Attachment D

Local EMS Provider Survey – Computer Assisted Telephone Interview

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/XXXX

Local EMS Provider Survey--Computer Assisted Telephone Interview

[Screening Script – See Attachment C]
[Consent Script: Verbal – See Attachment D-1]

BEGIN SURVEY QUESTIONS

ORGANIZATION CONFIRMATION

Before I ask you the survey questions I first need to confirm your organization's information.

1. Our records show that your organization name is:

   < Organization Name > is this correct?

   ☐ YES ➔ *GO TO QUESTION 1b*
   ☐ NO ➔ *ASK Q1a*
   ☐ DK ➔ *ASK Q1a*
   ☐ REF ➔ *ASK Q1a*

   1a. What is your organization name?

   _____

   ENTER REVISED ORGANIZATION NAME

   ☐ DK
   ☐ REF

1b. CODE BELOW OR IF NOT OBVIOUS THEN ASK: Is this organization a Fire Department?

- ☐ YES
- ☐ NO
- ☐ DK
- ☐ REF

2. And our records show that the home base address for your service is <Organization Address including zip code> is this correct?

   - ☐ YES ➔ *IF STATE IS AR, FL or OR, THIS STATE HAS NO SUB-STATE STRUCTURE SKIP TO Q4 OTHERWISE GO TO Q3*
   - ☐ NO ➔ *ASK Q2a*
   - ☐ DK ➔ *SKIP TO Q3*
   - ☐ REF ➔ *SKIP TO Q3*

   2a. What is your organization's address? (The home station.)

   _____
   ENTER REVISED STREET ADDRESS

   ____ ____ ____ ____ ____ ____ ____
   STATE ZIPCODE

   IF STATE IS AR, FL or OR, THIS STATE HAS NO SUB-STATE STRUCTURE SKIP TO Q4 OTHERWISE GO TO Q3

SERVICE AREA AND SERVICE

In this first set of questions I will ask you about your organizations service area and services.

3. Within the state, which state EMS administrative region are you in?

   REGION _____
   - ☐ DK
   - ☐ REF

4. What counties are included in your service area, including the home station county? As you provide each name, I will ask you if that entire county is within your service area or only part of it.

ENTER FIPS STATE AND COUNTY CODE FOR EACH COUNTY: CHECK AGAINST HARD COPY LIST FOR CORRECT CODES. MAKE SURE TO INCLUDE THE CORRECT STATE CODE IF THEIR SERVICE AREA CROSSES STATE LINES AND IS NOT WITHIN THE SAME STATE AS THE HOME STATION.

❑ DON'T KNOW COUNTY NAMES
❑ REFUSED TO GIVE COUNTY NAMES

(Home Station) FIPS STATE1 ___ ___ FIPS COUNTY1 ___ ___ ___ ☐All ☐Part

FIPS STATE2 ___ ___ FIPS COUNTY2 ___ ___ ___ ☐All ☐Part

FIPS STATE3 ___ ___ FIPS COUNTY3___ ___ ___ ☐All ☐Part

FIPS STATE4 ___ ___ FIPS COUNTY4___ ___ ___ ☐All ☐Part

FIPS STATE5 ___ ___ FIPS COUNTY5___ ___ ___ ☐All ☐Part

FIPS STATE6 ___ ___ FIPS COUNTY6___ ___ ___ ☐All ☐Part

FIPS STATE7 ___ ___ FIPS COUNTY7___ ___ ___ ☐All ☐Part

FIPS STATE8 ___ ___ FIPS COUNTY8___ ___ ___ ☐All ☐Part

FIPS STATE9 ___ ___ FIPS COUNTY9___ ___ ___ ☐All ☐Part

FIPS STATE10 ___ ___ FIPS COUNTY10___ ___ ___ ☐All ☐Part

5. Approximately how large is your service area in sq. miles?
RECORD PARTS OF MILES IN DECIMALS

IF R SAYS THEIR SERVICE AREA IS LESS THAN 1 SQ MILE, BUT IS NOT SURE OF THE EXACT SIZE, ENTER 0.5 BELOW. DO NOT PROBE FOR EXACT FRACTIONS OF A MILE IN THIS CASE.

