

JANET T. MILLS

GOVERNOR

STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE EMERGENCY MEDICAL SERVICES 152 STATE HOUSE STATION AUGUSTA, MAINE 04333



MIKE SAUSCHUCK COMMISSIONER

J. SAM HURLEY DIRECTOR

#### IFT Committee – September 12, 2022 Minutes

#### Meeting begins at 0930 (Virtually via Zoom)

#### **Attendees**

Committee Members:

Tim Beals, Mike Choate, Dr. Corey Cole, Chip Getchell, Steve Leach, Chris Pare (0945) (Committee Members Absent: Rick Petrie, Dr. Matt Sholl)

Stakeholders:

Steve Smith

Maine EMS Staff:

Marc Minkler, Ashley Moody, Darren Davis, Jason Oko, Melissa Adams

#### **Introductions**

A quorum is present.

Maine EMS Board Chair Libby has not yet confirmed the nomination of Rick Petrie as chair from June 13, 2022, meeting. Petrie will remain as acting chair but is out of the country, submitted an agenda, and asked Getchell to chair the meeting in his stead.

The Maine EMS Mission Statement is read by Getchell.

Attendees provide introductions.

Dr. Cole lost connection at 0904, no longer quorum.

Dr. Cole reconnected at 0906 and quorum present.

#### **Minutes**

Motion to approve minutes from July 11, 2022 by Beals, second by Leach. No objections.

• Minkler asked for committee's opinion on depth of minutes (too detailed vs too sparse), committee feels the current format and depth is correct.

#### **Old Business**

1. Review questions to, and answers from the Board, Sam and the AAG office

- a. There had been no reply as yet to the follow-up questions for clarification on the issues in question from Chip and Rick
- b. Sam Hurley is not in attendance and question directed to him, so item tabled.
  - Minkler confirms with committee members that they received emailed original responses from Director Hurley/Board/AAG, all confirm they did.

•	Excellence	•	Support	•	Collaboration	•	Integrity	•
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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- 2. Getchell is seeking clarification and would like an answer to the question of "Does EMS care, provided during an IFT, from hospital to hospital, meet the definition of emergency medical treatment contained in MRS Title 32?"
  - a. Would like an answer from Attorney General and Maine EMS Board with legal cites to define and answer this
  - b. Minkler asks if this an individual question from him or a question from the IFT Committee as a whole, he states that is up to the committee if they have input
  - c. Dr. Cole asks what the goal is to identify with the question. Getchell states is better understanding of jurisdiction, roles, and responsibilities, especially regarding scope of practice. Beals asks if this stems from the use in statute or the word "emergency medical treatment" and if this applies to hospital-to-hospital transports. Discussion about clarifying the intent of the question occurs.
  - d. Adams adds various definitions from statutes and suggests that any question is best sent in writing to the Maine EMS Board
  - e. Dr. Cole states better definition of what is an interfacility transport would be valuable is it just hospital-to-hospital, or does it also include a patient with dementia being discharged form a hospital to a nursing home or other types of calls.
  - f. Getchell states he will draft a question and email all members for future discussion and to craft for the group. Minkler reminds all that any discussion and work would need to occur in a public setting and not via group email responses.
- 3. Minkler presents from 0920 1015 on data/responses to 20 questions originally from July, that Rick clarified some questions, but was only received Sept 8, 2022, so not all issues are comprehensively answered yet (pdf of presentation attached as an addendum).
  - a. Looked at MEFIRS data Jan 1 through Jun 30, 2022
  - b. There are challenges with how clinicians define an IFT, so tracking by specific "label" is not accurate, and there is opportunity to improve documentation
    - An example is that some EMS services list a hospital-to-hospital transport with a nurse on board as an interfacility transport, so use "IFT", some list it as "PIFT" as they are a PIFT medic, some document it as a "SCT-Specialty Care Transport" as a nurse is on board, some list it as the hospital is calling for an emergency transport, so list it as a "911 response", some feel it is helping the hospital, so use "mutual aid"
  - c. Some clarifying questions answered from committee members throughout. Jason Oko also assists with technical questions regarding MEFIRS and documentation.
  - d. Choate/Oko/Minkler to find time to dive into some of the questions a bit further.
  - e. Getchell asks question arose about providing directing hospitaleed to balance what the condition of the patient is in during EMS care vs why the hospital is using EMS. We don't dictate why someone can call 911, so we may have difficulty directing why a hospital can call/use IFT.
  - f. Getchell asks if there is a way to document system problems that are encountered from IFTs.
  - g. Minkler suggests committee have a goal to provide an updated hospital reference of scope, skills, and IFT decision tree as the current one is dusty and outdated.

