



**Factors Associated with Receiving Feedback in the Prehospital Setting**

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**Background:** Feedback is a critical component for optimizing care and outcomes in the prehospital setting. However, there is a paucity of data concerning the extent, type, and factors associated with receiving feedback in the prehospital setting. The objective of this study was to describe factors associated with receiving feedback among EMS providers. We hypothesized that a greater proportion of advanced level EMS providers would report receiving feedback.

**Methods:** This was a cross-sectional survey of nationally-certified EMS providers concerning feedback received in the prior 30 days. Inclusion criteria consisted of currently practicing patient care providers (EMT or higher) in non-military and non-tribal settings. Data were collected on provider characteristics along with feedback received. Descriptive statistics were calculated and a multivariable logistic regression model was constructed to assess the association between receiving feedback and demographic/agency characteristics. A nonrespondent survey was administered to assess for non-response bias.

**Results:** Responses from 32,314 EMS providers were received (response rate = 11%) with 15,766 meeting inclusion criteria. There were no significant differences with regards to receiving feedback between respondents and non-respondents. In the 30 days preceding the survey, 69% (n = 10,879) of respondents received feedback. ALS providers (AEMT/paramedic) had increased odds of reporting having received feedback compared to BLS providers (EMT) (OR 1.21, 95% CI: 1.12–1.31). Compared to providers at fire-based agencies, those at hospital-based agencies demonstrated lower odds of receiving feedback (OR 1.46, 95% CI: 1.08–1.33). Compared to individuals at agencies that primarily provide 9-1-1 services, providers at air medical services had a nearly four-fold increase in odds of receiving feedback (OR 3.87, 95% CI: 2.81– 5.33) while those providing medical transport/convalescent services had decreased odds (OR 0.61, 95% CI: 0.53–0.71). Compared to those with fewer than three years of EMS experience, more experienced providers had reduced odds of receiving feedback (e.g., 3–10 years: OR 0.75, 95% CI: 0.68–0.82).

**Conclusions:** Feedback to EMS providers is critical to improve prehospital care. In this study, nearly a third of providers did not receive any type of feedback in a 30-day period. Disparities in the frequency of feedback exist in different provider levels, service settings, and reported feedback decreases with years of experience in the profession.