_____ # OF SQUARE MILES (approximate)

❑ DON'T KNOW
❑ REF

6. Would you say the population of your service area is…?

- ☐ 10,000 or fewer
- ☐ Greater than 10,000 up to 50,000
- ☐ Greater than 50,000 up to 100,000
- ☐ Greater than 100,000
- ☐ DK
- ☐ REF

7. Which of the following descriptions best matches the population distribution of your service area?

- ☐ All rural
- ☐ Mixed—more rural than urban
- ☐ Mixed—more urban than rural
- ☐ All urban
- ☐ OTHER (Please describe)_____
- ☐ DK
- ☐ REF

[FOR NON FIRE DEPARTMENTS]

8a. What was your total EMS call volume in 2006? (An estimate is OK.)

[FOR FIRE DEPARTMENTS]

8b. What was your total EMS call volume in 2006? Please include **only** EMS calls. Do not include fire or other calls where there was no EMS response. (An estimate is OK.)
IF THE FIRE DEPARTMENT R SAYS THEY CANNOT SEPARATE FIRE VS. EMS CALLS RECORD THE NUMBER OF CALLS THEN NOTE THIS IN BLAISE COMMENTS ON THIS Q

[PROBES AND DEFINITIONS FOR ALL TYPES OF ORGANIZATIONS]

IF RESPONDENT DOESN'T KNOW 2006 VOLUME, ASK:Can you please tell me the call volume for some other recent 12 month period (e.g., the last 12 months or the most recent Fiscal year)?

IF THEY KNOW SOME OTHER RECENT 12 MONTH PERIOD THEN CHECK THE "# OF CALLS PER YEAR BOX" AND RECORD THE NUMBER OF CALLS.

IF THEY STILL DON'T KNOW ANY OTHER 12 MONTH PERIOD THEN PROBE WITH OTHER RESPONSE CATEGORIES AS LISTED IN ORDER BELOW AND CHECK THE APPROPRIATE BOX FOR THE NUMER OF CALLS RECORDED

Number of calls_____

❑ 2006 call volume

❑ # of calls per Year (this includes the last 12 months or the most recent Fiscal Year)
❑ # of calls in the last Quarter
❑ # of calls per Month
❑ # of calls per Week
❑ Other time period (Please describe):_____
❑ DK – VOLUME OF CALLS OR TIME PERIOD
❑ REF

9. What is the funding basis of your EMS service?

PROBE: READ THE RESPONSE CATEGORIES ALOUD TO R TO SEE IF THEIR DESIGNATION FITS INTO ONE OF THE DEFINITIONS BELOW. IF NONE OF THEM FIT, THEN YOU MAY CODE IT AS OTHER AND SPECIFY THE TYPE. CHECK ALL THAT APPLY

☐ Private for-profit

☐ Private not-for-profit

☐ Public/government

☐ Public/private partnership (mix of public and private funds)

☐ OTHER (specify): _____

☐ DK

☐ REF

10. Is your service considered a volunteer service?
❑ YES
❑ NO
❑ OTHER_____
❑ DK
❑ REF

11. Which of the following categories best describes the organizational placement of your EMS service? READ THE RESPONSE CATEGORIES TO THE RESPONDENT

PROBE: IF AFTER YOU READ THE RESPONSE CATEGORIES TO THE RESPONDENT AND THEY ANSWER "VOLUNTEER RESCUE SQUAD", ASK THEM AGAIN. "Is your rescue squad (READ RESPONSE CATEGORIES)" TO SEE IF IT MIGHT FIT WITHIN ONE OF THESE CATEGORIES. IF THEY STILL INSIST ON "VOLUNTEER RESCUE SQUAD" THEN RECORD THIS IN OTHER.

