

Subject: 2016 Arizona Statewide EMS Needs Assessment

The University of Arizona is conducting a “2016 Arizona Statewide EMS Needs Assessment” in collaboration with the Arizona Department of Health Services Bureau of Emergency Medical Services and Trauma.

The EMS Needs Assessment is a core work-plan activity for FY 2016 under two Federal Office of Rural Health Policy (FORHP) grants: (1) the Medicare Rural Hospital Flexibility Program; and (2) the State Office of Rural Health Grant Program.

Your responses will be used in efforts to directly affect EMS policy, funding, regulation, education, etc. while also improving healthcare quality.

The following pages contain a physical copy of the assessment question bank so that you may prepare your answers at your own pace prior to entering into the electronic database.

To access the electronic database and complete/submit the assessment, please visit the following link:

https://uarizona.co1.qualtrics.com/SE/?SID=SV_8oK1gk8Zdd9QigZ

I am available at your convenience to speak via telephone or meet in person to discuss this effort and/or any questions, comments, concerns that you may have.

Please note that the deadline to submit the assessment is 23:59 hrs on 28 Feb 2017.

Thank You,
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The University of Arizona

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2016 Arizona Statewide EMS Needs Assessment
FULL UNABRIDGED QUESTION BANK

Agency Information

1. EMS Provider/Agency Name: [Free-Text Entry]
2. Does your agency want to participate in the 2016 Arizona Statewide EMS Needs Assessment? [Yes or No] *If Yes, go to Q3. If No, redirected to Thank You / Exit screen.*
3. EMS Provider/Agency Type:
 - a. Fire District
 - b. Municipal Fire Department
 - c. Third-Service EMS (i.e. City/County)
 - d. Hospital-Based EMS (i.e. Owned/Operated by a hospital)
 - e. Private EMS (Independent Corporation)
 - f. Tribal Fire/EMS Agency
 - g. Other: [Please describe]
4. EMS Provider/Agency Highest Level of Service:
 - a. Basic Life Support First Responder (no transport)
 - b. Advanced Life Support First Responder (no transport)
 - c. Basic Life Support Ground Ambulance (transport)
 - d. Advanced Life Support Ground Ambulance (transport)
 - e. Air Ambulance (transport)
 - f. Other (combination of BLS/ALS service depending on Day/Week)
5. EMS Provider/Agency EMS Council:
 - a. Arizona Emergency Medical Systems
 - b. Northern Arizona Emergency Medical Services
 - c. Southeastern Arizona EMS Council
 - d. Western Arizona Council of EMS
 - e. I don't know / I'm not sure
 - f. None - N/A

Service-Area Demographics

6. Zip Codes in EMS Provider/Agency Service-Area: [Free-Text Entry]
7. Approximate Size of Service Area (in square miles): [Free-Text Entry]
8. Population Estimate of Service Area: [Free-Text Entry]
9. Estimated Average Age of the Service Area Population: [Free-Text Entry]
10. Annual Call Volume by Age (total number of EMS calls for service / responses in last 12 months, including non-transports/refusals/transports by another agency):
 - a. Infant (< 30 days old): [Free-Text Entry]
 - b. Pediatric (30 days - 14 years): [Free-Text Entry]
 - c. Adult (15 years - 64 years): [Free-Text Entry]
 - d. Geriatric (65+ years): [Free-Text Entry]
 - e. Unknown: [Free-Text Entry]
11. Annual Transport Volume by Age (total number of EMS patient transports in last 12 months by your agency):
 - a. Infant: [Free-Text Entry]

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- b. Pediatric: [Free-Text Entry]
 - c. Adult: [Free-Text Entry]
 - d. Geriatric: [Free-Text Entry]
 - e. Unknown
12. Annual Number of Calls Resulting in Air Ambulance Utilization (actual transfer of patient care to an air ambulance crew for air transport): [Free-Text Entry]

Billing

13. Does your agency bill patients for services? [Yes or No] *If yes, continue to Q14. If no, skip to Q18.*
14. Who provides your billing services?
- a. Self-Bill
 - b. Contract Out to Third Party
15. What percentage of your expenses, if any, do you subsidize with other sources of revenue besides billing for services rendered? [selection of increments in 10% points]
16. What is your average annual percent or rate of collections for billing? [selection of increments in 10% points]
17. Approximately what percentage of your billed services are for:
- a. Medicare Patients [Free-Text Entry]
 - b. AHCCCS Patients [Free-Text Entry]
 - c. Private/Commercial Insurance Patients [Free-Text Entry]
 - d. Uninsured/Self-Pay Patients [Free-Text Entry]

