

# NEEDS ASSESSMENT OF EMS PROVIDERS

See the *Survey Instructions* for directions on completing the survey

Please describe your organization's ownership structure (select one).

- Fire Department Affiliated (not municipally owned/operated)
- Hospital or Health System Owned/Operated
- Municipally Owned/Operated (including 3<sup>rd</sup> service and fire department affiliated)
- Independent (either for profit or not for profit) and not any of the above
- Other: \_\_\_\_\_

*If your organization is Independent or Fire Department Affiliated, please continue with the survey.*

*If your organization is Hospital or Health System Owned and Operated, Municipally Owned or Operated, or owned by another corporate structure, stop here and please return the survey via one of the options listed in the Survey Instructions.*

## Organizational Description

A1. Please verify the following information about your corporate organization, indicating any necessary corrections in the blanks provided.

<ORGANIZATION NAME>	
<SERVICE AFFILIATE NUMBER>	
<STREET 1>	
<STREET 2>	
<CITY>	
<STATE>	
<ZIP>	
<COUNTY>	

A2. Please provide the following information about yourself:

*This information is being collected only if needed to contact you in case of questions about your survey responses. It will not be included in the data collection and analysis.*

NAME (Print): \_\_\_\_\_

PHONE NUMBER ( XXX) XXX-XXXX, ext. XXXX): \_\_\_\_\_

EMAIL ADDRESS (if available): \_\_\_\_\_

# NEEDS ASSESSMENT OF EMS PROVIDERS

**A3. Does your organization have substations?**

- Yes (go to A3A)                       No (go to A4)

**A3A. How many substations do you have?** \_\_\_\_\_

**A4. What levels of service is your organization licensed to provide? Select all that apply.**

- Basic Life Support (BLS)  
 Advanced Life Support (ALS)

**A5. What types of service does your organization provide? Select all that apply.**

- Advanced Life Support, Squad Based – 911 Response  
 Advanced Life Support – 911 (Transport Capable)  
 Basic Life Support – 911 (Transport Capable)  
 Scheduled/Routine Transportation – Advance Life Support (ALS)  
 Scheduled/Routine Transportation – Basic Life Support (BLS)  
 Scheduled/Routine Transportation – Wheelchair Van and/or Stretcher Van

Other Services: \_\_\_\_\_  
 \_\_\_\_\_

**A6. Please provide the five-digit Minor Civil Division (MCD) codes for the primary response areas in which your organization and all of its substations are delivering 911 services, whether ALS or BLS.**

*If your organization is using an electronic patient care record system, a printout of the MCD codes from your system can be attached directly to the survey instead of completing this question. For a link to the MCD codes see the PEHSC web site at <http://www.pehsc.org/>.*

1.	6.	11.	16.	21.
2.	7.	12.	17.	22.
3.	8.	13.	18.	23.
4.	9.	14.	19.	24.
5.	10.	15.	20.	25.

## NEEDS ASSESSMENT OF EMS PROVIDERS

**A7. What is the financial structure of your organization? Select one.**

- Not-for-Profit (go to A7A)
- For-Profit (go to A8)
- Don't know
- Other: \_\_\_\_\_

**A7A. Is your organization registered with the PA Department of State, Bureau of Charitable Affairs?**

- Yes
- No
- Don't know

**A8. What is the business structure of your organization?**

- Corporation – C or S corp.
- Limited Liability Partnership (LLP)
- Limited Liability Corporation (LLC)
- No formal business structure exists
- Other: \_\_\_\_\_
- Don't know

**A9. What is your organization's business fiscal year?**

*A fiscal year is the 12 month period of time defined by the organization as its business year. For most EMS organizations the fiscal year and the calendar year are the same – January 1 through December 31<sup>st</sup>. But for some health care organizations, their fiscal year may be different, such as July 1<sup>st</sup> through June 30<sup>th</sup>.*

Start Date (MM/DD): \_\_\_\_\_

End Date (MM/DD): \_\_\_\_\_

**A10. Does your organization have a Board of Directors, i.e. Executive Board, Executive Committee, or Board of Managers?**

- Yes (go to A10A)
- No (go to B1)

**A10A. How frequently does your Board of Directors meet?**

- Weekly
- Monthly
- Quarterly
- Annually
- As needed; average times the Board meets per year: \_\_\_\_\_
- Other: \_\_\_\_\_
- Don't know

