



# Annual Data Report 2024



## Foreward

The National Emergency Medical Services Information System ([NEMSIS](#)) is the national system used to collect, store and share EMS data from the U.S. States and Territories. NEMSIS develops and maintains a national standard for how patient care information resulting from prehospital EMS activations is documented. This information is voluntarily submitted to the National EMS Data Repository at NEMSIS by State and Territory EMS Officials.

Since the 1970s, the need for EMS information systems and databases has been well established. NEMSIS was originally funded by the National Highway Traffic Safety Administration ([NHTSA](#)), the Health Resources and Services Administration ([HRSA](#)), and the Centers for Disease Control and Prevention ([CDC](#)) to support each state's efforts to collect, retain, and send data to the national database. Prior to NEMSIS, state and local EMS systems varied in their ability to collect patient and systems data. Over the years, there have been many individuals, groups, organizations and federal partners that have made the NEMSIS project possible.

In October of 2003, a Memorandum of Understanding (MOU) was created by the National Association of State EMS Officials ([NASEMSO](#)) in response to the need for EMS data collection at the national level. The MOU was signed by 52 state and territory members in agreement to promote and support all EMS data initiatives within their states and to conform to future national dataset definitions.

NEMSIS is a collaborative system to improve prehospital patient care through the standardization, aggregation, and utilization of point of care EMS data at a local, state, and national level. NEMSIS is a program of NHTSA's Office of EMS and hosted by the University of Utah.

NEMSIS provides the framework for collecting, storing, and sharing standardized EMS data from States nationwide. The NEMSIS uniform dataset and database help local, State and national EMS stakeholders more accurately assess EMS needs and performance, as well as support better strategic planning for the EMS systems of tomorrow. Data from NEMSIS is also used to help benchmark performance, determine the effectiveness of clinical interventions, and facilitate cost-benefit analyses.

NEMSIS v3.5 is the latest revision of the NEMSIS standard and patient care reporting must transition before January 1, 2024. The biggest changes in NEMSIS v3.5 include:

- Fewer national required elements
- Revised call dispositions to be organized by 4-5 elements
- Alignment with CARES (Cardiac Arrest Registry to Enhance Survival) elements
- Updated and condensed list of codes
- Expanded meanings of pertinent negatives
- More accurate reports with state-level information
- Compliance testing at least every two years
- Addition of the Universally Unique Identifier (UUID)

The Maine EMS Data Committee has reviewed all of the data elements and values available for selection in drop down lists and have played a significant role in efforts to balance the need for information and the ease of reporting.

## EMS Data

EMS is a critical component of the health care delivery model. With ~300K EMS activations per year occurring in Maine the data collected is a valuable asset. Some of the reasons EMS data value, and why complete and accurate documentation of patient encounters with the patient care report (PCR) are tremendously important are:

- The patient medical record: A patient's PCR becomes part of a patient's permanent medical record and serves as a valuable resource to- those who are providing continuing and future care to the patient. A complete and accurate report allows for the patient to receive better future care and reduces the risk that such care could negatively impact the patient.
- A legal record: A PCR serves as a legal document, or a record of fact, for the interaction with a patient. A complete and accurate report provides for protection to you, your agency, and your community.
- Justification for billing and reimbursement: The PCR provides for documentation of the services and treatments provided to the patient and justification for those services and treatments. A complete and accurate report provides for easier reimbursement and also as an explanation should questions arise in the reimbursement process.
- For improvements to care: Analysis of the data captured in a PCR is able to identify opportunities with care provided where the effectiveness of the care is able to be improved where the standard of care or protocols are modified.
- Problem solving: Analysis of the data captured in a PCR is able to identify underlying causes of problems occurring within the EMS system.
- Supporting evidence for research: Analysis and sharing of the data captured in a PCR serves as a great research tool for numerous research topics. Maine EMS provides analysis and sharing for numerous research requests.
- Supporting evidence for grant and community funding: Analysis and sharing of the data captured in a PCR is used to support grants awarded to the State, Counties, City(ies)/Towns and community organizations. While the dollar amount is not known, it is believed that analysis and sharing of data by Maine EMS is in support of grants measured in the millions of dollars each year.

A patient care report, and thus EMS data, is considered to be Protected Health Information (PHI) and often includes Personally Identifiable Information (PII). As an EMS clinician, or a member of a team, who provides healthcare to a patient you must comply with the protection of information required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This federal law addresses the use and disclosure of individuals' health information by covered entities and individuals. Both you and your agency would be considered a covered entity.

