2010 Wyoming Ambulance Survey

Please complete all questions. The survey integrity and results relies heavily on the completeness of this form. Incomplete surveys will be returned and counted as not submitted.

Replacement or additional forms may be printed from the forms web page at: health.wyo.gov/sho/ems

Please call Jay Ostby at the EMS Office with questions or help completing this survey.

Return the completed form to the EMS Office by Friday January 28, 2011 Thank You!

	Name of EMS Agency:				City: County:						
N a	Supervisor: Day Phone:				Business Phone:						
m e	Email Address:		Website Address: WWW								
Financial Information is Confidential What is this services total operating budget?: \$ For: □ EMS only □ EMS & oth Does this service receive funding from external sources (county, etc)?: □ Yes □ No □ If Yes, list Source Source: Amount: \$ Source: Source: Amount: \$ Source: Source: Source: Amount: \$ Source:						ist Source a Amount: Amount: Ir dispatch ercial □Lc	State: No				
		☐ Fire Department ☐ Hospital (Health District) ☐ Private (Non Hospital) ☐ Tribal									
	(Make copies to add more vehicles)	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Do you have a vehicle			
V e	Permit #							replacement fund?			
h	MS#	1						☐ Yes ☐ No			
I C	Vehicle Year Make (Ford, Chevrolet, etc.)							Are you			
l e	What Type: I, II, III, or Suburban							contemplating the purchase of a new vehicle in			
ı	Total Mileage on odometer as of 12/31							2011? □ Yes □ No			
n	Odometer last survey (Call if needed)							est. cost:\$			
0	How many miles in 2010?							(Thousands)			
	Was this vehicle acquired in 2010?	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes				
A c t	Total number of EMS runs calendar year 2010: Total number of standby's for public events: Total number of billable calls per calendar year 2010: Total number of transports per calendar year 2010: Approximate population served by this ambulance service: Square miles served:										
v	As a result of the actions of this agency in 2010 (use your best judgement in providing the following answers): Estimated number of lives that were saved: (Example: successful resuscitation, unconscious diabetics revived, multi-system trauma stabilization, etc estimated as less than 3% of total call volume) Estimated number of persons that were saved from permanent disability: (Example: spinal fractures immobilized, severe fractures splinted, etc Estimated at less than 5% of total call volume)										
	Does this service participate with the sponsor hospital Performance Improvement Committee?: Yes No										
	Briefly describe what you are doing to help educate the public: □ Blood drive □ BP events □ CPR □ EMS Week □ First Aid □ Health Fairs □ Open houses □ Public displays □ Safety programs □ Car Seat Safety Other: Estimated number of people attending this services public programs throughout 2010:										
								·			

С	Agencies providing first resp	onse on EMS calls with	your service:					
0	Local Law Enforcement: ☐ AED ☐ BLS/CPR ☐ EMT ☐ EMT-I ☐ EMT-P ☐ Manpower ☐ Other:							
- R	State Law Enforcement:	□ AED □ BLS/CPR			•			
E	Federal Law Enforcement:				•			
S	Fire Department:	□ AED □ BLS/CPR			•			
P	Other:							
0 N	Other:							
D	Other:							
E	Other:	☐ AED ☐ BLS/CPR I	□ EMT □ EMT-I	□ EMT-P □	Manpower □ O	ther:		
R S	Rate the quality of interactio Improvement, 3 Adequate,		ncies or co-resp	onding agenci	es on a scale of	1 to 5, 1 Needs		
	•	1-Needs Improvement		3 Adequate	4	5 Excellent		
	Local Law Enforcement:							
	State Law Enforcement:							
	Federal Law Enforcement:							
	City Fire:							
	County Fire:							
	Search and Rescue:							
	Other:							
	Other:							
	Other:	. 🗆						
N H S	Number of staff that completed IC or ICS 100 entry level NIMS (National Incident Management System) Training: Number of staff that completed IC or ICS 200 level NIMS Training: Number of staff that completed IC or ICS 700 level NIMS Training: Number of staff that completed IC or ICS 800 levle NIMS Training: Does this service utilize the NIMS 5 year training plan?: □ Yes □ No							
ШМШКОШХОУ РКШРА	Did this service participate in a Tabletop exercise?:							
R E	Did this service receive funding from the Hospital Preparedness Program?: ☐ Yes ☐ No If Yes, how much funding was received \$ and list what was the funding used for?:							
T e c h n o I o g y	Do you have computer(s) at this service?: \[\]Yes \[\] No \[\] Is there a state supplied computer at this service?: \[\]Yes \[\] No \[\] If desktop computer is state supplied: \[\]Computer Serial #: \[\] Monitor Serial #: \[\]Check what version(s) of Windows?: \[\] 95 \[\] 98 \[\] 2000 \[\] XP \[\] Vista \[\] Windows 7 \[\]Does this service have Internet Access?: \[\] Yes \[\] No \[\] If Yes where? \[\] Office \[\] Home \[\] Office & Home \[\] Office & Home \[\] What speed of Internet Access?: \[\] Low Speed "Dial Up through modem" \[\] High Speed "DSL, Satellite, Cable" Does this service need a desktop computer for entering WATRS?: \[\] Yes \[\] No \[\] Does this service need a tablet PC (mobile computer) for entering WATRS? \[\] Yes \[\] No \[\] If Yes, how many Tablets?: \[\] How many notebooks?: \[\] Did this service purchase their own E-PCR software? \[\] Yes \[\] No \[\] If Yes, how many Tablets?: \[\] How many notebooks?: \[\] No \[\] If Yes, how many Tablets?: \[\] How many notebooks?: \[\] How many notebooks?: \[\]							
	Has this service heard of the EMS Office's WebBoard communication technology? □Yes □ No If Yes on WebBoard communication technology, Have you used the WebBoard? □Yes □ No							

