# Medical Transportation Needs Assessment

SERCC and The Greater Attleboro Regional Transit Authority (GATRA) are conducting this survey to identify gaps in the region's transportation system, especially as it relates to medical transportation. Also, SERCC seeks to initiate a coordinated community system of nonemergency medical transportation for seniors 60 years and older, people with disabilities, and low-income individuals.

Please be assured that your answers are confidential.

The deadline for completing this survey is Friday, October 31, 2014.

Thank you for your help. Survey results will be available on the GATRA website at: <http://www.gatra.org/index.php/contactus/rccmeetings/in> about a month.

1. How would you describe your organization?
   1. Medical Center
   2. Hospital
   3. VA or Medical Clinic or Hospital
   4. Municipal Health Department
   5. Dialysis/Kidney Center
   6. Mental Health Facility/Out Patient Counseling
   7. Rehabilitation Services
   8. Hospice Services
   9. Other (please specify)
2. To your knowledge, what percentage of patient appointments are missed or cancelled each month due to lack of transportation?
   1. Less than 10%
   2. 10% 20%
   3. 20% 30%
   4. more than 30%
   5. Not applicable
3. Does your organization provide transportation directly to patients?
   1. Yes
   2. No
4. Please indicate the type of transportation provided.
   1. Shared ambulatory van
   2. Shared accessible van
   3. Stretcher van
   4. Ambulance
   5. Other (please specify)
5. What are the operating days and hours for your transportation services?
6. Have you coordinated with other organizations, community-based groups, or transit authorities to provide transportation to patients?
   1. Yes
   2. No
7. Please list all organizations that you have coordinated with below.
8. What are the operating days and hours for these transportation services?
9. Does your organization provide transportation through a contracted broker/provider?
   1. Yes
   2. No
10. Please include details about the transportation you contract out below.
11. Please indicate the type of contracted transportation provided.
    1. Public Transportation
    2. Taxi/sedan
    3. Shared ambulatory van
    4. Shared accessible van
    5. Stretcher van
    6. Ambulance
    7. Other (please specify)
12. What are the operating days and hours for these contracted transportation services?
13. Do you have knowledge of the available transportation services in your area?
    1. Yes
    2. No
14. Does your organization provide information to patients about available transportation services in the area?
    1. Yes
    2. No
15. Would you like to provide information about available transportation options to your patients?
    1. Yes
    2. No
16. Are you familiar with GATRA's transportation inventory website, Ride Match, ([www.massridematch.org](http://www.massridematch.org))?
    1. Yes
    2. No
17. Have you used the www.massridematch.org website to locate transportation options in southeastern Massachusetts?
    1. Yes
    2. No
18. Does your organization provide screening or ADA eligibility forms for transportation services?
    1. Yes
    2. No
19. Does anyone at your organization make transportation arrangements for patients?
    1. Yes
    2. No
20. Please provide the name, phone, and email of the person who makes transportation arrangements.
    1. Name
    2. Phone
    3. Email
21. Do you know of any other services within the community that provide medical transportation (from an individual's home to a medical service)?
    1. Yes
    2. No
22. Please list all the services that provide medical transportation in your community.
23. Would you like to participate in a Forum on Medical Transportation Coordination to learn

more about transportation options in the community and to assess current transportation

needs?

* 1. Yes
  2. No

1. Please provide your name, organization, phone, and email so we may contact you about

attending the forum.

* 1. Name
  2. Organization
  3. Phone
  4. Email