

# TRIENNIAL PRIVATE AMBULANCE SERVICE MARKET SURVEY REPORT



Prepared by:  
Health Council of South Florida, Inc.



For:  
The Miami-Dade Board of County Commissioners  
and  
The Consumer Services Department

February 2007

**TRIENNIAL  
PRIVATE AMBULANCE SERVICE  
MARKET SURVEY REPORT**

Production of this document is supported in part with funds  
provided by Miami-Dade County.

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## **Executive Summary**

Miami-Dade County Code, Chapter 4, Article 1, Section 4-4 (d) (5b) states that during the year preceding the term for renewal of certificates for ambulance service and acceptance of new applications, a comprehensive market survey is to be conducted to determine the quality of existing private ambulance service. This report has been prepared in accordance with this requirement which was first instituted on March 8, 2001.

The purpose of this market analysis is to assess customer satisfaction of the private ambulance transport industry and, ultimately, determine if additional companies would better serve the needs of the community. The methodology included the development and mail distribution of two self-administered survey instruments targeting (1) health care providers (hospitals, nursing homes, assisted living facilities, and primary health care centers), and (2) ambulance customers. The Miami-Dade County Consumer Services Department mailed 863 surveys to targeted recipients in September 2006. Several areas of service were analyzed from the surveys completed and returned by recipients. The areas of examination include response times, ambulance attendants, vehicle cleanliness, equipment and supplies, and overall satisfaction.

The Health Council of South Florida (Council) completed the analysis of the data contained in the initial 1999 Miami-Dade Ambulance Service and Non-Emergency Transport Market Survey Report as well as the Private Ambulance Response Time Expectation Survey Final Report completed in 2001. Since the Council had prior research experience and had successfully aided the Board of County Commissioners (BCC) in its previous deliberations, the Miami-Dade County Consumer Services Department requested the assistance of the Council in conducting an objective market analysis of private ambulance service in Miami-Dade County for 2003, and most recently in 2006.

The following report describes the background, content, methodology and results of the 2006 market survey. Findings and conclusions are also provided.

### **Response Time**

The 1998 survey identified response time as one of the most important factors contributing to overall satisfaction of ambulance transport. Improvement of ambulance transport response time for health care providers was considered necessary to make service more responsive to the public. Options such as increased efficiency of existing vehicles or the addition of service providers were considered to improve overall response time. Based on an extensive review process, inclusive of input from the 1998 Market Survey, the BCC approved an ambulance ordinance amendment in 2001, enabling three additional private ambulance companies to begin operations. While not directly comparative to the 1998 survey (due to changes in the survey instrument), the results of the 2003 survey suggested that substantial improvements in service had been made resulting in no need for additional ambulance companies. All participating facility types

had rated response times on average “Good”. The results of the 2006 survey suggest that facility perceptions of ambulance response time has not changed from 2003. On average, facilities rated the overall timeliness of both an ALS and BLS ambulance’s arrival at their facility within the projected time stated as “Good;” (3.000) with mean ratings nearly identical to the 2003 survey (ALS: 2.888 vs. 2.947 in 2003, and BLS: 2.729 vs. 2.723 in 2003).

### **Complaint Resolution**

In the past, health care facilities indicated that they were largely lacking information or unaware of the Miami-Dade County Consumer Services Department’s Ambulance Complaint Hotline. In 2006, health care facilities continue to be largely unaware of this service, again indicating the need for an awareness campaign which may include dissemination of contact information on this subject.

To illustrate by respondent category, nearly half of hospitals, eight out of ten nursing homes, two out of three assisted living facilities, and two out of five primary health care centers were not aware that Miami-Dade County Consumer Services Department’s Office of Ambulance Regulation has an Ambulance Complaint Hotline.

Although none of those who were aware of the hotline had ever called the Ambulance Complaint Hotline, nine out of ten of those who were not aware of the hotline said that in the future they would call the hotline regarding a serious problem or complaint.

### **Overall Satisfaction**

Responding health care facilities offered little criticism about any aspect of ambulance transport covered in the survey, including response time. Overall satisfaction among all facility types averaged “Good” with only one user facility, an assisted living facility, rating the overall ALS ambulance service provided to their facility as “Poor”.

Customer satisfaction among the few consumers who had experienced local ambulance transport service within the past twelve months and responded to this survey was high; but must be viewed with caution due to the very small number of returned surveys (12 or 1.7%). Eight of the 12 rated their overall satisfaction with the ambulance service they received as “Exceptional”, two rated it as “Good,” one as “Average,” and only one as “Poor.”

## INTRODUCTION

Miami-Dade County Code, Chapter 4, Article 1, Section 4-4 (d) (5b) states that during the year preceding the term for renewal of certificates for ambulance service and acceptance of new applications, a comprehensive market survey is to be conducted to determine the quality of existing private ambulance service (See Attachment I). This report has been prepared in accordance with this requirement which was first instituted on March 8, 2001.

The purpose of this market analysis is to assess customer satisfaction of the private ambulance transport industry and, ultimately, determine if additional companies would better serve the needs of the community. The methodology includes the development and mail distribution of two self-administered survey instruments targeting (1) health care providers, and (2) ambulance customers. The Miami-Dade County Consumer Services Department mailed 863 surveys to targeted recipients in September 2006. Several areas of service were analyzed from surveys completed and returned by recipients. The areas of examination include response time, ambulance attendants, vehicle cleanliness, equipment and supplies, and overall satisfaction.

The Health Council of South Florida (Council) completed the analysis of the data contained in the initial 1999 Miami-Dade Ambulance Service and Non-Emergency Transport Market Survey Report as well as the Private Ambulance Response Time Expectation Survey Final Report completed in 2001. Since the Council had prior research experience and had successfully aided the Board of County Commissioners (BCC) in its previous deliberations, the Miami-Dade County Consumer Services Department requested the assistance of the Council in conducting an objective market analysis of private ambulance service in Miami-Dade County for 2003, and most recently in 2006.

The following report describes the background, content, methodology and results of this market survey. Findings and conclusions are also provided for consideration by the BCC.

## **BACKGROUND/HISTORY**

Miami-Dade County has shown continual interest in guaranteeing appropriate accessibility to ambulance transportation for all residents. Florida's Access to Care Law (Florida Statutes, Chapter 395) requires access to emergency services regardless of a patient's ability to pay. Emergency services are designed to provide immediate medical attention, and are intended to prevent loss of life or limb, or treat an illness or injury that may result in disability without medical care.

In 1990, the BCC established a committee to review the ambulance regulators and criteria for determining when there is a need for additional service. The Private Ambulance Service Study (PASS) Committee met frequently for more than three years reviewing regulations of other communities, both nationwide and throughout Florida. The committee's deliberations resulted in the inclusion of the requisite calls-to-car ratio of 6:1 along with additional elements of application review which the BCC established by ordinance (Ordinance No. 94-93) effective July 1994.

To enter the ambulance market in Miami-Dade in 1994, a provider was required to obtain a Certificate of Public Convenience and Necessity for Ambulance Service. In order to be eligible to receive a Certificate, the provider had to address the following criteria according to Miami-Dade County Code:

- (1) financial ability to provide proposed services,
- (2) adequacy of management plan,
- (3) recommendations received from municipalities,
- (4) benefits that will accrue to the public interest from the proposed service,
- (5) demonstrated community need (includes "calls-to-car" ratio);  
Miami-Dade County Code specified a "calls-to-car" ratio of 6 calls per vehicle per day as a threshold before any additional vehicles were authorized or any new providers were granted certificates, and
- (6) effect of the proposed service on the existing system.

Between 1998 and 2001, the BCC conducted several activities to consider amendments to the market entry criteria of private ambulance service described in Chapter 4, Article I of the County Code (See Attachment II). As a result of a workshop held on April 16, 1998, the BCC determined a market analysis of the ambulance transport industry was necessary. The BCC requested the involvement of the Council in the process. The Consumer Services Department facilitated the survey distribution and collection and provided this information to the Council for analysis and report preparation.

Based on the results of the 1998 Ambulance Market Survey, the BCC became aware that ambulance response delays were the single most problematic issue experienced by user facilities. A Committee (called the Private Ambulance Entry Criteria Review Committee [PARC]) (See Attachment III) was then convened by County staff (per direction of the BCC) to review the ambulance provider entry criteria and recommend to the County

Manager a proposed formula for determining when additional private ambulance service or units may be added.

The Committee met on six occasions studying other counties and cities located throughout the state of Florida and the United States. During the meetings, Committee members conducted jurisdictional comparisons, held discussion sessions with the health care community, analyzed ambulance non-emergency response times and unit utilization data, and evaluated five criteria models for private ambulance entry. The Committee selected a model that provided for Certificate of Public Convenience and Necessity (as approved by the BCC) which was subject to enhanced application standards, response time measures and a market analysis. All Committee members agreed that the community would benefit from a more competitive ambulance service market.

As a result of the Committee's recommendation and the BCC's subsequent discussions led by Commissioner Barbara Carey-Shuler (sponsor of the ordinance amendment), the BCC adopted ordinance No. 01-38 on March 8, 2001. This revised ordinance significantly changed the market entry criteria for private ambulance providers in addition to the monitoring process of BCC approved private ambulance providers.

Key features of the ordinance amendment include:

- (1) the deletion of "calls-to-car" ratio criteria,
- (2) the provision of no additional private certificates for new ambulance service unless authorized by a two-thirds (2/3) vote of the entire membership of the BCC that determines the public convenience and necessity require the issuance of additional certificates,
- (3) the deletion of the criteria describing the effect of a newly proposed ambulance service on the existing system,
- (4) the inclusion of the BCC's authorization to issue one (1) small business enterprise ambulance certificate,
- (5) the inclusion of language that states certificates shall be issued for a term of three (3) years,
- (6) the inclusion of language that states certificates for private ambulance service shall indicate the maximum number of active ambulances authorized to be operated as well as maximum number of reserve vehicles,
- (7) the inclusion of a "trips-to-car" criteria (five trips per active vehicle) for certificate holders to utilize in requesting an increase of authorized active ground vehicles after a minimum of six (6) months of operation, and
- (8) the inclusion of language stating certificate holders shall abide by schedule of benchmark response times established by certificate holders or the County Manager pursuant to an administrative order. This amendment contained in the County Code, Chapter 4, Article I, Section 4-4 (d)(5b) indicates the applicant shall bear the burden of demonstrating community need for additional private ambulance service.

In addition, the ordinance amendment specifies that during the year preceding the term for renewal of certificates for private ambulance service and acceptance of new applications, the County shall conduct a comprehensive market survey to determine the quality of existing service (County Code, Chapter 4, Article 1, Section 4-4 [d] [5b]). This amendment provides a monitoring mechanism for services rendered by private ambulance companies and a resource to determine the need for additional private ambulance service.

## **EXISTING PRIVATE AMBULANCE PROVIDER PROFILE**

Whether privately or publicly funded, ambulance service in Miami-Dade County consists of the following:

- (1) First Responder;
- (2) Advanced Life Support (ALS);
- (3) Basic Life Support (BLS)

“First Responders” are governmental fire rescue entities and contracted private ambulance providers who render all initial on-scene ALS or BLS support medical care to ill or injured persons. ALS vehicles are equipped to treat life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation. BLS vehicles are equipped to treat medical emergencies through the use of techniques such as patient assessment, CPR, splinting, obstetrical assistance, bandaging, and administration of oxygen.

Five private ambulance companies are currently authorized to provide ALS and BLS service in Miami-Dade County. They are:

- American Ambulance Services
- American Medical Response
- Florida Medi-Van Ambulance Service
- Medics Ambulance Service
- Miami-Dade Ambulance Service

These companies may not operate more than the authorized number of vehicles specified on their certificates. Private ambulance companies provide medical transportation to consumers and medical facilities, including hospitals and nursing homes at the request of the consumer or medical entity.

Through the BCC ordinance amendment on March 8, 2001, three of the five listed private ambulance companies began operation in Miami-Dade County. The private ambulance companies that initiated service were American Ambulance Service, Medics Ambulance Service and Miami-Dade Ambulance Service. In 2001, these companies added a total of 36 ambulances to the fleet of 79 ambulances (operated by American Medical Response [73 active ground units] and Florida Medi-Van Ambulance Service [5 active ground units and one reserve unit]) that provided private ambulance service throughout Miami-Dade County. In 2001, each of the three companies that initiated service were granted certificates that authorized the operation of 10 active ground units and two (2) reserve units. The remaining two companies were issued new certificates authorizing the specific number of active and reserve units that had been approved previously.

Since 2001, three of the five certificate holders have increased their number of vehicles, adding a total of 45 ambulances to the fleet of 112 ambulances; a 39.1% increase (See Table 1). The following describes the certificate holders' vehicle inventory and contact information.

**Table 1  
Ambulance Certificate Holders  
Authorized Unity**

<b>Ambulance Company</b>	<b>1998</b>	<b>January 29, 2007</b>
American Ambulance Service (authorized by BCC on July 24, 2001)	N/A	23 active units 5 reserve units
American Medical Response (AMR)	73 active units	73 active units
Florida Medi-Van	5 active units 1 reserve unit	11 active units 1 reserve unit
Medics Ambulance Service (authorized by BCC on July 24, 2001)	N/A	10 active units 2 reserve unit
Miami-Dade Ambulance Service (authorized by BCC on July 24, 2001)	N/A	33 active units 2 reserve unit
<b>Total</b>	78 active units 1 reserve unit	150 active units 10 reserve units

*Source: Miami-Dade County, Consumer Services Department, January 2007.*

***American Ambulance Services***

According to the Consumer Services Department as of January 29, 2007, American Ambulance Services has 23 active ground units and 5 reserve units. The contact person is Raul Medina and his telephone and address information are as follows:

Telephone: (305) 888-4100  
Address: 6605 NW 74<sup>th</sup> Avenue, Miami, FL 33166

***American Medical Response***

According to the Consumer Services Department as of January 29, 2007, American Medical Response has 73 active ground units. The contact person is Robert Garner and his telephone and address information are as follows:

Telephone: (305) 718-6402  
Address: 7255 NW 19<sup>th</sup> Street, Suite C, Miami, FL 33126

***Florida Medi-Van Ambulance Service***

Consumer Services Department indicated as of January 29, 2007 that Florida Medi-Van Ambulance Service has 11 active ground units and 1 reserve unit. The contact person is Isabel Rodriguez and her telephone and address information are as follows:

Telephone: (305) 636-5511  
Address: 2950 NW 7<sup>th</sup> Avenue, Miami, FL 33127

***Medics Ambulance Service***

Consumer Services Department reports as of January 29, 2007 that Medics Ambulance Service has 10 active ground units and 2 reserve units. The contact person is Malcolm Cohen and his telephone and address information are as follows:

Telephone: (305) 687-4040  
Address: 5054 NW 74<sup>th</sup> Avenue, Miami, FL 33166

***Miami-Dade Ambulance Service***

Miami-Dade Ambulance Service, according to the Consumer Services Department as of January 29, 2007, has 33 active units and 2 reserve units. The contact person is Ray Gonzalez and his telephone number and address information are as follows:

Telephone: (305) 634-9454  
Address: 2766 NW 62<sup>nd</sup> Street, Miami, FL 33147

## **MARKET ANALYSIS**

### **A. Purpose**

The purpose of this report (as stated in County Code, Chapter 4, Article 1, Section 4-4 [d] [5b]) is to determine the quality of existing private ambulance transport service in Miami-Dade County, and ultimately determine if additional ambulance companies would better serve the needs of the community.

### **B. Methodology**

The Consumer Services Department, in consultation with the Council, developed and distributed two survey instruments, each targeting a specific group which included 1) user facilities, and 2) ambulance customers. The surveys were mailed out in September 2006 to all of Miami-Dade County's hospitals, nursing homes, primary health care centers, and assisted living facilities with a capacity of at least 40 beds, and to a total of 700 customers that had experienced local ambulance transport within the previous twelve months.

