

AAA/Newton 360 2021 Ambulance Industry Employee Turnover Study



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Abstract and Media Summary

The American Ambulance Association (AAA) and Newton 360, an Emergency Medical Services (EMS)-based performance management software platform, joined forces to conduct the third annual survey of employee turnover in the EMS industry. EMS organizations were impressive in meeting the challenges in the face of the COVID-19 global pandemic. The EMS workforce rose to the challenge and battled the disease, despite the workforce shortages that have plagued the EMS profession for nearly a decade. EMS organizations stepped up by offering innovative solutions to public health crises, including establishing testing and vaccinations sites around the country, suggesting that EMS employers and employees are prepared to expand their role to include greater provision of preventive services and community-based healthcare. However, there was also an economic cost to many organizations as call volume decreased and the costs of providing services significantly increased.

This study evidences a need to embark upon a larger initiative to collect data on the EMS workforce in the U.S. The need for EMS professionals is predicted to increase significantly by 2030. In part, because of the recognition of the valuable education, training, and experience individuals working in the EMS field offer in other healthcare settings. This will necessitate an extensive understanding of the nature and reasons for turnover in EMS.

We recommend that you carefully read and review the results of this study. Additionally, you should compare your data with the results of this study and discuss with your leadership team. To assist in the effort to attain greater insight to the factors driving turnover in EMS, we recommend that you systematically collect data on your organization's workforce, including the reasons for turnover. Lastly, we urge EMS leaders to encourage participation by all provider EMS provider types in the effort to collect and analyze EMS workforce data.

Turnover estimates are presented for the following positions:

- Full-time EMTs
- Part-time EMTs
- Full-time paramedics
- Part-time paramedics
- Supervisors
- Dispatch employees

This survey corresponded with 19,688 employees working at 258 EMS organizations. Voluntary and overall turnover remained in the 20 to 30 percent range for EMTs and Paramedics. Despite the impact of COVID-19 on the economy, turnover rates were similar, or even slightly improved, compared to 2019. For Full-Time EMTs, the total estimated cost to replace an EMT was \$6,780.14. Full-Time Paramedics, the total estimated replacement cost was \$9,112.51. As a result of COVID-19, over half the organizations reported decreases in call volume, higher than normal or projected staffed hours lost, and higher than normal or projected payroll costs.

Executive Summary

Employee turnover, both involuntary and voluntary, is a critical issue impacting ambulance service providers due to its numerous negative consequences. This report contains the results of a survey conducted by The American Ambulance Association (AAA) and Newton 360, with technical support and assistance provided by Doverspike Consulting and The Center for Organizational Research at The University of Akron.

The survey was designed to collect and analyze employee turnover data for the Emergency Medical Services (EMS) industry. Responses were received from 258 EMS organizations, although not every organization reported data for every listed job.

The occupations included in the survey were: Full-Time EMTs, Part-Time EMTs, Full-Time Paramedics, Part-Time Paramedics, Supervisors, and Dispatch Employees. Questions were asked about both voluntary and involuntary turnover, as well as the reasons for turnover.¹ Additional questions were added to the survey dealing with the impact of COVID-19 and the use of performance management systems

Turnover was calculated in two ways. First, and as was used in most of the analyses, it was calculated by treating all organizations as equal or giving all organizations an equal weight in calculating the average. This was the primary method used to calculate turnover because it allowed for other analyses that treated organizations as the cases in statistical analyses. Although there are several reasons for preferring this analysis, a strong argument could be made that this type of analysis has a notable disadvantage in that an analysis calculated on only larger organizations would result in more stable estimates.

Therefore, in addition to performing and reporting an analysis by organizational size, an alternative analysis was conducted in which the turnover statistics for an organization were weighted by the headcount for the job category before calculating the average turnover. This analysis appears in Table ES1 as the *Weighted Average Turnover*.

The turnover rates by occupation or job title category for both the unweighted and weighted average appear in Table ES1. Perhaps surprisingly given the occurrence of COVID-19, inspection of Table ES1 reveals that the results for 2021 are similar, if not slightly better, than 2019 in terms of turnover rates.

An analysis of the survey results indicated that there was a wide range of turnover rates within and across different job categories. For 2021, the turnover rates were fairly similar across organizations, with the exception of Supervisors, who had the lowest overall turnover and voluntary turnover rates. Except for Supervisors, most of the turnover rates were in the .20-.30 range. There was substantial variance both with and across region, type or sector, and size of organization.

¹ For definitions of voluntary and involuntary turnover, see the body of the report.

Table ES1. Turnover Rates by Year by Occupational Category (2019 Results Appear in Parentheses Below the 2021 Results)^{2,3}

Occupation	Unweighted Average Turnover			Weighted Average Turnover		
	Overall Turnover	Voluntary Turnover	Involuntary Turnover	Overall Turnover	Voluntary Turnover	Involuntary Turnover
Full-time EMT	24% (30%)	19% (24%)	5% (5%)	24% (28%)	20% (22%)	4% (6%)
Part-time EMT	28% (44%)	24% (30%)	5% (12%)	33% (47%)	28% (29%)	6% (18%)
Full-time Paramedic	26% (22%)	20% (19%)	3% (4%)	15% (19%)	12% (16%)	2% (4%)
Part-time Paramedic	23% (28%)	19% (24%)	3% (5%)	27% (37%)	23% (24%)	3% (13%)
Supervisor	15% (12%)	11% (9%)	3% (3%)	9% (8%)	7% (6%)	2% (2%)
Dispatch	30% (36%)	23% (23%)	6% (11%)	21% (31%)	17% (20%)	4% (11%)

In some cases, there were large differences between the unweighted averages and the weighted averages. In most cases, this could be explained by large organizations reporting lower, or at least different, rates than the smaller organizations, or by a high rate of turnover occurring for one of the smaller organizations.

The voluntary turnover rates remain a source of concern, although they could be seen as lower than might be expected given national turnover statistics for healthcare and the influence of COVID-19. Since EMTs and Paramedics are the individuals on the front lines delivering healthcare services to clients and patients, the high rate of voluntary turnover for these jobs is a critical issue, as is the high rate of overall turnover.

The involuntary turnover rates were lower than 2019, and more similar to those reported in 2018. This would suggest that the ambulance industry was not subject to the mass layoffs that hit many U.S. industries in March of 2020.⁴

Across job titles, frequently listed reasons for voluntary termination were career or occupation change, followed by dissatisfaction with pay and/or benefits. Poor performance was listed most frequently as the reason for involuntary turnover.

² Given 258 organizations, the margin of error on a percentage would be approximately plus or minus 6%.

³ Note, voluntary and involuntary turnover do not add up to equal overall turnover because they are an average or mean across all organizations. Some organizations reported overall separations but not voluntary and involuntary separations.

⁴ The low number of involuntary turnovers may have been the result of the scarcity of trained replacements.

Overall, involuntary turnover was relatively low. However, with the exception of Supervisors, voluntary and overall turnover remain in the 20-30% range for both EMTs and Part-time Paramedics. With percentages that high, an organization is looking at replacing most of its workforce within a four-year period. In other words, over a four-year period there will be 100% turnover. Therefore, turnover has been trending upward since 2008. Therefore, turnover and retention should remain a concern.

Organizations report that 32% of employees who are going to leave depart in the first year. Thus, a significant amount of turnover occurs within the first year.

For Full-Time EMTs, information was also collected on the cost to replace an employee. This was defined in terms of the cost to recruit and attract, cost to screen and select, and cost to onboard and train a new EMT. The total estimated cost was \$6,780.14. Larger organizations reported higher costs, \$8,811.19, as compared to smaller organizations, \$5,149.58, to replace an employee. For Full-Time Paramedics, the total estimated cost was \$9,112.51.

As a result of COVID-19, over half the organizations reported decreases in call volume, higher than normal or projected staffed hours lost, and higher than normal or projected payroll costs.

A majority of organizations reported having a performance management system, although it was not necessarily seen as driving performance.

The problem is in identifying solutions to the problems underlying turnover. Based on the reasons listed for turnover, two possibilities are increasing career and promotional opportunities, and increasing pay.

Our suggestions would remain similar to those we have provided in the past. Although there are practical reasons why both are difficult to accomplish given limited budgets and fairly flat organizations, one possibility is to implement organizational interventions, which are associated with a psychologically healthy workplace. This includes:

- Increased attention to employee health and safety.
- Introducing programs to allow for career growth and development outside of traditional career ladders.
- Scheduling to allow for increased work-life balance.
- Increased employee involvement.
- Introducing performance management programs.

Introduction and Purpose

The third annual *AAA/Newton 360 Ambulance Industry Employee Turnover Study* survey of employee turnover in the ambulance industry was conducted following one of the more unusual periods in American history. On January 30th, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a public health emergency of international concern, the WHO's highest level of alarm. A worldwide pandemic, COVID had a significant impact on health care and the ambulance industry in the United States.

As this 2021 turnover report was being written, all were hopeful that the downward trends in cases, hospitalizations, and deaths would continue, and life would return to a new normal. In addition to COVID, a labor shortage and pressures for a higher minimum wage were having a significant impact on wages, recruitment, hiring, and turnover.

Employee turnover and the flipside of the coin, employee retention, have been identified by AAA members as two of the most critical human resource issues facing ambulance service providers. The AAA and its affiliates, along with partners such as Newton 360, continue to work to understand the underlying causes of turnover in the ambulance industry and to develop strategies to address employee retention issues.

This is the third annual turnover report. The previous two reports were issued in 2018 and 2019, covering the years 2017 and 2018, respectively. However, due to COVID and other related factors, a planned report was not generated in 2020. Thus, although planned as an annual report, one year was skipped.

The third annual *AAA/Newton 360 Ambulance Industry Employee Turnover Study* was designed for the purpose of yielding information that EMS organizations need to identify and benchmark their turnover challenges. The hope is that the results of this study will help shape strategies that can be used to attract potential EMS workers or retain those already working in the profession. In addition, this year's survey provides vital data on the impact of COVID.

As an industry, we must identify the scope and dynamics of these problems, so we can begin to offer solutions to the human resource challenges the industry faces. Controlling employee turnover is a major human resource challenge for any organization, especially for those in healthcare. The development of effective strategies for the management of turnover requires the availability of reliable and valid data on turnover frequency. However, existing data on turnover for the ambulance industry had been sparse and inconsistent, which led to the AAA's decision to begin conducting this annual survey.

The team for the survey included Marian Bianchi from the AAA, Scott Moore from Newton 360, Greg Lawton from OnShift, Dennis Doverspike from Doverspike Consulting, and the staff from COR at the University of Akron, which included Paul Levy, Director, Ryan Thibodeau and Alexis Lopez, Graduate Student Coordinators.

Turnover: Definitions and National Statistics

Definitions

One of the biggest problems with addressing the issue of turnover is the lack of reliable and valid data, as well as the differences in the definitions of turnover. For this report, the definitions used were as follows:

Headcount: The number of filled plus open positions for each job category at the end of 2020. Filled positions refer to the number of employees in each job category that were on the payroll at the end of 2020.

Separations: The total number of individuals in the job category that left the organization in 2020.

Total Turnover Rate: The number of total separations for each job category divided by the corresponding headcount.

Voluntary Turnover Rate: The number of voluntary separations for each job category divided by the corresponding headcount.

Involuntary Turnover Rate: The number of involuntary separations for each job category divided by its corresponding headcount.

National Statistics and Past Reports on EMS Turnover

The United States' Bureau of Labor Statistics provides an estimate of an overall turnover rate across all industries of 57.3%, which not only has been trending upwards but represents a large jump over the 2019 rate of 45.1%. The reported rate for healthcare of 45.2% also reflected an upward trend, as well as a large jump over the 2019 rate of 29.8%. Also, worth noting is that while traditionally about half of turnover was voluntary and half involuntary, the Bureau of Labor Statistics recent results suggest that about two-thirds of turnover is voluntary, while one-third is involuntary, with the notable exception of March of 2020. In March of 2020, there were an unusually large number and percentage of layoffs and discharges.⁵ Unfortunately, our results cannot break out trends by month.

