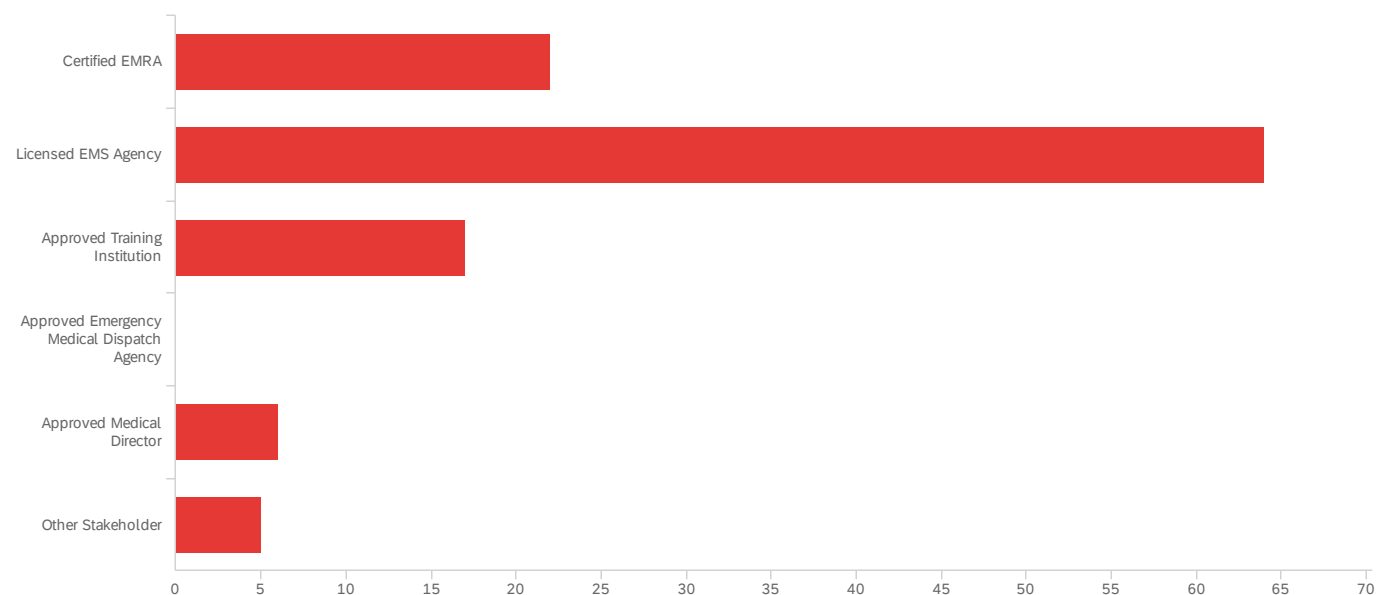


Default Report

OERSSIRF Priority Survey

November 28, 2022 11:14 AM CST

Q1 - Please choose which of these best describes you:



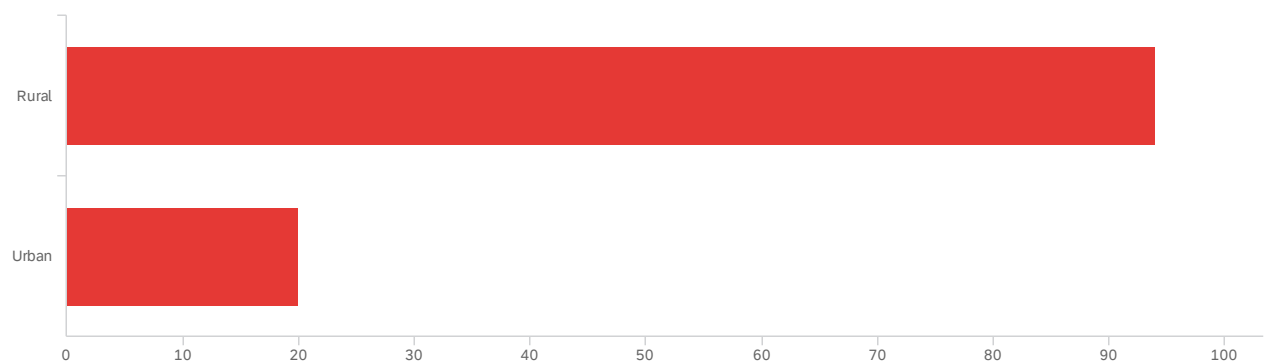
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please choose which of these best describes you:	1.00	6.00	2.29	1.20	1.43	114

