

# MOSAIC EMS Stroke Survey

Dear EMS Partners:

This survey is intended to assess prehospital stroke care and identify strengths and gaps in stroke quality of care within communities around the state of Michigan. The survey takes around 10 minutes to complete and focuses on stroke education, EMS and hospital communication, and current quality improvement practices. Results from this survey will remain anonymous and only aggregate data will be shared.

Thank you for taking the time to complete this survey!

\* Required

## Agency Demographics

1. 1) Agency Name \*

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2. 2) Which MCA does your agency work under? \*

*Check all that apply.*

- Tri-County MCA
- Genesee County MCA
- Oakland County MCA
- Wayne County MCA
- Detroit East MCA
- Sanilac County MCA
- Saginaw-Tuscola MCA
- Kent County Emergency MCA
- Kalamazoo County MCA
- Northwest Regional MCA
- Marquette-Alger MCA
- Muskegon County MCA

Other:  \_\_\_\_\_

## 3. 3) What is your primary position within the agency? \*

*Check all that apply.*

- EMT/Paramedic
- Field/Agency Supervisor
- Administrative/Quality Improvement
- Other

## 4. 4) What level of service does your agency provide? \*

*Mark only one oval.*

- Basic Life Support
- Limited-Advanced
- Advanced Life Support

## 5. 5) What electronic health record software do you use to document your patient care reports? \*

*Mark only one oval.*

- ImageTrend
- Zoll
- Stryker-Health EMS
- ESO
- Safety Pad
- Physio Control
- Other: \_\_\_\_\_

6. 6) Do you feel your PCR software is easy to use? \*

*Mark only one oval.*

Yes

No

7. 7) Do you see your PCR software as a barrier in continuous quality improvement? \*

*Mark only one oval.*

Yes

No

Unknown

8. 8) Within what time frame do you upload your patient care reports to the State data repository (Michigan EMS Information System?) \*

*Check all that apply.*

Immediately after the call

By the end of the shift

Within 1-2 days

By the 15th of the following month

Currently not submitting PCRs to the MI-EMSIS

9. 9) Does your agency have a procedure to monitor for missing patient care reports? \*

\*

*Mark only one oval.*

Yes

No

Unknown

10. 10) Outside of entering as free text within the provider narrative, please select which stroke data fields you know how to correctly document in your EMR software. \*

*Check all that apply.*

- Last Known Well date/time
- Pre-arrival stroke alert
- Blood glucose value
- Prehospital stroke scale results

11. 11) Please list any issues you are having with data quality (i.e., uploading into the data collection system, issues with reporting, confusion with data definitions, etc.)

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12. 12) What barriers do you see in improving stroke care in the jurisdiction you serve?

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### Stroke Education and Training

13. 13) How informed are you in disparities in care in your jurisdiction? \*

*Mark only one oval.*

	1	2	3	4	5	
Not informed	<input type="radio"/>	Very informed				

14. 14) How often do you receive education/training on stroke? \*

*Mark only one oval.*

- Monthly
- Quarterly
- Every 6 months
- Annually
- I do not receive stroke education or training

15. 15) What does your stroke education/training consist of? \*

*Check all that apply.*

- Anatomy/Physiology
- Patient Assessment
- Prehospital stroke scales
- Documentation
- Review of case studies
- Review of MOSAIC quarterly stroke reports
- Other

16. 16) How satisfied are you with the quantity and quality of stroke education/training is provided? \*

*Mark only one oval.*

	1	2	3	4	5	
Very dissatisfied	<input type="radio"/>	Very satisfied				

17. 17) Please list any educational topics that would help inform your agency on how to better care for stroke patients in the field \*

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18. 18) Does your agency have a quality improvement process that includes stroke care? \*

*Mark only one oval.*

- Yes
- No
- Unknown

19. 19) How satisfied are you with your agency's current stroke quality improvement process \*

*Check all that apply.*

- Very satisfied  
 Satisfied  
 Dissatisfied  
 Very dissatisfied  
 We currently do not have a stroke quality improvement process

20. 20) Does your agency have transport capabilities? \*

*Mark only one oval.*

- Yes     *Skip to question 21*  
 No

### EMS and Hospital Communication

21. 21) Within what time frame do your patient care reports get submitted to the hospital? \*

*Mark only one oval.*

- Immediately - prior to leaving the hospital  
 Within a few hours  
 By the end of the shift  
 Within 1-2 days  
 I'm unaware if the hospitals are receiving my patient care reports  
 Other: \_\_\_\_\_

22. 22) If you suspect your patient is having a stroke, the following is included in your radio report to the receiving hospital. Check all that apply: \*

*Check all that apply.*

- The term "code stroke" or "stroke alert"
- The results from your stroke scale assessment
- The time the patient was last known to be well
- The time the patient was discovered to have signs and symptoms of a stroke
- I do not include any of the above in my radio report for suspected stroke patients

23. 23) If you suspect your patient is having a stroke, how do you communicate the patient's "last known well" time to the hospital staff? Check all that apply: \*

*Check all that apply.*

- During the radio report
- In the verbal report during patient hand-off
- In the handwritten field notes
- It is documented in the patient care report
- I do not provide this information

24. 24) How is prehospital patient care and assessment communicated to the hospital when transferring over patient care? Check all that apply: \*

*Check all that apply.*

- Verbal report
- Hand written field notes that includes critical information is left with hospital staff
- A printed hard copy of the patient care report is left at the hospital
- The patient care report is sent to the hospital electronically after leaving the hospital

25. 25) How often do you know the hospital uses the information you provide from the radio report, verbal hand-off report or documented PCR, when caring for the patient? \*

*Mark only one oval.*

- Always
- Most of the time
- Rarely
- Never
- I do not know

26. 26) What kind of feedback do you receive from hospitals regarding stroke patients you transport? Check all that apply: \*

*Check all that apply.*

- Whether the patient had a stroke or not
- Patient outcome/discharge status
- Type and location of stroke
- Constructive criticism of prehospital care
- I do not receive hospital feedback from hospitals on stroke patients
- I do not receive hospital feedback on any patients I care for and transport

27. 27) If you receive hospital feedback, who provides that information? \*

*Check all that apply.*

- Emergency Department nurse or physician
- Hospital EMS Coordinator/Liaison
- Stroke coordinator
- MCA staff
- Supervisor/QI Coordinator at your agency
- Other
- I do not receive feedback

28. 28) Please rate your satisfaction on the feedback you receive on patients you transport to the hospital: \*

Mark only one oval.

1      2      3      4      5

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Very dissatisfied                  Very satisfied

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29. 28b) Please provide any additional information to question 28. \*

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30. 29) Please list any ideas you have to improve the stroke care process in your community \*

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Thank you for taking the time to complete this survey!

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