From the national statistics, we can conclude that turnover is trending upward for the economy as a whole, and that there is less involuntary turnover and more voluntary turnover, with the exception of a large number of forced layoffs during the Spring of 2020. Turnover for healthcare reflects similar trends to those for occupations as a whole, although the available data is somewhat inconsistent and not specific to ambulance services.

⁵ BLS, *Table 16. Annual total separations rates by industry and region, not seasonally adjusted*, www.bls.gov/news.release/jolts.t16.

Design of Study

The project began with the identification of a need for information on turnover, retention, and costs of turnover in the ambulance industry. To collect data, staff at COR constructed a turnover survey using the Qualtrics survey platform. A notice was then drafted by the AAA and sent out on the AAA Digest, by other social media, and through emails. The data was collected between April 13th and May 24th, 2021.

Occupations Included

The following job categories were included in the study:

- Full-time EMTs
- Part-time EMTs
- Full-time Paramedics
- Part-time Paramedics
- Supervisors
- Dispatch Employees

Questions Asked⁶

Basic information was collected on sector, location, organizational size, and number of employees. Questions were added for 2021 dealing with:

- How did the COVID-19 PHE impact your organization's call volume?
- How did the COVID-19 PHE impact your organization's staffed hours lost due to illness, quarantine, FMLA, etc.?
- How did the COVID-19 PHE impact your organization's payroll costs?
- Did your organization modify your hiring process due to the COVID-19 PHE?
- Did your organization participate in the administration of COVID-19 testing or vaccinations?
- Did your organization's decision to perform the administration of COVID-19 testing or vaccination impact EMT or Paramedic staffing?
- How many Full-Time Equivalent positions did you staff on average per month to perform the administration of COVID-19 testing or vaccinations?
- Can you estimate your annual lost revenue due to staff shortages?

In the next section, respondents were asked to report headcount (filled and open positions), total separations, voluntary separations, and involuntary separations. Not all organizations responded for every job category. Additionally, for each job category, data were collected on the reasons for voluntary and involuntary turnover.⁷

⁶ For all questions, see the survey in Appendix C.

⁷ A new question was asked regarding "currently open or unfilled positions," however, organizations seemed to misunderstand this question, and so no analyses were completed on this item.

A question repeated from 2019 dealt with time with the organization before leaving. The question was:

- At what point in their careers did individuals leave the organization?

Another addition to the survey for this year was questions dealing with performance management systems. The additional items addressed the areas of:

- Does your organization employ an annual performance management process?
- Do you believe that your current performance management process is meaningfully driving employee performance?
- How much (in dollars) is your current employee performance process costing your organization annually?
- In general, does your organization have a pay structure tied to demonstrated performance criteria/ performance evaluations?

Cleaning and Computation of Data

The data was cleaned prior to the analysis, which was conducted in Excel and SPSS. Fractions were rounded off to whole numbers. Any unusual or out-of-range numbers were eliminated.

Study principals did not try to estimate or correct for respondents who only answered the overall separations questions but did not provide complete data on voluntary and involuntary separations. Voluntary and involuntary turnover do not add up to equal overall turnover because the reported results represent an average or mean across all organizations.

Some organizations reported overall separations but not voluntary and involuntary separations; thus, for some organizations, calculations could only be performed for overall turnover, and not voluntary or involuntary turnover.⁸ In other cases, the number of voluntary and involuntary separations did not equal the number of total separations; however, these numbers were taken as they were received from the respondents. Finally, some organizations did not report the overall headcount, making it impossible to calculate the turnover ratio.

After cleaning the data, the turnover rates were computed based on the definition previously provided and using available data without trying to impute or make guesses as to the values of any missing data.

Frequencies for the question about reasons for turnover were calculated based only on non-missing data.⁹ The number of responses in the two highest categories out of the five, which were "frequently" and "very frequently," were combined to create a "frequent reason for turnover" category. The number of "frequent reason for turnover" responses

⁸ This is not unusual but occurs with other surveys including those carried out by BLS.

⁹ Some missing data made sense, for example not responding to reasons of turnover for jobs that did not exist in the organization.

were then divided by the total number of non-missing responses in order to obtain a "frequency of endorsement" value.

Additional Statistical Analyses

The larger sample size as compared to previous years allowed us to conduct more complex statistical analyses of the data. In particular, for some of the outcome variables, it was possible to see if the results varied as a function of organizational type, region, and size. In conducting these analyses, statistical tests were applied, either a chi-square analysis or linear regression. In these cases, any offered interpretations of data are based on the statistical analysis and on whether or not any differences reached statistical significance.

Organization of Report:

The report is organized as follows:

- Descriptions of Organizations.
- Results for –
 - Full-Time EMTs
 - Part-Time EMTs
 - Full-Time Paramedics
 - Part-Time Paramedics
 - Supervisors
 - Dispatch
- Supplemental or Alternative Weighted Analysis
- Covid Related Questions
- Time With Organization Before Turnover
- Additional Performance Management Questions

Descriptions of Organizations

The survey was started by 545 organizations. However, after eliminating organizations due to providing an insufficient number of responses, or no data on any critical job categories, the resulting data set contained responses from 258 organizations. This is a substantial increase compared to 2019, when only 54 organizations provided usable data.

There was a diverse set of organizations represented in this study with regard to what sectors they were in, where they provide services, and the size of the organization (see Table 1). Fifty organizations (or 19% of our respondents) were in the Private Sector- For Profit; 77 organizations (30%) were in the Public Sector - Stand Alone EMS; 53 organizations (21%) were in the Private Sector - Not for Profit or Nonprofit; 24 organizations (9%) were Hospital-Based; 48 organizations (19%) indicated that they belonged to the Public Sector - Fire Department; and 6 organizations (2%) identified as belonging to a sector that was not listed. For purposes of more complex analyses, the other category was dropped.

Table 1. Types of Organizations

Type of Organization	Number	Percentage
Private – for Profit	50	19%
Private – Not for Profit	53	21%
Public Sector – Stand Alone	77	30%
Public Sector – Fire Dept.	48	19%
Hospital-Based	24	09%
Other	6	02%
Total	258	100%

Across these various sectors (see Table 2), organizations reported providing services in the Midwest (36%), Northeast (29%), South and Southeast not including Texas (18%), Texas (8%), Southwest (1%), or the West and Rocky Mountain (8%) regions. Six responding organizations reported providing services to more than one region. For purposes of more complex analyses, organizations were recategorized into Midwest, Northeast, South (including Southeast and Texas), and West (including Rocky Mountain and Southwest).

Table 2. Regions of the Country

Region of the Country	Number	Percentage
Midwest	96	36%
Northeast	77	29%
South and Southeast	48	18%
Texas	20	08%
Southwest	3	01%
West or Rocky Mountain	22	08%
Canada	0	00%
Total	26610	100%

Additionally, in terms of number of employees (see Table 3), the majority of responding organizations had less than 500 total employees, with 72% reporting a range of 1-99 employees, 12% with a range of 100-199, and 12% with a range of 200-499. Of the remaining organizations, 3% reported a range of 500-799 employees and 2% reported more than 800 employees.

For purposes of more complex analyses, two categories were formed. Small organizations, 1-49, and large organizations, more than 49 employees.

Table 3. Number of Employees

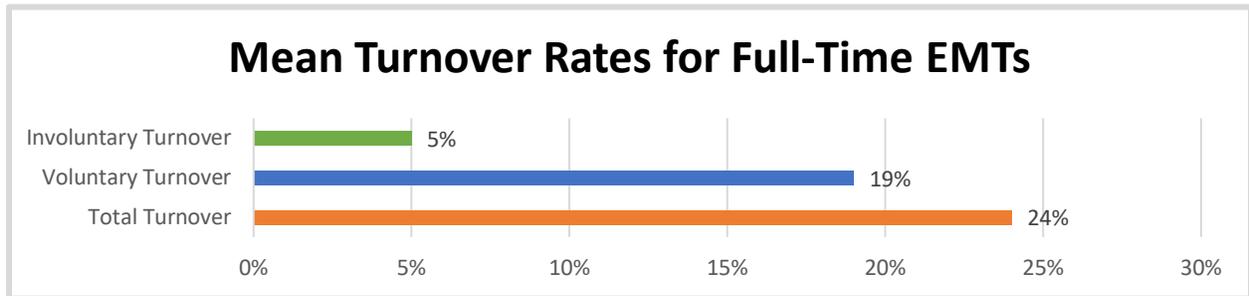
Number of Employees	Number	Percentage
1 – 49	153	59%
50 – 99	33	13%
100 – 199	30	12%
200 – 499	30	12%
500 – 799	8	03%
800+	4	02%
Total	258	100%

¹⁰ Some organizations were in more than one region.

Results for Full-Time EMTs

Turnover Rates (164 Organizations)

One-hundred and sixty-four (164) organizations provided turnover information for Full-Time EMTs. Based on the survey responses, the mean involuntary turnover rate was 5%, the mean voluntary turnover rate was 19%, and the mean total turnover rate was 24% for Full-Time EMTs in 2020. Although these are the mean turnover rates, there was a large range of turnover rate values reported for Full-Time EMTs across organizations.¹¹ Turnover did vary by region. Turnover was higher in the Northeast and Southern regions.



Reasons for Turnover

It should be noted, the question asked was the extent to which each of the reasons was important in making voluntary turnover decisions; respondents were not asked to pick only one reason, but to rate the importance of each reason. Among the reasons that were reported frequently for Full-Time EMTs who left involuntarily in 2020, being discharged due to poor performance was the reason listed as most frequent or important. For Full-Time EMTs who left voluntarily in 2020, a career or occupation change was the reason chosen as most frequent or important by the organizational respondents, followed by dissatisfaction with pay and/or benefits.

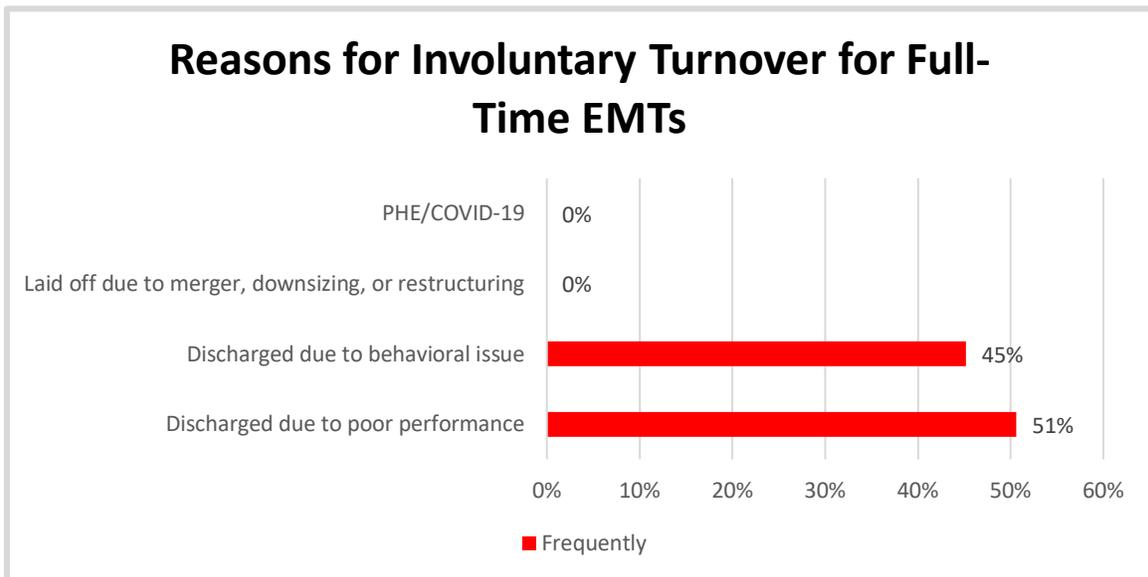
Cost of Turnover

For Full-Time EMTs, information was also collected on the cost to replace an employee. This was defined in terms of the cost to recruit and attract, cost to screen and select, and cost to onboard and train a new EMT. The resulting values appear in Table 4. The total estimated cost was \$6,780.14. Larger organizations reported higher costs, \$8,811.19, as compared to smaller organizations, \$5,149.58, to replace an employee.