Facilities were asked to evaluate Basic Life Support and Advanced Life Support ambulance services on:

- the overall timeliness of an ambulance's arrival at their facility within the projected stated time,
- the overall courtesy and professional treatment of patients by ambulance attendants,
- the overall appearance of the ambulance attendants,
- the overall cleanliness of the ambulance vehicle,
- the overall condition and/or availability of equipment and supplies provided, and
- the overall ambulance service provided.

In addition, facilities were questioned regarding unmet needs or special services they would like their ambulance company to provide, the need for additional ambulance service providers in Miami-Dade County, and complaints received from patients about ambulance service.

Ambulance customers were queried in a much more abbreviated, customer-friendly survey regarding:

- the cleanliness of the ambulance which transported them,
- the courtesy and service they received from the ambulance attendants, and
- their overall satisfaction with the ambulance services they received.

## C. Survey Sample

### Sample Distribution

A total of 863 surveys were distributed to hospitals (30), nursing homes (53), primary health care centers (43), assisted living facilities with 40 beds and over (37), and customers (700) (See Table 2). Approximately 8.7% (75) of the distributed surveys were returned by participants all of which were usable.

- **Hospitals**

Thirteen (43.3%) of Miami-Dade County's 30 hospitals responded to the survey, representing 54.5% of the County's total available 9,323 licensed hospital beds.

Nine of the 13 indicated they had requested a total of 17,184 ambulance transports (combined Basic Life Support and Advanced Life Support) in a one-year period for an average of 1,909 requests. The requests ranged from a low of 67 transports (requested by Sister Emmanuel Hospital for Continuing Care, a long term care hospital) to a high of 5,500 transports (requested by Mount Sinai Medical Center/Miami Heart Institute). Four hospitals were unable to provide numbers for their facility.

Hospitals indicated that eight out of 10 (83.4%) of the transports requested in a one-year period were Basic Life Support (BLS) ambulance transports; and 16.6% were Advanced Life Support (ALS).

- **Nursing Homes**

Twenty-three (43.4%) of Miami-Dade County's 53 nursing homes responded to the survey, representing 46.5% of the County's available 7,981 licensed nursing home beds. Sixteen of the 23 indicated they had requested a total of 4,756 ambulance transports (combined BLS and ALS) in a one-year period for an average of 297 requests. The requests ranged from a low of twenty transports (requested by East Ridge Retirement Village) to a high of 2,590 transports (requested by Pinecrest Convalescent Center).

Nursing homes indicated that nine out of 10 (90.0%) of the transports requested in a one-year period were BLS ambulance transports and 10.0% were ALS.

- **Assisted Living Facilities**

Fifteen (40.5%) of Miami-Dade County's 37 largest assisted living facilities (with 40 or more beds) responded to the survey, representing 40.5% of this industry's local capacity for this facility size. Eleven of the 15 indicated they had requested a total of 777 ambulance transports (combined BLS and ALS) in a one-year period for an average of 71 requests. The requests ranged from a low of three transports (requested by Pavilion Gardens) to a high of 190 transports (requested by Grand Court Lakes). Assisted living facilities indicated that most (89.2%) of the transports requested in a one-year period were BLS ambulance transports; and 10.8% were ALS.

- **Primary Health Centers**

Twelve (27.9%) of Miami-Dade County’s 43 primary health centers responded to the survey. The thirteen respondents included seven of Miami-Dade County's 21 Federally Qualified Health Centers (FQHC), four of Jackson Health System's 14 primary health care centers, and three other primary care centers.

Eight of the 12 indicated they had requested a total of 1,119 ambulance transports (combined BLS and ALS) in a one-year period; for an average of 139.9 requests. The requests ranged from a low of ten transports (requested by Care Resources) to a high of 800 transports (requested by Community Health of South Dade, Inc., Doris Ison South Dade Community Health Center, an FQHC and one of Jackson Health System’s managed primary health centers).

Health centers reported that three out of four (75.4%) of the transports requested in a one-year period were BLS ambulance transports; and 24.6% were ALS.

- **Ambulance Customers**

Twelve customers that had experienced local ambulance transport within the last twelve months responded to the survey, reflecting an 1.7% response rate based upon the mail-out to a total of 700 randomly selected customers.

**Table 2**  
**Survey Distribution and Receipt**  
**Ambulance Transport**

<b>Respondent Type</b>	<b>Surveys Mailed and Delivered</b>	<b>Completed Surveys Returned</b>	<b>Surveys Analyzed</b>
<b>I. Health Care Facilities</b>			
<b>A. Hospitals</b>	30	13(43.3%)	13
<b>B. Nursing Homes</b>	53	23(43.4%)	23
<b>C. Assisted Living Facilities (50 beds and over)</b>	37	15(40.5%)	15
<b>D. Primary Health Care Centers</b>	43	12 (27.9%)	12
<b>II. Customers</b>	700	12 ( 1.7%)	12
<b>TOTALS:</b>	863	75 ( 8.7%)	75

**Survey Data Limitations**

It should be noted that there is a risk of non-response bias associated with results obtained from small samples and low percentages of returned surveys; specifically with regards to primary health care centers, and customers that had experienced local ambulance transport service within the last twelve months. The possibility exists that the primary health care centers, and customers who chose to respond to this survey may have responded very differently than those who chose not to respond.

## **D. SURVEY RESULTS**

### **I. USER FACILITIES BY KEY INDICATORS**

#### **Requests for ALS and BLS Service**

##### **Hospitals**

To some extent, all participating hospitals had requested both ALS and BLS transport. Six out of ten (88.9%) utilized BLS transport in the majority of their ambulance transport cases; 71.9% to 97.9% of the time. One hospital, Pan American Hospital, requested BLS transport only 36.8% of the time. Four hospitals (30.8%) did not respond to this question.

Conversely, ALS transport was less frequently requested by most (88.9%) participating hospitals; 2.1% to 63.2% of the time. Only one hospital, Pan American Hospital, indicated utilizing ALS transport on more occasions.

##### **Nursing Homes**

Four out of ten (39.1%) participating nursing homes had requested both ALS and BLS transport, and three out of ten (30.4%) BLS only. Seven nursing homes (30.4%) did not respond to this question.

Like hospitals, most participating nursing homes (60.9%) responded that they had requested BLS ambulance transport more than ALS. Only two nursing homes, Hampton Court Nursing and Rehabilitation Center and Jackson Memorial Perdue Medical Center, reported as having requested more ALS transport than BLS in a one-year period.

##### **Assisted Living Facilities**

Five out of fifteen (33.3%) participating assisted living facilities requested both ALS and BLS transport services. Six facilities (40%) requested BLS transport exclusively, two had not requested either BLS or ALS transport services, and two other facilities did not respond to this question.

Assisted living facilities requested more than eight times as many BLS transports as ALS transports.

##### **Primary Health Care Centers**

Most (7 of 12) primary health care centers had requested both ALS and BLS transport. One facility, South Dade Homeless Assistance Health Center, appears to have requested BLS transport exclusively. Two primary health care centers indicated they had not requested any transports and two facilities did not respond to this question.

Overall, participating primary health care centers reported requesting more BLS transports in a one-year period. Six facilities reported between 60.0% and 83.3% of requests as BLS, and one reported an even amount of requests for both BLS and ALS services.

### **Provider Utilization**

Respondents were asked to provide the percent of ALS and BLS transport requests made to each of the five private ambulance service providers currently authorized to operate in Miami-Dade County. They were also asked to place in rank order of importance four factors that contribute to their decision to utilize their facility's primary ALS and BLS vendor. The four factors are:

- ✓ Response time reliability
- ✓ Professional/competent staff
- ✓ Medical equipment availability/condition
- ✓ Vehicle condition/cleanliness

Hospitals most frequently made their ALS and BLS transport requests to American Medical Response (AMR). Miami-Dade Ambulance Service was next most frequently requested by hospitals for both ALS and BLS transport, followed by American Ambulance Services (AAS). The remaining two authorized private ambulance providers (Florida Medi-Van Ambulance Service and Medics Ambulance Service) combined accounted for less than ten percent of all hospital requests. (See Table 3).

Nursing homes most frequently utilized MDAS for ALS transport and AMR and Miami-Dade Ambulance Service (MDAS) equally for BLS transport. AMR followed by AAS were next most frequently called for ALS transport, and AAS next most frequently called for BLS transport. (See Table 3).

Assisted living facilities most frequently made their ALS and BLS transport requests to MDAS. AMR followed by AAS were reported as secondary vendors for both types of transport. Only a small number of calls (less than 4%) were made to other providers (See Attachment VI-C).

Primary health care center participants reported most frequently requesting both ALS and BLS transports from MDAS (65.6% and 70.0% respectively). For the most part, they were unable to identify any other provider to whom they had made a transport request. (See Attachment VI-D).

**Table 3**  
**Share of Transport Requests**  
**Hospitals and Nursing Homes**

Private Ambulance Company	Hospitals		Nursing Homes	
	ALS Vendors	BLS Vendors	ALS Vendors	BLS Vendors
<b>American Medical Response (AMR)</b>	47.9%	39.3%	28.4%	35.7%
<b>Miami-Dade Ambulance Service</b>	22.8%	28.9%	34.4%	35.7%
<b>American Ambulance Services</b>	19.8%	22.6%	17.2%	15.3%
<b>Medics Ambulance Service</b>	8.3%	6.0%	0.0%	2.2%
<b>Florida Medi-Van Ambulance Service</b>	1.3%	2.3%	0.3%	1.0%

Of the four factors presented, all facility types chose response time/reliability as the most important factor contributing to their decision to utilize their primary ALS and BLS vendors. The descending rank order of importance of the other factors for all facility types was: the vendor having a professional/competent staff; the availability and condition of medical equipment in a vendor's ambulance; and the condition and cleanliness of the vendor's ambulance. To Jackson Memorial Hospital, the one county facility, the one factor that took precedence above all others, was the County's contract with the Miami-Dade Ambulance Service. No other factor was considered of any importance. (Hospitals and Nursing Homes: See Table 4; Assisted Living Facilities and Primary Health Care Centers: See Attachments VI-C, VI-D).

**Table 4**  
**Importance of Factors Contributing to Facility's Decision to Utilize Its Primary**  
**ALS/BLS Vendor**  
**Hospitals and Nursing Homes**

**1 = the most important factor**  
**4 = the least important factor**

Contributing Factors	Hospitals		Nursing Homes	
	ALS Vendors	BLS Vendors	ALS Vendors	BLS Vendors
	Mean	Mean	Mean	Mean
<b>Response Time Reliability</b>	1.727	1.417	1.133	1.227
<b>Professional/Competent Staff</b>	2.091	2.000	1.867	1.864
<b>Medical Equipment Availability/Condition</b>	2.182	2.167	2.267	2.591
<b>Vehicle Condition/Cleanliness</b>	4.000	3.667	3.333	3.545

## Ratings on Key Indicators

### a. Timeliness

Respondents were asked to rate the overall timeliness of ALS and BLS ambulance arrival at their facility within the projected time stated to their facility by the ambulance company.

The majority of participating hospitals and nursing homes noted the timeliness of both types of ambulance transport to be “Good” or “Exceptional,” with ALS transport rated somewhat higher by nursing homes, and BLS transport rated somewhat higher by hospitals (See Table 5). It should be noted that two hospitals and one nursing home reported an “Exceptional” rating for timeliness for both ALS and BLS arrival. No hospital or nursing home perceived the overall timeliness of ALS or BLS ambulance arrival at their facility to be “Poor” (See Table 5).

Assisted living facilities rated the overall timeliness of arrival of both types of transport more favorably than either hospitals or nursing homes. All participating assisted living facilities indicated the timeliness of ALS ambulance arrival as “Good” or “Exceptional” compared to 85% of participants for BLS ambulances. None perceived the timeliness of arrival of either type of ambulance transport to be “Poor” (See Attachment VI-C).

On average, primary health care centers rated the overall timeliness of arrival of ALS transport as “Good,” and BLS transport as “Good” to “Average.” None of the centers perceived the overall timeliness of ALS ambulances to be “Poor,” and only one of the twelve centers regarded the overall timeliness of arrival of BLS ambulance transport to be “Poor” (See Attachment VI-D).

**Table 5**  
**Overall Timeliness of Ambulance Arrival**  
**Hospitals and Nursing Homes**

	Hospitals				Nursing Homes			
	ALS Vehicles		BLS Vehicles		ALS Vehicles		BLS Vehicles	
<b>Exceptional (4)</b>	2	15.4%	2	16.7%	1	5.9%	1	4.3%
<b>Good (3)</b>	5	38.5%	6	50.0%	13	76.5%	14	60.9%
<b>Average (2)</b>	6	46.2%	4	33.3%	3	17.6%	8	34.8%
<b>Poor (1)</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Unable to Rate</b>	0		1		6		0	
<b>Mean</b>	2.692		2.833		2.882		2.696	

**b. Overall Courtesy and Professional Treatment of Patients by Ambulance Attendants**

Respondents were asked to rate ambulance transport attendants on their overall courtesy and treatment of patients. Hospitals generally indicated overall satisfaction with ambulance transport attendants’ treatment of patients. With only one exception, hospitals rated ALS and BLS ambulance attendants’ overall courtesy and professional treatment of patients as “Good” or “Exceptional.” None perceived attendant’s courtesy and professional treatment of patients to be “Poor.”

Nursing home respondents also rated the courtesy and professional treatment of patients by ambulance attendants favorably with a slightly lower rating than hospital respondents. Approximately eight of ten nursing home respondents rated the courtesy and professional treatment of patients by ALS ambulance attendants as “Good” or “Exceptional,” and seven of ten rated BLS as “Good.” The remaining nursing homes perceived attendant’s overall courtesy and professional treatment of patients as “Average.” None perceived ambulance attendants treatment of patients as “Poor” (See Table 6).

Assisted living facilities indicated similar positive feedback to ambulance transport attendants’ treatment of patients. All but one assisted living facilities rated ALS attendants’ professional treatment as “Good” or “Exceptional.” The only exception rated ALS attendants average to poor in this regard. All rated BLS attendants’ professional treatment as “Good” or “Exceptional.” (See Attachment VI-C).

For primary health care centers, respondents on average rated the courtesy and professional treatment provided by both ALS and BLS ambulance attendants as “Good”; with only one or two rating them as “Average,” and none rating them “Poor.” (See Attachment VI-D).

**Table 6  
Overall Courtesy and Professional Treatment of Patients  
by Ambulance Attendants  
Hospitals and Nursing Homes**

	Hospitals				Nursing Homes			
	ALS Vehicles		BLS Vehicles		ALS Vehicles		BLS Vehicles	
<b>Exceptional (4)</b>	3	25.0%	3	30.0%	1	5.9%	0	0.0%
<b>Good (3)</b>	8	66.7%	6	60.0%	12	70.6%	16	69.6%
<b>Average (2)</b>	1	8.3%	1	10.0%	4	23.5%	7	30.4%
<b>Poor (1)</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Unable to Rate</b>	1		3		6		0	
<b>Mean</b>	3.167		3.200		2.824		2.696	

**c. Overall Appearance of Ambulance Attendants**

On average, hospitals and nursing homes both rated the overall appearance of ambulance attendants providing ALS and BLS vehicles as “Good”. Hospitals had a somewhat more favorable perception, all but rating the overall appearance of both ALS and BLS ambulance attendants as “Good” or “Exceptional;” the exception perceiving their overall appearance as “Average.” In contrast, seven out of ten nursing homes rated the appearance of ambulance attendants as “Good,” none rating their appearance as “Exceptional,” and three out of ten perceiving their overall appearance as “Average.” (See Table 7).

Responses from assisted living facilities and primary care health centers reveal a similar positive view of ambulance attendants. There was almost universal agreement that the appearance of ambulance attendants providing service to their facilities was “Good” or “Exceptional” (See Attachment VI-C and VI-D).

