay annually per EMS professional/user for this service?

FAREMS 2012 Rural Florida EMS Agency Survey

3. Recruitment and Retention

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

- Yes
- No

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

- Yes
- No

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

- Extremely successful
- Successful
- Moderately successful
- Unsuccessful
- Extremely unsuccessful

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

- Excellent
- Very good
- Good
- Fair
- Poor

20. In 2011, how many of your professional staff trained as EMTs or paramedics resigned?

FAREMS 2012 Rural Florida EMS Agency Survey

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

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

22. For your agency, please enter the current number of staff at each position below.

EMT, entry-level	<input style="width: 100%;" type="text"/>
EMT, OPS/PRN/part-time	<input style="width: 100%;" type="text"/>
EMT, 3-5 years experience	<input style="width: 100%;" type="text"/>
EMT, with firefighter II training	<input style="width: 100%;" type="text"/>
Paramedic, entry-level	<input style="width: 100%;" type="text"/>
Paramedic, OPS/PRN/part-time	<input style="width: 100%;" type="text"/>
Paramedic, 3-5 years experience	<input style="width: 100%;" type="text"/>
Paramedic, with firefighter II training	<input style="width: 100%;" type="text"/>

23. For your agency, please enter the current number of VACANCIES at each position below.

EMT, entry-level	<input style="width: 100%;" type="text"/>
EMT, OPS/PRN/part-time	<input style="width: 100%;" type="text"/>
EMT, 3-5 years experience	<input style="width: 100%;" type="text"/>
EMT, with firefighter II training	<input style="width: 100%;" type="text"/>
Paramedic, entry-level	<input style="width: 100%;" type="text"/>
Paramedic, OPS/PRN/entry-level	<input style="width: 100%;" type="text"/>
Paramedic, 3-5 years experience	<input style="width: 100%;" type="text"/>
Paramedic, with firefighter II training	<input style="width: 100%;" type="text"/>

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24. For your agency, please enter the number of additional staff NEEDED but NOT FUNDED at each position below.

EMT, entry-level	<input type="text"/>
EMT, OPS/PRN/part-time	<input type="text"/>
EMT, 3-5 years experience	<input type="text"/>
EMT, with firefighter II training	<input type="text"/>
Paramedic, entry-level	<input type="text"/>
Paramedic, OPS/PRN/part-time	<input type="text"/>
Paramedic, 3-5 years experience	<input type="text"/>
Paramedic, with firefighter II training	<input type="text"/>

FAREMS 2012 Rural Florida EMS Agency Survey

4. Billing

25. How does your agency bill for service?

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

26. In 2011 or last fiscal year, approximately what PERCENTAGE of your billed services were not recovered?

27. In 2011 or last fiscal year, approximately what percentage of your revenue came from the following sources?

Grants or gifts	<input type="text"/>
Paid services (including self-pay, insurance, Medicare/Medicaid)	<input type="text"/>
Public subsidy (federal, state, county, city or other local funds)	<input type="text"/>
Other	<input type="text"/>

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5. EMS Medical Direction

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

29. How satisfied are you with the COST of the EMS medical direction you receive?

- Extremely satisfied
- Satisfied
- Neutral
- Unsatisfied
- Extremely unsatisfied

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

- Extremely satisfied
- Satisfied
- Neutral
- Unsatisfied
- Extremely unsatisfied

6. FAREMS

31. Is your agency a FAREMS member?

Yes

No

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7. Non Members

32. Why is your agency not a FAREMS member?

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

33. What services or member benefits could FAREMS offer that would make you consider becoming an agency member?

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8. Members

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

Yes

No

If NO, why not?

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

Extremely satisfied

Satisfied

Neutral

Unsatisfied

Extremely satisfied

36. What is the greatest value of FAREMS membership to your agency? Please rank your top three (1, 2, and 3) in order of importance.

Networking opportunities	<input type="text"/>
Online resources	<input type="text"/>
Scholarship opportunities	<input type="text"/>
Statewide visibility	<input type="text"/>
Training opportunities	<input type="text"/>
Other (please describe)	<input type="text"/>
Other (please describe)	<input type="text"/>

37. What services and/or benefits would you like to see FAREMS offer to members?

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38. What resources have you used on the FAREMS website?

- Job posting
- Legislative updates
- Meeting information (agendas, materials, etc.)
- News and opportunities information
- Other (please specify)

39. What other resources would you like to see on the FAREMS website?

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9. End of Survey

THANK YOU for completing this important survey! Your answers will help FAREMS provide the best services to members and improve pre-hospital EMS services in rural Florida.