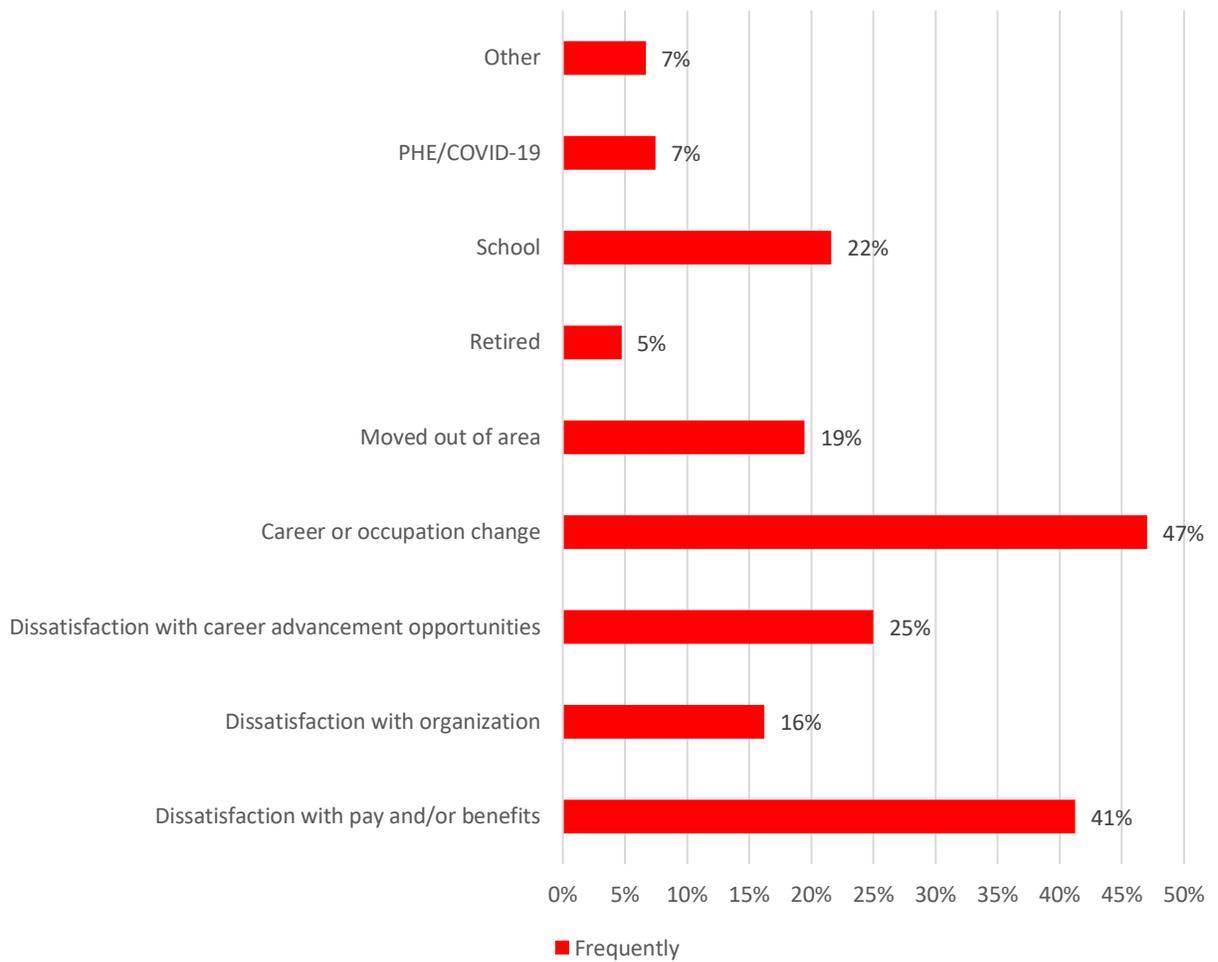
¹¹ Detailed breakdowns appear in Appendix A.

Table 4. Costs for Full-Time EMTs

Step	Mean Cost
Recruit and Attract	\$1714.34
Screen and Select	\$ 998.10
Onboard and Train	\$4067.70
Total	\$6780.14



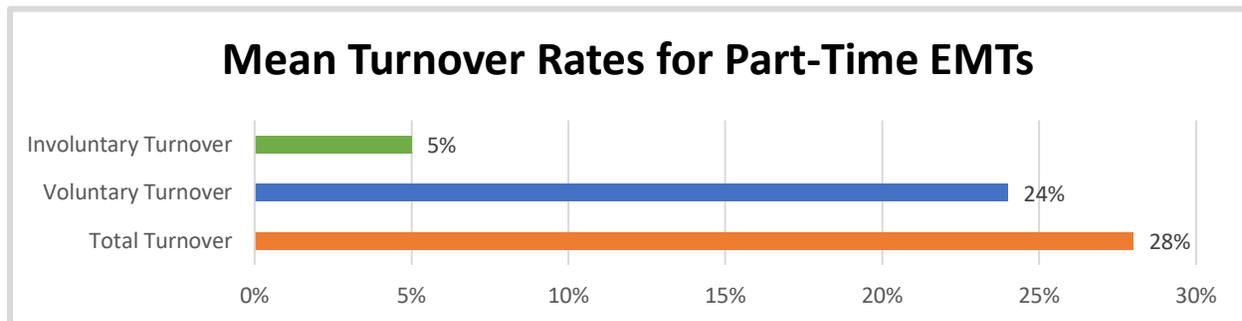
Reasons for Voluntary Turnover for Full-Time EMTs



Results for Part-Time EMTs

Turnover Rates (134 Organizations)

One hundred and thirty-four (134) organizations provided turnover information for Part-Time EMTs. Based on the survey responses, the mean involuntary turnover rate was 5%, the mean voluntary turnover rate was 24%, and the mean total turnover rate was 28% for Part-Time EMTs in 2020. Although these are the mean turnover rates, there was a large range of turnover rate values reported for Full-Time EMTs across organizations. Turnover for Part-Time EMTs was higher for large organizations.¹²

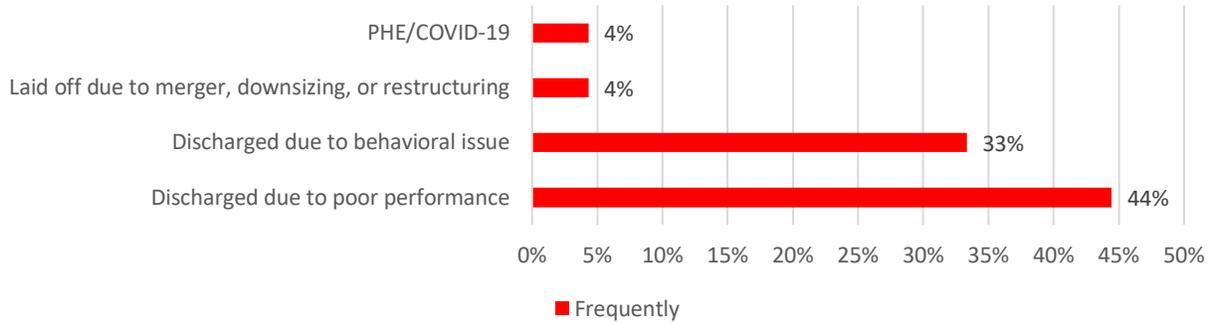


Reasons for Turnover

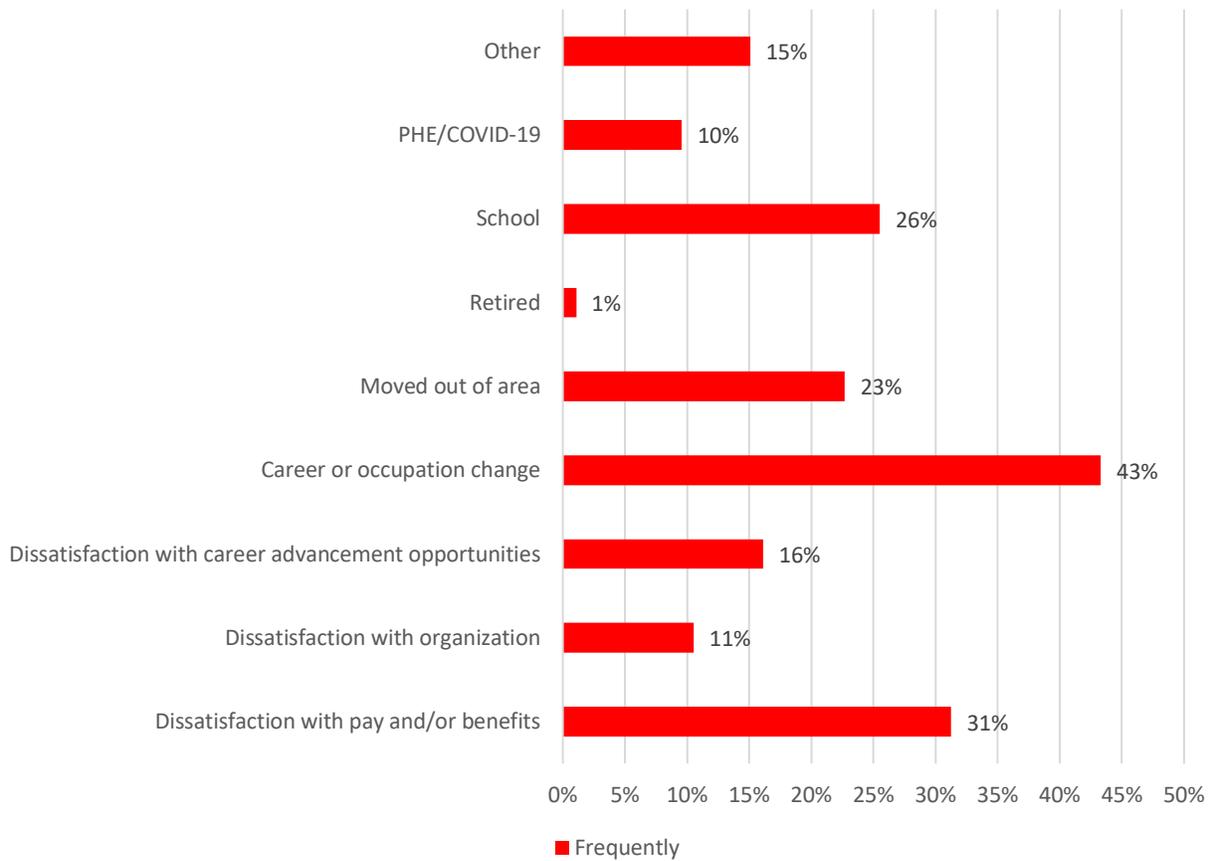
It should be noted, the question asked was the extent to which each of the reasons was important in making voluntary turnover decisions; respondents were not asked to pick only one reason, but to rate the importance of each reason. Among the reasons that were reported frequently for Part-Time EMTs who left involuntarily in 2020, being discharged due to poor performance was the most frequent reason for leaving. For Part-Time EMTs who left voluntarily in 2020, a career or occupation change was the reason chosen as most frequent or important by the organizational respondents, followed by dissatisfaction with pay and/or benefits.

¹² Detailed breakdowns appear in Appendix A.