**Table 7  
Overall Appearance of Ambulance Attendants  
Hospitals and Nursing Homes**

	Hospitals				Nursing Homes			
	ALS Vehicles		BLS Vehicles		ALS Vehicles		BLS Vehicles	
<b>Exceptional (4)</b>	2	15.4%	3	25.0%	0	0.0%	0	0.0%
<b>Good (3)</b>	10	76.9%	8	66.7%	12	70.6%	15	68.2%
<b>Average (2)</b>	1	7.7%	1	8.3%	5	29.4%	7	31.8%
<b>Poor (1)</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Unable to Rate</b>	0		1		6		1	
<b>Mean</b>	3.077		3.167		2.706		2.682	

**d. Overall Cleanliness of the Ambulance Vehicles**

Respondents were asked to rate the overall cleanliness of the ambulance vehicle(s) providing service to their facility. A significant number were unable to rate the vehicle(s) on this attribute.

Hospital and nursing home respondents that were able to assess the cleanliness of the vehicles, on average rated their cleanliness as “Good”. Eight out of ten of these hospitals rated the cleanliness of ALS as “Good” or “Exceptional,” and nine out of ten gave similar ratings to BLS vehicles. No hospital rated either “Poor” in this regard. (See Table 8).

Three out of four nursing homes perceived the overall cleanliness of ALS vehicles as “Good,” and eight out of ten perceived the overall cleanliness of BLS as “Good” or “Exceptional.” One nursing home rated BLS ambulance vehicle cleanliness as “Poor” (See Table 8).

On average, assisted living facilities and primary health care centers that responded to this question rated the overall cleanliness of the ambulance vehicles providing service to their facility as “Good”. Three out of ten assisted living facilities rated the cleanliness of both ALS and BLS vehicles as “Exceptional.” One primary health care center did likewise. None rated either type of transport’s overall cleanliness as “Poor.” (See Attachment VI-C, VI-D).

**Table 8**  
**Overall Cleanliness of the Ambulance Vehicle**  
**Hospitals and Nursing Homes**

	Hospitals				Nursing Homes			
	ALS Vehicles		BLS Vehicles		ALS Vehicles		BLS Vehicles	
<b>Exceptional (4)</b>	1	10.0%	3	33.3%	0	0.0%	1	6.7%
<b>Good (3)</b>	7	70.0%	5	55.6%	9	75.0%	11	73.3%
<b>Average (2)</b>	2	20.0%	1	11.1%	3	25.0%	2	13.3%
<b>Poor (1)</b>	0	0.0%	0	0.0%	0	0.0%	1	6.7%
<b>Unable to Rate</b>	3		4		11		8	
<b>Mean</b>	2.900		3.222		2.750		2.800	

**e. Overall Condition and/or Availability of Equipment and Supplies**

Respondents were asked to rate the overall condition and/or availability of equipment and supplies provided in the ambulances serving their facility. Some participating hospitals and nursing homes were unable to rate the vehicles on this attribute.

Hospitals rated the overall condition and/or availability of equipment and supplies provided in the ALS and BLS ambulances serving their facility as “Good.” The lowest rating given was “Average;” by two hospitals to ALS vehicles, and by three hospitals regarding BLS vehicles. On average, nursing home participants rated the overall condition and/or availability of equipment and supplies provided in the ALS ambulances serving their facility as “Good”, and BLS between “Average” and “Good.” One out of four nursing homes perceived BLS ambulances serving their facilities as “Average,” and one nursing home as “Poor.” (See Table 9)

Other participating facilities provided higher ratings on this characteristic. On average, both assisted living facilities and primary health care centers rated the overall condition and/or availability of equipment and supplies provided in the ambulances serving their facility as “Good.” All of these facilities rated ALS vehicles as “Good” or “Exceptional”

in this regard, and nine out of ten rated the overall condition of BLS vehicles and/or availability of equipment and supplies in these ambulances as “Good” or “Exceptional” (See Attachment VI-C, VI-D).

**Table 9**  
**Overall Condition and/or Availability of Equipment and Supplies**  
**Hospitals and Nursing Homes**

	Hospitals				Nursing Homes			
	ALS Vehicles		BLS Vehicles		ALS Vehicles		BLS Vehicles	
<b>Exceptional (4)</b>	1	9.1%	1	10.0%	1	6.7%	0	0.0%
<b>Good (3)</b>	8	72.7%	6	60.0%	10	66.70%	13	68.4%
<b>Average (2)</b>	2	18.2%	3	30.0%	4	26.7%	5	26.3%
<b>Poor (1)</b>	0	0.0%	0	0.0%	0	0.0%	1	5.3%
<b>Unable to Rate</b>	2		3		8		4	
<b>Mean</b>	2.909		2.800		2.800		2.632	

**f. Overall Ambulance Service**

Respondents were asked to rate the overall ambulance service provided to their facility considering all five of the aforementioned factors. Hospitals’ average response was a solid “Good.” Nursing homes’ responses averaged “Good.” The lowest rating given was “Average,” with no facility rating overall ambulance service as “Poor” (See Table 10). On average, both assisted living facilities and primary health care centers also rated overall ambulance service as “Good”, with only one assisted living facility responding with a “Poor” rating of ALS ambulance service (See Attachments VI-C, VI-D).

**Table 10**  
**Overall Ambulance Service**  
**Hospitals and Nursing Homes**

	Hospitals				Nursing Homes			
	ALS Vehicles		BLS Vehicles		ALS Vehicles		BLS Vehicles	
<b>Exceptional (4)</b>	2	15.4%	3	25.0%	1	6.3%	0	0.0%
<b>Good (3)</b>	9	69.2%	6	50.0%	12	75.0%	17	73.9%
<b>Average (2)</b>	2	15.4%	3	25.0%	3	18.8%	6	26.1%
<b>Poor (1)</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Unable to Rate</b>	0		1		7		0	
<b>Mean</b>	3.000		3.000		2.875		2.739	

## **Supplemental Questions**

- **Unmet Needs or Special Services**

Few respondents perceived any unmet needs or special services that they would like their ambulance company to provide in the future.

Less than one out of four (3; 23.1%) hospitals responded “Yes,” noting the need for wheelchair/scooter transport, bariatric equipment, more ALS ambulances/staff, and timeliness. (See Attachment VI-A).

For nursing homes, respondents (3; 13.0%) that indicated “Yes” noted the need for a callback regarding where their resident can be located, available proper equipment, including pulse oximeter and bariatric equipment, in-service on emergency medical care, and vent capability. (See Attachment VI-B).

For other participating facilities, only one assisted living facility (6.7%) and one primary health care center (8.3%) responded “Yes.” The assisted living facility noted the need to have paperwork delivered to the emergency room. The primary health care center identified the need for a courtesy call if the expected estimated time of arrival is going to exceed the stated time.

- **The Need for Additional Ambulance Service Providers**

When asked whether there is a need for additional ambulance service providers in Miami-Dade County, very few responded “Yes.” (Hospitals: 15.4% [2]; Nursing Homes [3]: 13.0%; Assisted Living Facilities: 13.3% [2]; Primary Health Care Centers: 8.3% [1]).

Reasons given included:

- Hospitals – Not enough choices at contract time (1)
- Nursing Homes – Lateness/Timeliness (2) and Shortage (1)
- Assisted Living Facilities and Primary Health Care Centers – Long wait times (1 each)

(See Attachments VI-A, VI-B, VI-C, VI-D).

- **Complaints Received from Patients**

Few receive complaints from patients about ambulance service (Hospitals: 15.4% [2]; Nursing Homes: 21.7% [5]; Assisted Living Facilities: 6.7% [1]; Health Centers: 8.3% [1]).

Hospitals reported receiving complaints from patients about long wait times. (See Attachment VI-A).

Complaints to nursing homes were more diverse and included rough handling by ambulance attendants, attendants not being attentive enough, a resident being lost to another facility, missing paperwork and personal belongings, as well as timeliness. (See Attachment VI-B).

One assisted living facility had received a complaint from a patient whose personal items had not gotten to the hospital. (See Attachments VI-C, VI-D).

- **Calling County Government**

Beyond calling the ambulance company directly, few have considered calling anyone in County government to address a serious ambulance service problem or complaint. Only two (15.4%) hospitals, four (17.4%) nursing homes, three (20.0%) assisted living facilities, and three (25.0%) primary health care centers have considered calling someone in County government (See Attachments VI-A, VI-B, VI-C, VI-D).

- **Awareness of the Ambulance Complaint Hotline**

Awareness of the Ambulance Complaint Hotline is far from universal. Hospitals and primary health care centers are the most aware that Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has an Ambulance Complaint Hotline that they can call if their facility had a serious ambulance problem or complaint. Awareness among both of these groups has increased dramatically since this market survey was last conducted in 2003.

Hospitals:	from 22.2% to 53.8%
Primary Health Care Centers:	from 23.1% to 58.3%

Awareness among assisted living facilities remains unchanged at only 33.3%, and awareness among nursing homes has dramatically declined, from 30.4% to 13.0%.

Of those facilities that are aware of the hotline, none has ever called the hotline, possibly reflecting a level of rapport between the facilities and vendors in resolving complaints.

Regarding facilities that were not aware of the hotline, almost all would consider calling the hotline in the event of a serious ambulance problem or complaint. (See Attachments VI-B, VI-D).

## II. CUSTOMERS BY KEY INDICATORS

Only twelve surveys were received from customers that had experienced local ambulance transport service within the last twelve months. These surveys represent only a 1.7% response rate of a mail-out to 700 randomly selected customers. Due to this very small number of responses, there is a high risk of non-response bias associated with these results, and the findings which follow need to be viewed with extreme caution. Customers who chose to respond to this survey may have very likely responded differently than those who chose not to respond.

As optional information, customers were asked to name the one ambulance transport company that they had utilized most frequently. Five were able to name the one ambulance transport company that they had utilized most frequently. Five were unable to do so, and two provided no response to this question.

Of the five who were able to name the one ambulance transport company they had utilized most frequently, two reported having utilized American Ambulance Service, two American Medical Response, and one Medics Ambulance Service most frequently. (See Attachment VI-E).

Customers were asked to rate three areas of ambulance service:

- the cleanliness of the ambulance which transported them,
- the courtesy and service they received from the ambulance attendants, and
- their overall satisfaction with the ambulance service they had received.

### a. Cleanliness of the Ambulance

The few customers who participated in this survey responded with high ratings on ambulance cleanliness. Ten of the twelve customers surveyed rated the cleanliness of the ambulance as “Exceptional” (7) or “Good” (3); one customer rated the cleanliness of the ambulance which transported them as “Average”, and one as “Poor.” (See Table 11).

### b. Treatment Received

Responding customers gave high ratings regarding the courtesy and service they received from ambulance attendants. Eight out of the 12 rated the courtesy and service they had received as “Exceptional.” A total of ten rated attendant courtesy and service as “Exceptional” or “Good.” One customer rated the treatment received “Average” and one “Poor” (See Table 11).

**c. Overall Satisfaction**

Responding customers gave high overall satisfaction ratings. More than three out of four (8) customers rated their overall satisfaction with the ambulance service they received as “Exceptional”, and a total of five out of six (10) customers indicated their overall satisfaction as “Exceptional” or “Good”. One customer rated their overall satisfaction “Average” and one “Poor” (See Table 11).

**Table 11  
Customer Ratings of Ambulance Transport**

	<b>Ambulance Cleanliness</b>	<b>Attendant Courtesy and Service</b>	<b>Overall Satisfaction</b>
<b>Exceptional (4)</b>	7	8	8
<b>Good (3)</b>	3	2	2
<b>Average (2)</b>	1	1	1
<b>Poor (1)</b>	1	1	1
<b>Unable to Rate</b>	0	0	0
<b>Mean</b>	3.333	3.417	3.417

## **FINDINGS AND CONCLUSIONS**

Satisfaction among participating user facilities and customers is high, as are ratings of ambulance transport services on all dimensions. Survey results indicate a high quality of ambulance service is being provided by private vendors in Miami-Dade County, which suggests no additional private ambulance companies are required to improve existing non-emergency ambulance services.

Very few user facilities and only one customer rated any aspect of ambulance transport poorly. No hospitals indicated the lowest rating, "Poor", on any dimension. Only one nursing home gave the lowest rating to BLS transport on two of five dimensions (overall cleanliness of vehicle, and overall condition and/or availability of equipment and supplies). No assisted living facility responded with low ratings, and only one primary health care center cited the lowest rating with regard to the timeliness of BLS transport.

Additionally, most facilities perceive no need for additional service providers, and few facilities report having received complaints about ambulance service from patients. The most important criteria within the ambulance transport system in Miami-Dade County continues to be response time, which was identified by facility users as the most significant factor contributing to their facility's decision to utilize a vendor. Improvements can be implemented by vendors through enhanced communication between user facilities and private ambulance companies in resolving unmet needs or special services and patient complaints cited by a few respondents.

Though Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has an Ambulance Complaint Hotline that user facilities can call to report a serious ambulance problem or complaint, most participating user facilities continue to be unaware of this resource. An awareness campaign about the hotline directed at all types of user facilities (i.e., hospitals, nursing homes, assisted living facilities, and health centers) should be considered to increase the level of awareness of this service.

While survey results overall indicate a good level of service provided by private ambulance providers, improvements can still be achieved in transport response times and the provision of enhanced services. The data, however, suggests these improvements can be accomplished with the existing providers.

With regard to customer satisfaction, the response rate was extremely low (1.7%). In 2006, only 12 responses were received compared to 83 responses in 2003. A restructured customer satisfaction survey process, such as follow-up calls or mail-out, 30 days post-service may be more effective.

# Attachments Index

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## **Attachment I**

### **Miami-Dade County Code, Chapter 4, Ambulances and Medical Transportation Vehicles**

**CHAPTER 4 OF THE CODE OF MIAMI-DADE COUNTY**  
**AMBULANCES AND MEDICAL TRANSPORTATION VEHICLES**

**ARTICLE I. IN GENERAL**

**Sec. 4-1. Legislative intent.**

It is the intent of the Commission to promote the health, safety and welfare of the county, its citizens, residents and visitors, by providing for the reasonable uniform regulation of ambulance services thereby promoting the development and maintenance of a safe, healthy, efficient and service-oriented ambulance service for Miami-Dade County. In addition, it is the intent that only governmental fire rescue entities shall be authorized to perform as the first responder within the territorial limits or airspace of Miami-Dade County, except as provided otherwise in a countywide emergency and non-emergency ambulance service and non-emergency medical transportation vehicle service contract between one or more private ambulance providers and Miami-Dade County, or in a contract in existence as of January 1, 2000 between a municipality and an ambulance service. It is also the intent that private ambulance providers shall be only authorized to perform interfacility transfers within the territorial limits or airspace of Miami-Dade County, except as provided otherwise in this section.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

**Sec. 4-2. Definitions.**

For the purposes of this article, the following definitions shall apply:

(a) *Active ambulance vehicle* means any private or publicly owned land or water vehicle that is designated as such by the certificate holder and authorized by the County as a permanent in-service vehicle.

(b) *Advanced life support* means treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person or such other techniques as may be authorized by federal, state or local laws or regulations, as same may be amended from time to time where applicable.

(c) *Air ambulance* means any fixed wing or rotary wing aircraft used for, or intended to be used for, air transportation of sick or injured persons requiring or likely to require medical attention during transport as may be authorized by federal, state or local laws or regulations, as same may be amended from time to time where applicable.

(d) *Ambulance or emergency medical services vehicle* means any privately or publicly owned land or water vehicle that is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for, or intended to be used for, land or water transportation of sick or injured persons requiring or likely to require medical attention during transport as may be authorized by federal, state

or local laws or regulations, as same may be amended from time to time where applicable.