In general the law requires that you not disclose (share) information about the patient or the patients healthcare condition with another person or agency without the patients consent. There are exceptions;

- Disclosure to the individual (if the information is required for access or accounting of disclosures, the entity MUST disclose to the individual)
- Treatment, payment, and healthcare operations
- Opportunity to agree or object to the disclosure of PHI
- An entity can obtain informal permission by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object
- Incident to an otherwise permitted use and disclosure
- Limited dataset for research, public health, or healthcare operations
- Public interest and benefit activities—The Privacy Rule permits use and disclosure of PHI, without an individual's authorization or permission, for 12 national priority purposes:
  - i. When required by law
  - ii. Public health activities
  - iii. Victims of abuse or neglect or domestic violence
  - iv. Health oversight activities
  - v. Judicial and administrative proceedings
  - vi. Law enforcement
  - vii. Functions (such as identification) concerning deceased persons
  - viii. Cadaveric organ, eye, or tissue donation
  - ix. Research, under certain conditions
  - x. To prevent or lessen a serious threat to health or safety
  - xi. Essential government functions
  - xii. Workers' compensation

There is also a security rule affiliated with HIPAA that requires all covered entities to:

- Ensure the confidentiality, integrity, and availability of all e-PHI
- Detect and safeguard against anticipated threats to the security of the information
- Protect against anticipated impermissible uses or disclosures that are not allowed by the rule
- Certify compliance by their workforce

The security rule is why; you must log into MEFIRS, MEFIRS will time out and close after a period of inactivity; your MEFIRS password expires, your MEFIRS password must meet certain complexity criteria; and why (for some) two factor authentication is required.

Maine EMS takes the security of MEFIRS very seriously. Non-compliance with HIPAA by a user or agency could result in changes in the manner a user logs in or denial of access to MEFIRS.

HIPAA includes rules, such as the Breach Notification Rule, that requires that violations be reported. Should you become aware of sharing of PHI without the patient's consent you should report that violation to your agency leadership and to Maine EMS.

Lastly, you should know that there are other federal and state laws that protect PHI and PII.

# Definitions

## Types of Services

**Transporting** – An ambulance that is ground based and capable of transporting at least one patient.

**Non-Transporting** – A first response service that provides care on scene but does not have transport capabilities.

Utilizes a partnership with a transporting service during response and care.

**Aeromedical** – a helicopter or fixed wing aircraft specially designed to transport patients at greater speeds and distances.

## Dispatch Acuity

The dispatch acuity field within the Patient Care Report (PCR) is intended to capture the Emergency Medical Dispatch Determinant code. These codes are generally recognized as

**E** = ECHO-level: Closest Available Unit Hot

**D** = DELTA-level: Closest BLS Unit Hot and Closest ALS Unit Hot or Closest ALS Unit Hot if closer than BLS

**C** = CHARLIE-level: Closest ALS Unit Cold

**B** = BRAVO-level: Closest BLS unit Hot and closest ALS Unit cold

**A** = ALPHA-level: Closest BLS unit cold

**?** = OMEGA-level: Referral, Alternate Care or prescheduled

## Levels of Care

**ALS** – Advanced Life Support – Staffing, medical interventions and care by an Advanced EMT or Paramedic

**BLS** – Basic Life Support – Staffing, medical interventions and care by an EMT, Advanced EMT or Paramedic

**IFT** – Interfacility Transport (or Transfer) – EMS care and transport of a patient between two medical care facilities (i.e. a skilled nursing care facility and a hospital). Typically, a non-emergency transport, although some emergency transports do occur.

**PIFT** – Paramedic interfacility Transport - EMS care and transport of a patient between two medical care facilities at the paramedic level (i.e. a smaller community hospital and a larger hospital). The paramedic has received specialized advanced training, extending their scope to manage established interventions and medications not used in 911 emergency medical responses. The service must also be a PIFT service. The patient must be stable with no expected deterioration during transport.

**SCT** – Specialty Care Transport - EMS care and transport of a patient between two medical care facilities (i.e. a smaller community hospital and a larger hospital) with the additional staffing of an RN, physician, advanced care provider or other hospital provider on the ambulance during the entire transport. The patient may or may not be considered "stable".

