

Policy Title: SURVEYS OF MEMBERSHIP		Policy Number 08		
APPROVED:			Date: 07/18/2017	
President	Desiree Thomas		Date. 07/10/2017	
Origination Date:	July 18, 2017		ective Date: July 18, 2017	
Date Revised:	original	Effocti		
Last Reviewed:		Ellecti		
Review Date:	July 18, 2019			

I. PURPOSE

TMAC supports the using appropriately conducted and validated professional practice surveys of its membership to support trauma program development and enhancements that ensure optimal care of the injured patients from prehospital through rehabilitation.

II POLICY / GUIDELINE

- Survey proposals are submitted to the TMAC BOD of Directors (BOD)
 using the TMAC Membership Survey form.
- 2. The TMAC BOD will review the request at the next BOD Meeting and may refer the proposal to an appropriate subject matter expert (SME) for further review and comment. The BOD will make every effort to provide an approval response within four (4) weeks of the BOD meeting except when SME consultation is required.
- 3. All survey related expenses and work to conduct the survey are the responsibility of the person or entity requesting to conduct the survey.

III. SURVEY STANDARDS

- Surveys are conducted using an online survey tool with the ability to collect anonymous responses and provide both individual and aggregated survey response data.
- All surveys are conducted anonymously with a function to allow the member to make comments and an option to provide contact information for follow-up.



- 3. Surveys are distributed to the membership via the TMAC listserv. The survey link is also posted on the Members section of the TMAC website.
- 4. Surveys will remain open for up to five (5) weeks.
- 5. Survey reminders may be sent to members no more than three (3) times.
- 6. The person proposing the survey is responsible for building, distributing via the TMAC listserv, collecting, reviewing, reporting, and summarizing the data.
- 7. Only surveys with > 40 % response rate will be considered for publication on the TMAC website. Surveys not meeting this threshold may not be distributed by any other means without permission of the TMAC BOD.
- 8. All surveys will include an introductory paragraph, to be included in the email invite on the listserv and the first page of the actual survey. The paragraph must include:
 - a. Description of the survey.
 - b. Goal statement.
 - c. Statement of purpose and intent for use.
 - d. Proposed distribution of survey results.
 - e. Date survey will close.
 - f. The following statement:
 - "Survey responses are collected anonymously and reported as aggregate data."
 - g. Disclaimer statement:
 - "This survey is a reflection of the member responses and not necessarily the opinion of TMAC."
- 9. Survey results will include:
 - a. Description of the survey.
 - b. Goal statement.
 - c. Statement of purpose and intent of use.



- d. Description of how the survey responses were collected, and how the anonymity of respondents is assured.
- e. The following statement on the considerations for use:

 "These survey results are intended for use by TMAC members only to provide data supporting trauma program development and enhancements to ensure optimal care for injured patients from prehospital through rehabilitation. Distribution or use for other purposes must be approved by the TMAC BOD."
- f. Disclaimer statement:

 "This survey is a reflection of the member responses and not necessarily the opinion of TMAC."

10. Survey results data:

- a. The survey data is summarized in both a narrative and graphic format and submitted to the TMAC BOD for review, along with an explanation of how the data was validated and analyzed. All respondent comments are also submitted along with any respondent contact information that may have been provided.
- Upon request, raw data associated with the survey will be submitted to the TMAC BOD for review.
- c. The TMAC BOD will approve publication of the data per the protocol outlined on the TMAC Membership Survey Request form.
- d. The survey report will be posted on the TMAC Website Members section by the TMAC administrative assistant or webmaster, who will then notify members of newly posted survey data via the listserv.



MEMBERSHIP SURVEY PROPOSAL

Your name:
Your employer and position:
Survey of □ TMAC EMS Members □ TMAC Hospital Member □ All TMAC Members
Description of proposed survey:
Goal statement:
Goal statement.
Statement of purpose:
Intent for use:
intentior use.
Date you wish to start the survey:
Date you wish to close the survey:
Online program intended to collect survey responses:
Diagon attached a draft of the curvey as it will appear to the curvey registent
Please attached a draft of the survey as it will appear to the survey recipient.
Please email completed proposal to:
Susan Watson

TMAC Executive Assistant SWatson@mvemsa.com