



## **Attributes of a Successful Rural Ambulance Service Assessment**

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### **Note:**

Text in brackets is intended to be replaced with information that is relevant to your use of the assessment instrument. Delete brackets after replacing text.

# Attributes of a Successful Rural Ambulance Service Assessment

Thank you for taking the time to complete this assessment. The information collected will be used to [e.g., identify EMS agency needs throughout the state and to target support and funding].

If you have questions about this assessment or how the information will be used, please contact [name], [title], at [phone number] or [email].

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## What is your EMS agency role?

*If you are both a Director and a Provider, please select Director.*

- Service Provider
- Service Director

## What is your EMS agency's name?

*If you work for more than one agency, please choose one and complete the assessment for that agency.*

## What is the license level for your agency?

- EMT
- Advanced EMT
- Intermediate
- Paramedic
- Paramedic with Critical Care Endorsement

## What is the number of licensed personnel on your agency's roster? (please estimate if necessary)

*Please enter 0 if there are no licensed personnel in that category.*

- Volunteer
- Paid On-Call
- Paid Career

## What is your agency's annual 911 call volume?

- 0-50
- 51-200
- 201-500
- 501-1,000
- 1001+

## What is your agency's average round-trip miles per 911 call?

- 0-5
  - 6-10
  - 11-20
  - 20+
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*A national group of EMS providers and advocates have identified 20 attributes of a successful EMS agency. For the purpose of this assessment, each of those attributes has been described in 5 ways. Please read each description and then select the one that most closely matches your agency.*

## **STAFF SUPPORT ATTRIBUTES**

### **A Written Call Schedule**

1. A written call schedule does not exist. The pager goes off and anyone available responds.
  2. A written and distributed schedule exists for at least part of the week (weekends only, for example) for one week at a time.
  3. A written and distributed schedule exists for at least part of the week (weekends only, for example) for two weeks or more.
  4. A written and distributed schedule exists for the whole week for at least one week, but empty spaces are not filled, waiting for personnel to show up.
  5. A written and distributed schedule covers 24 hours/day, 7 days/week for two weeks or more. Empty spaces are filled prior to shift beginning.
- None of the above. Please explain.
  - I don't know (Service Providers only)

### **Continuing Education**

1. No continuing education is offered.
  2. Continuing education that meets minimum requirements needed to maintain licensure is offered (internally or externally).
  3. Continuing education above minimum requirements needed to maintain licensure is offered.
  4. Continuing education, with Medical Director and/or hospital input, is offered.
  5. Continuing education, with Medical Director and/or hospital input, and taught by a qualified educator is offered.
- None of the above. Please explain.

### **A Written Policy and Procedure Manual**

1. There are no documented EMS policies and procedures.
  2. There are a few documented EMS policies and procedures, but they are not organized into a formal manual.
  3. All EMS policies and procedures are documented in a formal manual but crew members don't refer to/use/update it systematically.
  4. All EMS policies and procedures are documented in a formal manual and crew members refer to and use it systematically. It is updated, but not on a schedule.
  5. All EMS policies and procedures are documented in a formal manual and crew members refer to/use and update it systematically. It is written to the level of detail necessary that anyone from the crew could step in and do the job correctly.
- None of the above. Please explain.

## Incident Response and Mental Wellness

1. There is no incident response and mental wellness debriefing.
  2. When requested, informal debriefing and support are provided to impacted crew member(s).
  3. On a predetermined set of calls (pediatric, suicides, fatalities, trauma, etc.), EMS agency leadership provides informal debriefing and support to impacted crew member(s).
  4. On a predetermined set of calls (pediatric, suicides, fatalities, trauma, etc.), EMS agency leadership provides formal debriefing and support to impacted crew member(s).
  5. On all calls that might warrant debriefing, EMS agency leadership provides formal debriefing and support to impacted crew member(s).
- None of the above. Please explain.