#	Field	Choice Count
1	Certified EMRA	19.30% 22
2	Licensed EMS Agency	56.14% 64
3	Approved Training Institution	14.91% 17
4	Approved Emergency Medical Dispatch Agency	0.00% 0
5	Approved Medical Director	5.26% 6
6	Other Stakeholder	4.39% 5

114

Showing rows 1 - 7 of 7

Q2 - Please select which of these best describes your agency:



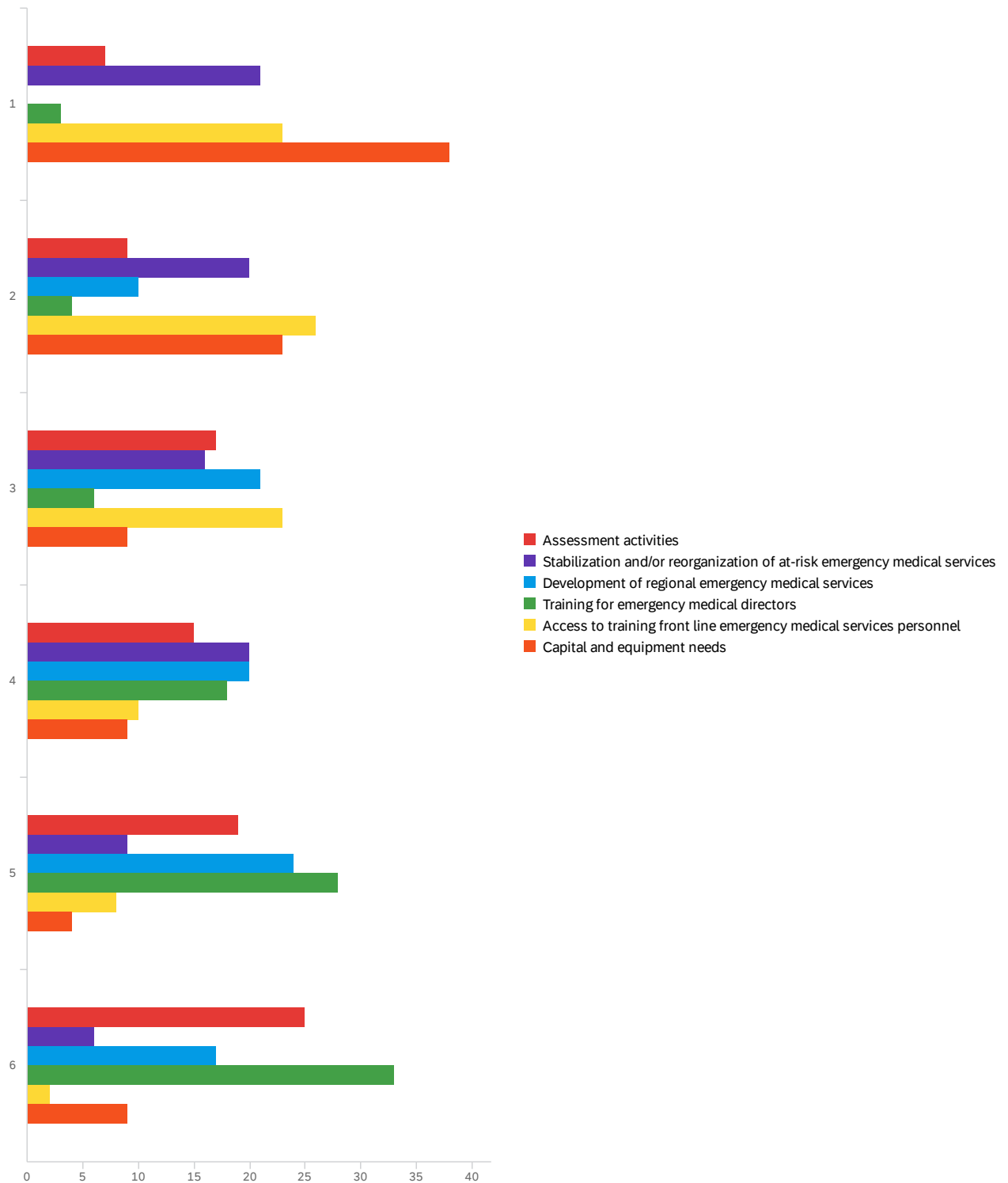
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please select which of these best describes your agency:	1.00	2.00	1.18	0.38	0.14	114