## NEEDS ASSESSMENT OF EMS PROVIDERS

**A10B. Do you provide compensation to your Board members? Select one.**

- No compensation of any kind is provided
- Compensation/Stipends are provided for the performance of board member duties
- No stipends are provided but travel expenses are reimbursed
- Stipends are provided and travel expenses are reimbursed
- Other: \_\_\_\_\_

**A10C. Does your organization have at least one or more independent board member(s)?** *An independent board member is one who has not been actively engaged in providing patient services through your organization or been a member or officer of your organization for the year prior to becoming a board member.*

- Yes, we have at least one independent board member.
- No, we do not have an independent board member.
- Don't know

**A10D. In what way does a local municipal representative from any of the areas you serve participate on your board?**

- He/she is a board member. (go to A10E)
- He/she is assigned to represent the municipality, but is NOT a board member. (go to A10E)
- No representation is included on the board from municipalities that are served by our organization. (go to A11)

**A10E. How often does he/she attend meetings?**

- Regularly
- Occasionally
- Never
- Don't know

**A11. If your organization is affiliated with a fire company, are there Emergency Medical Services representatives from within your agency on your Board of Directors?**

- Yes
- No
- Not applicable

# NEEDS ASSESSMENT OF EMS PROVIDERS

## Measuring Volume and Travel

*Throughout this study information will be requested concerning the most recent three complete fiscal years that are available in most organizations. If for any reason, your Fiscal Year 2009 data is not available, please call PEHSC to discuss at 717-795-0740 or 800-243-2EMS in PA during business hours from 9:00 am to 5:00 pm EDT.*

**B2. Please provide your total volumes of patient care reports (PCR), the number of PCRs billed for services and the number of PCRs for which your organization received reimbursement for fiscal years (FY) 2007, 2008, and 2009. Summarize the volume across all stations within your organization.**

Type of Patient Care Report (PCR)	FY 2007			FY 2008			FY 2009		
	# PCRs	# PCRs Billed	# PCRs Reimbursed	# PCRs	# PCRs Billed	# PCRs Reimbursed	# PCRs	# PCRs Billed	# PCRs Reimbursed
Advanced Life Support, Squad-Based - 911 Response									
ALS – 911 - Transport Capable									
BLS – 911 - Transport Capable									
Scheduled Transportation - ALS									
Scheduled Transportation - BLS									
Scheduled Transportation - Wheelchair Van and/or Stretcher Van									
Other Services:									
1.									
2.									
3.									

## NEEDS ASSESSMENT OF EMS PROVIDERS

B3. For the ten (10) patient care reports from FY 2008 identified in the *Survey Instructions* for this question, complete the chart below.

*If you have less than ten numbers listed in the **Survey Instructions**, fill in the chart only for those numbers listed. You do not need to select more PCR numbers from your information system.*

*We are interested in learning how far you traveled in total for each of these trips and what portion of the mileage was billed.*

*Total Miles Traveled Round Trip = miles from origination point to incident address + miles from incident address to health care provider + miles from incident address or health care provider to back in quarters.*

*We understand that not every trip results in taking a patient to a healthcare provider or in billable (patient loaded) miles. Please put a N/A for not applicable when the patient care event did not result in billable (patient loaded) miles.*

<b>Trips</b> (See Survey Instructions for PCR #'s to select)	<b>Total Miles Traveled Round Trip</b>	<b>Loaded Miles Traveled or Billed Miles</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

# NEEDS ASSESSMENT OF EMS PROVIDERS

## Staffing

**C1. How many people worked in your service over the past six months? Count the number of actual people across all your stations who are paid, who volunteer, who are part time, who are part of the leadership team, including the Board of Directors. Count the number of actual people, not budgeted positions, that you have. There is a question later about vacant positions.**

*Many people support both patient care and are leaders in their EMS organizations. Estimate the average percentage of time spent in a leadership role and in patient care services and report the portion of person's time that the individual spent in each category below. For example, if an operations leader spends 60% of their time on day-to-day management issues and 40% of their time delivering patient care on average, then a 0.4 would be added to the total number of people in Basic EMS and 0.6 would be added to the total number of people in the Leadership/Management category.*

*Check only the categories that apply to your organization and count the people in that category. If the total for a position category is currently zero because a vacant position is not filled, check the category and place a "0" on the line.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C2. Does your organization have paid staff? Paid staff is defined as anyone receiving an hourly wage or salary for performing their job responsibilities.**