☐ Hospital-based ➔ *GO TO Q13*

- ☐ Fire department-based ➔ *GO TO Q12*
- ☐ Stand-alone service, e.g., not based in another organization or agency (NOTE: this includes for-profit ambulance companies as well as public stand-alone services, known as "Third Service" in some places) ➔ *GO TO Q13*
- ☐ OTHER (specify): _____ ➔ *GO TO Q13*
- ☐ DK ➔ *GO TO Q14*
- ☐ REF ➔ *GO TO Q14*

PERSONNEL

IF AGENCY IS NOT LOCATED IN A FIRE DEPARTMENT (Q1B=NO), SKIP Q12 AND GO TO Q13:

[IF AGENCY IS LOCATED IN A FIRE DEPARTMENT]

12. Approximately what percent of your response personnel (fire or medical) have dual-training as firefighters and EMTs or paramedics?

_____ % ☐DK ☐ REF

[FOR ALL TYPES OF AGENCIES]

This next set of questions I will ask you about your organizations personnel.

13. I am going to read you a list of types of EMT personnel, Basics, Intermediate and Paramedics. About how many **volunteers** of each type did your organization have, **at the end of last month**?

PROBE: IF R SAYS THERE IS SOME OTHER CATEGORY OF EMT PERSONNEL ASK:
Is that another level between Basic and Paramedic?

IF THE R SAYS 'YES' THEN INCLUDE THIS TOTAL WITHIN THE INTERMEDIATE CATEGORY UNDER 13B.

IF THE R SAYS 'NO' THEN SELECT 'NO' FOR Q13D , SPECIFY THIS OTHER LEVEL UNDER Q13E AND RECORD THE THE NUMBER OF THIS OTHER LEVEL IN 13G.

IF NECESSARY PROBE: How many volunteer <TYPE>'s did your organization have at the end of last month?

13a. # Volunteer EMT-Basic_____ ☐DK ☐ REF

13b. # Volunteer EMT-Intermediate (or AEMT)_____ ☐DK ☐ REF

13c. # Volunteer EMT-Paramedic_____ ☐DK ☐ REF

13d. Does that cover all of the EMT **volunteers** in your organization?

☐ YES ➔ *GO TO Q14*

☐ NO ➔ What is/are the other EMT volunteer designation(s)?

13e. Volunteer—other designation - e (specify)_____ ☐DK ☐ REF ➔ *GO TO 13g*

13f. Volunteer—other designation - f (specify) _____ ☐DK ☐ REF ➔ *GO TO 13h*

13g. How many **volunteer** <OTHER DESIGNATION (13e)> personnel did your organization have **at the end of last month?**

VOLUNTEER OTHER DESIGNATION (e)_____ ☐DK ☐ REF ➔ *GO TO 14*

13h. How many **volunteer** <OTHER DESIGNATION (13f)> personnel did your organization have **at the end of last month?**

VOLUNTEER OTHER DESIGNATION (f)_____ ☐DK ☐ REF ➔ *GO TO 14*

14. Now, I am going to ask you how many **paid FTEs** of each type of EMT personnel your organization had **at the end of last month**? And how many of each type were you actively recruiting, **at the end of last month**?

ESTIMATES ARE OKAY

PROBE: IF R SAYS THERE IS SOME OTHER CATEGORY OF EMT PERSONNEL ASK:

Is that another level between Basic and Paramedic?

IF THE R SAYS 'YES' THEN INCLUDE THIS TOTAL WITHIN THE INTERMEDIATE CATEGORY UNDER 15A.

IF THE R SAYS 'NO' THEN SELECT 'NO' FOR Q17 , SPECIFY THIS OTHER LEVEL UNDER Q17A AND ANSWER Q18A&B.

14a. How many **paid FTEs EMT-Basic** personnel did your organization have **at the end of last month**?

