

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 non-emergency 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/contact-us/rcc-meetings/> in about a month.

1. How would you describe your organization?

- Medical Center
- Hospital
- VA Medical Clinic or Hospital
- Municipal Health Department
- Dialysis/Kidney Center
- Mental Health Facility/Out Patient Counseling
- Rehabilitation Services
- Hospice Services
- Other (please specify)

2. To your knowledge, what percentage of patient appointments are missed or cancelled each month due to lack of transportation?

- Less than 10%
- 10% - 20%
- 20% - 30%
- more than 30%
- Not applicable

3. Does your organization provide transportation directly to patients?

- Yes
- No

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4. Please indicate the type of transportation provided.

Shared ambulatory van

Shared accessible van

Stretcher van

Ambulance

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?

Yes

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?

Yes

No

10. Please include details about the transportation you contract out below.

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11. Please indicate the type of contracted transportation provided.

Public Transportation

Taxi/sedan

Shared ambulatory van

Shared accessible van

Stretcher van

Ambulance

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?

Yes

No

14. Does your organization provide information to patients about available transportation services in the area?

Yes

No

15. Would you like to provide information about available transportation options to your patients?

Yes

No

16. Are you familiar with GATRA's transportation inventory website, Ride Match, (www.massridematch.org)?

Yes

No

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17. Have you used the www.massridematch.org website to locate transportation options in southeastern Massachusetts?

Yes

No

18. Does your organization provide screening or ADA eligibility forms for transportation services?

Yes

No

19. Does anyone at your organization make transportation arrangements for patients?

Yes

No

20. Please provide the name, phone, and email of the person who makes transportation arrangements.

Name

Phone

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)?

Yes

No

22. Please list all the services that provide medical transportation in your community.

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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?

Yes

No

24. Please provide your name, organization, phone, and email so we may contact you about attending the forum.

Name

Organization

Phone

Email