- Yes (go to C2A)
- No (go to C3)

**C2A. Of the people you identified in Question C1, count the number of people who are paid in each category, including both full and part time employees. Use percentage estimates defined in Question C1 when a person has more than one area of responsibility. Check only the categories that apply to your organization and count the people in that category. If the total for a position category is currently zero because a vacant position is not filled, check the category and place a "0" on the line.**

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C2B. On average for the last six months, how many straight time hours per week does a full time paid person work in your organization?** *Typical full time people work 40 hours per week but some organizations use 36 and some use 48.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C2C. On average over the last six months, how many overtime time hours per week does a full time paid person work in your organization?**

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C2D. Does your organization have paid part time staff?** *Part time is defined as someone working less than a typical work week, usually less than 40 hours per week.*

- Yes (go to C2E)
- No (go to C3)

**C2E. Of the people you identified in Question C2A, count the number of people who work part time in each category.** *Use percentage estimates defined in Question C1 when a person has more than one area of responsibility. Check only the categories that apply to your organization and count the people in that category. If the total for a position category is currently zero because a vacant position is not filled, check the category and place a "0" on the line.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C2F. On average for the past six months, how many hours per week does your part time paid staff work in your organization?** *Use a typical average by category over the last six months. For many it will be 20 hours or 24 hours.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C2G. Did your organization have vacant paid positions in the last six months?**

- Yes (go to C2H)
- No (go to C3)

**C2H. Count the number of positions in each category that were vacant in the last six months.** *If a vacant position is paid and part time, use a percentage of a typical work week to represent that position. For example, if your typical work week is 40 hours and the position requires 24 hours of work, then 0.6 should be used to represent that position. If there were no vacancies in a job category, place a zero, 0, on the line.*

*Check only the categories that apply to your organization and count the people in that category. If there were no vacant positions in a category that is relevant to your organization, check the category and place a "NV" for "No Vacancies" on the line.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C2I. Recruitment can sometimes be challenging. On average for the last six months, how many days did it typically take to fill these vacant paid positions?** *If a position has been open for greater than six months, just put "greater than six months" on the line. If no positions within that category were vacant, put a "N/A" for not applicable on the line.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C2J. How much did these vacant paid full or part time positions affect your organization's ability to deliver patient care?**

- Very Frequently
- Frequently
- Occasionally
- Rarely
- Very Rarely
- Other: \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C2K. Select and prioritize the top three (1,2,3) reasons that recruitment for paid positions can be challenging to your organization.**

- Time demands of patient care do not allow for time to recruit
- Lack of a trained and certified pool of applicants
- Availability of Internet on-line recruitment tools
- Aging of the service area population
- Ability to advertise vacant positions
- Cost of advertising
- Ability to pay for training of new recruits
- Minimal relationship building with training facilities and/or local community colleges
- Recruitment has not been challenging to this organization
- Other: \_\_\_\_\_

**C2L. Retaining employees is also very important. Thinking back over the last three years, do your most recently recruited employees remain with the organization after their first year?**

- Yes
- No

**C2M. What is the average length of service by category for a paid employee at your organization?**

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C3. Does your organization have volunteer staff?** *Volunteer staff is defined as anyone who does not receive an hourly wage or salary for performing their job responsibilities. Include those receiving a small cash amount or cash equivalent (stipend) per call as volunteers.*

- Yes (go to C3A)
- No (go to C4)

**C3A. Of the people you identified in Question C1, count the number of people who volunteer (both full time and part time volunteers) in each category. Use percentage estimates defined in Question C1 when a person has more than one area of responsibility. Check only the categories that apply to your organization and count the people in that category. If the total for a position category is currently zero because a vacant volunteer position is not filled, check the category and place a "0" on the line.**

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C3B. For your volunteer staff do you provide any financial compensation (including reimbursement) for training or job related expenses (uniforms, meeting/travel costs, gift cards, etc.)?**

- Yes
- No

**C3C. Does your organization have volunteer part time staff?** *Part time is defined as someone volunteering less than a typical work week, usually less than 40 hours per week.*

- Yes (go to C3D)
- No (go to C4)