TTY: (207) 287-3659

#### New Business

- 1. Leach asks if we can look at comparison of overview of system patterns of when services are not locally available and then need to use reach out to further away services for IFTs, time impacts, and distance implications/mileage. Getchell concurs.
- 2. IFT action steps for future review may be best handled for future meetings, so tabled for now.
- 3. Getchell will draft a letter with Rick for Committee to consider next month.
- 4. Minkler invites any questions about the data, and to contact him for any clarifications/thoughts.

#### <u>Adjourn</u>

Motion by Leach to adjourn, 2<sup>nd</sup> by Choate, no objections

Meeting adjourned at 1105

Next meeting is October 10, 2022 from 0930 to 1100 (NOTE – this was changed subsequently as Oct 10 is state holiday, meeting moved to Oct 17, 2022 at 0930)

Minutes approved Oct 17, 2022





## Maine EMS Interfacility Transport Data

Marc Minkler September 12, 2022 Data is still in draft format and used as representative info only.

Data is from MEFIRS as submitted by EMS clinicians across the state and is from January 1 through June 30, 2022

IFTs are recorded in nearly every call type (911, mutual aid, public assistance, etc) and have many areas of potential future documentation improvement.

### **Questions from IFT Committee**

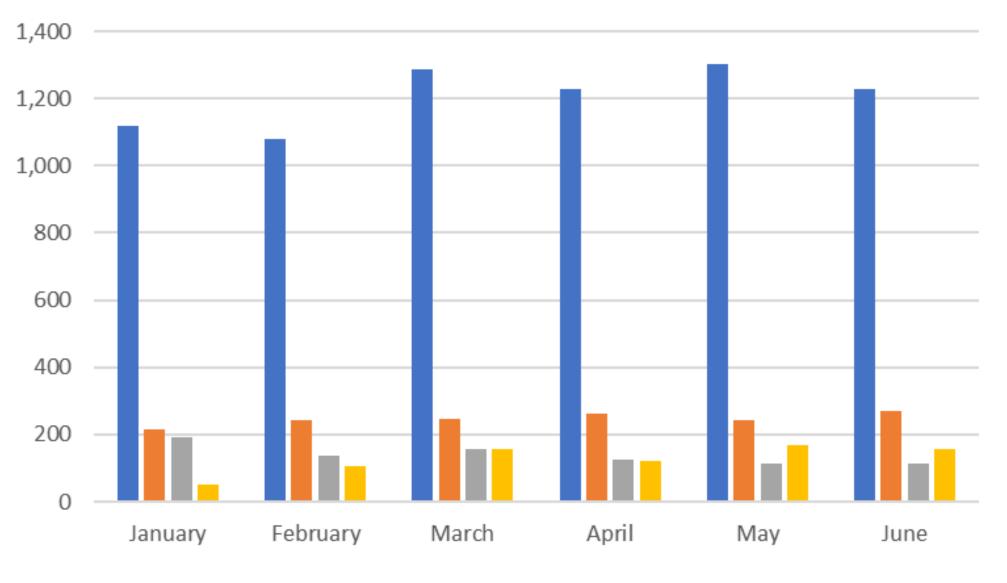
- 20 Data questions were clarified and received on 9/8/22
- Requires significant time to research and analyze
  - Cannot just "run a report"
- Some questions may yield little value due to depth of detail requested
- Not all are addressed here...yet

## Sorted list of transports by level (IFT, PIFT, and SCT) by volume per month and year

	T. I. I. D. O. D.	PCRs with Hospital as Sending and	% of PCRs that are
Type of Response	Total PCRs	Destination	Hospital to Hospital
Interfacility Transport	19,768	7,246	37%
PIFT	1,584	1,477	93%
Specialty Care Transport (Ground)	981	846	86%
Specialty Care Transport (Air)	843	760	90%
Medical Transport	5,172	502	10%
911 Response (Scene)	108,121	229	
Intercept	1,264	7	
Mutual Aid	936	28	
Public Assistance/Other Not Listed	1,926	7	
Standby	942	0	
Community Paramedicine	1,545	0	
911 Response (Air)	108	0	
(blank)	617	0	
Grand Total	143,807	11,102	8%