PAID FTEs EMT-Basic's _____
- ☐ DK # PAID EMT-BASIC
- ☐ REF # PAID EMT-BASIC

14b. And how many **EMT-Basic's** were you actively recruiting **at the end of last month**?

EMT-BASIC'S ACTIVELY RECRUITING _____
- ☐ DK # RECR EMT-BASIC
- ☐ REF# RECR.EMT-BASIC

15a. How many **paid FTEs EMT-Intermediate (or AEMT)** personnel did your organization have **at the end of last month**?

PAID FTEs EMT-Intermediate _____
- ☐ DK # PAID EMT-INTERMEDIATE
- ☐ REF # PAID EMT-INTERMEDIATE

15b. And how many **EMT-Intermediate's (or AEMT)** were you actively recruiting **at the end of last month**?

EMT-INTERMEDIATE ACTIVELY RECRUITING _____
- ☐ DK # RECR EMT-INTERMEDIATE
- ☐ REF# RECR.EMT-INTERMEDIATE

16a. How many **paid FTEs EMT-Paramedic** personnel did your organization have **at the end of last month**?

PAID FTEs EMT-PARAMEDIC _____
- ☐ DK # PAID EMT-INTERMEDIATE
- ☐ REF # PAID EMT-INTERMEDIATE

16b. And how many **EMT-Paramedic's** were you actively recruiting **at the end of last month**?

EMT-PARAMEDIC ACTIVELY RECRUITING _____
☐ DK # RECR EMT-PARAMEDIC
☐ REF# RECR.EMT-PARAMEDIC

17. Does that cover all of the **paid** EMTs in your organization?

PROBE: IF R SAYS THERE IS SOME OTHER CATEGORY ASK:
Is that another level between Basic and Paramedic?

IF THE R SAYS 'YES' THEN GO BACK TO 15A AND INCLUDE THIS TOTAL WITHIN THE INTERMEDIATE CATEGORY AND REASK 15B TO MAKE SURE THEY HAVE INCLUDED THIS LEVEL IN THEIR ACTIVELY RECRUITING NUMBERS UNDER THE INTERMEDIATE CATEGORY.

IF THE R SAYS 'NO' THEN SELECT 'NO' FOR Q17 , SPECIFY THIS OTHER LEVEL UNDER Q17A AND ANSWER Q18A&B

☐ YES ➔ *GO TO Q19*

☐ NO ➔ What is/are the other EMT designation(s)?

☐ DK ➔ *GO TO Q19*

☐ REF ➔ *GO TO Q19*

17a. Paid—other designation – a (specify)_____

17b. Paid—other designation – b (specify) _____

18a. How many **paid FTEs** <OTHER DESIGNATION (17A)> personnel did your organization have **at the end of last month**?

PAID FTE'S —OTHER DESIGNATION (a)_____ ➔ *GO TO 18b*

☐ DK # PAID OTHER A
☐ REF # PAID OTHER A

18b. How many <OTHER DESIGNATION (17A)> were you actively recruiting **at the end of last month**?

OTHER A ACTIVELY RECRUITING _____ _
☐ DK # PAID OTHER B
☐ REF # PAID OTHER B

IF THERE IS A RESPONSE IN 17B THEN CONTINUE WITH 18C, IF NOT THEN ➔ GO TO Q19

18c. How many **paid FTEs** <OTHER DESIGNATION (17B)> personnel did your organization have **at the end of last month**?

PAID FTE'S —OTHER DESIGNATION (B)_____ ➔ *GO TO 18d*

- ☐ DK # RECR OTHER B
- ☐ REF# RECR.OTHER B

18d. And how many <OTHER DESIGNATION (17B)> were you actively recruiting **at the end of last month**?

OTHER B ACTIVELY RECRUITING _____

- ☐ DK # RECR OTHER B
- ☐ REF# RECR.OTHER B

DISPATCH

In the next set of questions I will be asking you about how your organization is contacted and how calls are dispatched.