#	Field	Choice Count
1	Rural	82.46% 94
2	Urban	17.54% 20

114

Showing rows 1 - 3 of 3

Q3 - Please rank the following items from 1-6 (1 being the highest need and 6 being the lowest) to indicate what priority level they are for your agency. To rank items in order, please click and drag into the desired position.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Assessment activities	1.00	6.00	4.14	1.59	2.53	92
2	Stabilization and/or reorganization of at-risk emergency medical services	1.00	6.00	2.93	1.52	2.32	92
3	Development of regional emergency medical services	2.00	6.00	4.18	1.28	1.63	92
4	Training for emergency medical directors	1.00	6.00	4.77	1.29	1.68	92
5	Access to training front line emergency medical services personnel	1.00	6.00	2.57	1.32	1.75	92
6	Capital and equipment needs	1.00	6.00	2.40	1.64	2.70	92

#	Field	1		2		3		4		5		6		Total
1	Assessment activities	7.61%	7	9.78%	9	18.48%	17	16.30%	15	20.65%	19	27.17%	25	92
2	Stabilization and/or reorganization of at-risk emergency medical services	22.83%	21	21.74%	20	17.39%	16	21.74%	20	9.78%	9	6.52%	6	92
3	Development of regional emergency medical services	0.00%	0	10.87%	10	22.83%	21	21.74%	20	26.09%	24	18.48%	17	92
4	Training for emergency medical directors	3.26%	3	4.35%	4	6.52%	6	19.57%	18	30.43%	28	35.87%	33	92
5	Access to training front line emergency medical services personnel	25.00%	23	28.26%	26	25.00%	23	10.87%	10	8.70%	8	2.17%	2	92
6	Capital and equipment needs	41.30%	38	25.00%	23	9.78%	9	9.78%	9	4.35%	4	9.78%	9	92

Showing rows 1 - 6 of 6

Q4 - Please describe why you ranked the options the way you did and provide any details you think may be helpful for us to understand the priority needs across the state.

Please describe why you ranked the options the way you did and provide any...

Equipment is costly and upgrading is difficult

Inflation is very hard on services, when they go to buy ambulances, equipment and medical supplies. Our vendors raise prices, but we do not get any more money from Medicare to match the inflation. There is a nationwide shortage of Paramedics and EMT's. Smaller towns have trouble finding people to work on the ambulance. Paramedics in low volume services do not develop good skills.

1 Having the equipment to provide care is paramount. 2 Having stable services that maintain staffing and good maintained equipment is very important. 3 Regional Emergency medical services allow for assistance during high volume times. 4 Assessing what is available and what is needed is the only way to improve where needed. 5 Training to front line personnel is a high priority to be able to attain and maintain the skills needed to provide high quality patient care. 6 Medical Directors need to be trained in a way to keep up with what the front line providers need and to be able to adjust to those needs.

I ranked the following items in order because rural EMS agencies are at risk because of funding to support the agency. The risk of losing staff to other EMS agencies due to better pay and call volume. I had one personnel on a waiting list to go to the EMT course for 5 years at a technology center.

