



Minnesota Ambulance Service Community Paramedicine Survey

Welcome!

The Paramedic Foundation has been contracted by the Minnesota Department of Health to create a toolkit designed to assist Minnesota ambulance services in adopting the Community Paramedicine Model and hiring Community Paramedics.

This project is part of a \$45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model. More information about the Minnesota Accountable Health Model - SIM Minnesota is available [at this link](#).

As part of this contract we are surveying Minnesota ambulance services and conducting focus group webinars so that we can learn directly from you about the kinds of tools that would be most helpful to aid you in adopting community paramedicine. The results of the survey and focus group sessions will be summarized and made available for download on the internet. Your identity and how you answer any particular question will never be made public by The Paramedic Foundation.

If you are not currently conducting or have no plans to conduct community paramedicine in the future this survey will take you less than one minute to complete.

If you already operate a program, are currently planning a program, or think you might have a program at some time in the future, this survey will take you approximately 10-15 minutes to complete.

We will also provide an opportunity for you to participate in a conference call/focus group session at the end of the survey. Although you do not have to participate in a focus group session if you do not want to, we encourage you to participate. For the focus group sessions we will put peers together; e.g., agencies that already have a community paramedicine program will be with other agencies that have a program, those in planning will be with other agencies in planning.

The link that brought you to this survey is unique to your ambulance service license. You may have received more than one link. You do not need to respond multiple times if you operate consolidated operations. Please do not give any of your links to anyone else, they are specifically tied to your ambulance service license. If you know of someone that should complete the survey but did not get a link, please advise Gary Wingrove by email and he will send them their own unique link.

Thank you for helping to guide this important work. Our goal is to supply tools that will be useful. In order to do that, we need to hear from you what the needs are.



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Which statement best describes your agency?

- We employ Community Paramedics and operate a CP program.
 - We are actively planning a CP program.
 - We are interested in community paramedicine but have not yet begun planning.
 - We're not interested in doing community paramedicine at this time.
-



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Background Information - Have CP Program:

Please answer the following questions. This information will be used to help analyze the data, and will only be used in a summary format.

What is the average number of hours per week that your Community Paramedics work?

Please estimate an average if necessary.

How many hours per day Monday through Friday are your CPs in service?

Please estimate if necessary.

How many hours per day Saturdays and Sundays are your CPs in service?

Please estimate if necessary.

How many requests for CP services do you receive each month?

Please estimate if necessary.



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Demographic Information

Thank you. We are interested in collecting some information about your agency and we would like you to participate in a one hour conference call. The purpose of the call is for us to learn from you, and other agencies interested in community paramedicine, what technical tools would be helpful for you in order to make an informed decision about whether to initiate a program. After we ask you for some agency demographic information we will give you some choices on dates and times to participate in a conference call.

Your name:

Your email address:

Your phone number:

Agency Name:

Agency Street Address:

City, State, Zip

Type of Agency (Choose the best answer):

- Non-Profit
- Government-Based (police or fire)
- Government-Based (not police or fire)
- Hospital-Based
- Independent, For Profit

Approximate number of annual requests for service:

Approximate number of annual ambulance transports:

Primary staffing model:

- Volunteer
- Combination of volunteer and paid
- Paid

Approximate number of staff (count each person in only one category):

| | |
|-------------------------|----------------------|
| EMT | <input type="text"/> |
| AEMT | <input type="text"/> |
| Paramedic | <input type="text"/> |
| Critical Care Paramedic | <input type="text"/> |
| Flight Paramedic | <input type="text"/> |
| Tactical Paramedic | <input type="text"/> |
| Community Paramedic | <input type="text"/> |
| Nurse | <input type="text"/> |

Approximate average annual pay:

EMT

AEMT

Paramedic

Critical Care Paramedic

Flight Paramedic

Tactical Paramedic

Community Paramedic

Nurse

How many Community Paramedics are you planning to employ in the:

(If you aren't planning to employ any at all, enter "0" here.)

Next 6 months

Next 7-12 months

Next 13-24 months

3 or more years from now

What barriers are preventing your organization from hiring Community Paramedics?

- Cost of CP education
- Cost of CP staff
- Community buy-in
- Insufficient funding or reimbursement for services performed
- Availability of CPs to hire

Other (please specify)



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Conference Call/Webinar Choices

Please choose a session that will work in your calendar.

If you OPERATE a CP program

- Monday, November 2nd at 10am
- These dates or times do not work for me. Please contact me at the email address below to schedule an alternative time.

If you are CURRENTLY PLANNING a CP program

- Monday, November 2nd at 11am
- Monday, November 2nd at 6pm
- These dates or times do not work for me. Please contact me at the email address below to schedule an alternative time.

If you plan to have a program AT A FUTURE time

- Thursday, October 29th at noon
- Thursday, October 29th at 3pm
- Monday, November 2nd at noon
- These dates or times do not work for me. Please contact me at the email address below to schedule an alternative time.



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THANK YOU!

Thank you for completing this survey. We will notify all participants when the survey results are made public by the Minnesota Department of Health.