Reasons for Involuntary Turnover for Part-Time EMTs



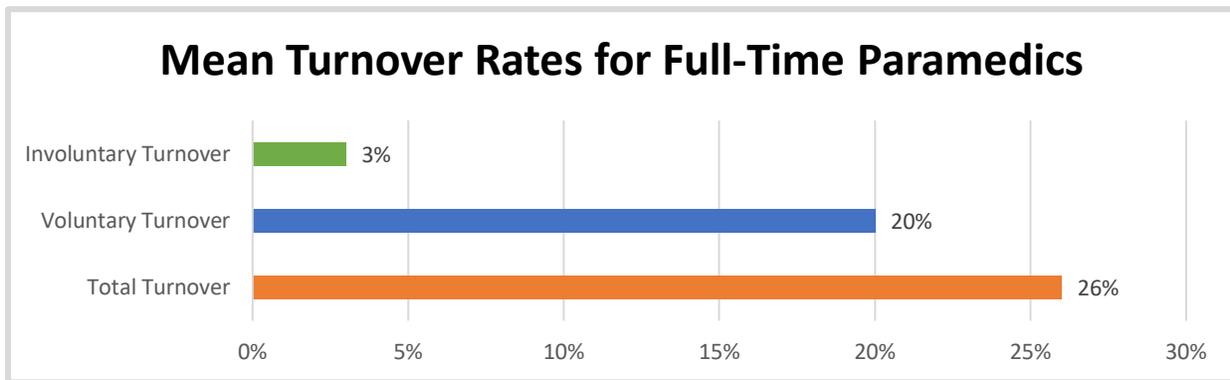
Reasons for Voluntary Turnover for Part-Time EMTs



Results for Full-Time Paramedics

Turnover Rates (138 Organizations)

One hundred and thirty-eight (138) organizations provided turnover information for Full-Time Paramedics. Based on the survey responses, the mean involuntary turnover rate was 3%, the mean voluntary turnover rate was 20%, and the mean total turnover rate was 26% for Full-Time Paramedics in 2020. Although these are the mean turnover rates, it is important to note that there was a large range of turnover rate values reported for Full-Time Paramedics across organizations.¹³ There were no significant differences due to size, location, or type, although there was a tendency for turnover to be higher in the South.



Reasons for Turnover

It should be noted, the question asked was the extent to which each of the reasons was important in making voluntary turnover decisions; respondents were not asked to pick only one reason, but to rate the importance of each reason. Among the reasons that were reported frequently for Full-Time Paramedics who left involuntarily in 2020, being discharged due to poor performance was the most frequent reason for leaving. For Full-Time Paramedics who left voluntarily in 2020, a career or occupation change was the reason chosen as most frequent or important by the organizational respondents, followed by dissatisfaction with pay and/or benefits.

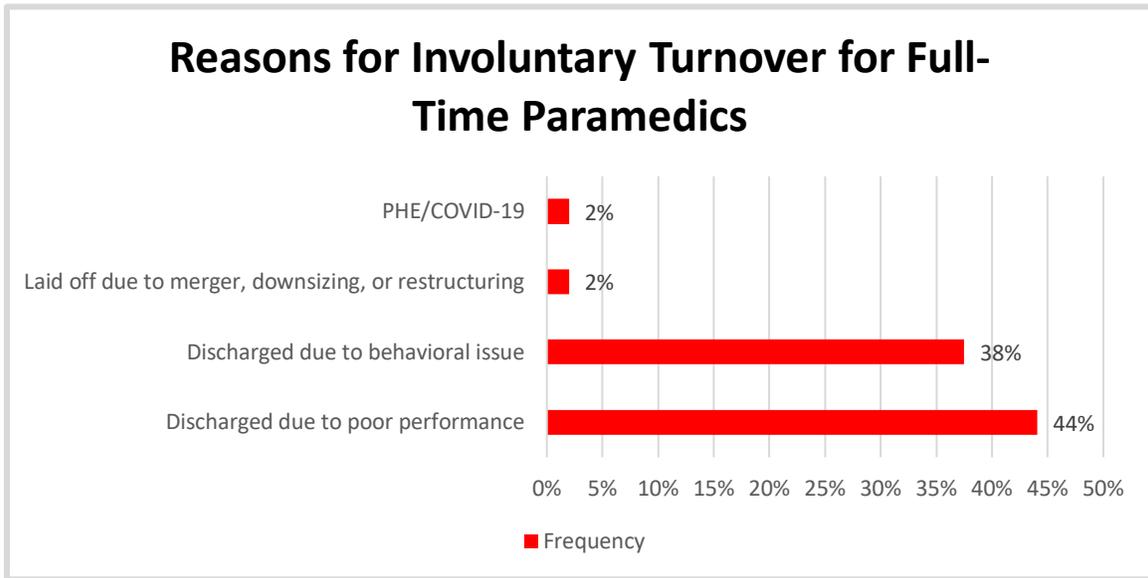
Cost of Turnover

For Full-Time Paramedics, information was also collected on the cost to replace an employee. This was defined in terms of the cost to recruit and attract, cost to screen and select, and cost to onboard and train a new Paramedic. The resulting values appear in Table 5. The total estimated cost was \$9,112.51. Larger organizations reported higher costs, \$12,083.60, as compared to smaller organizations, \$59,700.00, to replace an employee.

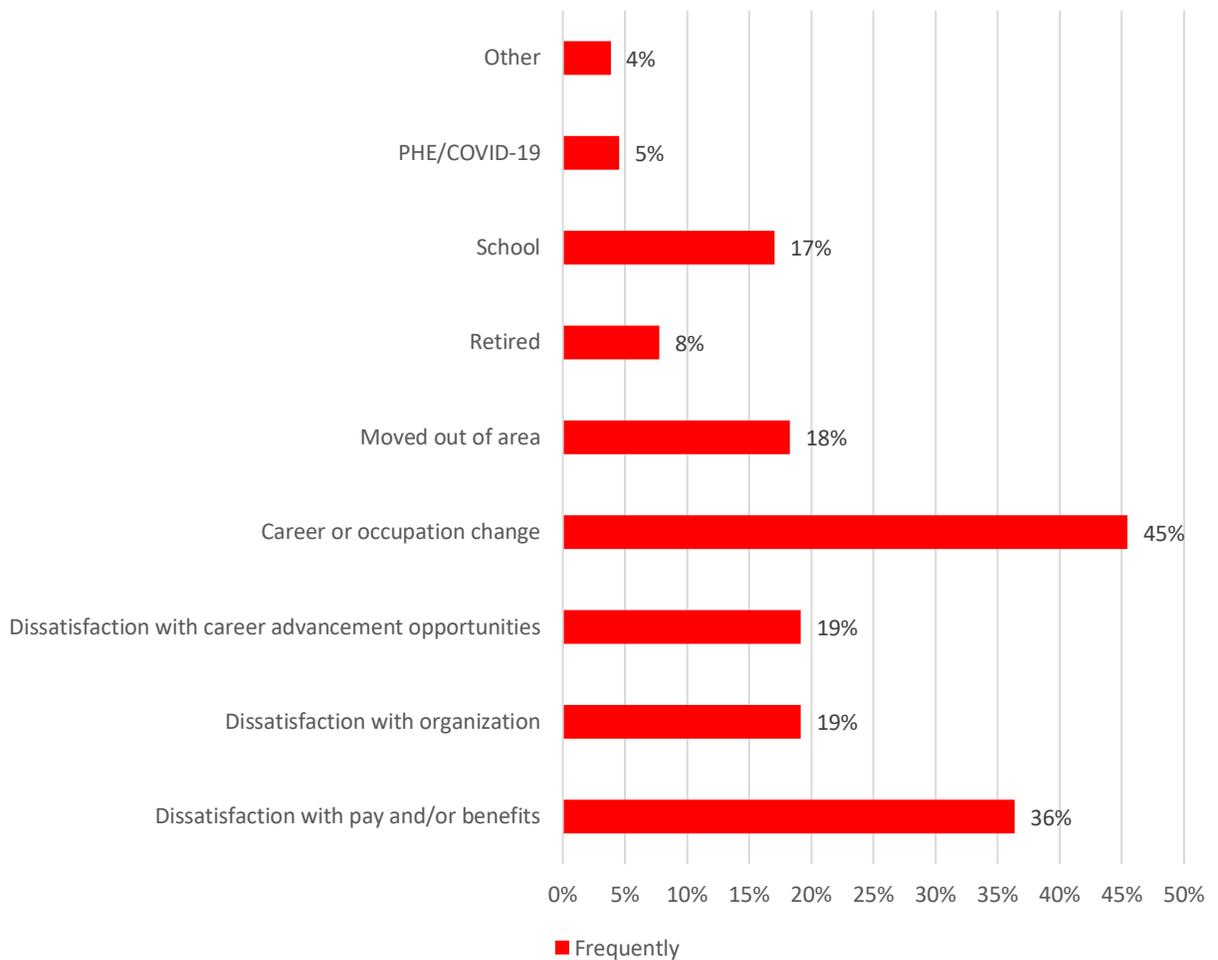
¹³ Detailed breakdowns appear in Appendix A.

Table 5. Costs for Full-Time Paramedics

Step	Mean Cost
Recruit and Attract	\$2338.37
Screen and Select	\$1107.75
Onboard and Train	\$5666.38
Total	\$9112.50



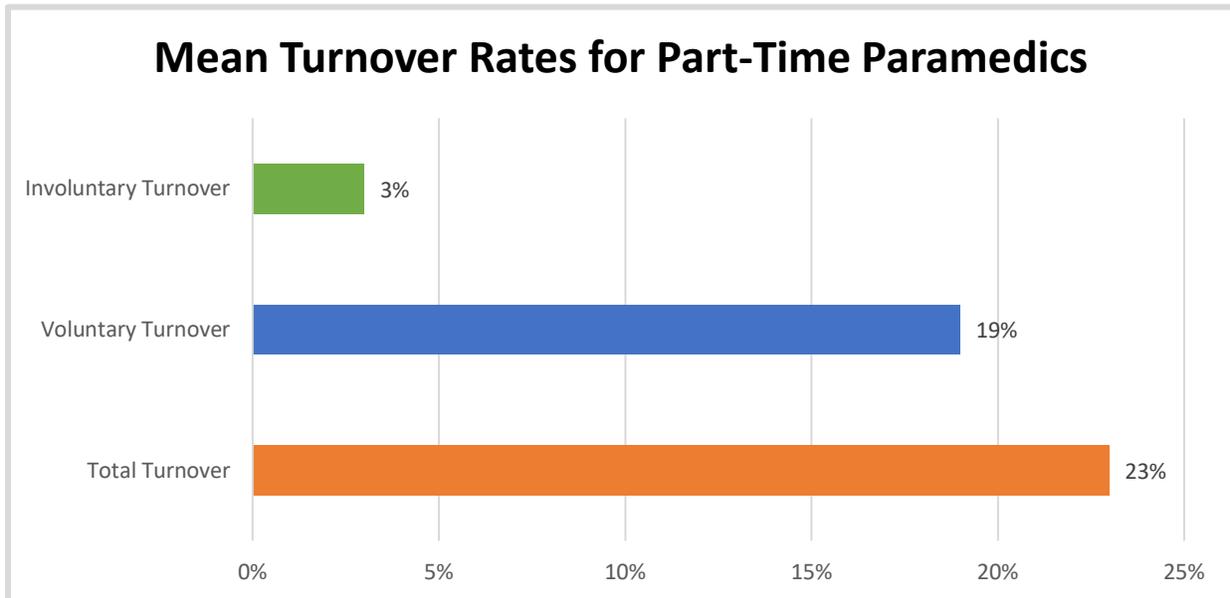
Reasons for Voluntary Turnover for Full-Time Paramedics



Results for Part-Time Paramedics

Turnover Rates (102 Organizations)

One hundred and two (102) organizations provided turnover information for Part-Time Paramedics. Based on the survey responses, the mean involuntary turnover rate was 3%, the mean voluntary turnover rate was 19%, and the mean total turnover rate was 23% for Part-Time Paramedics in 2020. Although these are the mean turnover rates, there was a large range of turnover rate values reported for Full-Time EMTs across organizations. There were no significant differences as a function of size, location, or type.¹⁴