Medical Direction / Medical Control

18. What is the name of the hospital used as your EMS Base Station for Medical Direction? [list of EMS base stations]
19. What specialty area(s) is your Medical Director boarded in (check all that apply)? [this should be check boxes]
- a. Emergency Medical Services (EMS)
 - b. Emergency Medicine (EM)
 - c. Anesthesiology
 - d. Cardiology
 - e. Family Medicine
 - f. General Practice
 - g. Internal Medicine
 - h. Neurology
 - i. Obstetrics and Gynecology
 - j. Pediatrics
 - k. Physical Medicine and Rehabilitation
 - l. Preventative Medicine
 - m. Surgery (General)
 - n. Surgery (Ortho)
 - o. Surgery (Plastics)
 - p. Surgery (Trauma)
 - q. Toxicology
 - r. Other: [have free-text box]

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20. On average, how often do you meet with your Medical Director?
- a. Daily
 - b. Weekly
 - c. Monthly
 - d. Quarterly
 - e. Twice a Year
 - f. Once a Year
 - g. Never

Staffing

21. Please complete the following table with number of EMS personnel for each category in regards to how they are compensated, if at all:

	Full-Time Paid	Part-Time Paid	Volunteer	Total
Paramedic				
AEMT/EMT-I				
EMT/EMT-B				
First Responder				
Other				

22. Please complete the following table with number of EMS personnel for each category in regards to number of years employed by your agency **Optional Question:**

	<1 yr	1-5 yrs	5-10 yrs	10-20 yrs	20+ yrs
Paramedic					
AEMT/EMT-I					
EMT/EMT-B					
First Responder					
Other					

23. Please complete the following table with number of EMS personnel for each category in regards to total number of years working in the EMS industry **Optional Question:**

	<1 yr	1-5 yrs	5-10 yrs	10-20 yrs	20+ yrs
Paramedic					
AEMT/EMT-I					
EMT/EMT-B					
First Responder					
Other					

24. Please complete the following table with number of EMS personnel for each category (highest level of education obtained) **Optional Question:**

	Graduate Degree	Bachelor Degree	Associate Degree	Some College	High School / GED
Paramedic					
AEMT/EMT-I					
EMT/EMT-B					
First Responder					
Other					

25. What are the barriers to recruitment and retention that apply to your area (check all that apply)?
[this should be check boxes]

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- a. Time Commitment
- b. Pay
- c. Geography/Location
- d. Training Requirements
- e. Stress
- f. No Interest
- g. None - N/A
- h. Other: [free text]

26. Does your agency actively utilize Critical Incident Stress Management in practice? [Yes or No]

Continuing Education / Training

27. Does your agency have a designated EMS Training Officer? [Yes or No]

28. Does your agency require personnel to maintain current National Registration (NREMT) for employment? [Yes or No]

29. Does your agency require personnel to maintain current AHA Basic Life Support for Healthcare Providers certification (BLS-HCP) for continued employment?

- a. Yes
- b. No - but requires other similar basic CPR certification
- c. No - does not require any basic CPR certification

30. Does your agency require personnel to maintain current AHA Advanced Cardiac Life Support certification (ACLS) for continued employment?

- a. Yes
- b. No - but requires other similar advanced cardiac certification
- c. No - does not require any advanced cardiac certification

31. Does your agency require personnel to maintain current AHA Pediatric Advanced Life Support certification (PALS) for continued employment?

- a. Yes
- b. No - but requires other similar advanced pediatric certification
- c. No - does not require any advanced pediatric certification

32. Does your agency require personnel to maintain current AAP Neonatal Resuscitation Provider (NRP) for continued employment?

- a. Yes
- b. No - but requires other similar advanced neonatal certification
- c. No - does not require any advanced neonatal certification

33. Does your agency require personnel to maintain a current NAEMT Prehospital Trauma Life Support certification for continued employment?

