

Quantifying the Needs of the EMS Community

March 2006

Survey results from 6 experienced Paramedics in the following counties:

Shenandoah County, VA

Washington County, MD

Baltimore County, MD(2)

Montgomery County

1 Paramedic with multi-jurisdictional experience

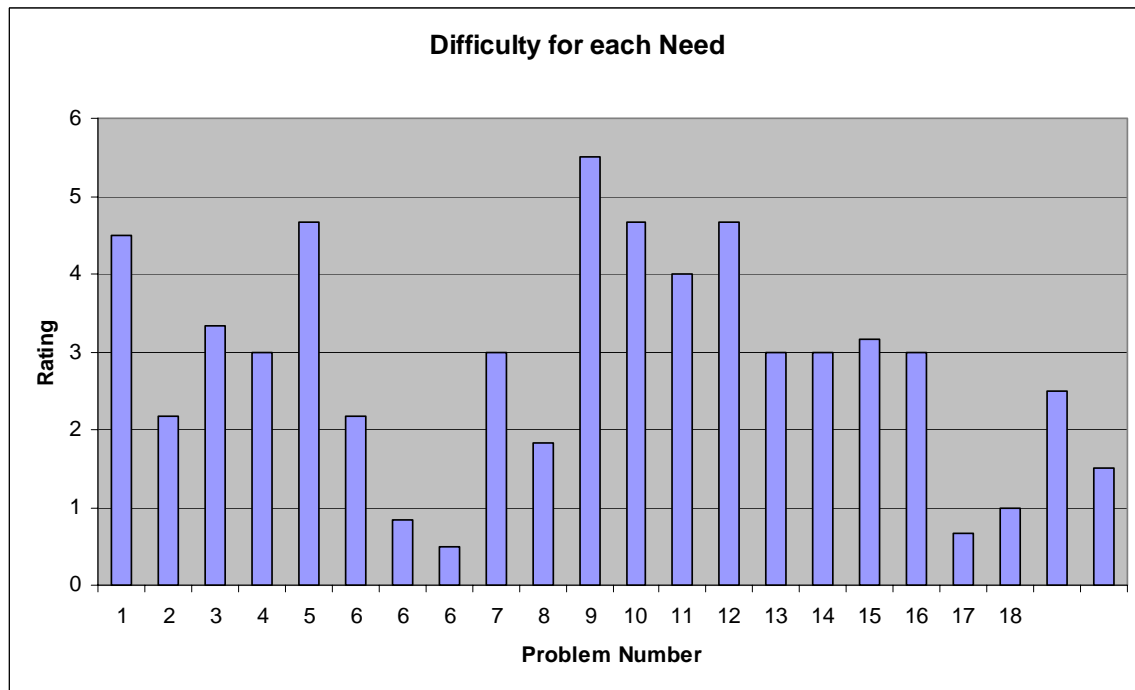
Surveyors from JHUAPL:

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Background:

Surveys were presented to several experienced paramedics from various jurisdictions in the Washington DC metropolitan area. The surveys were a part of the iterative process to understand the unmet needs of the EMS user community. In previous surveys we had accumulated a list of problems, and in this survey we simply wanted to have the users rank the severity of each problem. Below is a graph depicting the average rank of each problem. The number that each problem corresponds to is also presented below.



Problems:

1. (Medics) I am in the treatment area and I need to monitor a large number of patients waiting to be transported. This can be challenging in a mass casualty situation. [Survey Rating: mean = 4.53, STD=0.84]
2. (Medics) Patients are triaged in the wrong category. [Rating: mean = 2.17, STD=0.41]
3. Paper triage tags provide little room for manually recording important information, such as medication details and treatments. [Rating: mean = 3.32, STD=1.21]
4. (Medics) I have trouble reading information from triage tags (e.g. text rubbed off or illegible). [Rating: mean = 3.2, STD=0.89]
5. (Medics) It is now always clear where patients have been transported to. [Rating: Mean = 4.7, STD=0.81]
6. (Medics) I lose track of the location of my patients.

I loose track of one of my green patients [Rating: mean = 2.17, STD=0.75]

I loose track of one of my yellow patients [Rating: mean = 0.83, STD=0.41]

I loose track of one of my red patients [Rating: mean = 0.50, STD=0.54]

7. (Medics) The task of recording patient medical history, allergies, and pre-existing conditions is [essential but] too time-consuming during a disaster. [Rating: mean = 3, STD=0.63]
8. (Medics) The tremendous amount of paperwork that I need to complete **during** the disaster. [Rating: mean = 1.83, STD=0.75]
9. (Medics) The tremendous amount of paperwork that I need to complete **after** the disaster. [Rating: mean = 5.54, STD=0.83]

Solution: same as previous.

10. (officer or commander) I need to know where all my medics are but I often don't have that information during a disaster. [Rating: mean = 4.77, STD=0.57]
11. (officer or commander) I need to know where all the ambulances are but I often don't have that information during a disaster. [Rating: mean = 4, STD=1.00]
12. (officer or commander) I would like to keep a birds-eye view of the disaster scene but I don't get that information. [Rating: Median = 4.67, STD=0.57]

Additional Needs Discovered after Prototype Demonstrations

13. (Medics) Communicating patient information to the incident commander is not as efficient as I'd like it to be. [Rating: mean = 3.14, STD=1.54]
14. (Medics) Communicating patient information to the receiving hospital is not as efficient as I'd like it to be. [Rating: mean = 3.0, STD=0.89]
15. (Medics) As I arrive at the disaster, I am not prepared for special conditions at the scene (eg. HAZMAT cautions, etc.) [Rating: mean = 3.2, STD=0.75]
16. (Medics) I am in an ambulance coming to transport a patient. After I arrive at the disaster, it's hard to know where to retrieve my patient. [Rating: mean = 1.67, STD=1.03]
17. (Medics) Private ambulance companies take patients from the scene without permission from the transport officers. [Rating: mean = 0.67, STD=0.82]
18. (Medics) I need to do complicated medical procedures that I'm not experienced and/or comfortable with.