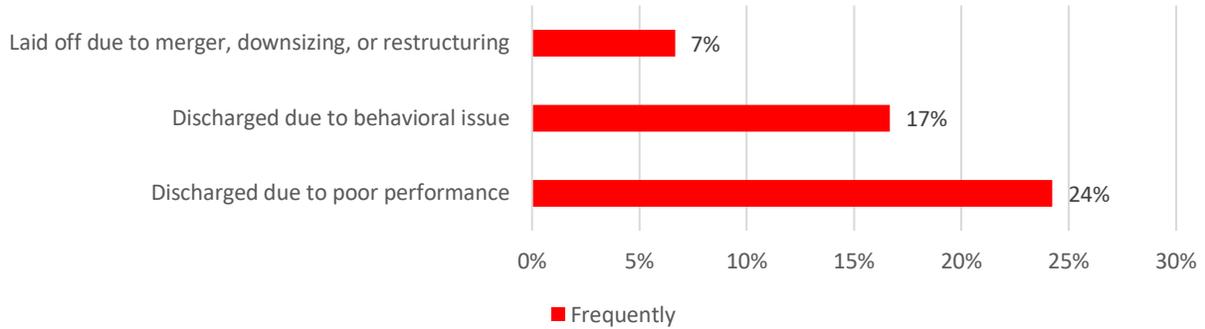


Reasons for Turnover

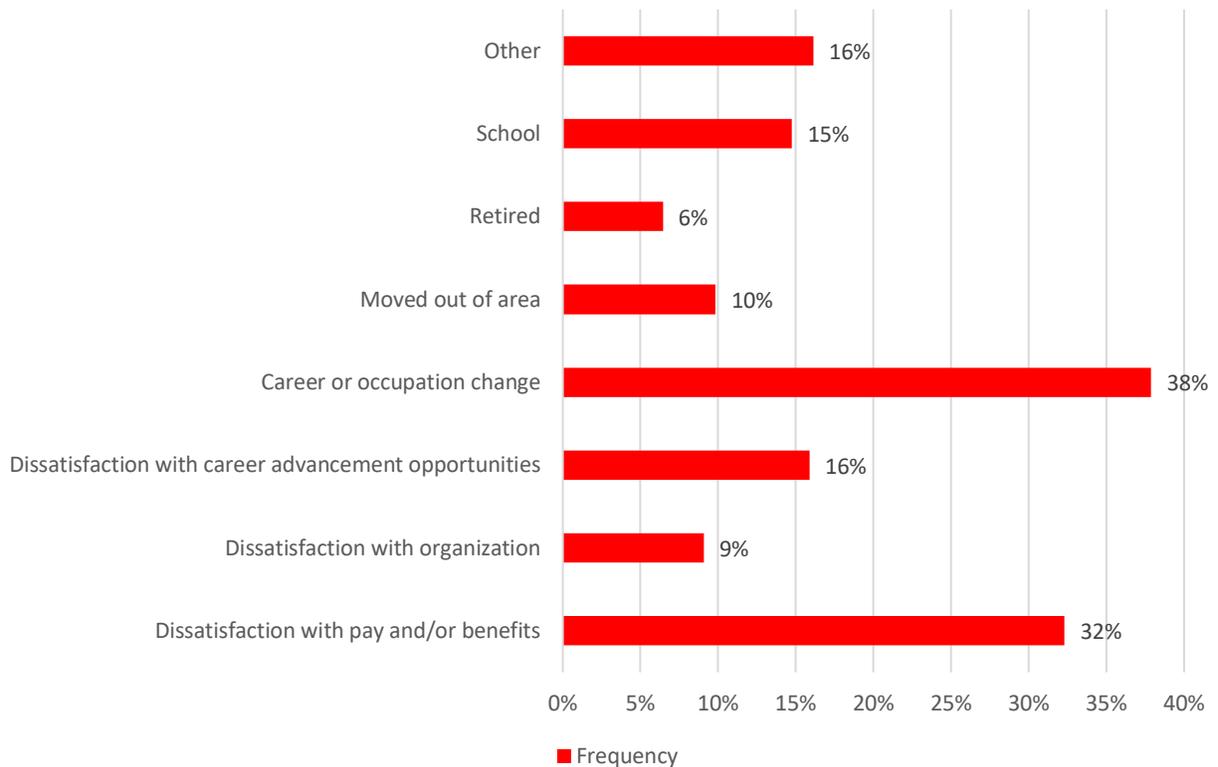
It should be noted, the question asked was the extent to which each of the reasons was important in making voluntary turnover decisions; respondents were not asked to pick only one reason, but to rate the importance of each reason. Among the reasons that were reported frequently for Part-Time Paramedics who left involuntarily in 2020, the highest-rated explanation was discharged due to poor performance. For Part-Time Paramedics who left voluntarily in 2020, a career or occupation change was the reason chosen as most frequent or important by the organizational respondents, followed by dissatisfaction with pay and/or benefits.

¹⁴ Detailed breakdowns appear in Appendix A.

Reasons for Involuntary Turnover for Part-Time Paramedics



Reasons for Voluntary Turnover for Part-Time Paramedics

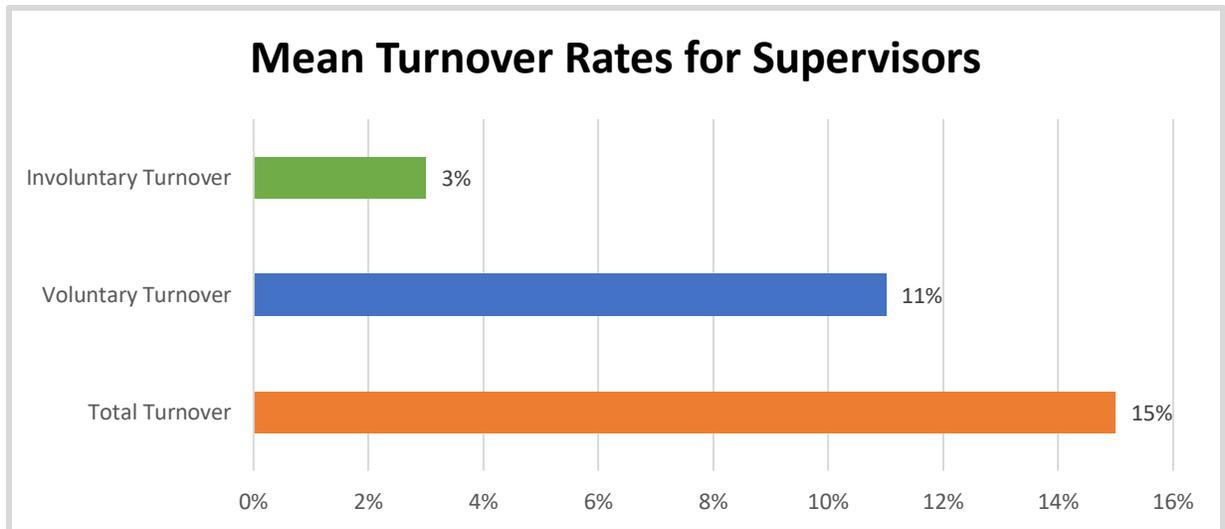


Results for Supervisors

Turnover Rates (179 Organizations)

One hundred and seventy-nine (179) organizations provided turnover information for Supervisors. Based on the survey responses, the mean involuntary turnover rate was 3%, the mean voluntary turnover rate was 11%, and the mean total turnover rate was 15% for Supervisors in 2020. Although these were the mean turnover rates, it is important to note that there was a large range of turnover rate values reported for Supervisors across organizations.

For Supervisors, higher rates of turnover were reported for Hospital-Based and smaller organizations. In addition, higher turnover rates occurred in the West and Northeast.¹⁵

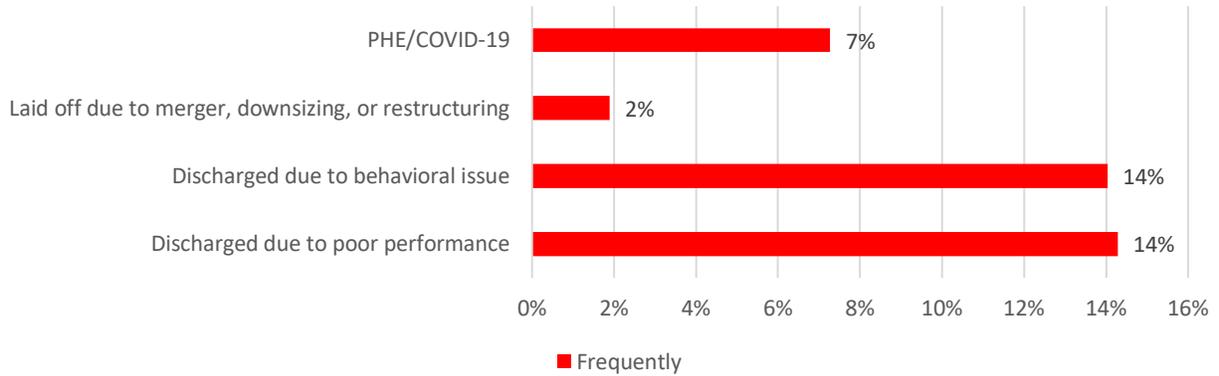


Reasons for Turnover

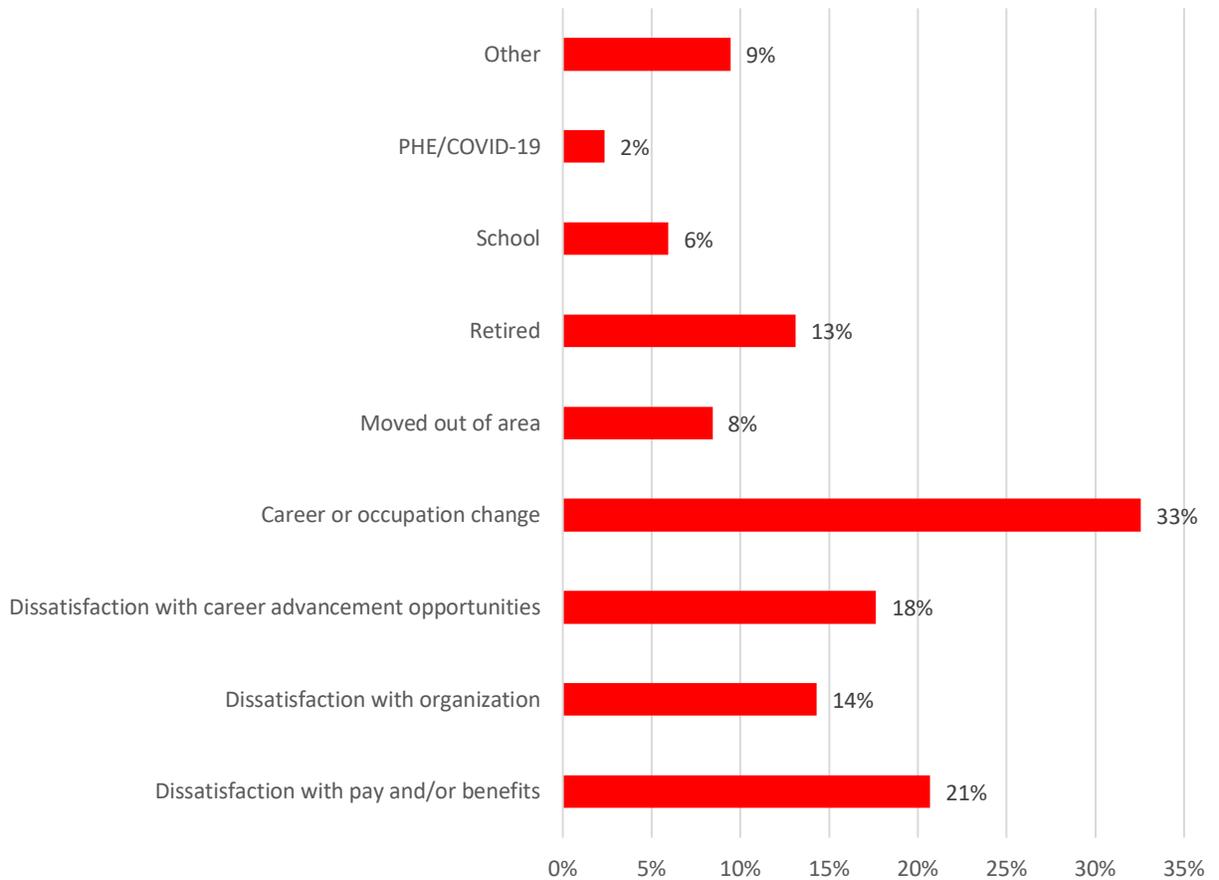
It should be noted, the question asked was the extent to which each of the reasons was important in making voluntary turnover decisions; respondents were not asked to pick only one reason, but to rate the importance of each reason. Among the reasons that were reported frequently for Supervisors who left involuntarily in 2020, being discharged due to poor performance and due to poor performance were the most frequently cited reasons. For Supervisors who left voluntarily in 2020, a career or occupation change was the reason chosen as most frequent or important by the organizational respondents, followed by dissatisfaction with pay and/or benefits.