- a. Yes
- b. No - but requires other similar advanced trauma certification
- c. No - does not require any advanced trauma certification

34. What are your sources of funding for EMS continuing education and training (check all that apply)?

- a. None (EMS personnel must independently pay)
- b. Agency/Internal
- c. Base Hospital
- d. EMS Council
- e. Tribal/Federal Funding
- f. Grants

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Quality Assurance / Quality Improvement

35. Do receiving hospitals provide you with routine patient follow-up / discharge information (check all that apply)?
- Yes - All Patients
 - Yes - All Trauma Patients
 - Yes - All STEMI Patients
 - Yes - All Stroke Patients
 - Yes - Combination of Trauma / STEMI / Stroke Patients
 - Yes - Only individual patients when requested by EMS agency
 - No - No feedback/follow-up is provided by receiving hospitals
36. Is your agency currently participating in an electronic Health Information Exchange (HIE - defined as "the mobilization/sharing of healthcare information electronically across organizations" - in this case, real-time shared data between EMS agencies and their receiving hospitals in regards to specific patients and their outcomes)?
- Yes
 - No - But we are interested
 - No - And we are not interested
37. Does your agency maintain an active quality program (defined as "a system that ensures a desired level of quality in the development, production, or delivery of a product and/or service - benchmarked against other similar products/services")? [Yes or No] *If yes, continue to Q38. If no, skip to Q41.*
38. If yes, who provides the continuous quality monitoring and feedback (check all that apply)?
- Internal (Self)
 - Base Station Hospital
 - Other Hospital
 - Community College
 - University
 - Area Health Education Center
 - Private Quality Company
 - Other: [free text]
39. If yes, does your quality program include chart/case review?
- Yes - 100% review of all EMS calls
 - Yes - Randomized Review of greater than or equal to 50% of EMS calls
 - Yes - Randomized Review of less than 50% of EMS calls
 - Yes - Only specific calls when issue(s) arise
 - No
40. If yes, does your quality program include metrics other than chart/case review?
- Yes - System Performance Metrics (for example, average response times to scene)
 - Yes - Clinical Metrics (for example, application of oxygen to SOB patients)
 - Yes - Combination of System Performance and Clinical Metrics
 - No

Patient Care Reports

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41. What type of Patient Care Report does your agency utilize? **If a, skip to Q46. If b or c, continue to Q42.**
- All Paper Records
 - Paper Field Reports later converted into Electronic Files/Databases (partial ePCR)
 - All Electronic Records (full ePCR)
42. If electronic (ePCR) records are used, which platform/vendor does your agency currently deploy?
- Emergidata (i.e. RescueMedic)
 - ESO Solutions (i.e. ESO ePCR)
 - Golden Hour (i.e. GH Live)
 - ImageTrend (i.e. EMS Bridge)
 - Intermedix (i.e. Trip Tix)
 - Open Inc. (i.e. SafetyPAD)
 - Xerox (i.e. FIREHOUSE)
 - Zoll (i.e. RescueNet)
 - Other: [free text]
43. If your agency utilizes an electronic Patient Care Report system (ePCR), do receiving hospitals have access to your EMS database records (i.e. specific log-in credentials for each hospital)?
- Yes - All receiving hospitals have access
 - Yes - Some receiving hospitals have access
 - No - Receiving hospitals do not have access
44. Does your agency leave a Patient Care Report at the receiving hospital facility at time of transfer of patient care?
- Yes - Immediate: Transmitted Electronically (not printed/faxed, etc. - No paper - Actual full data merger)
 - Yes - Immediate: Printed (whether printed on site or sent to fax and printed)
 - Yes - Immediate: Hand-written
 - No - A report is sent to the facility after time of patient transfer (within 24 hours)
 - No - A report is sent to the facility after time of patient transfer (after 24 hours)
 - No - A report is never sent/delivered to the receiving facility
45. Does your agency submit PCR data to the Arizona State EMS Registry (AZ-PIERS)? [Yes or No]

Relationship with Receiving Facilities [This section not shown to First Responders - No Transport]

46. In general, in terms of your EMS personnel's relationship with receiving hospital staff, would you say that the relationship is:
- Always positive
 - More positive than negative
 - Neutral
 - More negative than positive
 - Always negative
47. When your agency transports a "routine" patient, what is the nearest hospital that your personnel transport to? [Free-Text Entry]
48. For critical/high-acuity Medical patients, which hospital do your personnel transport to most often? [Free-Text Entry]
49. For critical/high-acuity Trauma patients, which hospital do your personnel transport to most often? [Free-Text Entry]