Capital and equipment needs are definitely a top priority due to many small city governments often have reports of turmoil, which causes budget restraints for smaller and volunteer agencies each year. There may be no solution for this, but every rural service at least in my area, struggles to receive the needed funding for Ambulances or Equipment that is newer than 20+ years old. This is definitely a top priority for our rural EMS coverage area due to the multiple break downs during responses to emergencies.

The Oklahoma EMS system is in peril. Funding is strictly based on medicare rates that do not meet the needs of the agencies.

The greatest threat(s) to rural EMS are, in my opinion, financial strain and lack of qualified professionals willing to serve in the rural areas.

The point of the fund is to "stabilize and improve" emergency services. It's right there in the title.

Training new paramedics should be the number one priority for the state. We are getting fewer and fewer paramedic applicants.

Training in rural areas is always a priority.

We do not have funding to replace capital equipment. with out these funds to replace units this service would have closed.

Currently workforce is our biggest concern. We barely have enough people to fill a schedule and cover our county. (This is because it is mainly volunteer service and everyone has a full time job.) Most people do it as a community service and a supplement to their primary income. We are not able to take many of our transfers because of lack of staff, which is mainly where the revenue is generated. We need to have better access to remote/online training in order to educate and train more personnel. Now days everything is offered on-line but for some reason that does not seem to be the case with EMS. I do understand there has to be clinical work but this could be condensed and classroom work could be done online. If this is available information is not disseminated in a way that our area is aware. Also it also seems like you have to jump through hoops to get a EMR/EMT/Paramedic class planned. Also there needs to be incentives for EMTs similar to what firefighters have after so many years of service (maybe a retirement). Maybe this would be a way to entice individuals to become EMT's. Also, it would be nice to be able to have funding to sponsor or scholarship qualified applicants. This leads to our next biggest concern which is expensive equipment and capital needs for EMS. If you don't have people to work and take transfers, in turn revenue is decreased and the service has no funds to purchase needed equipment. Next the stabilization and/or reorganization of at risk EMS. We are there and on the verge of collapsing due to lack of personnel. How can the state assist? An EMT pool that Oklahoma counties can access for help when needed.

currently struggling with manpower shortage issues

Please describe why you ranked the options the way you did and provide any...

They replaced two units and trained 14 EMT students with 7 passing National Registry. 4 paramedic students with two passing National Registry and two currently in class. They conducted a survey with moderate response. They held a virtual Medical Director training for the panhandle counties with only their medical director in attendance.

Each of these could be ranked in any position based on the needs of the agency. However, it is universally held that capital is short and I would imagine would be most important to any agency who is surveyed.

Access to training front line emergency medical services personnel is a top priority for Western Technology Center. The need for EMS Personnel continues to grow in rural Oklahoma. WTC would like to continue to provide access to this vital training. Stabilization and/or reorganization of at-risk Ems is important to WTC. Having the proper up to date training to these agencies ensures a safe environment not only for the patient, but the agency staff as well. Up to date equipment is needed to ensure students receive training on the same equipment they will be using in the field. This equipment can be quite expensive. With the help from this grant, WTC will be able to provide the up to date training students need to perform their duties. Assessment activities help indicate the training WTC is providing is delivered in a way students comprehend and retain the training. Medical Director training is also vital to the EMS Program at WTC. His or her understanding of the EMS world will help him or her provide feedback to the Tech Center and guide him in the oversight of the training program. Regional medical center in Western Oklahoma will help get needed EMS Services to rural parts of Oklahoma. The need for EMS services in rural Oklahoma is continuing to grow as the population gets older.

As a training provider, we need to be able to offer up-to-date training with state-of-the-art equipment. The EMS agencies that we serve are in need of EMTs and Paramedics, but because of capacity constraints, we are unable to meet these needs. The rural communities in our district need improved access to emergency medical services.