## FINANCE ATTRIBUTES

### A Policy-Driven Budget

1. There is no written budget.
  2. A budget has been developed; however, it is not followed.
  3. A budget is in place and financial decisions and actions are based upon it.
  4. A budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least three months is in the bank.
  5. A budget and polices are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least six months is in the bank.
- None of the above. Please explain.
  - I don't know (Service Providers only)

### Sustainable Funding Source

- 100% of the agency's budget comes from donations/charitable contributions.
- The agency's budget comes from a mix of donations/charitable contributions and/or municipal funding and/or billing revenue.
- 100% of the agency's budget comes from billing revenue.
- None of the above. Please explain.
- I don't know (Service Providers only)

### Perceived Sustainable Funding

1. The agency has stable funding sources for less than one year as currently operating.
  2. The agency has stable funding sources for 1-2 years as currently operating.
  3. The agency has stable funding sources for 3-4 years as currently operating.
  4. The agency has stable funding sources for 1-2 years including possible expansion.
  5. The agency has stable funding sources for 3-4 years including possible expansion.
- None of the above. Please explain.
  - I don't know (Service Providers only)

## QUALITY ATTRIBUTES

### Medical Director Involvement

1. There is a medical director in name only. He/she is not actively engaged with the EMS agency beyond signatures.
  2. The medical director reviews cases but provides very little feedback.
  3. The medical director reviews cases and provides a good amount of feedback, but waits for the EMS agency to engage him/her.
  4. The medical director reviews cases, provides a good amount of feedback, and actively engages with the EMS agency.
  5. The medical director is an integral part of EMS, pro-actively engaging the agency to review cases, providing a good amount of feedback; and advocating for the agency to hospital ED/ER contacts.
- None of the above. Please explain.

### A Quality Improvement/Assurance Process

1. There is no plan to collect, analyze, or report EMS agency performance measures.
  2. Performance measure data is collected about the EMS agency but not analyzed or reported.
  3. Performance measures are analyzed and reported but no feedback loop exists for continual improvement of the EMS agency.
  4. Performance measures are reported and a feedback loop exists for general improvements of the EMS agency.
  5. Feedback from performance measures is used to drive internal change to: (1) improve the patient experience of care (including quality and satisfaction), (2) improve the health of the community (e.g., success of screenings, education); and (3) reduce the cost of health care services (e.g., reducing EMS costs, and/or utilizing EMS to reduce overall healthcare costs).
- None of the above. Please explain.

### Contemporary Equipment and Technology

1. The EMS agency has only the minimum equipment/technology required by licensure. The budget does not allow additional equipment/technology acquisition.
  2. The EMS agency has the minimum equipment/technology required by licensure, plus a minimal budget for additional equipment/technology acquisition.
  3. In addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is a minimal budget for new equipment/technology acquisition and a formal replacement plan.
  4. In addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan.
  5. In addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan. There is a formal maintenance plan provided by trained/certified technicians or engineers.
- None of the above. Please explain.
  - I don't know (Service Providers only)

## The Agency Reports Data

1. No patient care reports (run reports) are submitted to WARDS Elite.
  2. Patient care reports (run reports) are submitted to WARDS Elite, but not often within the designated timelines.
  3. Patient care reports (run reports) are submitted to WARDS Elite within the designated timelines.
  4. Patient care reports (run reports) are submitted to WARDS Elite within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS agency.
  5. Patient care reports (run reports) are submitted to WARDS Elite within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process, and goals and benchmarks are used to improve performance. Summary reports are regularly shared publicly with the community.
- None of the above. Please explain.
  - I don't know (Service Providers only)

## PUBLIC RELATIONS and GOVERNANCE ATTRIBUTES

### A Community-Based and Representative Board

1. There is no formal board oversight OR the board consists of internal EMS agency members only.
  2. Voting board members are from the EMS agency AND some combination of elected officials, hospital leadership/staff, and/or governmental administrators.
  3. Voting board members are ONLY some combination of elected officials, hospital leadership/staff, and/or governmental administrators.
  4. Voting board members are ONLY some combination of elected officials, hospital leadership/staff, and/or governmental administrators and includes a knowledgeable EMS representative.
  5. Voting board members include all of #4 AND at least one engaged patient representative (for example, a former patient).
- None of the above. Please explain. orced response]
  - I don't know (Service Providers only)

### Agency Attire

1. There is no identifying EMS agency attire.
  2. There is identifying EMS agency attire, but it is not adequately protective.
  3. There is identifying EMS agency attire, which is adequately protective, but elements of it are purchased by the members.
  4. There is identifying EMS agency attire, which is adequately protective, and all of it is purchased by the agency.
  5. There is identifying EMS agency attire, which is adequately protective and purchased by the agency. A written policy identifies what attire is required and how it is to be provided, cleaned, maintained, and replaced.
- None of the above. Please explain.