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50. For critical/high-acuity Medical patients, are you more likely to transport via ground or via air?
[more likely via ground, more likely via air]
51. For critical/high-acuity Trauma patients, are you more likely to transport via ground or via air? [more likely via ground, more likely via air]
52. When transporting a patient to a receiving hospital, do your personnel contact the receiving Emergency Department directly?
 - a. Yes - Via cell phone
 - b. Yes - Via radio
 - c. Yes - Via computer-based text
 - d. No - Personnel contact third-party (i.e. call center) who then contacts hospital
 - e. No - No pre-notification is made to a receiving facility
53. Does your agency provide interfacility transport?
 - a. Yes - Emergency interfacility only
 - b. Yes - Non-emergency interfacility only
 - c. Yes - Both emergency and non-emergency interfacility
 - d. No - We only transport from scene to hospital

Dispatch / Communications

54. What is the primary method of dispatch used by your dispatch center?
 - a. Full Computer-Assisted Dispatch with GPS Location
 - b. Computer-Assisted Dispatch (CAD) without GPS Location
 - c. Pager/Beeper Only
 - d. Telephone Only
 - e. VHF/UHF Radio Only
 - f. Combination of Pager, Telephone, Radio but no CAD
 - g. Other: [free text]
55. Which of the following communication devices does your agency have in service (check all that apply)?
 - a. Simple UHF Radios
 - b. Simple VHF Radios
 - c. Trunked Radio System
 - d. SATCOM (Satellite-based radio communications equipment)
 - e. Pagers/Beepers
 - f. Cellular Telephones
 - g. Satellite Telephones
 - h. Computer-Based Text Communication (i.e. Instant Messaging)
 - i. Self-Contained Deployable Communications System (i.e. stand-alone system for disaster)
56. Are there any communication "dead-spots" in your service area? [Yes or No]
57. Do your dispatchers use a priority dispatch system? [Yes or No]
58. Are your dispatchers Emergency Medical Dispatch (EMD) certified? [Yes All, Yes Some, No]
59. Does your dispatch center have tele-printers or Telecommunications Device for the Deaf available? [Yes or No]
60. Does your dispatch center have bilingual (English/Spanish) dispatchers?
 - a. Yes - staffed 24/7
 - b. Yes - staffed less than 24/7
 - c. No

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61. Does your dispatch center have a language line for translation services (defined as "over-the-phone, video remote, and/or onsite interpreting, translation and/or localization")? [Yes or No]
- a. Yes - available 24/7
 - b. Yes - available less than 24/7
 - c. No

EMS Vehicles

62. Does your agency have a regular maintenance/repair plan for your EMS Vehicles? [Yes or No]

63. Are your vehicles equipped with GPS/Location tracking?

- a. Yes - All
- b. Yes - Some
- c. No

64. Please complete the following table with number of EMS vehicles for each category (consider an "EMS Vehicle" to be any vehicle that is staffed by BLS or ALS personnel in a response-ready state):

	BLS	ALS	Total
Utility Vehicle - Non Ambulance (Chief/Supervisor, Paramedic "Fly-Car", Volunteer POV, etc.)			
Fire Apparatus - Non Ambulance (Engine, Quint, Ladder Truck, HAZMAT, etc.)			
Licensed Ground Ambulance			
Licensed Air Ambulance			

65. Is your agency in need of any additional EMS Vehicles (i.e. need to add more EMS vehicles to service area inventory)? (check all that apply):

- a. EMS Ground Ambulance
- b. EMS Air Ambulance
- c. EMS Fire Apparatus - Non Ambulance
- d. EMS Utility Vehicle - Non Ambulance
- e. Other: [free text]

66. Are any of your EMS Ground Ambulances in need of being replaced?

- a. Yes
- b. No
- c. N/A - Agency does not have any EMS Ground Ambulances

67. Are any of your EMS Air Ambulances in need of being replaced?

- a. Yes
- b. No
- c. N/A - Agency does not have any EMS Air Ambulances

68. Are any of your EMS Fire Apparatus - Non Ambulance in need of being replaced?

- a. Yes
- b. No
- c. N/A - Agency does not have any EMS Fire Apparatus - Non Ambulance

69. Are any of your EMS Utility Vehicle - Non Ambulance in need of being replaced?

- a. Yes
- b. No
- c. N/A - Agency does not have any EMS Utility Vehicle - Non Ambulance