(e) *Ambulance service* means any service whereby a private, public or governmental entity offers to provide or provides, for compensation or as a courtesy, basic life support or advanced life support to sick or injured persons being transported from one location to another upon the streets of Miami-Dade County or in the airspace above Miami-Dade County.

(f) *Application* means the form prepared by the county submitted complete with all required documentation and the appropriate fee.

(g) *Article* means Article I of the Code of Miami-Dade County, Florida, and any rules, regulations and standards promulgated pursuant to this article.

(h) *Basic life support* means treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured auto injector of epinephrine to a person suffering an anaphylactic reaction, other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation and such other techniques as may be authorized by federal, state or local laws or regulations, as same may be amended from time to time where applicable.

(i) *Certificate* means a certificate of public convenience and necessity issued in accordance with the provisions of this article.

(j) *Certificate holder* or *holder* means any person or entity who has been issued a certificate of public convenience and necessity in accordance with the provisions of this article.

(k) *Commission* means the Miami-Dade County Board of County Commissioners.

(l) *County* means Miami-Dade County, Florida.

(m) *County Manager* or *manager* means the County Manager or his or her designee. The County Manager may designate one or more persons or county departments to administer the various provisions of this article.

(n) *First responder* means any of the governmental entity fire rescue certificate holders who render all initial on-scene advanced life support or basic life support medical care to ill or injured persons including the appropriate transportation of such persons within the territorial limits or airspace of Miami-Dade County, except as provided otherwise in a countywide emergency and non-emergency ambulance service and non-emergency medical transportation vehicle service contract between one or more private ambulance providers and Miami-Dade County, or in a contract in existence as of January 1, 2000 between a municipality and an ambulance service.

(o) *Intra-county* means receiving and delivering patients all within Miami-Dade County.

(p) *Person* means any natural person(s), firm, partnership, association, corporation, government or other business entity.

(q) *Public interest* means a determination based on the following criteria: that benefits of the ambulance services will accrue to the community, and meet the needs of the public who utilizes ambulance services, consistent with the legislative intent contained in this article.

(r) *Reserve or spare ambulance vehicle* means any privately or publicly owned land or water vehicle that is designated as such by the certificate holder and authorized by the County as a temporary replacement for an active vehicle which is taken out of service due to repairs or routine maintenance.

(s) *Response time* means the interval of time between the moment the certificate holder's dispatch center receives a call requesting a response to the moment the certificate holder's ambulance vehicle arrives at the requested location of the pickup. Response time for scheduled or prearranged transports shall mean the interval of time between such scheduled or prearranged pickup time and the moment the certificate holder's ambulance vehicle arrives at the requested location of the pickup. Types of requests for responses include the following:

(i) Will Call--Requests for transports as soon as possible. Response time is calculated from the time of the request to the time of arrival at the requested location of the pickup.

(ii) Scheduled Transport Requests made twenty-four (24) hours or more in advance of the pickup time. Response time is calculated from the scheduled pickup time to the time of arrival at the requested location of the pickup.

(iii) Prearranged--Transport requests made less than twenty-four (24) hours in advance of the pickup time and, if necessary, the established pickup time may be negotiated between the customer and the provider. Response time is calculated from the established pickup time to the time of arrival at the requested location of the pickup.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-3. Certificates of public convenience and necessity.**

(a) It shall be unlawful for any person, firm, corporation, or other business or governmental entity to provide or advertise that it provides ambulance service anywhere upon the streets of Miami-Dade County or in the airspace above Miami-Dade County, without first obtaining a certificate of public convenience and necessity issued in accordance with this article.

(b) Providers of ambulance service based outside Miami-Dade County shall be exempt from the provisions of this section, except that any person or entity providing intra-county ambulance service within Miami-Dade County shall comply with this article.

(c) The following are exempt from the provisions of this article:

(1) Air ambulance providing only inter-county or inter-state transfers.

(2) Any ambulance owned and operated by the Federal Government.

(3) A vehicle operated under the direct supervision of a licensed physician and used to transport patients entirely within the privately owned and controlled area of Turkey Point Nuclear Power Plant pursuant to an emergency management plan approved by the Nuclear Regulatory Commission.

(4) Any hospital or other type of medical facility utilizing its own ground vehicles at no fee for service under the direct supervision of a licensed physician in transporting persons to or from the hospital-operated helipad, or in transporting non-discharged patients for diagnostic or treatment services from one of the facility's corporate-owned buildings to another of the facility's corporate-owned buildings within its own medical campus. At no time shall such a one-way transport exceed one (1) mile in distance. Such service and vehicles shall comply with all requirements of Chapter 401, Florida Statutes.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-4. Initial applications for certificates and applications to increase vehicles.**

(a) Every application for a certificate shall be in writing, signed and sworn to by the applicant, and shall be filed with the county manager. If the applicant is a corporation, the form shall be signed and sworn to by the president or vice president. The corporate secretary shall attest such signature and affix the corporate seal. If the applicant is a partnership, the form shall be signed and sworn to by a general partner. The provisions of this section shall, unless provided otherwise, also apply to governmental entities applying for a certificate. The application shall be on a form provided by the county and shall contain the following:

(1) Sufficient information to identify the applicant including, but not limited to, full legal name, date of birth, telephone and address of all officers, resident agents, directors, stockholders and partners. Post office box addresses will not be accepted. If the applicant is a governmental entity, the name and address of the mayor and city manager and/or operating department director shall be provided.

(2) The number of active and reserve units that are proposed to be fully equipped and operational each day. The number of proposed ground

units shall include a minimum of five (5) active units available to meet the demand for services, provided that this requirement shall not apply to governmental entities.

(3) The year, model, type, condition, passenger capacity and mileage of every vehicle or aircraft proposed to be used by the applicant.

(4) A trade name under which the applicant intends to operate and a description of the proposed vehicle or aircraft colors or markings.

(5) The applicant's management plan including, but not limited to, provisions for maintenance, systems for handling complaints and accidents, communication systems and quality assurance programs.

(6) A statement and agreement by private applicants to abide by a self-imposed schedule of benchmark response times for all types of scheduled and unscheduled transports for the next three (3) years. These intervals of time shall be reasonably responsive to the expectations of the various types of customers as determined by the most recent market analysis conducted by the county. The County Manager may by administrative order establish reasonable response times. Existing certificate holders shall within ninety(90) days from the date of adoption of this ordinance provide the Manager with a self-imposed schedule of bench-mark response times for all types of scheduled and unscheduled transports. Each applicant and existing certificate holder shall abide by the schedule of benchmark response times required herein.

(7) A record of all the private applicant's present and prior ambulance service activities during the preceding five (5) years. A minimum of five (5) years ambulance experience by the majority owner or general manager shall be required.

(8) A record of all crimes, excluding traffic, of which the applicant has pled nolo contendere, pled guilty, or of which the applicant has been found guilty or convicted, whether or not adjudication has been withheld, within five (5) years preceding the date of the application. The applicant shall have his or her fingerprints and photograph taken by the Miami-Dade Police Department. This information shall be obtained from all corporate officers, directors and partners. In the case of a governmental entity, the above information shall be obtained from the operating department director. In the case of corporations, the above information shall be obtained from stockholders who own, hold or control five (5) percent or more of the corporation's issued and outstanding stock.

(9) Two (2) credit references, including at least one bank where the private applicant maintains an active account and a current report of the applicant's credit worthiness mailed to the county directly from Dunn & Bradstreet or similar credit bureau.

(10) An agreement on the part of the applicant to conform to and abide by the provisions of this article, Miami-Dade County ordinances and the

laws of the State of Florida including Chapter 401, Florida Statutes and the Florida Administrative Code, Chapter 64E-2.

(11) Audited financial statements or signed federal tax returns for the previous three (3) years, pro forma statements for the first three (3) years of operation, and such other financial information which is available and satisfactory to the manager. For newly formed corporations, personal audited financial statements or signed federal tax returns for the previous three (3) years from the principal(s), as defined by the County Manager, in addition to the pro forma statements. For new operations, such financial documentation shall include evidence of adequate liquid assets to sustain the operation of the units applied for during an eighteen (18) month startup period. The provisions of this Section shall not apply to governmental entities.

(12) The location and description of the place from which the service will operate and all sub-stations.

(13) Evidence of insurance coverage for claims arising out of injury, death of a person or damage to property of others resulting from any cause for which the certificate holder would be liable, as required by this article.

(14) Evidence concerning the private applicant's adherence to rules and regulations:

(i) Identification of all licenses and franchises held during the preceding ten (10) years;

(ii) Disclosure of whether the applicant or the principals of the applicant have ever been investigated by any government agency and disclosure of the nature of the investigation; and

(iii) Disclosure of whether the applicant or the principals of the applicant have ever had a license or franchise suspended or revoked.

(15) A sworn statement signed by the applicant that all the information provided in and attached to the application is true and correct.

(b) *Application fees.* Each application shall be accompanied by an investigative and processing fee, which shall be non-refundable, as specified by administrative order.

(c) *County manager's investigation.* The county manager shall review and investigate each application and accompanying required documents and reject any application that is not filed in accordance with rules promulgated by the Manager or that is incomplete or untrue in whole or in part. Such investigation shall include a background check including, but not limited to, past business credit or financial standing and law enforcement records. Upon the proper filing of an application, a notice of each application shall be transmitted to each

municipality and certificate holder. The county manager may require any further investigation, inspection or additional information as he or she deems necessary. Application rejection by the Manager may be appealed in accordance with Section 4-11(c) of the Code.

(d) *Certificates for ambulance service.* The commission shall schedule public hearings whenever a certificate application is received from a governmental entity. The Commission may consider and act upon private applications for certificates of public convenience and necessity where the Commission by a two-thirds ( 2/3) vote of the entire membership finds that the public convenience and necessity require the issuance of additional certificates. The county manager shall provide advance notice, by certified mail, at least ten (10) days before a scheduled public hearing before the Board, to all applicants, certificate holders and municipalities. After public hearing the commission may issue or refuse to issue the certificate as applied for, or may issue a certificate with such modifications or upon such terms and conditions as the public convenience and necessity may require. In reaching its determination, the commission shall consider the application, the county manager's report and recommendation, all matters presented at the public hearing and the following criteria:

(1) The financial ability of the private applicant to provide the proposed services based on, at a minimum, the following criteria:

- a. Audited financial statements or federal tax returns or, for newly formed corporations, personal audited financial statements from the principal(s), as defined by the County Manager;
- b. Pro forma statements;
- c. Credit and bank references, and a current official credit report;
- d. Disclosure of any and all pending liabilities; and
- e. Evidence of adequate liquid assets to sustain a new operation during an eighteen (18) month start-up period.

(2) The adequacy of the management plan of the applicant.

(3) Any recommendations received from municipalities.

(4) The benefits that will accrue to the public interest from the proposed service.

(5) The community's need for the proposed private service. The applicant shall bear the burden of proving there is such a need by providing verifiable documents and evidence. In addition, the county shall conduct the following analysis:

a. Response time analysis of existing private providers for the previous three (3) years as compared with the benchmark response times as stated in each provider's most recent certificate application.

b. Quality of existing service as determined by the results of the comprehensive market survey conducted during the year preceding the term for certificate renewal and acceptance of new applications.

(6) Except as provided herein, no additional private certificates for new ambulance service may be authorized unless the commission by a two-thirds ( 2/3) vote of the entire membership finds that the public convenience and necessity require the issuance of additional certificates. Applications on file as of June 1, 2000 shall be submitted to the Board upon a determination that the applications are complete. Each private certificate issued pursuant to an application and the provisions of this Section shall, if approved, initially authorize the use of up to a maximum of ten (10) active vehicles, and a number of reserve units as provided in Section 4-8(1). Existing certificate holders whose applications to increase the number of authorized vehicles were on file as of June 1, 2000 shall be eligible for the issuance of an amended certificate as provided in this Section. The amended certificate may authorize up to a maximum of ten (10) additional active vehicles, and a number of reserve units as provided in Section 4-8(1). Applications on file as of June 1, 2000 to provide new air ambulance service shall be submitted to the Board upon a determination that the applications are complete. The approval of applications on file prior to June 1, 2000 shall require a majority vote of members present. Applicants who have filed applications as of June 1, 2000 shall be required to supplement their applications with the information required in Section 4-4(a). No additional private certificates for new ambulance service shall be considered by the Commission until after the Commission acts upon application(s) for the issuance of one (1) small business enterprise ambulance certificate as provided for in Section 4-4(d)(8). In the event no small business enterprise ambulance certificate is applied for within the required time period, the Commission may consider applications on file as of June 1, 2000 in accordance with the provisions of this Section as soon as practicable.

(7) Except as provided in Section 4-5, certificates shall be issued for a term of three (3) years. The certificate issued hereunder shall specify the number of active and reserve vehicles that may be permitted pursuant to Section 4-8(d).

(8) Small business enterprise ambulance certificate program. Notwithstanding any provision to the contrary, one (1) additional certificate of public convenience and necessity for up to ten (10) active vehicles, and a number of reserve units as provided in Section 4-8(1) may by majority vote be authorized by the Commission in accordance with the following procedures. Applications for the small

business enterprise certificate shall be filed no later than thirty (30) days from the date of enactment of this ordinance. No later than one hundred twenty (120) days after the effective date of this ordinance the Commission shall schedule a public hearing and consider applications for the issuance of a small business enterprise ambulance certificate as provided herein. In reaching its determination, the Commission shall consider the County Manager's report and recommendation, each application, all matters presented at the public hearing and the criteria stated in Section 4-4(d). The County Manager's report and recommendation shall, among other things, recommend which one of the applicants should be issued a small business enterprise ambulance certificate of public convenience and necessity. An applicant shall be eligible for a small business enterprise ambulance certificate if he/she/it:

- a) Qualifies as a small business. As used herein, a small business shall mean an enterprise which has an actual place of business in Miami-Dade County and whose average annual gross revenue for the last three (3) years did not exceed three and a half million dollars (\$3,500,000.00) and/or is a medically-related enterprise which has an actual place of business in Miami-Dade County and has less than twenty (20) employees. A firm's eligibility to apply as a small business shall be based on the cumulative gross revenues and/or cumulative number of employees of the applicant firm in combination with that of all of the firm's affiliates. Representations as to gross revenues and number of employees shall be subject to audit by the County;
- b) Agrees to locate the entity providing ambulance service in an economically disadvantaged area designated as a state or federal enterprise zone within one (1) year of the issuance of a small business enterprise ambulance certificate of public convenience and necessity; and
- c) Satisfies the additional requirements provided for in this section.

An applicant shall not be eligible for a small business enterprise ambulance certificate if any employee, principal, shareholder or director of the applicant, is, or was during the one (1) year period prior to the adoption of this ordinance, a principal, shareholder or director of any entity that is authorized by any governmental entity to operate ten (10) or more ambulance units. A small business enterprise ambulance certificate issued pursuant to this Section shall not be assigned, sold or transferred during the five-year period following the issuance of said certificate.

*(e) Requirements for issuance of new certificate.* After commission approval, the manager shall thereafter issue a certificate provided that the applicant has complied with the requirements of this article and presents proof of approval by the

appropriate state agency or agencies, including a list of all drivers, emergency medical technicians, and paramedics and a list of all permitted vehicles. No certificate shall be issued unless the applicant has presented proof of insurance, as required by this article, and paid a certificate issuance fee, as specified by Section 4-5, and passed the required inspections as provided in Florida Statutes, Chapter 401, including an annual County inspection of private vehicles and paid a County annual private permit fee for each active and reserve vehicle to be operated. If the applicant fails to comply with the requirements of this subsection within one hundred twenty (120) days after notification of commission approval, such approval shall be automatically revoked and no certificate shall be issued, provided that the county manager may extend such period if good cause be shown, provided the total time period shall not exceed one hundred eighty (180) days. Notwithstanding the foregoing, a certificate holder may elect to phase in the operation of the total number of authorized vehicles approved by the Board. At no time shall a certificate holder operate less than five (5) active units. If a certificate holder elects to phase into operation the number of units approved by the Board, the certificate holder is required to have vehicle permits issued by the County on all of the Board-approved active and reserve units, on or before two (2) years following the date of approval of the certificate. Failure to comply with this provision shall cause the certificate to be amended and reissued reflecting the actual number of operational units on such date.