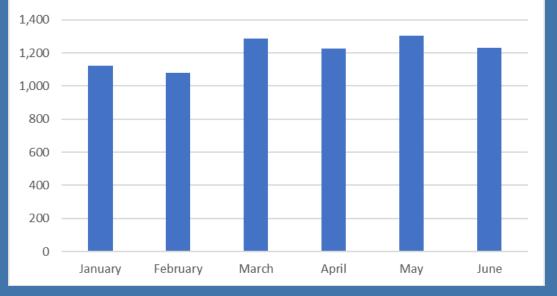
## Sorted list of transports by level (IFT, PIFT, and SCT) by volume per month and year

Type of Response	PCRs with Hospital as Sending and Destination	January	February	March	April	Мау	June
Interfacility Transport	7,246	1,120	1,080	1,288	1,226	1,304	1,228
PIFT	1,477	215	242	247	262	241	270
Specialty Care Transport (Ground)	846	193	138	158	127	115	115
Specialty Care Transport (Air)	760	51	107	156	120	168	158
Medical Transport	502	66	71	92	75	84	114
911 Response (Scene)	229	39	32	30	42	46	40
Intercept	7	1	1		2	1	2
Mutual Aid	28	3	4	5	4	8	4
Public Assistance/Other Not Listed	7	0	0	0	0	4	3
Grand Total	11,102	1,688	1,675	1,976	1,858	1,971	1,934

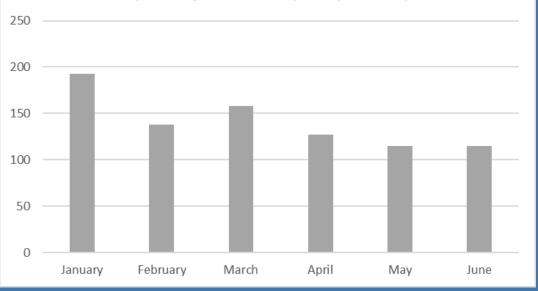


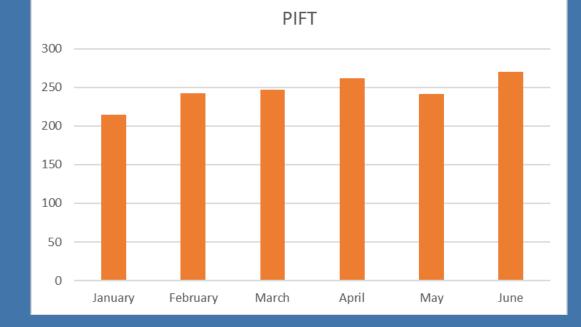
■ Interfacility Transport ■ PIFT ■ Specialty Care Transport (Ground) ■ Specialty Care Transport (Air)

#### Interfacility Transport

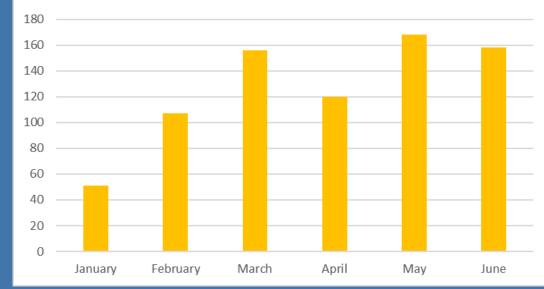


Specialty Care Transport (Ground)



