



WESTERN ARIZONA COUNCIL OF EMERGENCY MEDICAL SERVICES

In conjunction with 2009-2010 Provider Assistance program, the region must also update its annual needs assessment. Please take the time to fill out this questionnaire, even if you prefer not to apply for grant funding. Please return this form, by mail or fax, to the WACEMS office by January 1, 2009. Thank you.

1. Indicate type area your agency serves:

- A. Densely urban (service population: greater than 250,000)
- B. Urban (service population: between 100,000 and 250,000)
- C. Suburban (service population: between 40,000 and 100,000)
- D. Semi-rural (service population: between 10,000 and 40,000)
- E. Rural-remote (service population: less than 10,000)

2. Indicate type of service/provider

- A. Ambulance (ground or air)
- B. Rescue Service
- C. Fire Department/District
- D. Base Hospital
- E. Receiving facility

3. Please indicate your level of importance from NA (not applicable), 1 (little importance) to 5 (critical importance) on the following issues:

A. Training opportunities in your area	NA	1	2	3	4	5
B. Difficulty in recruiting/retaining staff	NA	1	2	3	4	5
C. Communications	NA	1	2	3	4	5
D. Hospital diversion/delays in admitting patients	NA	1	2	3	4	5
E. Cost of training classes	NA	1	2	3	4	5
F. Problems with Undocumented/Illegal entrants	NA	1	2	3	4	5
G. Hospital and current medical director support for EMS	NA	1	2	3	4	5
H. Difficulty in collecting ambulance fees	NA	1	2	3	4	5
I. Mandatory refresher training for your service	NA	1	2	3	4	5

J. Political boundaries (CON) of your service	NA	1	2	3	4	5
K. Funding assistance program	NA	1	2	3	4	5
L. Availability of helicopter service	NA	1	2	3	4	5
M. Quality assurance (CQI) program	NA	1	2	3	4	5
N. Critical care and interfacility transfers	NA	1	2	3	4	5

4. How many pediatric patients (<17 years) did you treat in 2007? _____

5. Please list any pediatric equipment your agency needs to better serve pediatric patients.

In order to better verify the results and to update our database, please give us your name and address.

Contact name/position _____

Agency _____

Address _____

City/Zip _____

Phone/FAX NO'S _____

Please return completed survey to:

**WACEMS
3463 W. 13th Pl
Yuma, AZ 85364**

FAX 888-803-1540