P	Number of persons that provided <u>prehospital</u> response during 2010 as of December 31 st 2010:		BEC	EMT-B	EMT Int.	EMT-P	RN	Other (driver)	Total	
e r s	Number of Full (primarily Employed Fu									
o n n e	Number of Part Time (Less than 20% salar									
I	Number of Volunteer Non-compensated									
	Number of staff (or desired number) on the ambulance for 911 responses: \(\)									
F e										
e s	BLS	\$.			Sp	ecialty Ca	r Trans	\$		
	BLS Emergency	\$.				Milea	ge BLS	\$	ē	
	ALS	\$.				Milea	ge ALS			
	ALS Emergency	\$.	. Standby (per ½			∕₂ hour)	our) \$.			
	ALS Level 2	\$.	. Wait Fee (per ½			∕₂ hour)				
Does this service charge for disposable supplies?: ☐ Yes ☐ No How are services for EMS billed?: ☐ In house ☐ Hospital ☐ External Billing Service ☐ Other: Is this service aware of Medicare's RAC (Recovery Audit Contractors) program?: ☐ Yes ☐ No										
			an Contrac	5.010) pro	grann					
E qu I pm e n t O p I n	Please check equipment for this servi □ AED, How many? □ Defib/Monitor Manual, How many? □ Glasgow Coma Score Chart □ Glucometer □ Pulse Oximeter □ I V Fluid Warmer □ Pelvic Binders □ Triage tags for patients, How many? □ Traffic Safety Vest(s), How many? □ Air/Ground Intercept Protocol/Chart □ Emergency Response Guidebook Haze □ Heated/Warm blankets □ Capnography How can we improve this survey?	☐ GPS ☐ Tyve ☐ Heln ☐ Turn ☐ Fire ☐ Che ☐ Preh ☐ N-95 ☐ Filte ☐ SCB mat ☐ Bino ☐ CPA ☐ Vent	☐ GPS ☐ Tyvek Suits if checked, How many? ☐ Helmets if checked, How many? ☐ Turnouts/Bunker Gear, How many? ☐ Fire Retardant coveralls, How many? ☐ Chemical Resistant Gloves ☐ Prehospital Decontamination Showers ☐ N-95 Respirators, How many? ☐ Filtered Masks ☐ SCBA ☐ Binoculars ☐ CPAP/BiPAP ☐ Ventilator(s) How many? ☐ C.):				Children (0 to 8 years) Broselow Tape Pediatric BP Cuffs Infant Chair Meconium Aspirator Non-Rebreather Mask Pediatric Chair Pedi Board Pediatric Wheel Pulse Oximeter Pediatric Stethoscope Stuffed Animal Traction Splint			
n I o n	How can the EMS Office help you better?									
Survey Completed By: Phone number to be reached at during the day: Date://										