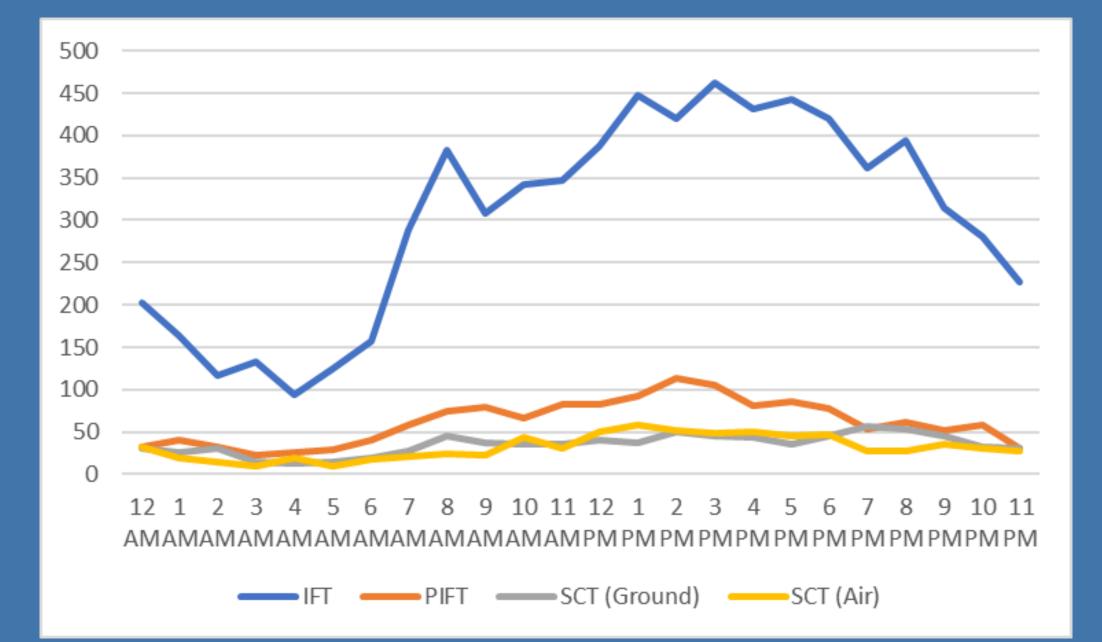


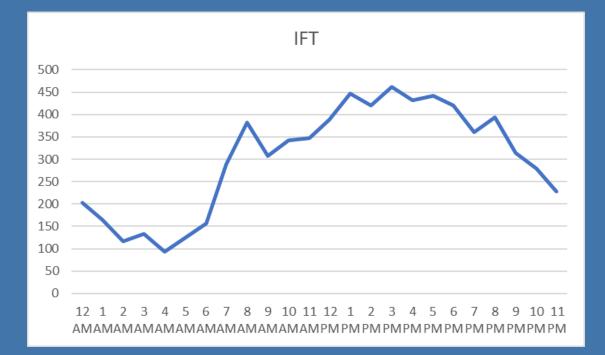
#### Specialty Care Transport (Air)

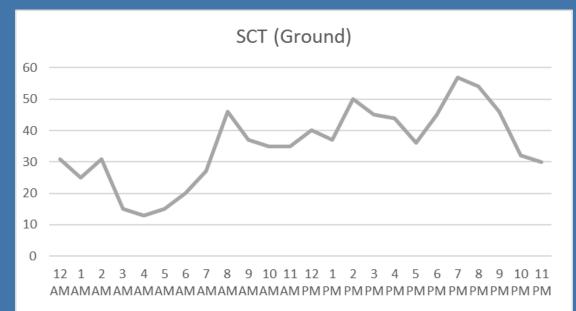


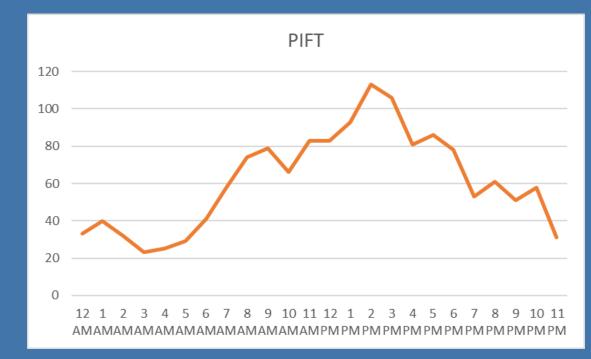
### Sorted list of transports by level (IFT, PIFT, and SCT) by hour of day

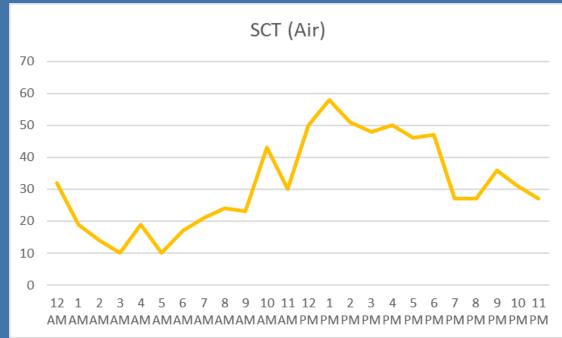
	IFT	PIFT	SCT (Ground)	SCT (Air)
12 AM	203	33	31	32
1 AM	164	40	25	19
2 AM	116	32	31	14
3 AM	133	23	15	10
4 AM	94	25	13	19
5 AM	125	29	15	10
6 AM	157	41	20	17
7 AM	289	58	27	21
8 AM	382	74	46	24
9 AM	308	79	37	23
10 AM	342	66	35	43
11 AM	347	83	35	30
12 PM	388	83	40	50
1 PM	447	93	37	58
2 PM	420	113	50	51
3 PM	462	106	45	48
4 PM	431	81	44	50
5 PM	442	86	36	46
6 PM	420	78	45	47
7 PM	361	53	57	27
8 PM	394	61	54	27
9 PM	314	51	46	36
10 PM	280	58	32	31
11 PM	227	31	30	27











## Sorted list of transports by level (IFT, PIFT, and SCT) with sending and destination, that were responded to with lights and siren.