(f) *Certificate forms.* Each certificate shall contain, at a minimum: the name and address of the applicant; the maximum number of active ambulances authorized to operate, the maximum number of reserve vehicles permitted to serve as temporary replacement units for active vehicles, the date on which the private certificate expires and such additional terms, conditions, provisions and limitations as were authorized in the approval process.

(g) *Assignment, sale or transfer of certificate.* No certificate issued under this article shall be sold, assigned or transferred or the ownership structure of the certificate holder changed or altered so as to result in a change or the possibility of a change in the control of said certificate to another until such transaction or change in control has been approved by the commission in the same manner and subject to the same application, investigation, fees and public hearing as original applications for certificates. Any transfer of shares of stock or interest of any person or certificate holder so as to cause a change in the directors, officers, or managers of such person or certificate holder shall be deemed a transfer or assignment as contemplated in this section and subject to the same rules and regulations as any other transfer or assignment. Upon approval by the Board of a transaction, a new certificate shall be issued. At such time, the original certificate shall become invalid. The provisions of this section shall not apply

to transfers from one (1) governmental entity to another governmental entity.

(h) Applications to increase vehicles. Following a minimum of six (6) months in operation, a private certificate holder may submit an application to request an increase in the number of authorized active ground vehicles. No increase shall be authorized unless the certificate holder submits verifiable documentation which demonstrates that the certificate holder's trips-to-car ratio is equivalent to or exceeds five (5) trips per active vehicle, per average weekday for the sixty (60) consecutive weekdays (Monday through Friday) preceding the date of application. The 5:1 trips-to-car ratio shall be calculated as follows: total number of trips where a patient is transported for the sixty (60) weekdays, divided by sixty (60) weekdays, divided by the number of authorized active vehicles. The County Manager shall only authorize the number of additional active vehicles necessary to lower the applicant's average weekday trips per active vehicle ratio below the 5:1 threshold. All increases in the number of active vehicles shall be reported to the Commission on a semiannual basis. The applicant may also request a proportionate increase in reserve units in accordance with the provisions of Section 4-8 (I). Governmental entities shall be excluded from the provisions of this subsection.

(i) The County Manager shall submit a report to the Board three (3) years after the adoption of the ordinance evaluating whether there is a need to issue additional certificates of public convenience and necessity.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-5. Administrative renewal of certificates.**

All private ambulance certificates shall be administratively renewed at the expiration of every three-year cycle as provided herein. The first three-year cycle shall end no later than December 31st of the third calendar year following the date of enactment of this ordinance. Subsequent three-year cycles shall end three (3) years after the expiration of the prior cycle. The provisions of this subsection shall not apply to governmental entities. A private ambulance certificate issued during the third year of any renewal cycle shall be renewed in the following renewal cycle. Notice of certificate renewal to each private certificate holder shall be given by the County Manager no earlier than one hundred fifty (150) days and no later than one hundred twenty (120) days prior to certificate expiration. Certificate holders shall submit a renewal application to the County Manager on a form provided by the County no earlier than one hundred twenty (120) days and no later than ninety (90) days prior to the certificate expiration date. The Manager shall deny any renewal application that is not timely, is not properly filed, is incomplete, is untrue in whole or in part, or results in a determination by the Manager that the applicant has failed to satisfy the requirements of Sections 4-4(a)(6), 4-8 and 4-10 of this article. Each application shall be accompanied by an investigative and processing fee, which shall be nonrefundable, as specified by administrative order, and shall not relieve the operator from the necessity of obtaining a state, county or municipal occupational

license as prescribed by law. Appeals from the denial of a renewal application shall be in accordance with Section 4-11(c).

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-6. Insurance requirements.**

Each certificate holder shall carry insurance as set forth in this section to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the operator's vehicles or aircraft. Every insurance policy shall provide for the payment of and satisfaction of any financial judgment entered against the operator or any person operating an ambulance or air ambulance on behalf of the operator.

The operator shall furnish to Miami-Dade County Certificate(s) of Insurance, or at the request of the county, full certified copies of required insurance policies, which indicate that insurance coverage has been obtained which meets the requirements set forth in this section. An operating certificate will not be issued until such requirements are met.

(a) *Private operators--Ambulances and Air Ambulances.*

(1) Each vehicle or aircraft shall be insured [in an amount not less than] one million dollars (\$1,000,000.00) per occurrence combined single limit for bodily injury and property damage.

(2) Each certificate holder shall maintain medical malpractice insurance in an amount not less than one million dollars (\$1,000,000.00) per occurrence.

(b) *Governmental operators.*

(1) Each entity of local government holding a certificate shall be insured for the limits specified in Florida Statutes, Section 768.28, or such successor statute as may be amended from time to time. An entity of local government may comply with this requirement by providing a self-insurance plan acceptable to the county manager.

(c) Insurance certificates shall be endorsed to provide for no modification or material change, cancellation, or expiration without thirty (30) days written advance notice by registered mail to the County. No policy will be accepted for a shorter period than six (6) months.

All insurance policies required in this section shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

The company must be rated no less than "B" as to management, and no less than Class "V" as to financial strength, by the latest edition of Best's Insurance Guide, published by A. M. Best Company, Oldwick, New Jersey, or its equivalent subject to the approval of the County Manager.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-7. Rates.**

(a) *Rates to be charged.* It shall be unlawful for any certificate holder to charge, demand, request, or accept any fare other than the rates established pursuant to this ordinance except as may be provided by: (1) Federal law; (2) a countywide emergency and non-emergency ambulance service and non-emergency medical transportation vehicle service contract between one or more private ambulance providers and Miami-Dade County; or, (3) by resolution adopted by the Board approving a lower uniform rate to provide private inter-facility transfer of indigent or Medicaid patients to or from a state-designated and licensed rural hospital, as specified in Section 395.602(2)(e)4, Florida Statutes, where said rate has been negotiated by the hospital and a private certificate holder. Rates established by this chapter shall be applicable throughout Miami-Dade County, both in the incorporated and unincorporated areas, without regard to any municipal boundaries. Every ambulance shall have posted in a conspicuous place, readily visible to the occupants, a schedule showing all authorized rates.

(b) *Ambulance and air ambulance rates.* All ambulance and air ambulance rates shall be established by the commission after public hearing. The manager shall investigate all requests for rate changes and prepare a report for the commission's consideration.

(c) *Private ground ambulance rates.* All private ground ambulance rates shall be uniform among all certificate holders, except as provided in Section 4-7(a).

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-8. Operating regulations.**

(a) Each certificate holder shall:

(1) Maintain a central place of business in Miami-Dade County, where all records shall be available for inspection or audit by the County during normal business office hours. When requested by the County, a private certificate holder shall provide periodic financial and/or operating data including, but not be limited to, electronically transmitted monthly trip and response time transport data and quarterly financial statements as well as annual financial statements or signed tax returns as required by the County. These records shall be maintained a minimum of two (2) years beyond the end of a certificate holder's fiscal year. If requested by the County, particular records shall be maintained for up to three (3) years beyond the end of a certificate holder's fiscal year.

(2) Maintain a telephone number for receiving calls for service, which telephone shall have twenty-four (24) hour access for the public.

(3) Provide the county manager with a current list of telephone numbers and addresses of responsible management personnel to be contacted in the event of emergencies.

(4) Provide service twenty-four (24) hours each and every day.

(5) Promptly answer every telephone call for service.

(6) Load and transport patients with a medical emergency regardless of ability to pay.

(7) Provide each unit with direct two-way communications with a central dispatcher at all times.

(8) Tape record all radio and telephonic service related conversations received through the communications center requesting ambulance service. Said tapes shall be maintained for at least sixty (60) days. Copies of specific tapes shall be maintained for longer periods if requested by the County Manager.

(9) Inform complainants of their right to redress unresolved grievances by providing the name, mailing address and telephone number of the office designated by the County Manager to enforce provisions of this article and receive complaints.

(10) Notify the County in writing within seven (7) days of adding, deleting or replacing any active or reserve vehicles.

(11) Abide by the schedule of benchmark response times established by each certificate holder or the County Manager pursuant to an administrative order. In the event the County Manager establishes reasonable response times pursuant to an administrative order, each certificate holder shall comply with the response times established by the administrative order notwithstanding any self-imposed schedule of benchmark response times adopted by the certificate holder.

(b) The certificate holder shall conduct a criminal background check upon hiring all drivers, emergency medical technicians and paramedics and require that such persons shall notify the certificate holder of any criminal offense as specified in subsection (b)(1). No driver, emergency medical technician or paramedic may be employed in an ambulance service in such capacity if:

(1) The person has been convicted of a felony, the use of a deadly weapon, or trafficking and/or possession of narcotics and has not had his/her civil rights restored, or any misdemeanor involving moral turpitude, within the past three (3) years.

(2) The person is a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others.

(c) The County Manager shall have the right to inspect the results of any criminal background review, and issue a notice of violation to the certificate holder if the background review reveals that, at the time of hiring a driver, emergency medical technician or paramedic is not in compliance with this section and has continued to be under their employ as such.

(d) Vehicle operating permit. Before any ground or air ambulance is operated under the authority of the certificate, the certificate holder shall make separate application to the County Manager for a permit for each ground or air vehicle to be operated pursuant to said certificate. Each permit application shall be in writing, verified by the certificate holder and shall contain the name and address of the certificate holder, the certificate

number and the make, type, year of manufacture, serial number, vehicle number and State license plate number of each active or reserve vehicle for which a permit is desired. Upon payment of an annual permit fee, as specified by administrative order, the County Manager shall issue to the applicant an annual permit; provided that any private ground vehicle so permitted has successfully passed a vehicle inspection as set forth in Section 4-8(e), is the type of vehicle authorized by such certificate, and is insured as required by Section 4-6. The County Manager shall only authorize an operating permit for a new ground or air vehicle that is being phased in as provided in Section 4-4(e) if the applicant presents sufficient evidence at the time of application, as determined by the County Manager, of adequate liquid assets to sustain the new operation for an eighteen (18) month start-up period. Subsequent to filing the initial permit application for each vehicle with the County, the certificate holder shall only complete an additional permit application when removing an existing vehicle from service and/or entering an additional or different vehicle into service. Before December 31st of each year, each certificate holder shall attest to the number of units in operation on a form provided by the County.

(1) Each permit issued hereunder shall be separately numbered and shall expire December 31st of each year, and may be renewed upon payment of the fee prescribed in subsection (d) of this Section. It shall be unlawful to operate any vehicle required to have an operating permit without such a current valid permit displayed within the vehicle. Such permit shall be available for inspection by any authorized personnel or police officer.

(2) Permits issued hereunder shall not be transferable or assignable.

(e) Vehicle inspection for compliance. Certificate holders shall have each private ground vehicle annually inspected by the County for compliance with safety and sanitation requirements of Florida Statutes. Air ambulance units shall comply with the inspection requirements of the State of Florida. Within thirty (30) days of a State inspection, air ambulance certificate holders shall provide a copy of the most recent State inspection report form and any other inspection-related documentation to the County.

(f) Use of lights and siren. Certificate holders are prohibited from operating a vehicle with lights and siren for responses to calls received as nonemergencies.

(g) Hospital-based air ambulance transports. A hospital-based air ambulance shall only transport patients between medical facilities licensed in accordance with Florida Statutes and equipped with FAA approved and DOT licensed helipads within Miami-Dade County upon:

(1) Certification by the treating physician that ground transport would likely result in deterioration in the patient's condition; and

(2) Miami-Dade Air Rescue is unable to transport or declines to transport the patient.

(h) The County Manager may establish supplemental rules and regulations not inconsistent with the requirements of this article.

(i) Whenever in this article a fee is charged or is required to be paid, the amount of such fee shall be established by administrative order of the County Manager approved by the Commission. Such fees shall be deposited in a separate Miami-Dade County fund and shall be used exclusively to accomplish the regulatory purposes of this article. The amount of each fee established hereunder shall be reasonably related to the cost of the services and regulation provided.

(j) Only governmental fire rescue entities shall be authorized to perform as the first responder within the territorial limits or airspace of Miami-Dade County, except as provided otherwise in a countywide emergency and non-emergency ambulance service and non-emergency medical transportation vehicle service contract between one or more private ambulance providers and Miami-Dade County, or in a contract in existence as of January 1, 2000 between a municipality and an ambulance service.

(k) The transportation of more than one patient in one ambulance vehicle shall be prohibited, except that this Section shall not apply to transportation pursuant to a contract between a certificate holder and Miami-Dade County or to transportation pursuant to direction by the Fire Chief having territorial jurisdiction.

(l) Active and reserve ground vehicles for private certificate holders. A certificate shall authorize a specific number of active and reserve vehicles. At no time shall a certificate holder operate more than a specified number of authorized active vehicles or maintain more than a specified number of authorized reserve vehicles. For new applicants, the County may authorize a number of reserve vehicles equivalent to up to twenty (20) percent of the active vehicle fleet, rounded off to the nearest whole vehicle. Certificate holders with certificates issued prior to the date of enactment of this ordinance whose certificates do not designate the number of reserve units included in the number of authorized vehicles shall specify the number of reserve units, within thirty (30) days from the effective date of this ordinance, which number shall not exceed twenty (20) percent of the active vehicle fleet. A new certificate shall be issued to the certificate holder authorizing a specific number of active and reserve units upon compliance with this subsection. Failure of an existing certificate holder to designate the number of reserve units within the specified time period as provided herein shall subject the certificate holder to probation, revocation or suspension as provided in Section 4-10.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-9. Compliance.**

The continuing validity of a certificate is expressly conditioned upon continued compliance by ambulance service providers with all applicable requirements of State law including, but not limited to, Chapters 316, 322, 395 and 401, Florida Statutes which establish the standards for vehicles, equipment and personnel.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-10. Probation, revocation, or suspension--Grounds.**

Every certificate issued under this article shall be subject to probation, revocation or suspension by the county manager where it shall appear that:

- (a) The certificate holder has failed or neglected to render the full service authorized by the certificate.
  - (b) The certificate holder has been convicted of a felony or any criminal offense involving moral turpitude after being issued a certificate.
  - (c) The certificate was obtained by an application in which any material fact was omitted or stated falsely.
  - (d) The certificate holder has repeatedly operated a vehicle or aircraft in violation of any law.
  - (e) The certificate holder has failed to comply with any of the provisions of this chapter or has willfully or knowingly violated any of the provisions of this chapter.
  - (f) The public interest will best be served by probation, revocation or suspension of any certificate provided, however, that good cause be shown.
  - (g) The certificate holder has demanded money or compensation other than that established in accordance with this chapter.
  - (h) The certificate holder has failed to load and promptly transport patients with a medical emergency regardless of ability to pay.
  - (i) The certificate holder has given or allowed a rebate, commission, kickback or any reduced rate discount not provided for in the rates established and prescribed in this chapter.
  - (j) The certificate holder or employee has induced or sought to induce a change of destination to or from a hospital or another facility other than the destination specified by the patient unless specifically warranted by protocol or the patient's medical condition.
- (Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

**Sec. 4-11. Application rejection or denial, probation, revocation, or suspension--Procedure.**

- (a) The County Manager may place a certificate holder on probation by providing written notice to the certificate holder. Where such action is deemed appropriate, the certificate holder may continue to provide the authorized service while complying with the conditions of the probation notice. Said notice shall:
  - (i) Specify the reason(s) for which the probation action is to be taken. Such reasons shall include, but are not limited to: violations of this article; failure to make, keep, and/or provide records required by Section 4-8(a)(1); failure to obtain a vehicle operating permit; and failure to pay required fees;
  - (ii) Set forth the term of the probation period which shall not exceed one hundred-twenty (120) days;

(iii) Request a plan of correction for the violation(s) to specify the reasons the action is being taken; and

(iv) Be served on the certificate holder by certified mail, return receipt requested.