**C3D. Of the people you identified in Question C3A, count the number of people who volunteer part time in each category.** *Use percentage estimates defined in Question C1 when a person volunteers in more than one area of responsibility. Check only the categories that apply to your organization and count the people in that category. If the total for a position category is currently zero because a vacant volunteer position is not filled, check the category and place a "0" on the line.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C3E. On average over the last six months, how many hours per week does your part time volunteer staff work in your organization?** *Use a typical average by category over the last six months. For many it will be one shift – 4 or 8 or 12 hours per week.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C3F. How many straight time hours per week does a full time volunteer work in your organization?** *Typical full time volunteers work 40 hours per week.*

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C3G. How are volunteers who deliver patient care for your organization scheduled? Check the most frequently used method in the last six months.**

- Self-schedule – volunteers sign up to a pre-posted schedule
- Scheduled by the Operations Leader
- As needed – respond to Dispatch calls when volunteer is available, not pre-set staff schedule
- Other: \_\_\_\_\_
- Don't Know

**C3H. Did your organization have vacant volunteer positions in the last six months? A vacant volunteer position is defined as a position that is critical for the organization to support its mission, providing patient care.**

- Yes (go to C2I)
- No (go to C4)

**C3I. Check all that apply to your organization and count the number of positions in each category that were vacant in the last year. If a position is volunteer part time, use a percentage of a typical work week to represent that person. For example, if your typical volunteer work week is 40 hours and the position requires 24 hours of volunteer work, then 0.6 should be used to represent that position.**

- First Responders \_\_\_\_\_
- Basic EMT \_\_\_\_\_
- Paramedic \_\_\_\_\_
- Office Support Staff \_\_\_\_\_
- Leadership/Management \_\_\_\_\_
- Other: \_\_\_\_\_

**C3J. How much did these vacant volunteer full or part time positions affect your organization's ability to deliver patient care?**

- Very Frequently
- Frequently
- Occasionally
- Rarely
- Very Rarely
- Other: \_\_\_\_\_

**C3K. Recruitment of volunteers is often difficult to accomplish. Select and prioritize the top three (1,2,3) reasons that recruitment for volunteers can be challenging to your organization.**

- \_\_\_\_\_ Time demands of patient care do not allow for time to recruit
- \_\_\_\_\_ Lack of a trained and certified pool of applicants
- \_\_\_\_\_ Availability of Internet on-line recruitment tools
- \_\_\_\_\_ Aging of the service area population
- \_\_\_\_\_ Ability to advertise vacant positions
- \_\_\_\_\_ Cost of advertising
- \_\_\_\_\_ Ability to pay for training of new recruits
- \_\_\_\_\_ Minimal relationship building with training facilities and/or local community colleges
- \_\_\_\_\_ Recruitment has not been challenging to this organization
- \_\_\_\_\_ Other: \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

C3L. Retaining volunteers is also very important. Thinking back over the last three years, do your most recently recruited volunteers remain active in the organization after their first year?

- Yes  
 No

C3M. What is the average length of time a volunteer for your organization remains active in delivering patient care?

- First Responders \_\_\_\_\_  
 Basic EMT \_\_\_\_\_  
 Paramedic \_\_\_\_\_  
 Office Support Staff \_\_\_\_\_  
 Leadership/Management \_\_\_\_\_  
 Other: \_\_\_\_\_

C4. Now let's look at unit hours per service line. Complete the chart below by recording the total number of staffed vehicles your organization operates, the number of hours per day the vehicle is available for patient care, and the number of days per week the vehicle is staffed for those hours. Use an average of the usual vehicle in service for a typical week over the past year.

Example 1: For a small service with just one BLS vehicle that is staffed fully during the week and for just 12 hours per day on Saturdays with no coverage on Sundays the chart would look like this:

A. Staffed Ambulances (Count)	B. # of hours per day (up to 24)	C. # of days per week (up to 7)
1	24	5
1	12	1

Example 2: A medium size EMS organization has one main station and one substation. It runs three vehicles out of the main station and two out of the substation. Three of the five vehicles operate 24/7. The fourth vehicle is only operated during the business week on 12 hour shifts. The fifth vehicle operates only during rush hour during the business week in two 4-hour segments, from 6-10 and 3-7 pm.