### Public Information, Education, and Relations (PIER)

1. There is no plan for addressing PIER.
  2. The EMS agency is in the process of developing a PIER plan.
  3. There is a PIER plan, but no funding dedicated to its implementation.
  4. There is a PIER plan that has funding dedicated to its implementation.
  5. There is a PIER plan that has funding dedicated to its implementation, someone identified as responsible for PIER, and a recurring evaluation of its success.
- None of the above. Please explain.

### Involvement in the Community

1. 911 emergency calls and/or inter-facility transports are responded to but no public education courses are offered.
  2. Occasional basic public education courses, like CPR/AED and First Aid training, are offered.
  3. Frequent basic public education courses, like CPR/AED and First Aid training, plus other EMS-related training are offered.
  4. A robust array of public education courses and other training are offered and the EMS agency is active in community promotions at various events.
  5. The EMS agency offers a robust array of public education courses and other training, organizes or assists in planning health fairs, is a champion for a healthy community, is an active partner with other public safety organizations, and is seen as a leader for community health and well-being.
- None of the above. Please explain.

## HUMAN RESOURCES ATTRIBUTES

### A Recruitment and Retention Plan

1. There is no agreed-upon plan nor substantive discussion on recruitment and retention.
  2. There is no agreed-upon plan but there have been substantive discussions on recruitment and retention.
  3. There is an informal, agreed-upon plan and people have been tasked with addressing the issues of recruiting new crew members and retaining existing crew members.
  4. There is a formal written plan and people have been tasked with recruiting new crew members and strategizing methods to keep current crew members active (such as compensation, recognition and reward program, management of on call time, adequate training).
  5. There is a formal written plan and people have been tasked with recruiting new members and retaining existing crew members. There is a full roster with a waiting list for membership.
- None of the above. Please explain.
  - I don't know (Service Providers only)

### Onboarding/Orientation Procedure

1. An onboarding/orientation procedure does not exist. New crew members are added to the roster and introduced to fellow crew members during scheduled shifts.
  2. An informal onboarding/orientation procedure exists. New crew members are given a verbal overview or a printed copy of agency policies and procedures.
  3. An onboarding/orientation procedure exists and includes assigning mentors to new crew members.
  4. An onboarding/orientation procedure exists and includes a new employee manual and assigning mentors to new crew members.
  5. An onboarding/orientation procedure exists and includes a new employee manual and willing and prepared mentors for new crew members.
- None of the above. Please explain.

### Formal Personnel Standards

1. There is no official staffing plan or formal process for hiring new personnel (paid and/or volunteer).
  2. There is a staffing plan and documented minimum standards for new hires.
  3. There is a staffing plan, documented minimum standards for new hires, and an official new-hire orientation.
  4. There is a staffing plan, documented minimum standards for new hires (including background checks), an official new-hire orientation, and systematic performance reviews/work evaluations.
  5. All of #4 plus there is a process to resolve personnel issues.
- None of the above. Please explain.
  - I don't know (Service Providers only)

### An Identified EMS Operations Leader with a Succession Plan

1. There is an identified EMS Operations Leader (e.g., Chief, Director, Director of Operations, EMS deputy chief or captain within a fire agency), but he/she has not had any leadership training.
  2. There is an identified EMS Operations Leader with some leadership training, but he/she was not selected by a recruitment process.
  3. There is an identified EMS Operations Leader with some leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan).
  4. There is an identified EMS Operations Leader with comprehensive leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding, no succession plan).
  5. There is an identified EMS Operations Leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to appropriately handle the transition of the leadership role.
- None of the above. Please explain.
  - I don't know (Service Providers only)

### A Wellness Program for Agency Staff

1. There is no wellness program for crew members.
  2. Written information is available for crew members regarding physical health (e.g., physical activity, healthy food options, and tobacco cessation) and mental health.
  3. All of #2 AND occasional educational programming regarding healthy lifestyles is offered.
  4. All of #3 AND there is policy support for healthy lifestyle opportunities during work time.
  5. There is a structured wellness program following national recommendations. Crew members are provided with agency-funded fitness opportunities, healthy food choices, and disease-prevention programs like tobacco cessation.
- None of the above. Please explain.

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**Before you submit your assessment, please feel free to share anything else you would like us to know about the attributes of a successful EMS agency.**