Westchester County-Wide EMS Assessment - EMS DATA COLLECTION TEMPLATE

SECTION 1: AGENCY IDENTIFICATION

Basic Information

Item	Response
EMS Agency Name	
Legal Entity Type	☐ Municipal ☐ Fire District ☐ Fire Department ☐ Not-for-Profit ☐ Hospital-Based ☐ Private ☐ Volunteer Corporation ☐ Other
Primary Service Area(s)	
Municipalities Served	
Name of Person Completing Report	
Title	
Phone	
Email	

SECTION 2: SERVICE DELIVERY MODEL

Operational Structure

Item	Response
Level of Care Provided	☐ BLS ☐ ALS ☐ Fly Car ALS ☐ Critical Care ☐ Mixed Model _____
Primary EMS Delivery Model	☐ Municipal ☐ Contracted ☐ Volunteer ☐ Combination Paid/Volunteer ☐ Hospital-Based ☐ Private
Dispatch Center Used	
EMD Certified Dispatch?	☐ Yes ☐ No
Mutual Aid Agreements in Place?	☐ Yes ☐ No If yes, with whom: _____

SECTION 3: RESPONSE AREA PROFILE

Community Characteristics

Item	Response
Estimated Resident Population Served	
Square Miles Covered	
Schools Served: (Please identify district name and # of locations)	
Nursing Homes / Assisted Living Facilities/Hospitals (# of locations)	
Major Highways/Parkways (please identify)	
Other High-Risk Facilities (airport, industrial, BESS, etc.)	
Significant Seasonal Location Impacts (i.e. Playland)	

SECTION 4: CALL VOLUME & RESPONSE DATA

Annual Service Statistics (Most recent Full Year or previous 12 months)

Year	Total Calls	Transported	Refused Medical Attention	Lift Assists	Mutual Aid Provided to Other EMS Agencies	Mutual Aid Requested Into Response Area
Year 1						
Year 2						
Year 3						
Year 4						
Year 5						

Emergency Response Performance

Item	Response
Average Dispatch-to-Enroute Time	
Average Enroute-to-On-Scene Time	
Average Total Response Time	
Average On-Scene Time	
Average Transport Time	
Priority Dispatch System Used (priority levels, etc.)	
Response Time Benchmark Used	
Please describe how you measure response times (i.e. “hello to hello”; call rec’d from PD to arrival on scene; 911 call time to arrival; etc.)	

SECTION 5: STAFFING & WORKFORCE

Personnel

Item	Number
Full-Time EMTs	
Part-Time EMTs	
Full-Time Paramedics	
Part-Time Paramedics	
Volunteer EMTs	
Volunteer Non-EMTs (i.e. drivers, etc.)	
EMS Supervisors	
Non EMS Support Staff	

Role of Other First Responders

If you have multiple municipalities in jurisdiction, provide response such as 1 of 3 agencies, etc.

EMS Role by Police and Fire Departments in Jurisdiction	**Police (Yes/No) or i.e. 1 of 3 agencies**	**Fire (Yes/No) or i.e. 1 of 3 agencies**
Automatically Respond to all EMS calls		
Respond to some EMS calls when assistance is requested		
AED's in emergency response vehicles		
All of dept trained in Basic level first aid (CPR, using an AED, relieving choking)		
All of dept trained in Intermediate level first aid (Basic, plus Stop the Bleed, shock treatment, burn care, sudden illnesses)		
All of dept trained in Advanced level first aid (Basic & Intermediate, plus higher-level airway management, muti-rescuer CPR, advanced resuscitation protocols.)		

Workforce Challenges

Item	**<u>Pick One</u>: Major Issue, Minor Issue, No Issue**
Ability to regularly fill vacancies	
Annual Turnover	
Recruitment Challenges	
Retention Challenges	
Overtime Dependence	
Overreliance on Per Diem Staff	
Training Program Availability	
Tuition Reimbursement Offered?	Please indicate yes or no: _____

SECTION 6: FLEET & EQUIPMENT

Vehicles

Unit Type	Avg. # staffed or in service per tour	Total Quantity In Fleet	Frontline In Fleet	Reserve In Fleet
Ambulances				
Fly Cars				
Supervisor Vehicles				
Specialty Units				

Equipment

Item	# of Units
Number of Cardiac Monitors	
Number of Defibrillators/AEDs	
Power Stretchers	
Bariatric Capability	Yes or No
Mechanical CPR Devices	
Ventilators	

SECTION 7: FINANCIAL STRUCTURE

Funding Model

Item	Response
Annual Operating Budget ($)	
Primary Funding Source (insurance, municipal, donations, etc.)	
Municipal Contribution (% of total)	
Insurance Billing Revenue (% of total)	
Do you have a written Capital Reserve Program? (Y/N)	
Please estimate in months how long your reserve fund could cover normal operations.	

Financial Sustainability

Item	Response
Current Financial Stability	☐ Stable ☐ Moderate Concern ☐ High Concern
Please identify top 2 Major Budget Pressures	
Identify top unfunded Capital Needs (vehicles, buildings, equipment)	
Please describe any concerns regarding future financial sustainability of the agency.	

SECTION 8: CLINICAL QUALITY & COMPLIANCE

Item	Response
QA/QI Program in Place	☐ Yes ☐ No
Medical Director Review Process	☐ Yes ☐ No
Do you have a CME Program Structure?	☐ Yes ☐ No

SECTION 9: SYSTEM CHALLENGES

Current Issues

Please rank severity:

Challenge	Low	Moderate	High
Staffing Shortages	☐	☐	☐
Funding Instability	☐	☐	☐
Volunteer Decline	☐	☐	☐
Hospital Offload Delays	☐	☐	☐
Mutual Aid Overreliance	☐	☐	☐
Fleet Replacement Costs	☐	☐	☐
Dispatch Challenges	☐	☐	☐
Training Requirements	☐	☐	☐

Additional Comments:

_____

_____

SECTION 10: ROLE OF AGENCIES

What do you believe is the best roles for each of the agencies below? Select all that apply.

Primary Responsibility	REMSCO and/or REMAC	Westchester County	Local EMS Agencies	Municipalities	NYS
Provide ALS					
Provide BLS					
Dispatch					
Coordinate Mutual Aid					
Provide Mutual Aid					
Provide Financial Support					
Provide Shared Services					
Provide Training					
Establish Min. Agency Response Standards					
Advocate for Legislative Changes to support EMS					
Coordinate follow-up meetings to implement recommendations of this county-wide EMS plan					
Other : _____					
Other: _____					
Other: _____					

SECTION 11: FUTURE PLANNING

Item	Response
Interest in Shared Services	☐ Yes ☐ No
Interest in Regional EMS Collaboration	☐ Yes ☐ No
Interest in Multiple EMS agency group purchasing?	☐ Yes ☐ No
Interest in having municipalities provide more assistance (i.e. purchasing, payroll processing, etc.)?	☐ Yes ☐ No
Interest in Countywide Dispatching?	☐ Yes ☐ No ☐ County already provides for agency
Interest in Essential Service Designation	☐ Yes ☐ No
Please describe any ways the County could provide more assistance to EMS agencies?	

END