A. Staffed Ambulances (Count)	B. # of hours per day (up to 24)	C. # of days per week (up to 7)
3	24	7
1	12	5
1	4	5
1	4	5

Complete this chart for your ambulance service:

A. Staffed Ambulances (Count)	B. # of hours per day (up to 24)	C. # of days per week (up to 7)

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C4A.** For the same average week in a year, how many people typically staff the vehicles identified in Question C4? *Most organizations use two (2) people, but many have 3 or 4 people in a vehicle especially if training or having an extra Paramedic is scheduled. See the example survey for the details on how to complete this chart.*

A. Staffed Ambulances (same as C4)	Typical Staffing for these vehicles

**C5.** How frequently does your organization use other first responder resources, such as fire company staff or rescue personnel, to respond to calls?

- 76 – 100% of all calls
- 51 – 75% of all calls
- 26 - 50% of all calls
- 1 – 25% of all calls
- Never
- Not applicable to this organization

**C6.** Now let's focus on the leadership of your organization. Does your organization have an operational leader, either paid or not paid? Operational leaders are primarily responsible for overseeing the staffing and day-to-day management of the organization.

- Yes (go to C6A)
- No (go to C7)

**C6A.** How is the organization's operational leader financially compensated? Select the response that best fits your organization.

- Volunteer – no compensation is provided
- Paid – full- or part-time, but does not have patient care responsibilities
- Paid – full- or part time and has patient care responsibilities
- Combination Paid/Volunteer – part time operational leader responsibilities but still volunteers for patient care
- Outsourced – an outside firm provides operational leadership services
- Other: \_\_\_\_\_

**C7.** Does your organization have an administrative leader? Administrative leaders are primarily responsible for overseeing the billing and financial functions of the organization.

- Yes (go to C7A)
- No (go to C8)

## NEEDS ASSESSMENT OF EMS PROVIDERS

**C7A. How is your administrative leader financially compensated?**

- Volunteer – no compensation is provided
- Paid – full- or part-time, but does not have patient care responsibilities
- Paid – full- or part time and has patient care responsibilities
- Combination Paid/Volunteer – part time administrative leader responsibilities but still volunteers for patient care
- Outsourced – an outside firm provides administrative leadership services
- Other: \_\_\_\_\_

*If you answered "No" to either C6 or C7, please skip this question and go to the next section.*

**C8. Are the operational manager and administrative leaders the same individual?**

- Yes
- No

# NEEDS ASSESSMENT OF EMS PROVIDERS

## Financial Analysis

**D1. Describe your organization's billing services:**

- In-House
- Billing Contractor
- We do not bill for our services

**D2. Does your organization utilize the services of a collection agency or other entity to recover money owed from past due accounts? Answer "Yes" if you use a third party billing agency and they use a collection agency.**

- Yes
- No
- Don't know

**D3. Does your organization operate financially on a cash or accrual basis?**

*The cash method is defined as recording revenues when they are received and expenses as they are paid. Most people operate on the cash method for their personal accounts. If your organization does not record the revenue for billed services until checks are received for the service, then you are probably operating under the cash system. Personally, you do not record your payroll until you receive your paycheck and the cash is available for you to use. That is the cash system.*

*The accrual method is defined as recording revenue and expenses when business transactions occur, rather than when cash is exchanged. For example, if your organization bills revenue for services when the service is delivered into an account called "Accounts Receivables" and the service has not yet been paid then the accrual method of accounting is used.*

- Cash method only
- Primarily cash with just payroll accrued
- All accrual
- Don't Know

**D4. What was your average cost per call for FY 2009 across all service lines?**

*Cost per call = Total Expenses before taxes for 2009 divided by Total number of billed patients care reports recorded for 2009 in Question B1*

Total: \$ \_\_\_\_\_

## NEEDS ASSESSMENT OF EMS PROVIDERS

D4A. What was your average cost per call for 2009 for each of the following service lines that are applicable for your organization? Check all that apply to your organization.

*Cost per call = Expenses by service line before taxes for 2009 divided by Total number of billed patients care reports for that service recorded for 2009*

If you do not have the information available to make these calculations for a service category that your organization supports, check the box and put "N/A," for "not available."

Advanced Life Support – 911: \$ \_\_\_\_\_

Basic Life Support – 911: \$ \_\_\_\_\_

Scheduled/Routine Transportation – ALS: \$ \_\_\_\_\_

Scheduled/Routine Transportation – Basic Life Support: \$ \_\_\_\_\_

Scheduled/Routine Transportation – Wheelchair Van and/or Stretcher Van: \$ \_\_\_\_\_

Other Services: 1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

D5. Does your organization utilize a budget process to project/track revenue and expense?