Opportunities for agencies in rural areas has been a challenge since my employment in EMS. For my situation I had zero training prior to taking on agency director. I have had to learn as I go & frequently due to staffing issues when trainings are offered they are in OKC or Tulsa & thus the ability for me to attend is simply out of the question.

Our local EMS services are facing a dire shortage of workers. We have training programs in place but we struggle finding students to fill the classes. We are concerned that the skills assessments, moving to local control, will jeopardize the quality of students being developed.

The cost of running and maintaining a EMS service is a continuing struggle to be able to break even or to be self sufficient. Cost of equipment, wages, maintaining equipment, is higher than monies received from collection on runs, subsidies or any other source that support the service. Some counties has not fulfill their obligation to help come up with support for the services that provide care for their counties(HB 1888, established in 2011).

Funding and manpower have always been an issue. There are areas in our district that are not protected by any one source of protection.

rural area difficult to find instructors and resources

Cause we need money for equipment.

We have to fix all the 911 calls for non-emergency runs. Lift assist, vomiting, Headache, We have to start saying that is not an emergency and No ambulance will be responding. I understand the liability but we are using equipment, fuel, and tying up people and equipment not available when that two-car head-on collision occurs.

Rural EMS in trouble, rest of options don't mean much when you don't have an open agency. Education can be worked with by keeping it in house. Assessments, don't need we all know the troubles. Medical Directors needs trained but stabilization is more important.

1. Funding is the most important issue we face. 2. Training for directors in the EMS is not readily available. 3. Personnel training is difficult because of the shift work and trying to get people in attendance. 4. Again EMS is an essential service and funding is of great concern. 5. Assessment are completed by paramedics and works very well in our realm. 6. Unless something is done to ensure finances are available, this may be what rural areas have to. Consolidate services. This will create longer response times, in my opinion.

As a rural volunteer EMRA, training is very important to us. The area is very transitory where our volunteers stay for an average of 1.5 years. Not long enough to get training needed to be a real service to the department. Most can barely finish a class like EMR before they leave.

Please describe why you ranked the options the way you did and provide any...

Access to critical help can be delayed in rural areas without direct EMS response. They are having to come from neighboring jurisdictions and first responders don't always have the equipment/supplies or the training necessary to stabilize prior to EMS arrival.

Capital improvement is the most expensive thing whether you are an at-risk agency or not. Everything is expensive. That is what we all need help with. That's number 1. The rest are interchangeable.

We have an amazing medical director so I'm not sure the need elsewhere. Training is very important for frontline EMS personnel especially if they are the first on scene. Equipment needs are always important as being a small volunteer department.

Rural EMS services are challenged financially more than ever before. Our state often wonders why we are an "inverted triangle" and questions why metropolitan area EMS providers have ALS provision with mid to high-level hospital classification facilities within just a few miles of any response. Rural EMS agencies struggle to obtain Paramedic level providers due to lack of funding. Plain and simple.

equipment upgrades and building improvements training new people and keeping them

This order fits our agency better

Training and developing personnel as well as services to meet a standard of care in Oklahoma. Using this standard of care to develop regional educational requirements and opportunities to ensure a better standardization.

Stabilization of at risk agencies "if proven to be a true need" seems like the most logical use of the funds followed by front line personnel and capital equipment needs. Funds should be available to develop EMS services from whoever is developing them. Medical director training is a way to get points but I have not seen a real medical directors class that would educate local physicians on what is needed to oversee an EMS agency. Assessment activities should be the lowest priority since the funding amount for the grant is so low.

Training personnel should always be the top priority. Equipment will always be in short supply especially in rural communities. Services are always in short supply. Assessment falls right along with the others. Stabilization of all services are very important as well. Medical Directors should be in touch with their departments and should already know what they need to be learning.