¹⁵ Detailed breakdowns appear in Appendix A.

Reasons for Involuntary Turnover for Supervisors



Reasons for Voluntary Turnover for Supervisors

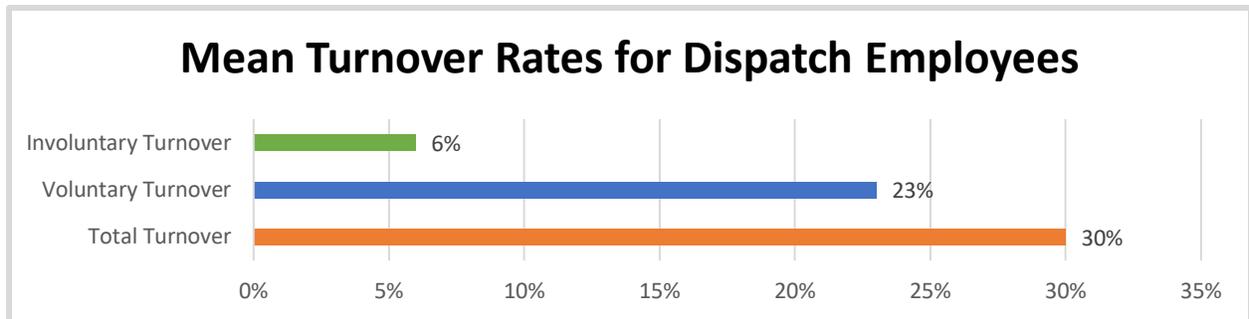


Results for Dispatch Employees

Turnover Rates (72 Organizations)

Seventy-two (72) organizations provided turnover information for Dispatch Employees. Based on the survey responses, the mean involuntary turnover rate was 6%, the mean voluntary turnover rate was 23%, and the mean total turnover rate was 30% for Dispatch Employees in 2020. Although these were the mean turnover rates, it is important to note that there was a large range of turnover rate values reported for Dispatch Employees across organizations.

There were differences by size, with smaller organizations reporting much higher turnover. Differences also existed by region, with the West having the highest turnover.¹⁶

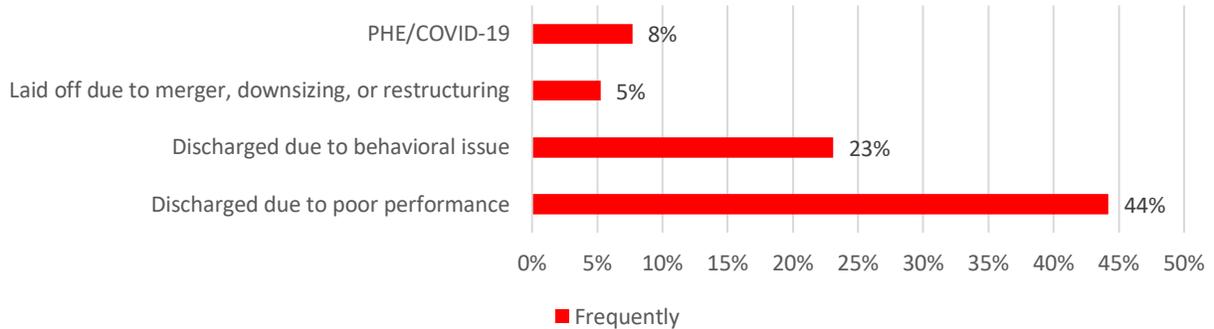


Reasons for Turnover

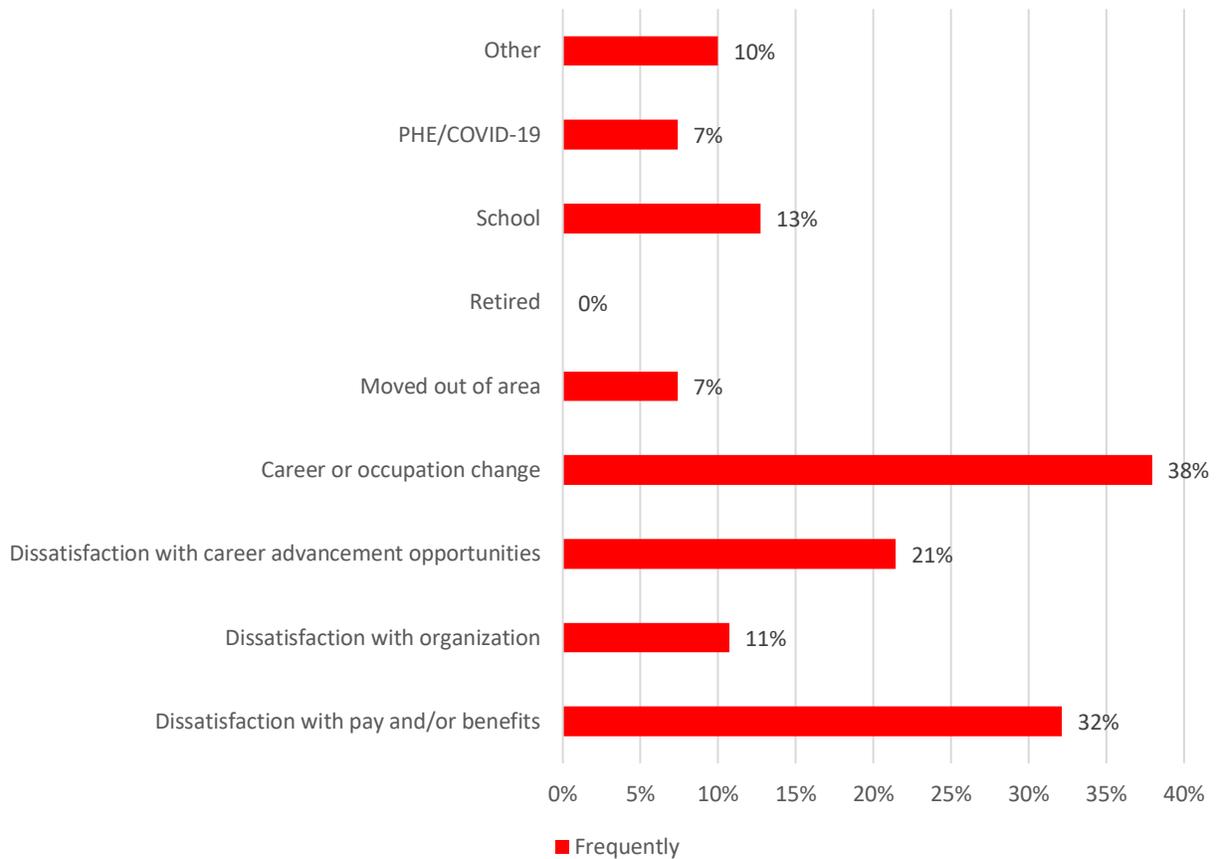
It should be noted, the question asked was the extent to which each of the reasons was important in making voluntary turnover decisions; respondents were not asked to pick only one reason, but to rate the importance of each reason. Among the reasons that were reported frequently for Dispatch Employees who left involuntarily in 2020, being discharged due to poor performance was the most frequent reason for leaving. For Dispatch employees who left voluntarily in 2020, a career or occupation change was the reason chosen as most frequent or important by the organizational respondents, followed by dissatisfaction with pay and/or benefits.

¹⁶ Detailed breakdowns appear in Appendix A.

Reasons for Involuntary Turnover for Dispatch Employees



Reasons for Voluntary Turnover for Dispatch Employees



Supplemental or Alternative Weighted Analysis

All analyses to this point have treated organizations as contributing equally to the results. That is, in calculating any statistics, all organizational data was treated as equal, or all organizations were given an equal weight in calculating the average. Although there are several reasons for preferring this analysis, it also had a disadvantage in that a strong argument could be made that an analysis calculated on only larger organizations would give more stable estimates. In addition, such an analysis would give results more similar to those reported by the federal government and HR groups.

Therefore, an alternative analysis was conducted in which the turnover statistics for an organization were weighted by the headcount for the job category before calculating the average turnover. This analysis appears in Table 6 as the Weighted Average Turnover.

Table 6. Weighted Average Turnover Rates by Occupational Category

Occupation	Weighted Average Turnover			
	Headcount	Overall Turnover	Voluntary Turnover	Involuntary Turnover
Full-time EMT	6578	24%	20%	04%
Part-time EMT	3040	33%	28%	06%
Full-time Paramedic	6230	15%	12%	02%
Part-time Paramedic	1415	27%	23%	03%
Supervisor	1375	09%	07%	02%
Dispatch	1050	21%	17%	04%
Total	19688			

^aNote, voluntary and involuntary turnover do not add up to equal overall turnover because they are an average or mean across all organizations. Some organizations reported overall separations but not voluntary and involuntary separations.

Time with Organization Before Turnover

A question was asked, "In terms of the total percentage of employees who left your organization in 2020, what percentage left within: - a number of months of initial employment." The percentages corresponding to each time range appear in Table 7. Inspection of Table 7 reveals that organizations report that 32% of employees who are going to leave depart in the first year. Thus, a significant amount of turnover occurs within the first year.

Table 7. Time Until Leaving the Organization

Time Until Leaving the Organization	Percentage
0 - 3 months	11%
4 - 6 months	8%
7 – 12 months	14%
Total first year	32%
1 – 2 years	23%
2+ years	45%
Total	100%

COVID Related Questions

For 2021, a number of questions were added to the survey dealing with the impact of the COVID PHE on ambulance services and human resource outcomes. The analysis of the responses to these questions appears in this section of the report.

Impact on Organizational Call Volume

The question asked was, "How did the COVID-19 PHE impact your organization's call volume?" The results appear in Table 8. Consistent with some media reports, over half, 59%, of the ambulance organizations reported decreases in call volume, with 25% reporting increases. Only 17% reported call volume was as projected or there was no impact.

The results did vary by organizational type. Less than 50% of the Hospital-based and Public Sector – Fire Department systems reported lower than normal/projected volumes. Organizations in the private sector were much more likely to report lower than normal/projected call volumes.¹⁷

Table 8. Impact on Organizational Call Volume

Response	Number	Percentage
As projected/no impact	42	17%
Higher than normal/projected	62	25%
Lower than normal/projected	148	59%
Total	252	100%

Staffed Hours Lost

The survey asked respondents, "How did the COVID-19 PHE impact your organization's staffed hours lost due to illness, quarantine, FMLA, etc.?" The results appear in Table 9. Inspection of Table 9 reveals that more than half the organizations reported that the staffed hours lost were higher than normal or projected.

The results varied by region. The percentage of organizations responding that there was a higher than normal or projected impact on staffed hours was 44% for the Midwest, 54% for the Northeast, 61% for the South, and 74% for the West.

¹⁷ An analysis was conducted to see if the results differed as a function of type, location, or size. There was a significant effect for type of organization.

The results also varied by size. Whereas 48% of small organizations reported higher than normal/projected staffed hours lost, 65% of large services reported higher than normal/projected staffed hours lost.¹⁸

Table 9. Staffed Hours Lost

Response	Number	Percentage
As projected/no impact	69	27%
Higher than normal/projected	138	55%
Lower than normal/projected	45	18%
Total	252	100%

Impact on Payroll Costs

The next question asked, "How did the COVID-19 PHE impact your organization's payroll costs?" The results appear in Table 10. Over half the organizations reported that COVID resulted in higher than normal or projected payroll costs.

The results varied by region of the country. Higher than normal/projected impacts on payroll costs were reported for the Midwest, 52%, Northeast, 53%, and South, 72%.¹⁹ Only in the West did over half the organizations, 56%, report that payroll costs were as projected/no impact.

Table 10. Impact on Payroll Costs

Response	Number	Percentage
As projected/no impact	88	35%
Higher than normal/projected	142	57%
Lower than normal/projected	20	08%
Total	250	100%

¹⁸ An analysis was conducted to see if the results differed as a function of type, location, or size. There was a significant effect for location and size.