19. Which of the following describe the **system capabilities** for how your EMS unit is typically accessed in your service area for **emergency** calls? Is it typically accessed by a(n) …. ?(CHECK ONLY ONE)

READ ALL CATEGORIES.
PROBE: IF R INDICATES MORE THAN ONE MEANS OF ACCESS, PROBE FOR THE ONE MOST COMMONLY USED. IF RESPONDENT SAYS THAT DIFFERENT AREAS HAVE DIFFERENT LEVELS OF ACCESS, THEN INDICATE THIS IN "OTHER." IF R SAYS E-911-2, CODE THIS UNDER ENHANCED 9-1-1, IF YOU ARE NOT SURE OF THE TERM THEY ARE USING, CODE THIS UNDER OTHER.

- ☐ Basic 9-1-1 system
- ☐ Enhanced 9-1-1 system (include wireless 9-1-1 if call shows location) (AKA E-911)
- ☐ OTHER (specify):_____
- ☐ DK
- ☐ REF

20. I am going to read you a list of activities that the dispatch center for your service area may or may not routinely do. Please say "yes" if the dispatch center routinely does this activity for your service area, or "no" if it does not routinely do this communication activity for your service area.

For your service area, does your communication center routinely…	YES	NO	DON'T KNOW	REF
a. Prioritize dispatching (that is, ask a series of questions to determine the proper level of EMS system response)?	☐	☐	☐	☐
b. Provide the caller with specific CPR instructions?	☐	☐	☐	☐
c. Provide the caller with pre-arrival instructions other than CPR?	☐	☐	☐	☐
d. Keep track of responder vehicles with automatic vehicle location technology (e.g., GPS/GIS)?	☐	☐	☐	☐

EMS
SERVICE/SKILLS

Now I would like to ask you a few questions about the level of service and skills that your organization provides

21. What is the **highest** EMS level of life support for the transport vehicle(s) that supports your emergency medical runs? (SELECT ONE)

    ☐ BLS (Basic Life Support)

    ☐ Intermediate or advanced BLS (a level between BLS and ALS)

    ☐ ALS (Advanced Life Support) or ACLS (Advanced Cardiac Life Support)

    ☐ DK

    ☐ REF

22. Do your emergency medical responders (EMTs, paramedics) **always** have on-line immediate access to medical consultation when they are on an emergency call? (e.g., real time consultations during patient care, whether by radio, telephone, or electronic two-way communication).

    ☐ Yes, 24 hours a day, 7 days a week

    ☐ No, less than 24 hours a day

☐ Never

☐ DK

☐ REF

23. Which of the following best describes the medical oversight or control for your service?

☐ Full-time Paid medical director

☐ Part-time Paid medical director

☐ Volunteer medical director

☐ No medical director ➔ *SKIP TO Q26*

☐ DK

☐ REF

24. Is this medical control provided by one physician or by a group, such as an EMS Council or physician advisory board? CHECK ALL THAT APPLY

IF R SAYS THAT SEVERAL PHYSICIANS PROVIDE MEDICAL CONTROL BUT JUST ONE IS ON CALL THEN CODE THIS AS ONE PHYSCICIAN.

☐ One physician

☐ Council or advisory board

☐ OTHER (specify):_____

☐ DON'T KNOW

☐ REF

25. During the **previous four weeks**, has a medical director or advisor **directly** observed or participated in your unit's EMS activity, such as through training, testing, or accompanying the unit on an emergency call?

☐ YES

☐ NO

☐ DON'T KNOW

☐ REF

HEART ATTACK AND STROKE

Now I am going to ask you about how your organization handles heart attack and stroke patients.