If the certificate holder corrects all or some of the conditions, the County Manager may rescind the probation at any time or proceed with other enforcement action as provided in this Section. Probation or suspension is not a condition precedent to revocation of a certificate.

(b) Notice of suspension or revocation action. The Manager shall provide notice of suspension or revocation to the violator by certified mail, ten (10) days before the violator must comply with the Manager's decision.

(c) Appeals from decisions of the Manager and administrative hearings.

(1) Right to appeal. Any certificate holder shall have the right to appeal application rejections or denials, suspensions, and revocations by the Manager. The named party shall elect to either:

(a) Comply with the Manager's decision in the manner indicated on the Notice of Manager's decision; or

(b) Request an administrative hearing before a hearing officer to appeal the decision of the Manager.

(2) Filing the appeal. Appeals by administrative hearing shall be accomplished by filing within ten (10) days after the date of the decision complained of a written notice of appeal to the Clerk of the Courts, Code Enforcement Section. The notice of appeal shall set forth concisely the nature of the decision appealed and the reasons or grounds for appeal.

(3) Failure to appeal. Failure to appeal the decision of the Manager within the prescribed time period shall constitute a waiver of the person's right to an administrative hearing before the hearing officer. Where the Manager's decision involves a suspension or revocation, a waiver of the right to an administrative hearing shall be treated as an admission of the violation and the Manager's decision shall be deemed final and enforceable. No further remedies shall be granted and the decision shall stand.

(4) Hearing officers. Hearing Officers shall be appointed by the Clerk of the Courts, Code Enforcement Section.

(5) Scheduling and conduct of hearing.

(a) Upon receipt of a timely request for an administrative hearing, the hearing officer shall set the matter down for hearing on the next regularly scheduled hearing date or as soon as possible thereafter or as mandated in the specified section of the Code.

(b) The hearing officer shall send a notice of hearing by first class mail to the named party at his, her or its last known address. The notice of hearing shall include, but not be limited to, the following: place, date, and time of the hearing; right of the named party to be represented by a lawyer; right of the named party to present witnesses and evidence; in the case of a Manager's decision involving suspension or revocation, notice that failure of the named party to attend the hearing shall be deemed a waiver of the right to hearing and an admission of the acts specified in the notice; and notice that requests for continuances will not be considered if not received by the hearing officer at least ten (10) calendar days prior to the date set for hearing.

(c) The hearing officers shall call hearings on a monthly basis or upon the request of the Manager. No hearing shall be set sooner than fifteen (15) calendar days from the date of notice of the Manager's decision, unless otherwise prescribed by this chapter.

(d) A hearing date shall not be postponed or continued unless a request for continuance, showing good cause for such continuance, is received in writing by the hearing officer at least ten (10) calendar days prior to the date set for the hearing. No additional continuances shall be granted without concurrence of the Manager.

(e) All hearings conducted by a hearing officer shall be open to the public. All testimony shall be under oath. If the named party has been properly notified, a hearing may proceed in the absence of the named party and the failure to attend a hearing shall be deemed a waiver of the right to a hearing and an admission of the acts specified in the notice.

(f) The proceedings at the hearing shall be recorded and may be transcribed at the expense of the party requesting the transcript.

(g) The Clerk of the Board of County Commissioners shall provide clerical and administrative personnel as may be reasonably required by each hearing officer for the proper performance of his or her duties.

(h) Each case before a hearing officer shall be presented by the Manager or his or her designee.

(i) The hearing need not be conducted in accordance with the formal rules relating to evidence and witnesses.

(j) Each party shall have the following rights: to call and examine witnesses; to introduce exhibits; to cross-examine opposing witnesses on any relevant matter; to impeach any witness regardless of which party first called him or her to testify; and to rebut the evidence against him or her. All relevant evidence shall be admitted.

(k) The hearing officer shall make findings of fact based on the evidence of record. In order to make a finding upholding the Manager's decision the hearing officer must find that a preponderance of the evidence supports the

Manager's decision and, where applicable, indicate that the named party was responsible for the violation of the relevant section of the Code as charged.

(l) If the Manager's decision is affirmed the named party may be held liable for the reasonable costs of the administrative hearing.

(m) The fact-finding determination of the hearing officer shall be limited to whether the alleged violation occurred or whether competent, substantial evidence supports the Manager's decisions. Based upon this factfinding determination, the hearing officer shall either affirm or reverse the decision of the Manager. If the hearing officer affirms the decision of the Manager, the named party shall have fifteen (15) days from the date of the hearing officer's decision to comply with the decision of the Manager. If the hearing officer reverses the decision of the Manager and finds (1) the named party not responsible for the violation alleged; or (2) insufficient basis for the denial of application, a written decision shall be prepared setting forth the basis for such determination. If the hearing officer reverses the decision of the Manager, the named party shall not be required to comply with the decision of the Manager, absent reversal of the hearing officer's findings pursuant to Section 4-12. If the decision of the hearing officer is to affirm, then the following shall be included in the decision:

(a) Decision of the Manager.

(b) Administrative costs of the hearing.

(c) Date for compliance, if applicable.

(n) The hearing officer shall have the power to:

(a) Adopt procedures for the conduct of hearings;

(b) Subpoena alleged violators and witnesses for hearings; subpoenas may be served by the Miami-Dade County Police Department or by the hearing officer's staff;

(c) Subpoena evidence; and

(d) Take testimony under oath.

(d) Suspensions pursuant to this section shall not exceed six (6) months. In addition to provisions found in Section 4-10 of this article, three (3) or more suspensions within any twelve (12) month period may constitute grounds for revocation of the certificate.

(e) Notwithstanding the provisions of this article, the county manager may secure enforcement of the provisions of this article by any legal action necessary, such as application to any court for injunctive relief or other appropriate relief.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-12. Appeal.**

(a) The named party or the county may appeal a final order of the hearing officer by filing a notice of appeal in the Circuit Court in and for Miami-Dade County, Florida, in accordance with the procedures and within the time provided by the Florida Rules of Appellate Procedure for the review of administrative action.

(b) Unless the findings of the hearing officer are overturned in a proceeding held pursuant to Section 4-12, all findings of the hearing officer shall be admissible in any further proceeding to compel compliance with the Manager's decision.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-13. Violations, enforcement and penalties.**

(a) In addition to any other remedies provided by law, including those provided in this article, the County Manager may enforce provisions of this article by administrative fines listed in Section 8CC-10 of the Code of Miami-Dade County. Failure of a person to pay a civil penalty within three (3) months of the due date for paying such fine as specified on the civil violation notice or within three (3) months of the date of the final outcome of any timely filed appeal of such violation notice, whichever is later, shall result in automatic suspension of such person's certificate and all ambulance operations shall cease until such fine is paid in full. Violation of the provisions of this article using vehicles operating pursuant to the for-hire regulatory provisions contained in Chapter 4, Article III and Chapter 31 of the Code of Miami-Dade County shall subject such operating authority to suspension and revocation proceeding of the applicable chapter or article.

(b) Violation of any of the provisions contained in this chapter shall be punishable by a fine not to exceed one thousand dollars (\$1,000.00), and/or imprisonment not to exceed sixty (60) days.

(c) Anyone who engages an ambulance or air ambulance with intent to defraud the certificate holder shall be in violation of this article and subject to a fine of one thousand dollars (\$1,000.00) and/or imprisonment not to exceed ten (10) days.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-14. Municipalities are not to require license, permit or payment of fees, except occupation license authorized by general law.**

No municipality shall require any operator holding a current valid certificate issued under this chapter to obtain any municipal license or certificate or require the payment of any fees for the right to engage in the ambulance or air ambulance business, except that municipalities shall have the right to impose, collect and enforce payment of any municipal occupation license tax authorized by general law.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

#### **Sec. 4-15. State of emergency.**

Where a state of emergency has been declared, the county manager is authorized to suspend any and all of the provisions of this article.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

**Sec. 4-16. Prohibition on written advertisements.**

(a) No person may knowingly place or publish an advertisement in any publication which is primarily circulated, displayed, distributed or marketed within Miami-Dade County, Florida, which advertisement identifies the offering of ambulance service regulated by this article, unless the ambulance service possesses a valid certificate of public convenience and necessity from Miami-Dade County.

(b) For the purpose of this section, any advertisement shall be defined to include any announcement, listing, display, entry or other written statement of whatever nature or kind, and specifically to include a name and address or telephone number placed under a heading, where the heading describes or encompasses any ambulance service regulated under this article.

(Ord. No. 94-93, § 2, 5-17-94; Ord. No. 01-38, § 1, 3-8-01)

Chapter 8CC of the Code of Miami-Dade County, Florida

Sec. 8C-10. Schedule of civil penalties.

<i>Code Section</i>	<i>Description of Violation</i>	<i>Civil Penalty</i>
4-3(a)	Providing ambulance service without a certificate of public convenience and necessity	1,000.00
4-3(a)	Advertising ambulance service without a certificate of public convenience and necessity	1,000.00
4-7(a)	Charging an unlawful rate	500.00
4-7(a)	Failure to post any and all authorized rates	500.00
4-8(a)(1)	Failure to make all records available for inspection or audit by the county	500.00
4-8(a)(1)	Failure to furnish requested financial and/or operating data to the county	500.00
4-8(a)(2)	Failure to maintain twenty-four (24) hour public telephone access	500.00
4-8(a)(3)	Failure to provide the county manager with a current list of telephone numbers and addresses of responsible management personnel	500.00
4-8(a)(4)	Failure to provide service twenty-four (24) hours each and every day	500.00
4-8(a)(5)	Failure to promptly answer every telephone call for service	500.00
4-8(a)(6)	Failure to load and transport patients with a medical emergency regardless of ability to pay	500.00
4-8(a)(7)	Failure to provide each transport unit with direct two-way communications with a central dispatcher at all times	500.00
4-8(a)(8)	Failure to tape record all radio and telephonic service related conversations requesting ambulance service received through the communications center	500.00
4-8(a)(8)	Failure to maintain radio and telephonic tapes for at least sixty (60) days	500.00
4-8(a)(9)	Failure to inform complainants of their right to redress unresolved grievances by providing the name, mailing address and telephone number of the office designated by the county manager to enforce provisions of this article and receive complaints	500.00

<i>Code Section</i>	<i>Description of Violation</i>	<i>Civil Penalty</i>
4-8(a)(10)	Failure to notify county of change in vehicle data	500.00
4-8(a)(11)	Failure to abide by response times for each type of scheduled and unscheduled transport	1,000.00
4-8(c)	Hiring of individuals in violation of Section 4-8(b)	500.00
4-8(d)	Failure to obtain annual vehicle operating permit	1,000.00
4-8(e)	Failure to have vehicle annually inspected	500.00
4-8(f)	Operating a vehicle with lights and siren on a nonemergency call	500.00
4-8(g)	Operating a hospital-based air ambulance in violation of the Code	1,000.00
4-8(k)	Transporting more than one patient in an ambulance vehicle	500.00
4-8(l)	Operating in excess of the authorized number of active and/or reserve vehicles	1,000.00
4-13(c)	Engaging an ambulance or air ambulance with intent to defraud the certificate holder	1,000.00
4-16(a)	Knowingly placing or publishing an advertisement without the existence of a certificate	1,000.00

## **Attachment II**

### **Timeline of Board of County Commission Activities**

**Timeline of BCC Activities: Private Ambulance  
Market Entry Criteria Amendment**

Year	Activity
1998	<p>The BCC held a workshop on February 17, 1998 relating to ambulance service in Miami-Dade County. The purpose of the workshop was twofold: (1) to solicit comments from individuals interested in entering the ambulance transportation business, and (2) to provide the BCC an overview of the current ambulance industry including regulations and certificate holder information. As there was not ample time to complete discussions at the workshop, a follow-up meeting was recommended.</p> <p>The BCC held a workshop on April 16, 1998. The purpose of the workshop was to solicit comments from individuals interested in entering the ambulance service business and to provide the BCC with an overview of regulations. The BCC directed staff to conduct a market analysis of the ambulance service.</p>
1999	BCC directed staff to review ambulance provider entry criteria for amendment.
2000	At its meeting on November 28, 2000, the BCC directed additional amendments of the ambulance provider entry criteria.
2001	At its March 8, 2001 meeting, the BCC approved the amended ordinance regarding the ambulance provider entry criteria.

## **Attachment III**

### **Private Ambulance Entry Criteria Review Committee, April 1999**

Participant	Organization
Sonya R. Albury, Executive Director	Health Council of South Florida
Mickey Donn, President	Metro-Dade County Association of Fire Fighters
Dr. David Morris, Director	Miami-Dade Office of Management and Budget
Chief David Paulison, Director	Miami-Dade Fire Rescue Department
Chuck Lanza, Director	Office of Emergency Management
Paul Phillip, Senior Assistant to the County Manager	Miami-Dade County Government
Linda Quick, Executive Director	South Florida Hospital and Health Care Association
George Danz, Chief of Operations and Trauma Director	Broward County Division of Medical Examiner and Trauma Services
Shelia Rushton, Director	Miami-Dade Consumer Services Department

## **Attachment IV**

### **User Facility and Customer Service Surveys**



**TRIENNIAL MARKET SURVEY  
OF PRIVATE AMBULANCE TRANSPORT USER FACILITIES**

*In accordance with Section 4-4 of the County Code, every three years a comprehensive market analysis is conducted to determine user satisfaction with the quality of the existing private ambulance marketplace.*

*The following questions concern your health care facility's ongoing experience with private ambulance transport services. These involve transports that require or have the potential for requiring medical attention or a medical decision during transport. There are two major classes of ambulance service:*

- (1) Basic Life Support (BLS) which is defined as the treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical anti-shock trousers, administration of subcutaneous injection using a pre-measured auto-injector of epinephrine to a person suffering an anaphylactic reaction and such other techniques as may be authorized by federal, state or local laws or regulations.*
- (2) Advanced Life Support (ALS) which is defined as the treatment of life threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person or such other techniques as may be authorized by federal, state, or local laws or regulations.*

*This survey does not concern non-emergency wheelchair/stretchers transport services that involve no medical attention or decisions during transport. Also, it does not concern 911 calls serviced by public Fire Rescue departments.*

**A timely response on or before September 30, 2006 is urgently requested by mailing the completed survey in the postage paid envelope provided to the Miami-Dade Consumer Services Department, 140 West Flagler Street, Suite 904, Miami, FL 33130, or by faxing the completed survey to (305) 372-6321, Attention: Raul Gonzalez, or by email to gonzalr@miamidade.gov.**

**Basic Life Support (BLS) Ambulance Transport**

1. Approximately how many transports requested by your facility in the last one-year period are BLS ambulance transports? \_\_\_\_\_

**IF your facility requested Basic Life Support (BLS) Ambulance Transport in the last one-year period:**



Miami-Dade County  
Consumer Services Department  
Passenger Transportation Regulatory Division  
Office of Ambulance Regulation Coordination

a) How would you rate the **overall timeliness** of a BLS ambulance's arrival at your facility within the projected time stated to your facility by the ambulance company?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

b) How would you rate the **overall courtesy and professional treatment of patients** by the BLS ambulance attendants serving your facility?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

c) How would you rate the **overall appearance of the ambulance attendants** providing BLS service to your facility?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

d) How would you rate the **overall cleanliness** of the ambulance vehicle(s) providing BLS service to your facility?