### Lights and Siren (Emergency) Responses

	Emergency	Emergency Response then	Non Emergency	Non Emergency Response then		Grand
Type of Response Documented	Response	Downgraded	Response	Upgraded	(blank)	Total
Interfacility Transport	797	53	6,366	24	6	7,246
PIFT	168	56	1,251	2		1,477
Specialty Care Transport (Ground)	467	15	361		3	846
Specialty Care Transport (Air)	745	9	5	1		760
Medical Transport	64	15	418	5		502
911 Response (Scene)	169	4	56			229
Intercept	3		4			7
Mutual Aid	10		18			28
Public Assistance/Other Not Listed	1		6			7
Total	2,424	152	8,485	32	9	11,102
Percentage	21.8%	1.4%	76.4%	0.3%	0.1%	100.0%

Note - All PCRs above had hospital as sending and either hospital or airport as destination

## Sorted list of transports by level (IFT, PIFT, and SCT) with sending and destination, that were responded to with lights and siren.

Sending Facility	IFT	PIFT	SCT	SCT (AIR)	Total
(NH) ANDROSCOGGIN VALLEY					
HOSPITAL				3	3
(NH) ELLIOT HOSPITAL			1		1
(NH) FRISBIE MEMORIAL HOSPITAL				1	1
(NH) MEMORIAL HOSPITAL			3	26	29
(NH) PORTSMOUTH REGIONAL HOSPITAL			1		1
A.R. GOULD HOSPITAL	14	23	13	40	90
BLUE HILL HOSPITAL	4	2	7	10	23
BRIDGTON HOSPITAL	52	15	15	21	103
C.A. DEAN HOSPITAL	9		3	4	16
CALAIS COMMUNITY HOSPITAL	10	3	12	45	70
CARY MEDICAL CENTER	18	12	10	40	80
CENTRAL MAINE MEDICAL CENTER	31	4	37	32	104
DOWN EAST COMMUNITY HOSPITAL	12	1	34	34	81
EASTERN MAINE MEDICAL CENTER	7	3	5	30	45
FRANKLIN MEMORIAL HOSPITAL	17	4	28	25	74
HOULTON REGIONAL HOSPITAL	11	7	14	28	60
INLAND HOSPITAL	7	1	12	19	39
LINCOLN COUNTY HEALTH - MILES CAMPUS	66	21	8	12	107
MAINE COAST HOSPITAL	11	3	32	27	73

Sending Facility	IFT	PIFT	SCT	SCT (AIR)	Total
MAINE GENERAL MEDICAL CENTER -					
ALFOND	27	5	26	33	91
MAINE GENERAL MEDICAL CENTER -					
THAYER	30	5	6	21	62
MAINE MEDICAL CENTER	8	2	4	4	18
MAYO HOSPITAL	9	7	15	39	70
MERCY HOSPITAL	13			1	14
MID COAST HOSPITAL	90	4	15	22	131
MILLINOCKET REGIONAL HOSPITAL	12	3	10	17	42
MOUNT DESERT ISLAND HOSPITAL	7		16	24	47
NORTHERN MAINE MEDICAL CENTER	7	1	6	30	44
PEN BAY MEDICAL CENTER	19	4	16	40	79
PENOBSCOT VALLEY HOSPITAL	8	1	16	13	38
REDINGTON FAIRVIEW GENERAL					
HOSPITAL	39	16	22	24	101
RUMFORD HOSPITAL	38	11	10	21	80
SAINT MARYS REGIONAL MEDICAL					
CENTER	23	9	19	1	52
SEBASTICOOK VALLEY HOSPITAL	6	3	8	27	44
SMHC - BIDDEFORD MEDICAL CENTER	81	13	13	11	118
SMHC - SANFORD MEDICAL CENTER	15	8	9	4	36
ST JOSEPH HOSPITAL	21	5	12	2	40
STEPHENS MEMORIAL HOSPITAL	129	26	17	17	189
YORK HOSPITAL	23	4	7	7	41
Total	851	222	475	748	2,296

## Sorted list of transports by level (IFT, PIFT, and SCT) with sending and destination, that were transported lights and siren.