26. About how many of your patients **in a typical month** present with each of the following conditions:

IF RESPONDENT GIVES A RANGE, ASK FOR THE AVERAGE IN A TYPICAL MONTH. IF RESPONDENT STILL ONLY GIVES A RANGE CALCULATE AVERAGE AND CONFIRM THIS WITH RESPONDENT BEFORE RECORDING THE AVERAGE.

a. chest pain _____(average number) ☐DK ☐REF

b. cardiac arrest (non-trauma) _____(average number) ☐DK ☐REF

c. suspected stroke _____(average number) ☐DK ☐REF

27. What is the on-scene time benchmark (or: goal) for your service, for each of the following:
(i.e., on scene with patient before transport begins)

a. Chest Pain or Suspected Heart Attack:
☐# of Minutes _____
☐ DON'T HAVE ONE
☐ DON'T KNOW
☐ REF

b. Cardiac Arrest
☐# of Minutes _____
☐ DON'T HAVE ONE
☐ DON'T KNOW
☐ REF

c. Stroke
☐# of Minutes _____
☐ DON'T HAVE ONE
☐ DON'T KNOW
☐ REF

28. When a patient with a **suspected heart attack** is being transported to a hospital, which of the following is the most commonly used basis for the hospital choice?
- ☐ There is only one Hospital
- ☐ Nearest Hospital (when more than one)
- ☐ Patient request (for a specific hospital)
- ☐ Hospital with special capabilities such as angioplasty (cardiac catheterization lab)

☐ Other_(specify)_____
☐ DK
☐ REF

29. When a patient with a **suspected stroke** is being transported to a hospital, which of the following is the most commonly used basis for the hospital choice?
    ☐ There is only one Hospital
    ☐ Nearest Hospital (when more than one)
    ☐ Patient request (for a specific hospital)
    ☐ Hospital designated as a specialized stroke center
    ☐ Other_(specify)_____
    ☐ DK
    ☐ REF

30. Do you report patient information to the receiving hospital in advance of arrival?
    ☐ YES
    ☐ NO
    ☐ DON'T KNOW
    ☐ REF

31. I am going to read a list of interventions that are commonly used for pre-hospital care of patients with either **non-trauma chest pain** or **suspected stroke**. I will ask whether each level of provider in your organization is authorized to do the following, when appropriate.

First I am going to ask you questions related to medications As appropriate for **non-trauma chest pain** or **suspected stroke**, please tell me if each of the following provider levels in your organization is authorized to give or do the following:	**EMT-Basic**	**EMT-Intermediate**	**Paramedic**
a. Assistance with patient's own aspirin (ASA)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
b. Aspirin (ASA) from your supply	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF

c. Morphine or equivalent	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
d. Assistance with patient's own nitroglycerin	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
e. Nitroglycerin from your supply	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
f. Anti-arrhythmic (also called "anti-dysrhythmic") medication	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
g. Beta blocker	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
h. Pressor agent (i.e., a substance that elevates blood pressure)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
i. Thrombolytic agent (intravenous clot busting medication)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF

Now I am going to ask you about tests and procedures As appropriate for **non-trauma chest pain** or **suspected stroke**, please tell me if each of the following provider levels in your organization is authorized to give or do the following:	**EMT-Basic**	**EMT-Intermediate**	**Paramedic**
j. 12-lead ECG (or EKG)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
k. Pulse oximetry	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
l. Glucometry (to test blood sugar)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
m. Obtain peripheral IV access (extremities, e.g., arm, foot, hand)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
n. Obtain central IV access (e.g., internal jugular, femoral, or subclavian) (CVC; central venous)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
o. Endotracheal intubation	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
p. An alternate mechanical airway such as Combi-tube, PtL, or LMA (laryngeal mask airway)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF

q. Surgical airway (involving an incision or needle: e.g., cricothyrotomy)	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF
r. Monitor end-tidal CO2 (ETCO2); e.g. Capnography	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF	☐ Yes ☐ No ☐ DON'T KNOW ☐ REF

32. Do you use a stroke scale for diagnosing suspected stroke cases?

- ☐ NO - DO NOT USE ANY ➔ *GO TO Q33*
- ☐ YES ➔ *GO TO Q32a*
- ☐ DK ➔ *GO TO Q33*
- ☐ REF ➔ *GO TO Q33*

32a. [IF YES] Which one? CHECK ONE

CODE SPONTANEOUS RESPONSE. READ RESPONSE CATEGORIES IF NECESSARY

IF R SAYS THEY USE MORE THAN ONE, PROBE: Which one does your organization use the most?