(Circle One)

Exceptional      Good      Average      Poor      Unable to Rate

e) How would you rate the **overall condition and/or availability of equipment and supplies** provided in the BLS ambulances serving your facility?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

f) Considering all of the above factors, how would you rate the **overall BLS ambulance service** provided to your facility?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate



g) Currently, there are five (5) authorized private ambulance providers from which to choose services in Miami-Dade County. Approximately what percent of your BLS transport requests are made to the following Miami-Dade County authorized providers?

- American Ambulance Services \_\_\_\_\_%
- American Medical Response (AMR) \_\_\_\_\_%
- Florida Medi-Van Ambulance Service \_\_\_\_\_%
- Medics Ambulance Service \_\_\_\_\_%
- Miami-Dade Ambulance Service \_\_\_\_\_%
- Unable to identify \_\_\_\_\_%

h) In order of importance, place a number from 1 to 4 next to your choice of factors that contribute to your facility’s decision to utilize its primary BLS vendor - the one BLS vendor utilized most frequently in question #1g above (1 being the most important factor and 4 being the least important factor):

- \_\_\_\_\_ Response time reliability
- \_\_\_\_\_ Professional/competent staff
- \_\_\_\_\_ Medical equipment availability/condition
- \_\_\_\_\_ Vehicle condition/cleanliness
- \_\_\_\_\_ Other (specify)\_\_\_\_\_

\*\*\*\*\*

**Advanced Life Support (ALS) Ambulance Transport**

2. Approximately how many transports requested by your facility in the last one-year period are ALS ambulance transports? \_\_\_\_\_

**IF your facility requested Advanced Life Support (ALS) Ambulance Transport in the last one-year period:**

a) How would you rate the **overall timeliness** of an ALS ambulance’s arrival at your facility within the projected time stated to your facility by the ambulance company?

(Circle One):

Exceptional                  Good                  Average                  Poor                  Unable to Rate

b) How would you rate the **overall courtesy and professional treatment of patients** by the ALS ambulance attendants serving your facility?

(Circle One):

Exceptional                  Good                  Average                  Poor                  Unable to Rate



c) How would you rate the **overall appearance of the ambulance attendants** providing ALS service to your facility?

(Circle One):

Exceptional            Good            Average            Poor            Unable to Rate

d) How would you rate the **overall cleanliness of the ambulance vehicles** providing ALS service to your facility?

(Circle One)

Exceptional            Good            Average            Poor            Unable to Rate

e) How would you rate the **overall condition and/or availability of equipment and supplies** provided in the ALS ambulances serving your facility?

(Circle One)

Exceptional            Good            Average            Poor            Unable to Rate

f) Considering all of the above factors, how would you rate the **overall ALS** ambulance service provided to your facility?

(Circle One)

Exceptional            Good            Average            Poor            Unable to Rate

g) Currently, there are five (5) authorized private ambulance providers from which to choose services in Miami-Dade County. Approximately what percent of your **ALS** transport requests are made to the following Miami-Dade County authorized providers?

- American Ambulance Services            \_\_\_\_\_%
- American Medical Response (AMR)            \_\_\_\_\_%
- Florida Medi-Van Ambulance Service            \_\_\_\_\_%
- Medics Ambulance Service            \_\_\_\_\_%
- Miami-Dade Ambulance Service            \_\_\_\_\_%
- Unable to identify            \_\_\_\_\_%

h) In order of importance, place a number from 1 to 4 next to your choice of factors that contribute to your facility's decision to utilize the primary **ALS** vendor – the one **ALS** vendor utilized most frequently in question #2g above (1 being the most important factor and 4 being the least important factor):



Miami-Dade County
Consumer Services Department
Passenger Transportation Regulatory Division
Office of Ambulance Regulation Coordination

- Response time reliability
Professional/competent staff
Medical equipment availability/condition
Vehicle condition/cleanliness
Other (specify)

\*\*\*\*\*

3. Are there any unmet needs or special services that you would like your ambulance company to provide in the future?

(Check One) \_\_\_Yes \_\_\_No

If YES, please list and discuss these needs (attach additional pages if necessary):

Two horizontal lines for text input.

4. Is there a need for additional ambulance service providers in Miami-Dade County?

(Check One) \_\_\_Yes \_\_\_No

If YES, please list and discuss these needs (attach additional pages if necessary):

Three horizontal lines for text input.

5. Do you receive complaints from patients about ambulance service?

(Check One) \_\_\_Yes \_\_\_No

a. IF YES, what is/are the nature of the complaint(s)?

Three horizontal lines for text input.

6. If your facility had a serious ambulance service problem or complaint, beyond calling the ambulance company directly, have you considered calling anyone in County government?

(Check One) \_\_\_Yes \_\_\_No



Miami-Dade County  
Consumer Services Department  
Passenger Transportation Regulatory Division  
Office of Ambulance Regulation Coordination

7. Are you aware that Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has a Consumer Mediation Center that you can call if your facility had a serious ambulance service problem or complaint?

Check One) \_\_\_Yes \_\_\_No

a) **IF YES**, have you ever called the Consumer Mediation Center to inform them that your facility had a serious ambulance service problem or complaint?

(Check One) \_\_\_Yes \_\_\_No

b) **IF NO**, in the future, would you consider calling the Consumer Mediation Center to inform them that your facility had a serious ambulance service problem or complaint?

(Check One) \_\_\_Yes \_\_\_No

**Note: The telephone for the Consumer Mediation Center is (305) 375-3677.**

Thank you for taking the time to complete this survey. To expedite future inquiries from this office, and if necessary to clarify any aspects of your responses, please provide the following information:

Health Facility Name: \_\_\_\_\_

Survey Form Completed by: \_\_\_\_\_

Date \_\_\_\_\_

Job Title: \_\_\_\_\_

Postal Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Reviewed and approved by: \_\_\_\_\_

Signature of Chief Executive Officer or Administrator of Facility

Print Name of CEO: \_\_\_\_\_

Telephone for CEO: \_\_\_\_\_



**AMBULANCE CUSTOMER SERVICE SURVEY**

As a customer that has experienced local ambulance transport service within the last twelve months, we respectfully request your kind cooperation in participating in a brief anonymous survey. Please take a moment to thoughtfully respond to the following questions concerning your satisfaction with the ambulance service you received. Your valuable answers can directly impact the future quality of service provided by the ambulance industry. Your participation is important and very much appreciated.

**PLEASE RESPOND WITHIN FIVE (5) DAYS USING THE ENCLOSED STAMPED RETURN ENVELOPE.**

**DIRECTIONS: Please rate the ambulance service you received in each of the following areas by circling one choice in each area:**

**1. Cleanliness of the Ambulance**

How would you rate the cleanliness of the ambulance which transported you?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

**2. Treatment Received**

How would you rate the courtesy and service you received from the ambulance attendants?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

**3. Overall Satisfaction**

Considering all of the above areas, how would you rate your overall satisfaction with the ambulance service you received?

(Circle One):

Exceptional      Good      Average      Poor      Unable to Rate

**OPTIONAL INFORMATION:**

Date of Transport: \_\_\_\_\_

Name of the Ambulance Transport Company (Check only one or the most frequently used).

- American Ambulance Service
- American Medical Response (AMR)
- Florida Medi-Van Ambulance Service
- Medics Ambulance Service
- Miami-Dade Ambulance Service
- Unable to identify the ambulance transport company

- ADA Coordination
- Agenda Coordination
- Art in Public Places
- Audit and Management Services
- Aviation
- Building Code Compliance
- Building
- Business Development
- Capital Improvements
- Citizen's Independent Transportation Trust
- Communications
- Community Action Agency
- Community & Economic Development
- Community Relations
- Consumer Services
- Corrections & Rehabilitation
- Countywide Healthcare Planning
- Cultural Affairs
- Elections
- Emergency Management
- Employee Relations
- Enterprise Technology Services
- Environmental Resources Management
- Fair Employment Practices
- Finance
- Fire Rescue
- General Services Administration
- Historic Preservation
- Homeless Trust
- Housing Agency
- Housing Finance Authority
- Human Services
- Independent Review Panel
- International Trade Consortium
- Juvenile Assessment Center
- Medical Examiner
- Metropolitan Planning Organization
- Park and Recreation
- Planning and Zoning
- Police
- Procurement Management
- Property Appraiser
- Public Library System
- Public Works
- Safe Neighborhood Parks
- Seaport
- Solid Waste Management
- Strategic Business Management
- Team Metro
- Transit
- Urban Revitalization Task Force
- Vizcaya Museum and Gardens
- Water and Sewer

*Delivering Excellence Every Day*



## **Attachment V**

### **Survey Response: Facilities**

## Survey Response by Facility

	Licensed Beds	Number of Transports
<b>Hospitals</b>		
Cedars Medical Center	560	1,452
Homestead Hospital	120	No Answer
Jackson Memorial Hospital	1,498	5,031
Larkin Community Hospital	130	No Answer
Mercy Hospital	483	No Answer
Miami Children's Hospital	268	543
Mount Sinai Medical Center and Miami Heart Institute	933	5,500
North Shore Medical Center	357	1,425
Pan American Hospital	146	190
Sister Emmanuel Hospital for Continuing Care	29	67
South Miami Hospital	445	1,920
Southern Winds Hospital	72	696
University of Miami Hospital and Clinics	40	360
<b>Nursing Homes</b>		
Brookwood Gardens Convalescent Center	120	320
Claridge House Nursing and Rehabilitation Center	240	No Answer/Don't Know
East Ridge Retirement Village	60	20
Fair Havens Center	269	520
Franco Nursing and Rehabilitation Center	120	120
Hampton Court Nursing and Rehabilitation Center	120	60
Heartland Health Care Center - Miami Lakes	120	125
Hialeah Shores Nursing and Rehabilitation Center	120	32
Homestead Manor	64	36
Jackson Memorial Long Term Care Center	180	100
Jackson Memorial Perdue Medical Center	163	35
Miami Jewish Home and Hospital for the Aged	462	No Answer
Miami Shores Nursing and Rehabilitation Center	99	77
Palace at Kendall Nursing and Rehabilitation Center	180	156
Palm Garden of North Miami	120	220
Palmetto Health Center	90	No Answer
Palmetto Sub Acute Care Center	95	55
Pinecrest Convalescent Center	100	2,840
Saint Anne's Nursing Center	240	No Answer
Southpoint Nursing and Rehabilitation Center	230	No Answer
Susanna Wesley Health Center	120	No Answer
Victoria Nursing and Rehabilitation Center	253	No Answer
Watercrest Care Center	150	40
<b>Adult Living Facilities</b>		
Alpha and Omega Residential	48	107
Bay Oaks Home for the Aged	41	No Answer
Breezy Acres	65	60
Epworth Village Retirement Community	125	No Answer/Don't Know
Grand Court Lakes	110	190
Grand Court South	128	65
Hialeah Home for the Elderly	76	51
Palm Breeze	61	20
Pavilion Gardens	40	3
Renaissance Gardens	90	No Answer
Residential Plaza at Blue Lagoon	400	120
Revival Home	72	0
Saint Anne's Residence	60	21
The Pointe North Gables	92	40
The Sterling Aventura	171	100
<b>Primary Health Centers</b>		
Borinquen Health Care Center (FQHC)	Not Applicable	81
Care Resource	Not Applicable	10
Citrus Health Network, Inc.	Not Applicable	0
Community Health of South Dade, Inc., Doris Ison South Dade Community Health Center [FQHC and JHS]	Not Applicable	800
Community Health of South Dade, Inc., Martin Luther King Jr. Clinica Campesina	Not Applicable	78
Community Health of South Dade, Inc., South Dade Health Center	Not Applicable	0
Dr. Rafael A. Penalver Clinic	Not Applicable	No Answer
Little Havana Activities and Nutrition Centers	Not Applicable	20
MDCHD Refugee Health Assessment Program	Not Applicable	No Answer
Miami Beach Community Health Center - Beverly Press Center (FQHC)	Not Applicable	70
Miami Beach Community Health Center - Nanay Health Center (FQHC)	Not Applicable	30
South Dade Homeless Assistance Health Center (JHS)	Not Applicable	30

# **Attachment VI-A**

## **Survey Data: Hospitals**

## Private Ambulance Transport User Facility Survey

### Hospitals

Approximately what percent of your ALS/BLS transport requests are made to the following Miami-Dade County authorized providers?

	ALS	BLS
American Ambulance Services	19.8%	22.6%
American Medical Response (AMR)	47.9%	39.3%
Florida Medi-Van Ambulance Service	1.3%	2.3%
Medics Ambulance Service	8.3%	6.0%
Miami-Dade Ambulance Service	22.8%	28.9%
Unable to identify	0.4%	0.9%

How would you rate the **overall timeliness** of a ALS/BLS ambulance's arrival at your facility within the projected time stated to your facility by the ambulance company?

	ALS		BLS	
Exceptional (4)	2	15.4%	2	16.7%
Good (3)	5	38.5%	6	50.0%
Average (2)	6	46.2%	4	33.3%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate	0		1	
Mean	2.692		2.833	

How would you rate the **overall courtesy and professional treatment of patients** by the ALS/BLS ambulance attendants serving your facility?

	ALS		BLS	
Exceptional (4)	3	25.0%	3	30.0%
Good (3)	8	66.7%	6	60.0%
Average (2)	1	8.3%	1	10.0%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	1		3	
Mean	3.167		3.200	

How would you rate the **overall appearance of the ambulance attendants** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	2	15.4%	3	25.0%
Good (3)	10	76.9%	8	66.7%
Average (2)	1	7.7%	1	8.3%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	0		1	
Mean	3.077		3.167	

How would you rate the **overall cleanliness of the ambulance vehicle(s)** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	1	10.0%	3	33.3%
Good (3)	7	70.0%	5	55.6%
Average (2)	2	20.0%	1	11.1%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	3		4	
Mean	2.900		3.222	

How would you rate the **overall condition and/or availability of equipment and supplies** provided in the ALS/BLS ambulances serving to your facility?

	ALS		BLS	
Exceptional (4)	1	9.1%	1	10.0%
Good (3)	8	72.7%	6	60.0%
Average (2)	2	18.2%	3	30.0%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	2		3	
Mean	2.909		2.800	

Considering all of the above factors, how would you rate the **overall ALS/BLS ambulance service** provided to your facility?

	ALS		BLS	
Exceptional (4)	2	15.4%	3	25.0%
Good (3)	9	69.2%	6	50.0%
Average (2)	2	15.4%	3	25.0%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	0		1	
Mean	3.000		3.000	

## Hospitals (Continued)

In order of importance, place a number of 1 to 4 next to your choice of factors that contribute to your facility's decision to utilize its primary ALS/BLS vendor (1 being the most important factor and 4 being the least important factor):

	<b>ALS</b>	<b>BLS</b>
	Mean	Mean
Response Time	1.727	1.417
Staff	2.091	2.000
Equipment	2.182	2.167
Vehicle	4.000	3.667
Other (courtesy ALS-1 mention, county contract ALS and BLS-1 mention)	-----	-----

Are there any unmet needs or special services that you would like your ambulance company to provide in the future?

<u>Yes</u>	<u>3</u>	<u>23.1%</u>
Ability to transport motorized wheelchairs/scooters	1	7.7%
Bariatric equipment	1	7.7%
More ALS ambulances/staff	1	7.7%
Timeliness	1	7.7%
<u>No</u>	<u>10</u>	<u>76.9%</u>

Is there a need for additional service providers in Miami-Dade County?

<u>Yes</u>	<u>2</u>	<u>15.4%</u>
Not enough choices when time to contract	1	7.7%
Not specified	1	7.7%
<u>No</u>	<u>11</u>	<u>84.6%</u>

Do you receive complaints from patients about ambulance service?

<u>Yes</u>	<u>2</u>	<u>15.4%</u>
Long wait time	2	15.4%
<u>No</u>	<u>11</u>	<u>84.6%</u>

If your facility had a serious ambulance service problem or complaint, beyond calling the ambulance company directly, have you considered calling anyone in County government?