Yes

No

D6. Does your organization have an outside/independent financial review or formal financial audit performed each year?

Yes

No, but an internal review or audit is performed

No

Don't know

D7. Excluding Medicare and Medicaid, does your organization have written, formal contracts with private/commercial insurance companies in order to receive direct payment for services rendered?

Yes (go to D8)

No (go to D7A)

Don't know (go to D8)

## NEEDS ASSESSMENT OF EMS PROVIDERS

**D7A. Why does your organization not have written, formal contracts with private/commercial insurance companies? Select all that apply.**

- Management is not authorized to negotiate contracts on behalf of the organization.
- Management has a verbal agreement with the companies
- Lower than acceptable reimbursement rates.
- Contractual requirement to provide routine transport services.
- Non-coverage of certain services we currently provide, e.g., wheelchair van transports
- We have never been approached by any insurer regarding a contract.
- Other: \_\_\_\_\_

**D8. Does your organization have written formal contracts with healthcare facilities (i.e., extended care facilities, rehabs, hospitals, etc.) to provide emergency and/or scheduled patient transportation?**

- Yes, Both Emergency Calls and Routine Transports (go to the next section titled "Specific Financial Information")
- Yes, Emergency Calls Only (go to the next section titled "Specific Financial Information")
- Yes, Routine Transports Only (go to the next section titled "Specific Financial Information")
- No (go to D8A)

**D8A. Why does your organization not have written, formal contracts with healthcare facilities? Select all that apply.**

- Management is not authorized to negotiate contracts on behalf of the organization.
- Management has a verbal agreement with the companies
- Lower than acceptable reimbursement rates.
- Contractual requirement to provide routine transport services.
- Non-coverage of certain services we currently provide, e.g., wheelchair van transports
- We have never been approached by any organization regarding a contract.
- Other: \_\_\_\_\_

# NEEDS ASSESSMENT OF EMS PROVIDERS

## Specific Organization Financial Data

Please provide specific financial information about your organization's financial viability and sustainability for Fiscal Years 2007, 2008, and 2009.

*In general, for any public reporting of the survey results this information will be summarized, insuring that no specific information on any one organization can be identified from the data.*

**There are four alternatives for completing questions D9 and D10. Select the option that best suits your organization. If you select options 1 or 2, skip questions D9 and D10.**

- 1. Attach your organization's Income Statement and Balance sheets or the audited financial reports from fiscal years 2007, 2008, and 2009 and identify by noting it on the copies if the statements have been produced by an accounting firm or Certified Public Accountant.
- 2. Attach your organization's IRS Forms with all attachments for Fiscal Years 2007, 2008, and 2009 and identify by noting it on the copies if the statements have been produced by an accounting firm or Certified Public Accountant..
- 3. Complete the following tables in questions D9 and D10 with financial information from Fiscal Years 2007, 2008, and 2009.
- 4. Request help to complete this data from PEHSC by calling 717-795-0740 or 800-243-2EMS in PA during business hours from 9:00 am to 5:00 pm EDST.

*A fiscal year is the 12 month period of time defined by the organization as its business year. For most EMS organizations the fiscal year and the calendar year are the same – January 1 through December 31<sup>st</sup>. But for some health care organizations, their fiscal year may be different, such as July 1<sup>st</sup> through June 30<sup>th</sup>.*

## NEEDS ASSESSMENT OF EMS PROVIDERS

D9. Fill in the following information for fiscal years (FY) 2007, 2008, and 2009. Please use your financial records, including your statement of income and operating expenses, and your organization's IRS forms. If you do not have information for a category, please place a N/A (Not Available) in the box. If you do not understand a category, please call PEHSC for help at 717-795-0740 or 800-243-2EMS or mark DK – Don't know.

Description	FY 2007	FY 2008	FY 2009
Total Revenue			
Total Operating Revenue (also called Net Patient Revenue) <sup>1,2</sup>			
Total of all Contributions & Donations & Fund Raising Revenue <sup>2</sup>			
Membership Revenues <sup>2</sup>			
Subscription Revenues <sup>2</sup>			
Total Expenses			
Salaries and Benefits <sup>3</sup>			
Depreciation <sup>3,4</sup>			
Program Specific or Direct Expenses (Also known as Other Operating Expenses) <sup>3,5</sup>			
Bad Debt Allowance <sup>6</sup>			
Net Operating Surplus (also known as Net Income) <sup>7</sup>			

1. Total Operating Revenue = Total charges billed - any negotiated contractual discounts.

*For example, Medicare payments are often less than original charges. Only the actual Medicare reimbursement should be included in Total Operating Revenue.*

2. These four categories are subsets of Total Revenue. However, if your organization has revenue sources that are not included in this list, then the four categories should not exactly add up to Total Revenue.