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EMS Equipment

70. Does your agency have a regular maintenance/repair plan for your EMS Equipment (i.e. monitors, pulse ox, suction, etc.) [Yes or No]
71. Do you have BLS Automated External Defibrillators (AED)? [Yes or No]
72. Do you have portable ALS Cardiac Monitors (not AEDs)? [Yes or No] **If yes, continue to Q73. If no, skip to Q75.**
73. If yes, what brand/type of ALS Cardiac Monitors do you carry front-line (check all that apply)?
- a. Phillips - Efficia DFM100
 - b. Phillips - HeartStart MRx
 - c. Phillips - HeartStart XL+
 - d. Physio Control - LifePak 10
 - e. Physio Control - LifePak 11
 - f. Physio Control - LifePak 12
 - g. Physio Control - LifePak 15
 - h. Zoll - E Series
 - i. Zoll - M Series
 - j. Zoll - X Series
 - k. Other: [free text]
74. Which of the following capabilities do your ALS Cardiac Monitors have (check all that apply)?
- a. 3-lead ECG
 - b. 12-lead ECG
 - c. External Pacing
 - d. Synchronized Cardioversion
 - e. Defibrillation
 - f. Blood-Pressure (NiBP)
 - g. Pulse Oximetry (SpO₂)
 - h. End-Tidal Carbon Dioxide (ETCO₂)
 - i. Data Transmission to Receiving Facility
 - j. CPR Quality Feedback
 - k. Other: [free text]
75. Do you have stand-alone SpO₂ monitors (separate from a cardiac monitor)? [Yes or No]
76. Do you have stand-alone ETCO₂ monitors (separate from a cardiac monitor)? [Yes or No]
77. Do you use Continuous Positive Airway Pressure (CPAP) devices? [Yes or No]
78. Do you use Supraglottic Airway Devices (check all that apply)?
- a. No
 - b. Yes - Combitube
 - c. Yes - iGel
 - d. Yes - King
 - e. Yes - LMA
 - f. Yes - Other: [free text]
79. Do your protocols include RSI (sedation and paralysis) and/or PAI (sedation only) for endotracheal intubation?
- a. No
 - b. Yes - RSI only
 - c. Yes - PAI only
 - d. Yes - Both RSI and PAI

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80. Do your protocols authorize surgical airways?
- No
 - Yes - Commercial device/kit (pre-packaged)
 - Yes - Traditional (scalpel, ET tube, etc.)
81. Do you use transport ventilators / portable ventilators? [Yes or No]
82. Do you use chest-seals for open pneumothorax (check all that apply)?
- No
 - Yes - Traditional plastic with 3-sided tape
 - Yes - Traditional Vaseline dressing
 - Yes - Asherman Chest Seal
 - Yes - Bolin Chest Seal
 - Yes - HALO Chest Seal
 - Yes - Hyfin Chest Seal
 - Yes - SAM Chest Seal
 - Yes - Other: [free text]
83. Do you use chest-needle decompression for tension pneumothorax?
- No
 - Yes - Traditional 1 inch - 2 inch IV catheter
 - Yes - Commercial 3+ inch needle decompression catheter
84. Do you use automated mechanical chest compression device for CPR (check all that apply)?
- No
 - Yes - Auto-Pulse (Zoll)
 - Yes - Life-Stat (Michigan Instruments)
 - Yes - Lucas (Physio-Control)
 - Yes - Thumper (Michigan Instruments)
 - Yes - Weil Mini Compressor (Resus International)
 - Yes - Other: [free text]
85. Do you use tourniquets and/or junctional compression devices for hemorrhage control (check all that apply)?
- No
 - Yes - Traditional makeshift
 - Yes - Combat Application Tourniquet (CAT)
 - Yes - Mechanical Advantage Tourniquet (MATResponder)
 - Yes - Special Operations Forces Tourniquet (SOF-T)
 - Yes - Special Weapons and Tactics Tourniquet (SWAT-T)
 - Yes - Combat Ready Clamp (CRoC)
 - Yes - SAM Junctional Tourniquet (SJT)
 - Yes - Abdominal Aortic & Junctional Tourniquet (AAJT)
 - Yes - Other: [free text]
86. Do you use hemostatic agents for hemorrhage control (check all that apply)?
- No
 - Yes - CELOX
 - Yes - ChitoGauze
 - Yes - HemCon
 - Yes - Quick Clot
 - Yes - Surgicel
 - Yes - Other: [free text]