- ☐ BREMSS Stroke Observation Scale
- ☐ Cincinnati Stroke Scale
- ☐ Dallas Area Stroke Council Stroke Evaluation Sheet
- ☐ Los Angeles Prehospital Stroke Scale
- ☐ Miami Emergency Neurologic Deficit (MEND) Prehospital Checklist
- ☐ West Central Florida EMS Stroke Checklist
- ☐ Something else (specify):_____
- ☐ DK
- ☐ REF

33a. Do the practicing **paramedics** in your service have to meet specific requirements to remain eligible to perform endotracheal intubation?

- ☐ YES ➔ ASK *33b*
- ☐ NO ➔ *GO TO Q34a*
- ☐ DK ➔ *GO TO Q34a*
- ☐ REF ➔ *GO TO Q34a*

33b. Which of the following are required **at least annually** for paramedics to maintain eligibility to perform endotracheal intubation? CHECK ALL THAT APPLY

- ☐ Written examination
- ☐ Practical examination (hands-on)
- ☐ Perform on a minimum number of patients during a specific time period (e.g., quarterly, annually)
- ☐ Something else at least annually (specify)_____
- ☐ Nothing required annually or required less than annually
- ☐ Do nothing at all to maintain eligibility
- ☐ DK
- ☐ REF

34a. Do the practicing **paramedics** in your service have to meet specific requirements to remain eligible to perform central IV access procedures?

- ☐ YES ➔ ASK *31b*
- ☐ NO ➔ *GO TO Q32*
- ☐ DK ➔ *GO TO Q32*
- ☐ REF ➔ *GO TO Q32*

34b. Which of the following are required **at least annually** for paramedics to maintain eligibility to perform central IV Access (i.e., Central Line; also called: CVC; Central Venous Catheter or CV Line)? CHECK ALL THAT APPLY

- ☐ Written examination
- ☐ Practical examination (hands-on)
- ☐ Perform on a minimum number of patients during a specific time period (e.g., quarterly, annually)

☐ Something else at least annually (specify)_____

☐ Nothing required annually or required less than annually

☐ Do nothing at all to maintain eligibility

☐ DK

☐ REF

35. Are there any therapies, techniques, or technologies for managing cardiac or stroke patients that your service has adopted **within the last year**?.

☐ YES ➔ ASK 35A and B

☐ NO *(SKIP TO END)*

☐ DK *(SKIP TO END)*

☐ REF *(SKIP TO END)*

FOR 35A AND B BE SURE TO PROBE FOR NEW THERAPIES, TECHNOLOGIES AND TECHNIQUES IF THEY ONLY MENTION THINGS WITHIN ONE OR TWO OF THESE CATAGORIES

35a. What has your service adopted for cardiac patients (please list all)?

NEW THERAPIES, TECHNOLOGIES, OR TECHNIQUES FOR CARDIAC PATIENTS:

_____

❑ NOTHING NEW FOR CARDIAC PATIENTS ➔ *GO TO 35b*

❑ DK

❑ REF

35b. What has your service adopted for stroke patients (please list all)?

NEW THERAPIES, TECHNOLOGIES OR TECHNIQUES FOR STROKE PATIENTS:

_____

❑ NOTHING NEW FOR STROKE PATIENTS

❑ DK

❑ REF

END

That was my last question. Thank you for your time to speak with me today. Do you have any other questions or comments about the survey you would like me to note?

NOTE RESPONDENTS COMMENTS

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_____

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Thank you, good bye.