Yes	2	15.4%
No	9	69.2%
No answer	2	15.4%

Are you aware that Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has an Ambulance Complaint Hotline that you can call if your facility had a serious ambulance service problem or complaint?

Yes	7	53.8%
No	6	46.2%

IF YES, have you ever called the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	0	0.0%
No	7	100.0%

IF NO, in the future, would you consider calling the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	5	83.3%
No	1	16.7%

## **Attachment VI-B**

### **Survey Data: Nursing Homes**

## Private Ambulance Transport User Facility Survey

### Nursing Homes

Approximately what percent of your ALS/BLS transport requests are made to the following Miami-Dade County authorized providers?

	ALS	BLS
American Ambulance Services	17.2%	15.3%
American Medical Response (AMR)	28.4%	35.7%
Florida Medi-Van Ambulance Service	0.3%	1.0%
Medics Ambulance Service	0.0%	2.2%
Miami-Dade Ambulance Service	34.4%	35.7%
Unable to identify	19.7%	10.2%

How would you rate the **overall timeliness** of a ALS/BLS ambulance's arrival at your facility within the projected time stated to your facility by the ambulance company?

	ALS		BLS	
Exceptional (4)	1	5.9%	1	4.3%
Good (3)	13	76.5%	14	60.9%
Average (2)	3	17.6%	8	34.8%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate	6		0	0.0%
Mean	2.882		2.696	

How would you rate the **overall courtesy and professional treatment of patients** by the ALS/BLS ambulance attendants serving your facility?

	ALS		BLS	
Exceptional (4)	1	5.9%	0	0.0%
Good (3)	12	70.6%	16	69.6%
Average (2)	4	23.5%	7	30.4%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	6		0	0.0%
Mean	2.824		2.696	

How would you rate the **overall appearance of the ambulance attendants** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	0	0.0%	0	0.0%
Good (3)	12	70.6%	15	68.2%
Average (2)	5	29.4%	7	31.8%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	6		1	
Mean	2.706		2.682	

How would you rate the **overall cleanliness of the ambulance vehicle(s)** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	0	0.0%	1	6.7%
Good (3)	9	75.0%	11	73.3%
Average (2)	3	25.0%	2	13.3%
Poor (1)	0	0.0%	1	6.7%
Unable to Rate/No answer	11		8	
Mean	2.750		2.800	

How would you rate the **overall condition and/or availability of equipment and supplies** provided in the ALS/BLS ambulances serving to your facility?

	ALS		BLS	
Exceptional (4)	1	6.7%	0	0.0%
Good (3)	10	66.7%	13	68.4%
Average (2)	4	26.7%	5	26.3%
Poor (1)	0	0.0%	1	5.3%
Unable to Rate/No answer	8		4	
Mean	2.800		2.632	

Considering all of the above factors, how would you rate the **overall ALS/BLS ambulance service** provided to your facility?

	ALS		BLS	
Exceptional (4)	1	6.3%	0	0.0%
Good (3)	12	75.0%	17	73.9%
Average (2)	3	18.8%	6	26.1%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	7			
Mean	2.875		2.739	

## Nursing Homes (Continued)

In order of importance, place a number of 1 to 4 next to your choice of factors that contribute to your facility's decision to utilize its primary ALS/BLS vendor (1 being the most important factor and 4 being the least important factor):

	<b>ALS</b>	<b>BLS</b>
	Mean	Mean
Response Time	1.133	1.227
Staff	1.867	1.864
Equipment	2.267	2.591
Vehicle	3.333	3.545
Other	-----	-----

Are there any unmet needs or special services that you would like your ambulance company to provide in the future?

<u>Yes</u>	<u>3</u>	<u>13.0%</u>
A call back regarding where the resident can be located	1	4.3%
Available proper equipment, i.e., pulse oximeter, bariatric equipmen	1	4.3%
Inservice on emergency medical care	1	4.3%
Vent capability	1	4.3%
<u>No</u>	<u>18</u>	<u>78.3%</u>
<u>No answer</u>	<u>2</u>	<u>8.7%</u>

Is there a need for additional service providers in Miami-Dade County?

<u>Yes</u>	<u>3</u>	<u>13.0%</u>
Lateness/transportation issues, Timeliness	2	8.7%
Shortage (unspecified)	1	4.3%
<u>No</u>	<u>18</u>	<u>78.3%</u>
<u>No answer</u>	<u>2</u>	<u>8.7%</u>

Do you receive complaints from patients about ambulance service?

<u>Yes</u>	<u>5</u>	<u>21.7%</u>
Patient handling (rough/dropped)	2	8.7%
Timeliness, takes too long	2	8.7%
Lost resident to other facility	1	4.3%
Not attentive enough	1	4.3%
Missing paperwork and personal belongings	1	4.3%
<u>No</u>	<u>16</u>	<u>69.6%</u>
<u>No Answer</u>	<u>2</u>	<u>8.7%</u>

If your facility had a serious ambulance service problem or complaint, beyond calling the ambulance company directly, have you considered calling anyone in County government?

Yes	4	17.4%
No	17	73.9%
No Answer	2	8.7%

Are you aware that Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has an Ambulance Complaint Hotline that you can call if your facility had a serious ambulance service problem or complaint?

Yes	3	13.0%
No	19	82.6%
No Answer	1	4.3%

IF YES, have you ever called the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	0	0.0%
No	3	100.0%

IF NO, in the future, would you consider calling the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	17	89.5%
No	2	10.5%

## **Attachment VI-C**

### **Survey Data: Assisted Living Facilities**

## Private Ambulance Transport User Facility Survey

### Assisted Living Facilities

Approximately what percent of your ALS/BLS transport requests are made to the following Miami-Dade County authorized providers?

	ALS	BLS
American Ambulance Services	20.0%	25.0%
American Medical Response (AMR)	25.0%	30.0%
Florida Medi-Van Ambulance Service	0.0%	0.0%
Medics Ambulance Service	0.0%	3.9%
Miami-Dade Ambulance Service	54.2%	40.0%
Unable to identify	0.8%	1.2%

How would you rate the **overall timeliness** of a ALS/BLS ambulance's arrival at your facility within the projected time stated to your facility by the ambulance company?

	ALS		BLS	
Exceptional (4)	1	16.7%	0	0.0%
Good (3)	5	83.3%	11	84.6%
Average (2)	0	0.0%	2	15.4%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate	9		2	
Mean	3.167		2.846	

How would you rate the **overall courtesy and professional treatment of patients** by the ALS/BLS ambulance attendants serving your facility?

	ALS		BLS	
Exceptional (4)	1	16.7%	3	23.1%
Good (3)	4	66.7%	10	76.9%
Average (2)	0	0.0%	0	0.0%
Average/Poor (1.5)	1	16.7%	0	0.0%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	9		2	
Mean	2.917		3.231	

How would you rate the **overall appearance of the ambulance attendants** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	1	16.7%	1	7.7%
Good (3)	5	83.3%	11	84.6%
Average (2)	0	0.0%	1	7.7%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	9		2	
Mean	3.167		3.000	

How would you rate the **overall cleanliness of the ambulance vehicle(s)** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	2	33.3%	4	30.8%
Good (3)	4	66.7%	8	61.5%
Average (2)	0	0.0%	1	7.7%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	9		2	
Mean	3.333		3.231	

How would you rate the **overall condition and/or availability of equipment and supplies** provided in the ALS/BLS ambulances serving to your facility?

	ALS		BLS	
Exceptional (4)	2	40.0%	3	25.0%
Good (3)	3	60.0%	8	66.7%
Average (2)	0	0.0%	1	8.3%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	10		3	
Mean	3.400		3.167	

## Assisted Living Facilities (Continued)

Considering all of the above factors, how would you rate the **overall ALS/BLS ambulance service** provided to your facility?

	ALS		BLS	
Exceptional (4)	0	0.0%	2	15.4%
Good (3)	5	83.3%	11	84.6%
Average (2)	0	0.0%	0	0.0%
Poor (1)	1	16.7%	0	0.0%
Unable to Rate/No answer	9		2	
Mean	2.667		3.154	

In order of importance, place a number of 1 to 4 next to your choice of factors that contribute to your facility's decision to utilize its primary ALS/BLS vendor (1 being the most important factor and 4 being the least

	ALS	BLS
Response Time	1.250	1.417
Staff	1.400	1.462
Equipment	2.750	2.833
Vehicle	3.750	3.667
Other	-----	-----
Other (courtesy ALS and BLS-1 mention)		

Are there any unmet needs or special services that you would like your ambulance company to provide in the future?

<u>Yes</u>	1	6.7%
Paperwork needs to be delivered to the emergency room	1	6.7%
<u>No</u>	14	93.3%

Is there a need for additional service providers in Miami-Dade County?

<u>Yes</u>	2	13.3%
Long wait times	1	6.7%
No answer	1	6.7%
<u>No</u>	12	80.0%
<u>No Answer</u>	1	6.7%

Do you receive complaints from patients about ambulance service?

<u>Yes</u>	1	6.7%
Items not getting to the hospital (personal, paperwork, advance directives)	1	6.7%
<u>No</u>	14	93.3%

If your facility had a serious ambulance service problem or complaint, beyond calling the ambulance company directly, have you considered calling anyone in County government?

Yes	3	20.0%
No	12	80.0%

Are you aware that Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has an Ambulance Complaint Hotline that you can call if your facility had a serious ambulance service problem or complaint?

Yes	5	33.3%
No	10	66.7%

IF YES, have you ever called the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	0	0.0%
No	5	100.0%

IF NO, in the future, would you consider calling the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	10	100.0%
No	0	0.0%

## **Attachment VI-D**

### **Survey Data: Primary Care Health Centers**

## Private Ambulance Transport User Facility Survey

### Primary Health Care Centers

Approximately what percent of your ALS/BLS transport requests are made to the following Miami-Dade County authorized providers?

	ALS	BLS
American Ambulance Services	0.0%	0.0%
American Medical Response (AMR)	3.3%	4.4%
Florida Medi-Van Ambulance Service	0.0%	0.0%
Medics Ambulance Service	0.0%	0.0%
Miami-Dade Ambulance Service	65.6%	70.0%
Unable to identify	31.1%	25.6%

How would you rate the **overall timeliness** of a ALS/BLS ambulance's arrival at your facility within the projected time stated to your facility by the ambulance company?

	ALS		BLS	
Exceptional (4)	2	22.2%	0	0.0%
Good (3)	5	55.6%	7	63.6%
Average (2)	2	22.2%	3	27.3%
Poor (1)	0	0.0%	1	9.1%
Unable to Rate	3		1	
Mean	3.000		2.545	

How would you rate the **overall courtesy and professional treatment of patients** by the ALS/BLS ambulance attendants serving your facility?

	ALS		BLS	
Exceptional (4)	1	11.1%	1	9.1%
Good (3)	7	77.8%	8	72.7%
Average (2)	1	11.1%	2	18.2%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	3		1	
Mean	3.000		2.909	

How would you rate the **overall appearance of the ambulance attendants** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	1	11.1%	1	9.1%
Good (3)	8	88.9%	9	81.8%
Average (2)	0	0.0%	1	9.1%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	3		1	
Mean	3.111		3.000	

How would you rate the **overall cleanliness of the ambulance vehicle(s)** providing ALS/BLS service to your facility?

	ALS		BLS	
Exceptional (4)	1	20.0%	1	14.3%
Good (3)	4	80.0%	5	71.4%
Average (2)	0	0.0%	1	14.3%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	7		5	
Mean	3.200		3.000	

How would you rate the **overall condition and/or availability of equipment and supplies** provided in the ALS/BLS ambulances serving to your facility?

	ALS		BLS	
Exceptional (4)	2	25.0%	1	10.0%
Good (3)	6	75.0%	8	80.0%
Average (2)	0	0.0%	1	10.0%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer	4		2	
Mean	3.250		3.000	

**Primary Health Care Centers (Continued)**

Considering all of the above factors, how would you rate the overall ALS/BLS ambulance service provided to your facility?

	ALS		BLS	
Exceptional (4)	1	11.1%	1	9.1%
Good (3)	7	77.8%	8	72.7%
Average (2)	1	11.1%	2	18.2%
Poor (1)	0	0.0%	0	0.0%
Unable to Rate/No answer			1	
Mean	3.000		2.909	

In order of importance, place a number of 1 to 4 next to your choice of factors that contribute to your facility's decision to utilize its primary ALS/BLS vendor (1 being the most important factor and 4 being the least important factor):

	ALS Mean	BLS Mean
Response Time	1.143	1.250
Staff	1.714	1.625
Equipment	2.286	2.375
Vehicle	3.571	3.625
Other	-----	-----

Are there any unmet needs or special services that you would like your ambulance company to provide in the future?

<u>Yes</u>	<u>1</u>	<u>8.3%</u>
Courtesy call if expected ETA exceeds stated ETA	1	8.3%
<u>No</u>	<u>10</u>	<u>83.3%</u>
<u>No answer</u>	<u>1</u>	<u>8.3%</u>

Is there a need for additional service providers in Miami-Dade County?

<u>Yes</u>	<u>1</u>	<u>8.3%</u>
Long waiting time	1	8.3%
<u>No</u>	<u>9</u>	<u>75.0%</u>
<u>No answer</u>	<u>2</u>	<u>16.7%</u>

Do you receive complaints from patients about ambulance service?

Yes	1	8.3%
No	11	91.7%

If your facility had a serious ambulance service problem or complaint, beyond calling the ambulance company directly, have you considered calling anyone in County government?

Yes	3	25.0%
No	9	75.0%

Are you aware that Miami-Dade County Consumer Services Department, Office of Ambulance Regulation Coordination has an Ambulance Complaint Hotline that you can call if your facility had a serious ambulance service problem or complaint?

Yes	7	58.3%
No	5	41.7%

IF YES, have you ever called the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	0	0.0%
No	7	100.0%

IF NO, in the future, would you consider calling the Ambulance Complaint Hotline to inform them that your facility had a serious ambulance service problem or complaint?

Yes	4	80.0%
No	1	20.0%

## **Attachment VI-E**

### **Survey Data: Customers**

## Ambulance Customer Service Survey

The sample: 12 consumers who had experienced local ambulance transport service within the last 12 months

Response Rate: (Mail-out to 700 Ambulance Customers) 1.71%

Optional Information: Date of Transport	Number	Percent
Date of transport between August and November 2006	8	66.7%
No answer	4	33.3%

Optional Information: Name of Ambulance Transport Company (Check only one or the most frequently used).	Number	Percent
<u>Able to identify the ambulance transport company</u>	<u>5</u>	<u>41.7%</u>
American Medical Response (AMR)	2	16.7%
American Ambulance Service	2	16.7%
Medics Ambulance Service	1	8.3%
<u>Unable to identify the ambulance transport company/No answer</u>	<u>7</u>	<u>58.3%</u>
Unable to identify the ambulance transport company	5	41.7%
No answer	2	16.7%

**Cleanliness of the Ambulance**  
How would you rate the cleanliness of the ambulance which transported you?

	Number	Percent
Exceptional (4)	7	58.3%
Good (3)	3	25.0%
Average (2)	1	8.3%
Poor (1)	1	8.3%
Unable to Rate	0	0.0%
Mean	3.333	
Total Responses/Able to rate	79	100.0%

**Treatment Received**  
How would you rate the courtesy and service you received from the ambulance attendants?

	Number	Percent
Exceptional (4)	8	66.7%
Good (3)	2	16.7%
Average (2)	1	8.3%
Poor (1)	1	8.3%
Unable to Rate	0	
Mean	3.417	
Total Responses/Able to rate	83	100.0%

**Overall Satisfaction**  
Considering all of the above areas, how would you rate your overall satisfaction with the ambulance service you received?

	Number	Percent
Exceptional (4)	8	66.7%
Good (3)	2	16.7%
Average (2)	1	8.3%
Poor (1)	1	8.3%
Unable to Rate	1	
Mean	3.417	