3. These three categories are subsets of Total Expenses, but if you have expenses that are not included in these categories, the total should not add up to Total Expenses.

4. Depreciation = Total cost of a capital good / years of useful life in one year. It is not accumulated.

*For example, if your EMS organization just purchased a new ambulance fully equipped for \$250,000 and you expected to get 10 years of useful life, then the depreciation expense is \$25,000.*

5. Program specific or direct expenses (Other Operating Expenses) = expenses to fulfill your organization's mission, such as medical supplies for the ambulance, training and certifications, utilities for your organization's building, rent, etc.

6. Bad Debt Allowance = amount of Net Operating Revenue that will not be collected.

7. Net Operating Surplus = Total Operating Revenue – Total Expenses.

## NEEDS ASSESSMENT OF EMS PROVIDERS

D10. Fill in the following information for fiscal years (FY) 2007, 2008, and 2009. Please use your financial records, including your balance sheets, or your organization's IRS forms. If you do not have information for a category, please mark DK – Don't know.

Description	FY 2007	FY 2008	FY 2009
<b>Date of your Balance Sheet</b>			
Cash (petty cash, checking account, savings account)			
Marketable Securities (easily turned into cash, i.e., Certificates of Deposit, Treasury Bills, Money Market account)			
Net Patient Accounts Receivables <sup>1</sup>			
Inventory			
<b>Total Current Assets</b>			
Accumulated Depreciation			
Facilities, Land, and Equipment <sup>2</sup>			
<b>Total Assets</b>			
Short Term Debt (debt that must be paid off in less than one year from origination)			
Accounts Payable			
Current Portion of Long Term Debt			
<b>Total Current Liabilities</b>			
Long Term Debt			
<b>Total Liabilities</b>			
<b>Fund Balance (otherwise known as Net Assets) Total<sup>3</sup></b>			

1. Net Patient Accounts Receivables = Total charges billed – negotiated contractual discounts.

2. Estimate of the current market value

3. Fund Balance Total = Total Assets – Total Liabilities

## NEEDS ASSESSMENT OF EMS PROVIDERS

### Thank you for completing the survey!

Please return **ONLY** the survey in one of the following ways:

- Mail **ONLY** the survey in the enclosed postage-paid envelope that identifies the following recipient and address:

Dr. Jill Rumberger, Assistant Professor  
 Center for Survey Research  
 Penn State Harrisburg  
 777 West Harrisburg Pike  
 Middletown, PA 17057,

**OR**

- Fax **ONLY** the survey to PSU-Harrisburg's center for Survey Research at 717-948-6306,

**OR**

- Scan and email **ONLY** the survey to Dr. Jill Rumberger at [jsr178@psu.edu](mailto:jsr178@psu.edu),

**Do NOT return the instructions.**

Questions about the survey should be directed to:

Jill Schumann Rumberger, Ph.D., MBA  
 Assistant Professor of Health Administration  
 Penn State Harrisburg  
 777 West Harrisburg Pike  
 Middletown, PA 17057  
 Email: [jsr178@psu.edu](mailto:jsr178@psu.edu)  
 Office: 717-948-6649  
 Mobile: 814-883-5740

Janette Kearney Swade  
 Executive Director  
 Pennsylvania Emergency Health Services Council  
 600 Wilson Lane, Suite 101  
 Mechanicsburg, PA 17055  
 Email: [jswade@pehsc.org](mailto:jswade@pehsc.org)  
 Phone: 1-800-243-2EMS  
 Phone: 717-795-0740

Next Steps in the Project include:

- For a status and update of the project be sure to check out the project blog on the PEHSC web site, <http://pehsc.org/>
- Analysis of the data is expected to be on-going through this summer and into Fall 2010
- The final report to the sponsor, the Center for Rural Health, is due in December 2010
- Publication of the report is planned for the first quarter of 2010. It will be posted on the web at the Center for Rural PA web site, <http://www.rural.palegislature.us/>, and at the PEHSC website at <http://pehsc.org/>