¹⁹ An analysis was conducted to see if the results differed as a function of type, location, or size. There was a significant effect for location.

Modify Hiring Process

The question was, "Did your organization modify your hiring process due to the COVID-19 PHE?" The results appear in Table 11 with 40% reported an impact on the hiring process.

The results did differ by size and region. For organizational size, large organizations responded "Yes" 59% of the time, compared to only 27% for small organizations. For region, 47% of organizations in the Northeast, 48% in the South, and 44% in the West indicated a need to modify the hiring process, as compared to 25% in the Midwest.²⁰

Table 11. Modify Hiring Process

Response	Number	Percentage
No	152	60%
Yes	100	40%
Total	252	100%

Participation in the administration of COVID-19 testing or vaccinations?

A question was asked with regard to "Did your organization participate in the administration of COVID-19 testing or vaccinations?" The results appear in Table 12. The results were pretty evenly split in terms of participation.

Table 12. Participation in Testing or Vaccinations

Response	Number	Percentage
No	132	51%
Yes	126	49%
Total	258	100%

Further inspection of the data revealed that although the type of organization did not make a significant difference on participation rates, both location and size did. Participation in Testing and Vaccinations was lowest in the Midwest, 37%, and highest in the West-Southwest-Rocky Mountains, 78%. For size, the rate for small organizations was lower, 37% and then there was an increase with larger numbers of employees, 66% responded "Yes" for large organizations.²¹

²⁰ An analysis was conducted to see if the results differed as a function of type, location, or size. There was a significant effect for location and size.

²¹ An analysis was conducted to see if the results differed as a function of type, location, or size. There was a significant effect for location and size.

Impact on Staffing

As a follow-up, organizations were asked, "Did your organization's decision to perform the administration of COVID-19 testing or vaccination impact EMT or Paramedic staffing?" The results appear in Table 13 for those reporting engaging in testing or vaccinations. For those organizations engaging in testing or vaccinations, 36% reported that there was an impact on staffing.

There was not a significant relationship between type, location, or size and impact on staffing, although the trend was for the data to follow the same pattern as for participation itself, with the impact being greater for organizations in the West and for larger employers.²²

Table 13. Impact on Staffing

	Organizations Engaging in Testing or Vaccinations	
Response	Number	Percentage
No	79	64%
Yes	45	36%
Total	124	100%

Full-Time Equivalentents for Testing and Vaccinations

The question asked was "How many Full-Time Equivalent positions did you staff on average per month to perform the administration of COVID-19 testing or vaccinations?" The previous question indicated that participating in such activities was not common, especially for smaller organizations. Eighty-two (82) out of 258 organizations indicated zero FTEs and 61 organizations did not respond; therefore, 143 organizations provide no response or indicated 0 FTEs.

For the 115 organizations that did respond, the mean number of FTEs was 28.28 with a very large standard deviation of 187.96.²³ This mean was strongly influenced by one very large organization. Dropping the one large organization resulted in a mean value for FTEs of 10.99, with a still sizeable standard deviation of 24.41.

Excluding this one case plus eliminating those organization that did not respond "Yes" to the previous question resulted in a mean of 11.44 and a standard deviation of 25.00.

²² An analysis was conducted to see if the results differed as a function of type, location, or size. There was no significant relationships.

²³ The standard deviation is a measure of the dispersion of scores.

Not unexpectedly, the only significant predictor of FTEs staffed for COVID-19 testing and vaccinations was organizational size, with higher FTEs for larger organizations. Thus, if there is a conclusion that can be reached, it is that the FTEs were highly variable across organizations and a function of organizational size.

Lost Revenue Due to Staff Shortages

The final question in this section asked, "Can you estimate your annual lost revenue due to staff shortages?" One hundred and sixteen (116) organizations provided an estimate. Forty (40) organizations reported a value of zero. Five (5) organizations reported values of one million dollars or more. The mean was \$185,547 with a standard deviation of \$549,133. As would be expected, there was a strong relationship between the size of the organization and the lost revenue estimates, and also for identifying as a Private For-Profit organization and lost revenue estimates.

Additional Performance Management Questions

For 2020, a special section of the survey included questions on the use of performance management systems. The first question was, "Does your organization employ an annual performance management process?" A tabulation of the results appears in Table 14, with 94 out of 166, or 57%, responding "Yes." Employing an annual performance management system was related to organizational size, with 44% of small organizations responding "Yes" as compared to 73% of large organizations.

Table 14. Employ an Annual Performance Management System

Response	Number	Percentage
No	72	43%
Yes	94	57%
Total	166	100%

The next question was, "Do you believe that your current performance management process is meaningfully driving employee performance?" The results are presented in Table 15 both for all organizations responding and for those organizations indicating that they had an annual performance management system. More than half the organizations responded "No" that the annual performance management system did not drive performance, even among those with an annual performance management system.²⁴

Table 15. Annual Performance Management System Drives Performance

Response	All Organizations		Have System	
	Number	Percentage	Number	Percentage
No	96	63%	49	53%
Yes	56	37%	44	47%
Total	152	100%	93	100%

This was then followed by "In general, does your organization have a pay structure tied to demonstrated performance criteria/ performance evaluations?" The results are presented in Table 16 both for all organizations responding and for those organizations indicating that they had an annual performance management system. Inspection of Table 16 indicates that more than half the organizations did not see their pay structure as tied to performance criteria or evaluations.

²⁴ This is consistent with the national data across all industry types. Organizations report that their annual performance management system does not drive performance.

Table 16. Pay Structure Tied to Performance

	All Organizations		Have System	
Response	Number	Percentage	Number	Percentage
No	105	67%	47	52%
Yes	53	33%	43	48%
Total	158	100%	90	100%

The final question in this section was, "How much (in dollars) is your current employee performance process costing your organization annually?" For all organizations (108) responding, the mean was \$6,910.88 with a very large standard deviation of \$26,619.82. For the 70 organizations with a performance management system, the mean was \$10,208.93, with a very large standard deviation of \$32,594.12. As would be expected for a cost variable, the reported cost was correlated with the size of the organization.²⁵

²⁵ Given the way the question was worded, a correlation between cost and organizational size was expected.

Appendix A. Turnover Rates by Type, Region, and Size

Turnover Rates by Type of Organization

Mean Total Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
Hospital-Based	.30	.30	.27	.22	.36	.13
Private Sector – For Profit	.13	.35	.30	.36	.27	.28
Private Sector – Not for Profit or Nonprofit	.17	.26	.19	.37	.16	.26
Public Sector Fire	.19	.35	.24	.23	.29	.18
Public Sector- Stand Alone EMS	.09	.24	.22	.21	.31	.21

Mean Voluntary Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
Hospital-Based	.15	.21	.17	.16	.31	.07
Private Sector – For Profit	.10	.26	.25	.33	.21	.22
Private Sector – Not for Profit or Nonprofit	.15	.16	.18	.33	.14	.22
Public Sector Fire	.14	.31	.15	.11	.14	.07
Public Sector- Stand Alone EMS	.07	.24	.20	.19	.24	.20

Mean Involuntary Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
Hospital-Based	.18	.09	.11	.06	.10	.07
Private Sector – For Profit	.04	.07	.05	.05	.02	.03
Private Sector – Not for Profit or Nonprofit	.03	.09	.01	.06	.02	.03
Public Sector Fire	.01	.04	.04	.01	.04	.00
Public Sector- Stand Alone EMS	.01	.00	.05	.05	.04	.02

Turnover Rates by Organization Size

Mean Total Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
1-49 Employees	.19	.46	.24	.22	.26	.17
50-99 Employees	.09	.25	.23	.39	.27	.30

Mean Voluntary Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
1-49 Employees	.13	.33	.19	.18	.18	.14
50-99 Employees	.08	.20	.20	.34	.22	.25

Mean Involuntary Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
1-49 Employees	.05	.13	.06	.04	.05	.01
50-99 Employees	.01	.03	.04	.06	.02	.05

Turnover Rates by Location (Region)

Mean Total Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
Midwest	.08	.20	.17	.19	.18	.16
Northeast	.18	.25	.31	.43	.23	.32
South (Southeast, Texas)	.14	.31	.27	.29	.37	.26
West (Rocky Mountain, Southwest)	.21	.56	.15	.20	.27	.17

Mean Voluntary Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
Midwest	.07	.16	.14	.18	.12	.15
Northeast	.15	.16	.25	.32	.19	.25
South (Southeast, Texas)	.08	.23	.24	.26	.29	.21
West (Rocky Mountain, Southwest)	.13	.46	.09	.20	.19	.14

Mean Involuntary Turnover Rates

	Supervisors	Dispatch Employees	Full-Time EMTs	Part-Time EMTs	Full-Time Paramedics	Part-Time Paramedics
Midwest	.00	.03	.04	.01	.03	.01
Northeast	.03	.09	.06	.10	.04	.04
South (Southeast, Texas)	.04	.03	.04	.06	.03	.04
West (Rocky Mountain, Southwest)	.11	.10	.07	.02	.01	.02

**Appendix B. AAA / Newton 360 2018 Ambulance Industry Employee
Turnover Study: Word Version of Qualtrics 2021**

AAA Turnover Survey 2021

Start of Block: Instructions

Survey General Instructions The American Ambulance Association is partnering with Newton 360, an ambulance industry partner and Human Resource support firm, to conduct our third annual industry turnover study. Our intent is to comprehensively collect and analyze ambulance industry employee turnover data so as to produce a report that provides useful and actionable data. We are inviting EMS organizations to participate in the study. The study will be conducted and managed by Dennis Doverspike, PhD, and the Center for Organizational Research at The University of Akron. Each individual and organizational response will be strictly confidential.

The purpose of the study is to better quantify and understand the reasons for turnover at nearly every organizational level within the EMS Industry. Participating organizations will have full access to the final report at no charge. **NOTE: DIFFERENT COMPUTERS WILL DISPLAY EACH PAGE IN A DIFFERENT MANNER. IF NECESSARY, BE SURE TO SCROLL DOWN TO THE CONTINUE AT THE BOTTOM OF THE PAGE.**

Thank you very much for your time and support. Please start with the survey now by clicking on the Continue button below.

Page Break

Why participate in the survey? 1. Educate elected officials, municipalities, and healthcare clients.

The insight gained from this survey can help influence the actions, practices, or decisions of officials regarding regulatory and funding policies at the federal, regional, or local level. Specifically, this important data can help validate the critical staffing challenges faced by the EMS industry. This year, we added queries to the survey related to the COVID-19 Public Health Emergency (PHE) to better understand the impacts of the PHE on EMS turnover and its related costs. **2. This study is critical to gaining insight into combating staff shortages.** AAA / Newton 360 2021 Ambulance Industry Employee Turnover Study aims to yield the information that organizations need to identify and benchmark their turnover challenges. Over the years this survey has been conducted, it has generated the largest response to a turnover survey ever published for the private EMS industry. **3. Participating organizations will have full access to the final report at no charge.** The comprehensive results of the study will be shared exclusively, and at no cost, with each participating organization. Shorter write-ups and summaries of the results may be shared at conferences or published in relevant periodicals or journals.

Page Break

Before You Start

It is recommended that you gather information about your employees and about turnover / onboarding costs before completing the questionnaire. If you gather the various requested information before completing the survey, it should take less than 20 minutes to complete the survey; otherwise, plan on 30 minutes.

In this survey, we will be asking about headcount (filled and open positions), number of employees leaving the organization, and reasons for employees leaving. We will be asking these questions for each of the following job categories: supervisor, dispatch, EMT, part-time EMT, paramedic, and part-time paramedic. Headcount refers to the number of filled and open positions for each job category at the end of 2020. Filled positions refer to the number of employees in each job category that were on payroll at the end of 2020. For each job category, the number of filled positions should be added to the number of open positions at the end of 2020 to determine the total headcount.

In addition, we will be asking for the costs associated with turnover in terms of recruiting, screening, and training for full-time EMTs and paramedics. Finally, there is a question regarding lost revenue due to staff shortages.