### *Lights & Siren (Emergency) Transports*

Type of Transport Documented	Emergency Transport	Emergency Transport then Downgraded	Non Emergency Transport	Non Emergency Transport then Upgraded	Not Applicable or (blank)	Grand Total
Interfacility Transport	875	62	6,283	25	1	7,246
PIFT	221	64	1,185	6	1	1,477
Specialty Care Transport (Ground)	491	14	316	4	21	846
Specialty Care Transport (Air)	723	11	3	1	22	760
Medical Transport	72	16	404	4	6	502
911 Response (Scene)	98	4	122	1	4	229
Intercept	1	1	3		2	7
Mutual Aid	6		10		12	28
Public Assistance/Other Not Listed			6		1	7
Total	2,487	172	8,332	41	70	11,102
Percentage	22.4%	1.5%	75.0%	0.4%	0.6%	100.0%

Note - All PCRs above had hospital as sending and either hospital or airport as destination

## Sorted list of transports by level (IFT, PIFT, and SCT) with sending and destination, that were transported lights and siren.

Sending Facility	IFT	PIFT	SCT	SCT (AIR)	Total
(NH) ANDROSCOGGIN VALLEY HOSPITAL				3	3
(NH) FRISBIE MEMORIAL HOSPITAL	1				1
(NH) MEMORIAL HOSPITAL			1	24	25
(NH) PORTSMOUTH REGIONAL HOSPITAL			1		1
A.R. GOULD HOSPITAL	16	22	17	40	95
BLUE HILL HOSPITAL	9	1	7	7	24
BRIDGTON HOSPITAL	60	20	25	21	126
C.A. DEAN HOSPITAL	8		3	4	15
CALAIS COMMUNITY HOSPITAL	11	3	11	43	68
CARY MEDICAL CENTER	20	12	9	40	81
CENTRAL MAINE MEDICAL CENTER	49	10	40	30	129
DOWN EAST COMMUNITY HOSPITAL	12		34	33	79
EASTERN MAINE MEDICAL CENTER	12	2	4	30	48
FRANKLIN MEMORIAL HOSPITAL	18	8	31	24	81
HOULTON REGIONAL HOSPITAL	14	7	13	26	60
INLAND HOSPITAL	9	6	12	19	46
LINCOLN COUNTY HEALTH - MILES CAMPUS	68	16	9	11	104
MAINE COAST HOSPITAL	16	2	31	28	77

Sending Facility	IFT	PIFT	SCT	SCT (AIR)	Total
MAINE GENERAL MEDICAL CENTER -		_			
ALFOND MAINE GENERAL MEDICAL CENTER -	36	7	30	33	106
THAYER	36	11	10	20	77
MAINE MEDICAL CENTER	7	2	1	4	14
MAYO HOSPITAL	11	8	15	40	74
MERCY HOSPITAL	7	1		1	9
MID COAST HOSPITAL	71	6	11	21	109
MILLINOCKET REGIONAL HOSPITAL	15	4	11	16	46
MOUNT DESERT ISLAND HOSPITAL	11		15	23	49
NORTHERN MAINE MEDICAL CENTER	8	2	6	30	46
PEN BAY MEDICAL CENTER	27	10	18	40	95
PENOBSCOT VALLEY HOSPITAL	20	1	16	13	50
REDINGTON FAIRVIEW GENERAL HOSPITAL	37	23	24	23	107
RUMFORD HOSPITAL	48	15	9	21	93
SAINT MARYS REGIONAL MEDICAL CENTER	26	8	16	1	51
SEBASTICOOK VALLEY HOSPITAL	9	3	9	25	46
SMHC - BIDDEFORD MEDICAL CENTER	83	16	15	11	125
SMHC - SANFORD MEDICAL CENTER	15	25	17	6	63
ST JOSEPH HOSPITAL	12	6	12	2	32
STEPHENS MEMORIAL HOSPITAL	133	26	19	17	195
YORK HOSPITAL	26	8	7	7	48
Total	962	291	509	735	2,498

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# Sorted list of transports by level (IFT, PIFT, and SCT) with how many personnel (by type, such as EMT, RN, paramedic, etc) were documented

### There were 91 different staffing configurations

Number of EMS Providers	PCRs	At least 1 Paramedic	% at Paramedic Level	# with Hospital Staff
0	134	0	0%	134
1	2,471	1,676	68%	748
2	8,148	7,126	87%	169
3	320	303	95%	12
4	17	17	100%	0
5	10	10	100%	0
6	1	1	100%	0
7	1	1	100%	0