Each entity has its own unique priority needs, which will vary greatly depending on the type and location of the entity (municipal/private, rural/urban, etc). For our agency, capital and equipment needs are top priority, as we do not qualify for any other grants or major funding. Without OERSSIRF funding it would be nearly impossible for us to maintain our ambulance fleet and keep modern medical equipment on our units, as our budget simply does not allow for the expense. EMS is experiencing an epidemic work shortage, and training access is crucial. With the imposition cost collection mandates on ambulance providers, assessment activities are extremely important. We will lose Medicare dollars if we refuse to or are unable to comply with the cost collection reporting. Agencies who have limited funding or resources may find it difficult to complete the reporting process without the help of OERSSIRF funding. Rural EMS continues to struggle as the healthcare infrastructure declines in sparsely populated communities more and more.

We need a 20 year retirement system, and an avenue for grants to buy new equipment. A retirement system is the only way to sustain, everything else is a temporary fix. Numbers 3 through 6 are things that should be done at the state level without use of Grant money they should go to the services.

I would like to see more training available for medical directors, to have a better understanding of the EMS systems. As always, quality training is a must for all medical responders, and with every system, the cost of equipment and operation is an everyday concern.

we need better equipment and training

I really don't really know how I would rank them. We are a training facility and I use other entities within this group to train my students. They will know how they need to be ranked for our area.

Please describe why you ranked the options the way you did and provide any...

Goals and priorities of the state in regards to EMS should be the first step. Once the goals and priorities are identified, then assessment activities should be completed to see where the EMS system in and where the greatest deficit to the goals are priorities are. Those agencies which need stabilizations and/or reorganization should be the top priority. Training to front line EMS personnel should be provided, along with free to low cost training for new providers, and recruitment activities because we know that there has been a big decrease in the labor workforce nationwide. As many of the rural agencies are facing budget pitfalls, assistance with capital and equipment needs, along with the maintenance or repair of those items which can be maintenance should be completed. Training for medical directors, while important, should be able to be completed with minimal cost and can be properly evaluated during assessment activities to see where the needs are and what can be implemented to meet those needs. The need for a regional emergency medical services as a whole needs to be reconsidered as there are many efforts in place that many be able to be evaluated to meet this need.

We are a rural EMRA agency, and we do not have the need for Ambulance Service items

The top priority should be to train and educate the ones you currently have. Hopefully, it would increase retention and hiring of individuals.

We are an approved training center for EMR and EMT training. We have a great need for instructors in our area. If we had more instructors we could offer more training classes.

Training is lacking in our area and the private for profit ambulance service doesn't have the best interest of the public in mind. We need a better regional EMS system in place.

Stabilization and reorganization should be broad enough to address most issues in EMS. Part of EMS reorganization should be a regional approach. Assistance with capital and equipment helps to shore up those two ideas. Unsure about training for emergency medical directors. Is this for the EMS director or for the medical director? Access to training isn't an issue for me. The quality of training programs is (teach to pass a test, but the student isn't ready for the field in a cognitive or affective manner).

1 and 2 are costly and difficult to fund.

With decreased funding, capital equipment is always a difficulty. Second, rural providers always have difficulty obtaining high quality education.

Decreased funding always creates issues with capital equipment. This is a huge need. Second, rural providers have difficulty obtaining high quality education.

The highest priority to me is to ensure that we as a state are providing funding to the most at-risk services. The criteria for at-risk services needs to be revisited so that the true at-risk services can benefit from the small pool of funding that is available and the private for-profit businesses need to find their own funding elsewhere.

We believe that training is paramount and then capital equipment and development of regional assets.

I have heard multiple agencies report that they are making plans to survive for the next few months, or they are not sure how they will keep the doors open. One of the leading issues they face is not having sufficient staff to answer calls for service. we need more than just people offering money for classes. we need people on the ground teaching classes for at risk communities. We need people with the right training and equipment answering calls for help.

If you don't have updated and reliable equipment, you don't have a reliable agency. Access to training front liners is vital to an agency's success. Pt care is your top priority.

Having the adequate funding to support capital equipment replacement continues to plague all EMS services, especially the smaller ones. Many smaller services are at risk and funding to stabilize/reorganize those services is greatly needed.

End of Report