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87. Do you use Intraosseous (IO) devices (check all that apply)?
- No
 - Yes - Traditional manual device (i.e. Jamshidi)
 - Yes - B.I.G.
 - Yes - EZ-IO
 - Yes - FAST
 - Yes - Other: [free text]
88. Do you use pelvic binders (check all that apply)?
- No
 - Yes - Traditional Sheet Method
 - Yes - Commercial Pelvic Binder Device
89. What type of general splints do you use (check all that apply)?
- Air splints
 - Cardboard splints
 - Vacuum splints
 - Wooden splints
 - Other: [free text]
90. Do you use traction splints (check all that apply)?
- No
 - Yes - Hare
 - Yes - Sager
 - Yes - Other: [free text]
91. Do you use cervical collars? [Yes or No]
92. Do you use backboards? [Yes or No]
93. Do your protocols allow for "field clearance" of spinal immobilization and/or "selective immobilization"? [Yes or No]
94. Do you carry devices to maintain body temperature?
- No
 - Yes - Traditional Blanket, etc.
 - Yes - Commercial Device (i.e. HPMK, Bair Hugger)

Preparedness

95. In regards to CBRNE events (Chemical, Biological, Radiological, Nuclear, and Explosive), which of the following assistance, if available, would benefit your agency the most?
- Specialized Equipment
 - Specialized Education/Training
 - Combination of Specialized Equipment and Specialized Education/Training
 - None - Our agency is fully prepared to respond to CBRNE events
96. In regards to a generic Mass Casualty Incident (non-CBRNE), which of the following assistance, if available, would benefit your agency the most?
- Specialized Equipment
 - Specialized Education/Training
 - Combination of Specialized Equipment and Specialized Education/Training
 - None - Our agency is fully prepared to respond to CBRNE events
97. Does your agency employ specially-trained Tactical EMS Personnel?
98. Does your community have a specific Active Shooter response plan? [Yes or No] **If yes, continue to Q99. If no, skip to Q100.**

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99. Does your community routinely train/rehearse your Active Shooter response plan?
- No
 - Yes - More than Quarterly
 - Yes - Quarterly
 - Yes - Twice a Year
 - Yes - Once a year

Community Outreach / Community Paramedicine

100. What public awareness and education programs are available in your community (check all that apply)?
- Advanced Directives / DNRs
 - Car Safety Seat Education
 - Child Safety (i.e. Risk Watch, Safe Kids)
 - CPR
 - Disease Management
 - Domestic Violence Awareness and/or Prevention
 - EMS Bystander Education (i.e. First There, First Care)
 - Helmet Safety
 - Injury Prevention (General)
 - Mental Health Awareness
 - Poison Prevention
 - Seat Belt Awareness
 - Substance Abuse Awareness
 - Suicide Prevention
 - Water Safety
 - Other: [free text]
101. Does your agency currently have a Community Paramedicine / Mobile Integrated Health program? [Yes or No] **If yes, skip to Q103. If no, continue to Q102.**
102. If no, is your agency interested in exploring development of one? [Yes or No]

Critical Access & Needs

103. Please list, starting with the most important, your agency's top 5 specific priority needs:
- 1: [free text]
 - 2: [free text]
 - 3: [free text]
 - 4: [free text]
 - 5: [free text]
104. Please provide any questions, comments, concerns, feedback, additional information, input, ideas, etc. etc. about the current status of Emergency Medical Services in the State of Arizona, and/or where you would like to see Arizona EMS go in the future. Feel free to share facts and/or opinions of any sort. Your insights will be used in efforts to progress our state's EMS/Trauma system. The origin of these comments will not be shared outside of University of Arizona study staff (you and your agency will remain anonymous outside of U of A study staff unless you specifically request to be named): [free text]

Feedback

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NOTE: This survey tool will be delivered electronically. Question numbers and order may change based on user responses (some movement throughout survey will be predicated on user's answer selection).

105. Please provide any questions, comments, concerns, feedback, additional information, etc. etc. about the 2016 Arizona Statewide EMS Needs Assessment. This information will be shared directly with the Primary Investigator/Researcher. [free text]