*39 Transports were at the SCT level but did not have a paramedic* 

### Sorted list of transports by level (IFT, PIFT, and SCT) with highest and lowest BP and HR

### Low Systolic BP

mmHg	PCRs
50 or Under	47
51-70	196
71-90	679
91-110	2,423
111-130	3,560
131-150	2,326
151-170	894
171-190	284
191-210	47
211-230	9
Over 231	1
(blank)	636
Total	11,102

### High Systolic BP

mmHg	PCRs
50 or Under	15
51-70	48
71-90	144
91-110	852
111-130	2,799
131-150	3,308
151-170	2,101
171-190	857
191-210	265
211-230	62
Over 231	15
(blank)	636
Total	11,102

### Sorted list of transports by level (IFT, PIFT, and SCT) with highest and lowest BP and HR

#### Low Heart Rate

HR	PCRs
50 or Under	347
51-70	3,133
71-90	4,404
91-110	2,004
111-130	581
131-150	214
151-170	55
171-190	10
191-210	0
211-230	0
Over 231	0
(blank)	354
Total	11,102

#### High Heart Rate

HR	PCRs
50 or Under	80
51-70	1,692
71-90	4,161
91-110	2,941
111-130	1,051
131-150	442
151-170	224
171-190	100
191-210	24
211-230	12
Over 231	21
(blank)	354
Total	11,102

## Sorted list of transports by level (IFT, PIFT, and SCT) with number of occurrences of each GCS score documented.

Low GCS				
GCS	PCRs			
3	266			
4	10			
5	12			
6	25			
7	17			
8	27			
9	34			
10	38			
11	42			
12	77			
13	130			
14	448			
15	7,222			
(blank)	2,754			
Total	11,102			

High GCS					
GCS	PCRs				
3	204				
4	19				
5	15				
6	27				
7	24				
8	33				
9	31				
10	40				
11	35				
12	67				
13	110				
14	416				
15	7,327				
(blank)	2,754				
Total	11,102				

75% of PCRs had a GCS documented

### Sorted list of transports by level (IFT, PIFT, and SCT) by Primary Impression

- There are 133 different primary impressions documented
- Impressions documented 25 times, or more, are below

Primary Impression	IFT	PIFT	SCT (Ground)	SCT (Air)	Total	% of all
•	6,975	1,419	525		8,919	86%
Acute and chronic respiratory failure			58	88	146	1%
Illness, unspecified			25	78	103	1%
Acute pain due to trauma			14	75	89	<1%
ST elevation (STEMI) myocardial infarction of unspecified site			16	69	85	<1%
MI - No ST elevation	1	1	16	64	82	<1%
Dependence on respirator [ventilator] status			20	40	60	<1%
Cardiac arrest			16	41	57	<1%
Other sepsis			16	39	55	<1%
Gastrointestinal hemorrhage, unspecified			9	31	40	<1%
Cardiac - Chest pain	19	17			36	<1%
Nontraumatic intracerebral hemorrhage			7	26	33	<1%
Cardiac - Arrhythmia	12	5	2	13	32	<1%
Medical - Weakness	19	2	4	2	27	<1%
Unspecified convulsions			11	16	27	<1%
Cerebral infarction			4	22	26	<1%

### Sorted list of transports by level (IFT, PIFT, and SCT) by Transfer Reason

### • There are 18 fixed transfer reason types

Transfer Reason	IFT	PIFT	SCT (Ground)	SCT (Air)	Total	% of all
Medical Specialty Care (Other, Not Listed)	2,033	337	224		2,594	25%
Cardiac Specialty	1,058	690	87		1,835	18%
Extended Care	942	122	25		1,089	11%
(blank)	14	1	309	760	1,084	10%
Surgical Specialty Care (Other, Not Listed)	789	129	31		949	9%
Trauma / Orthopedic Specialty Care	515	58	27		600	6%
Diagnostic Testing	491	23	8		522	5%
Neurological Specialty Care	358	54	22		434	4%
Psychiatric/Behavioral Care	414	1	4		419	4%
Pediatric Specialty Care	249	42	81		372	4%
Rehabilitation	127	3			130	1%
Dialysis	79	9	3		91	1%
Convenience Transfer (Patient Request)	57	3	4		64	1%
Palliative/Hospice Care (Home or Facility)	48				48	<1%
Maternal/Neonatal	20	3	18		41	<1%
Return to Home/Residence	21	1	2		24	<1%
Physical Rehabilitation Care	17				17	<1%
Obstetrics & Gynecology	11	1	1		13	<1%
Drug and/or Alcohol Rehabilitation Care	3				3	<1%
Grand Total	7,246	1,477	846	760	10,329	100%