Page Break

Additional Instructions Make sure you have approximately 30 minutes to complete this survey. You should try to complete the survey in one sitting. You may or may not be able to come back to your answers once you exit the survey; whether you can return depends on how your individual computer is set up, which we cannot control. For sure, if you are working on a computer shared by others, you will need to complete the whole survey in one sitting. You should be able to complete the survey on a variety of devices, including desktops, laptops, tablets, and even smart phones. However, the smaller the device, the more difficult and time consuming it may be to complete the survey. **By clicking on the Continue button below, you understand the following:** You have been invited by The American Ambulance Association, Newton 360, and The University of Akron - Center for Organizational Research to complete this survey. You are the person invited to complete this survey, and you will complete it honestly and accurately. You will not copy, distribute, share, or save any portion of this survey. You will not disclose the contents to any person except personnel authorized by The University of Akron - Center for Organizational Research and Newton 360.

Page Break

End of Block: Instructions

Start of Block: Basic Information

Which of the following best describes the type of ambulance services you offer:

- Public Sector - Fire Department
 - Public Sector - Stand Alone EMS
 - Private Sector - For Profit
 - Private Sector- Not for Profit or Nonprofit
 - Hospital-Based
 - Other
-

Where does your company provide services (check all that apply)?

- Midwest
 - Northeast
 - South and Southeast except Texas
 - Texas
 - Southwest
 - West and Rocky Mountain
 - Canada
-

What is the total number of employees at your organization?

- 1-49 employees
- 50-99 employees
- 100-199 employees
- 200-499 employees
- 500-799 employees
- 800+ employees

End of Block: Basic Information

Start of Block: Definitions

For the following questions, we will be asking about headcount (filled and open positions), number of employees leaving the organization, and reasons for employees leaving. We will be asking these questions for each of the following job categories: supervisor, dispatch, billing office, EMT, part-time EMT, paramedic, part-time paramedic, and wheelchair vehicle operator.

Headcount: Headcount refers to the number of filled and open positions for each job category at the end of 2020. Filled positions refer to the number of employees in each job category that are on payroll at the end of 2020. For each job category, the number of filled positions should be added to the number of open positions at the end of 2020 to determine the total headcount. Although it is not necessary, we recommend trying to gather the required information about your employees before completing the questionnaire.

End of Block: Definitions

Start of Block: COVID-19

Did your organization participate in the administration of COVID-19 testing or vaccinations?

Yes

No



How many Full Time Equivalent (FTE) positions did you staff on average per month to perform the administration of COVID-19 Testing or vaccinations?

Did your organization's decision to perform the administration of COVID-19 testing or vaccination impact EMT or Paramedic staffing?

Yes

No

Did your organization have to modify your hiring process due to the COVID-19 PHE?

Yes

No

How did the COVID-19 PHE impact your organization's call volume?

- Lower than normal / projected
 - As projected / no impact
 - Higher than normal / projected
-

How did the COVID-19 PHE impact your organization's staffed hours lost due to illness, quarantine, FMLA, etc.?

- Lower than normal / projected
 - As projected / no impact
 - Higher than normal / projected
-

How did the COVID-19 PHE impact your organization's payroll costs?

- Lower than normal / projected
- As projected / no impact
- Higher than normal / projected

End of Block: COVID-19

Start of Block: Supervisors

Supervisors

Do you have any Supervisors? If you do, please fill out the following questions on this page. If you do

not, please skip this section (about Supervisors) and proceed to the next section of the survey (about Dispatch Employees).

What was the headcount (filled and open positions) for Supervisors at the end of 2020?

How many Supervisors left your organization in 2020?

How many Supervisors left for voluntary reasons?

How many Supervisors left for involuntary reasons?

How many positions are currently open/unfilled (FTE)?

For the Supervisors who left voluntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Dissatisfaction with pay and/or benefits	<input type="radio"/>				
Dissatisfaction with organization	<input type="radio"/>				
Dissatisfaction with career advancement opportunities	<input type="radio"/>				
Career or occupation change	<input type="radio"/>				
Moved out of area	<input type="radio"/>				
Retired	<input type="radio"/>				
School	<input type="radio"/>				
PHE/COVID-10	<input type="radio"/>				
Other	<input type="radio"/>				

For the Supervisors who left involuntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Discharged due to poor performance	<input type="radio"/>				
Discharged due to behavioral issue	<input type="radio"/>				
Laid off due to merger, downsizing, or restructuring	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				

End of Block: Supervisors

Start of Block: Dispatch employees

Dispatch employees

Do you have any Dispatch employees? If you do, please fill out the following questions on this page. If you do not, please skip this section (about Dispatch employees) and proceed to the next section of the survey (about Billing Office employees).

What was the headcount (filled and open positions) for Dispatch employees at the end of 2020?

How many Dispatch employees left your organization in 2020?

How many Dispatch employees left for voluntary reasons?

How many Dispatch employees left for involuntary reasons?



How many positions are currently open/unfilled (FTE)?

For the Dispatch employees who left voluntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Dissatisfaction with pay and/or benefits	<input type="radio"/>				
Dissatisfaction with organization	<input type="radio"/>				
Dissatisfaction with career advancement opportunities	<input type="radio"/>				
Career or occupation change	<input type="radio"/>				
Moved out of area	<input type="radio"/>				
Retired	<input type="radio"/>				
School	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				
Other	<input type="radio"/>				

For the Dispatch employees who left involuntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Discharged due to poor performance	<input type="radio"/>				
Discharged due to behavioral issue	<input type="radio"/>				
Laid off due to merger, downsizing, or restructuring	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				

End of Block: Dispatch employees

Start of Block: Full-time EMTs

Full-time EMTs

Do you have any full-time EMTs? If you do, please fill out the following questions on this page. If you do not, please skip this section (about full-time EMTs) and proceed to the next section of the survey (about part-time EMTs).

What was the headcount (filled and open positions) for full-time EMTs at the end of 2020?

How many full-time EMTs left your organization in 2020?

How many full-time EMTs left for voluntary reasons?

How many full-time EMTs left for involuntary reasons?



How many positions are currently open/unfilled (FTE)?

For the full-time EMTs who left voluntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Dissatisfaction with pay and/or benefits	<input type="radio"/>				
Dissatisfaction with organization	<input type="radio"/>				
Dissatisfaction with career advancement opportunities	<input type="radio"/>				
Career or occupation change	<input type="radio"/>				
Moved out of area	<input type="radio"/>				
Retired	<input type="radio"/>				
School	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				
Other	<input type="radio"/>				

For the full-time EMTs who left involuntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Discharged due to poor performance	<input type="radio"/>				
Discharged due to behavioral issue	<input type="radio"/>				
Laid off due to merger, downsizing, or restructuring	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				

How much does it cost you to recruit or attract a new EMT (e.g., job fairs, payments to recruiters, HR staff hours, consultants, and posting job notices)?

How much does it cost you to screen and select a new EMT (e.g., the cost of background checks, drug tests, physical ability tests, and interviews)?

How much does it cost you to onboard and train a new EMT (e.g. the cost of engagement, orientation, initial certification training, company specific training, and custom equipment and uniforms)?

End of Block: Full-time EMTs

Start of Block: Part-time EMTs

Part-time EMTs

Do you have any part-time EMTs? If you do, please fill out the following questions on this page. If you do not, please skip this section (about part-time EMTs) and proceed to the next section of the survey (about full-time Paramedics).

What was the headcount (filled and open positions) for part-time EMTs at the end of 2020?

How many part-time EMTs left your organization in 2020?

How many part-time EMTs left for voluntary reasons?

How many part-time EMTs left for involuntary reasons?



How many positions are currently open/unfilled (FTE)?

For the part-time EMTs who left voluntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Dissatisfaction with pay and/or benefits	<input type="radio"/>				
Dissatisfaction with organization	<input type="radio"/>				
Dissatisfaction with career advancement opportunities	<input type="radio"/>				
Career or occupation change	<input type="radio"/>				
Moved out of area	<input type="radio"/>				
Retired	<input type="radio"/>				
School	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				
Other	<input type="radio"/>				

For the part-time EMTs who left involuntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Discharged due to poor performance	<input type="radio"/>				
Discharged due to behavioral issue	<input type="radio"/>				
Laid off due to merger, downsizing, or restructuring	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				

End of Block: Part-time EMTs

Start of Block: Full-time Paramedics

Full-time Paramedics

Do you have any full-time Paramedics? If you do, please fill out the following questions on this page. If you do not, please skip this section (about full-time Paramedics) and proceed to the next section of the survey (about part-time Paramedics).

What was the headcount (filled and open positions) for full-time Paramedics at the end of 2020?

How many full-time Paramedics left your organization in 2020?

How many full-time Paramedics left for voluntary reasons?

How many full-time Paramedics left for involuntary reasons?



How many positions are currently open/unfilled (FTE)?

For the full-time Paramedics who left voluntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Dissatisfaction with pay and/or benefits	<input type="radio"/>				
Dissatisfaction with organization	<input type="radio"/>				
Dissatisfaction with career advancement opportunities	<input type="radio"/>				
Career or occupation change	<input type="radio"/>				
Moved out of area	<input type="radio"/>				
Retired	<input type="radio"/>				
School	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				
Other	<input type="radio"/>				

For the full-time Paramedics who left involuntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Discharged due to poor performance	<input type="radio"/>				
Discharged due to behavioral issue	<input type="radio"/>				
Laid off due to merger, downsizing, or restructuring	<input type="radio"/>				
PHE/COVID-19	<input type="radio"/>				

How much does it cost you to recruit or attract a new Paramedic (e.g. job fairs, payments to recruiters, HR staff hours, consultants, and posting job notices)?

How much does it cost you to screen and select a new Paramedic (e.g. the cost of background checks, drug tests, physical ability tests, and interviews)?

How much does it cost you to onboard and train a new Paramedic (e.g. the cost of engagement, orientation, initial certification training, company specific training, and custom equipment and uniforms)?

End of Block: Full-time Paramedics

Start of Block: Part-time Paramedics

Part-time Paramedics

Do you have any part-time Paramedics? If you do, please fill out the following questions on this page. If you do not, please skip this section (about part-time Paramedics) and proceed to the next section of the survey (about Wheelchair Vehicle Operators).

What was the headcount (filled and open positions) for part-time Paramedics at the end of 2020?

How many part-time Paramedics left your organization in 2020?

How many part-time Paramedics left for voluntary reasons?

How many part-time Paramedics left for involuntary reasons?



How many positions are currently open/unfilled (FTE)?

For the part-time Paramedics who left voluntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Dissatisfaction with pay and/or benefits	<input type="radio"/>				
Dissatisfaction with organization	<input type="radio"/>				
Dissatisfaction with career advancement opportunities	<input type="radio"/>				
Career or occupation change	<input type="radio"/>				
Moved out of area	<input type="radio"/>				
Retired	<input type="radio"/>				
School	<input type="radio"/>				
Other	<input type="radio"/>				

For the part-time Paramedics who left involuntarily, please rate the extent to which each of the following reasons were reported:

	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Discharged due to poor performance	<input type="radio"/>				
Discharged due to behavioral issue	<input type="radio"/>				
Laid off due to merger, downsizing, or restructuring	<input type="radio"/>				

End of Block: Part-time Paramedics

Start of Block: Overall Employees



In terms of the total percentage of employees who left your organization in 2020, what percentage left within:

- 0-3 months of initial employment : _____
- 4-6 months of initial employment : _____
- 7-12 months of initial employment : _____
- 1-2 years of initial employment : _____
- 2+ years of initial employment : _____

Total : _____

End of Block: Overall Employees

Start of Block: General Organization Questions

Does your organization employ an annual performance management process?

Yes

No

Do you believe that your current performance management process is meaningfully driving employee performance?

Yes

No



How much (in dollars) is your current employee performance process costing your organization annually? (hardware, software, personnel related costs, etc.)

In general, does your organization have a pay structure tied to demonstrated performance criteria/performance evaluations:

Yes

No



Can you estimate your annual lost revenue due to staff shortages?

Page Break

End of Block: General Organization Questions

Start of Block: Personal Information

If you would like to receive a copy of the report and be entered into a drawing to win an iPad mini, please fill out the following contact information.

Your Name:

Your Email Address:

Your Phone Number:

Organization Name:

End of Block: Personal Information