### Sorted list of transports by level (IFT, PIFT, and SCT) by Working<br/>diagnosisWorking DiagnosisPCRs% of all

- This is a free text field
- There are 5,282 different entries
- These are the top 25

Working Diagnosis	PCRs	% of all
(blank)	1,348	26%
NSTEMI	510	10%
STEMI	133	3%
GI Bleed	107	2%
Pneumonia	96	2%
Admission	89	2%
Appendicitis	80	2%
Sepsis	78	1%
Chest pain	71	1%
CVA	66	1%
Medical transport	62	1%
CHF	56	1%
Small Bowel obstruction	56	1%
Depression	52	1%
DKA	47	1%
Unstable Angina	46	1%
Stroke	41	1%
Cholecystitis	40	1%
Bowel obstruction	38	1%
COVID	38	1%
SI	36	1%
COPD exacerbation	35	1%
Respiratory distress	35	1%
UTI	35	1%
Weakness	35	1%

### Sorted list of transports by level (IFT, PIFT, and SCT) by PrimarySymptoms

- There are 168 primary symptoms listed
- 100 or more occurrences are listed

Primary Symptom	IFT	PIFT	SCT (Ground)	SCT (Air)	Total
Not Applicable ()	1,033	80	159		1,272
Pain - Chest, Cardiac (R07.9)	427	366	27		820
Medical - Weakness (R53.1)	642	117	27		786
Not Recorded ()	620	78	52	1	751
Pain - Lower Extremity (M79.606)	466	69	4		539
Resp - Shortness of breath (R06.02)	380	129	15		524
Pain - Abdomen (R10.84)	365	94	7		466
Illness, unspecified (R69)			122	321	443
Medical - Altered mental status (R41.82)	179	47	67	79	372
Pain - Back (M54.9)	221	14	2		237
Dyspnea (R06.00)			84	134	218
Behavioral - Suicidal ideations (R45.851)	149	2	1		152
Resp - Dyspnea (R06.0)	121	20	11		152
Other injury of unspecified body region (T14.8)			26	118	144
Pain - Abdominal Lower (R10.3)	108	20	2		130
Cardiac - Palpitations (R00.2)	79	33	4		116
Abdomen - Tenderness (R10.81)	97	15	3		115
Medical - Malaise (R53.81)	82	27	6		115
Pain - Upper Extremity (M79.603)	92	14	6		112
Pain - Chest Wall (R07.89)	67	35	4		106
Behavioral - Depression (F33)	103	1			104

### Sorted list of transports by level (IFT, PIFT, and SCT) by Chief Complaint Organ System

• There are 11 general organ systems as options

Organ System	IFT	PIFT	SCT (Ground)	SCT (Air)	Total
Cardiovascular	1,013	614	79		1,706
Global/General	1,231	216	96		1,543
Musculoskeletal/Skin	1,182	117	21		1,320
Not Recorded	169	31	336	760	1,296
Not Applicable	848	51	136		1,035
GI	675	154	12		841
Pulmonary	560	111	64		735
CNS/Neuro	555	74	35		664
Behavioral/Psychiatric	374	2	3		379
Endocrine/Metabolic	214	67	13		294
Renal	240	15	3		258
Reproductive	101	15	26		142
Lymphatic/Immune	73	9	3		85
(blank)	11	1	19		31
Grand Total	7,246	1,477	846	760	10,329

### Sorted list of transports by level (IFT, PIFT, and SCT) by Chief Complaint Anatomical Location

• There are 9 general anatomical locations as options

Anatomical Location	IFT	PIFT	SCT (Ground)	SCT (Air)	Total
General/Global	2,033	369	169		2,571
Chest	1,315	622	98		2,035
Abdomen	1,055	215	40		1,310
Not Recorded	163	31	335	760	1,289
Not Applicable	872	54	138		1,064
Extremity-Lower	641	82	4		727
Head	551	51	26		628
Back	254	14	4		272
Extremity-Upper	141	19	5		165
Neck	123	8	3		134
Genitalia	89	11	5		105
(blank)	9	1	19		29
Grand Total	7,246	1,477	846	760	10,329

### There is lots more to look at and report on...