## License Levels

**EMR** – Emergency Medical Responder – A person licensed at the Emergency Medical Responder level who may operate without the supervision of another Maine EMS licensee at the scene of a medical emergency until such time that a person licensed above the Emergency Medical Responder level arrives at the scene. Once on the scene, personnel licensed above the Emergency Medical Responder level are responsible for supervising Emergency Medical Responder licensed personnel, who may not operate without such supervision. Final patient immobilization for transport, patient

loading, and patient care during transport must be directly supervised by personnel licensed above the Emergency Medical Responder level. Any basic emergency medical treatments not contained in the current Emergency Medical Responder course curriculum approved by Maine EMS may only be performed while assisting, and in the presence of personnel licensed above the Emergency Medical Responder level. One EMS provider licensed at or above the EMT level must accompany the patient in the patient compartment of the ambulance during transport.

**EMT** – A person licensed at the EMT level may, in addition to basic emergency medical treatment, provide the following skills or treatments, within the scope of their training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with chapter 5 of the Maine EMS Rules:

1. IV maintenance (non-medicated fluids).
2. Under direct supervision of an Advanced Emergency Medical Technician (AEMT) or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.
3. Assisting a patient in the administration of the patient's own medication.
4. Drug and medication administration, and procedures as approved by the Board and as allowed by Maine EMS protocol.

**Note:** Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of the Maine EMS Rules, may apply the principles for cardio-respiratory arrest, spinal injury, dislocations, and wounds taught in the course, when in the context of delayed/prolonged transport as defined in that course, and as consistent with Maine EMS protocols.

**Advanced EMT (AEMT)** – A licensed person who may perform practices, skills and techniques authorized at the Emergency Medical Technician (EMT) level; advanced life support airway - Blind Insertion Airway Devices; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.

**Paramedic** – A licensed person who may perform practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrotomy; and other techniques and practices approved and published by the Board.

**Paramedic Inter-Facility Transfer (PIFT)** - In order to practice as a PIFT provider, a Maine licensed Paramedic must:

1. Complete a Maine EMS approved PIFT provider course; and,
2. Be affiliated with a Maine EMS licensed service that is approved by the Board to provide PIFT services.

**EMD** – Emergency Medical Dispatcher - dispatch life support activities that includes professional and compassionate caller interrogation, detection and response to potential hazards, the provision of prearrival instructions and relay of relevant information accurately and completely.

## Agencies

Emergency Medical Agencies in Maine, referred to as **EMS Agencies**, are the providers of emergency medical services throughout the state. They are licensed by the Maine EMS Board. They are generally classified as; 911 Response (Scene) with Transport Capability, 911 Response (Scene) without Transport Capability, and Air Medical.

EMS agencies all have a licensure level that aligns with the minimum level of care that the agency is expected to provide. They may also be permitted to a higher level of care.

The majority of local EMS agencies are fire-based and, with a small subset of others, are governmental agencies.

EMS agencies may provide several different services to the communities it serves:

- 911 Response (Scene) with Transport Capability
- 911 Response (Scene) without Transport Capability
- Air Medical
- ALS Intercept
- Community Paramedicine
- Critical Care (Ground)
- Fire
- Hazmat
- Interfacility Transfer Hospital and Nursing Home)
- Medical Transport
- Rescue

EMS Agencies are also asked to provide the service are for several types of responses

1. **Primary Emergency Response Area:** The area(s) where the agency provides response to a scene location for Emergency and Non-Emergency responses. This response area would be used for Types of Service Requested for the agency's primary jurisdiction of:
  - *EMERGENCY RESPONSE (PRIMARY RESPONSE AREA):* Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).
  - *PUBLIC ASSISTANCE:* The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, immunization programs).
  - *STANDBY:* Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
  - *SUPPORT SERVICES:* The unit responded to provide support not otherwise specified.
  - *NON-PATIENT CARE RESCUE/EXTRICATION:* The unit responded to provide rescue and/or extrication service, personnel or equipment.
  - *CREW TRANSPORT ONLY:* The unit responded to transport crew only.
  - *TRANSPORT OF ORGANS OR BODY PARTS:* This includes tissues, biological samples, organs, and body parts.
  - *MORTUARY SERVICES:* The unit responded to provide service or assistance in the event of a deceased patient.
  - *ADMINISTRATIVE OPERATIONS:* The unit provided EMS coordination, oversight and/or supervision of services.
2. **Mutual Aid Response Area:** The area(s) where the agency provides response for Emergency and Non-Emergency responses to a scene location that is outside of their own Primary Emergency Response Area(s) and for which are

in the Primary Emergency Response Area(s) of another agency. This response area would be used for Types of Service Requested outside of the agency's primary jurisdiction of:

- **EMERGENCY RESPONSE (MUTUAL AID):** Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.
- **PUBLIC ASSISTANCE:** The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- **STANDBY:** Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- **SUPPORT SERVICES:** The unit responded to provide support not otherwise specified.
- **NON-PATIENT CARE RESCUE/EXTRICATION:** The unit responded to provide rescue and/or extrication service, personnel or equipment.
- **CREW TRANSPORT ONLY:** The unit responded to transport crew only.
- **TRANSPORT OF ORGANS OR BODY PARTS:** *This includes tissues, biological samples, organs, and body parts.*
- **MORTUARY SERVICES:** *The unit responded to provide service or assistance in the event of a deceased patient.*
- **ADMINISTRATIVE OPERATIONS:** *The unit provided EMS coordination, oversight and/or supervision of services.*

3. **Intercept Response Area:** *The area(s) where the agency provides response for a higher level of care to augment the ongoing care provided by other another agency. This response area would be used for Types of Service Requested of:*

- **EMERGENCY RESPONSE (INTERCEPT):** *When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.*

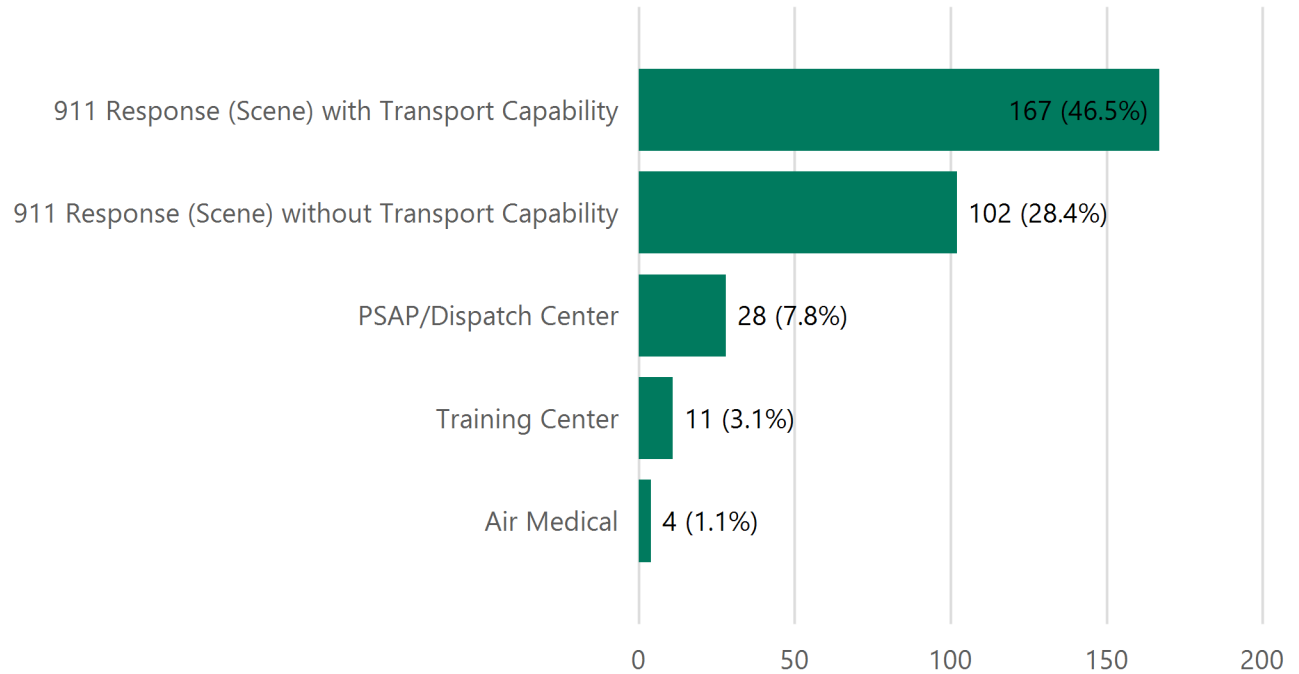
4. **Interfacility Transfer Service Area:** *The area(s) where the agency provides transfer services for Hospital-to-Hospital Transfers, Hospital to Non-Hospital Facility Transfers, Non-Hospital Facility to Non-Hospital Facility Transfers, Non-Hospital Facility to Hospital Transfers, Other Routine Medical Transports to or from a facility. This response area would be used for Types of Service Requested of:*

- **HOSPITAL-TO-HOSPITAL TRANSFER:** *Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).*
- **HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:** *Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center.*
- **NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:** *Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic.*
- **NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER:** *Any transfer from a non-hospital facility to a hospital. An example of this is a transfer from a dialysis center to a hospital.*
- **OTHER ROUTINE MEDICAL TRANSPORT:** *Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).*

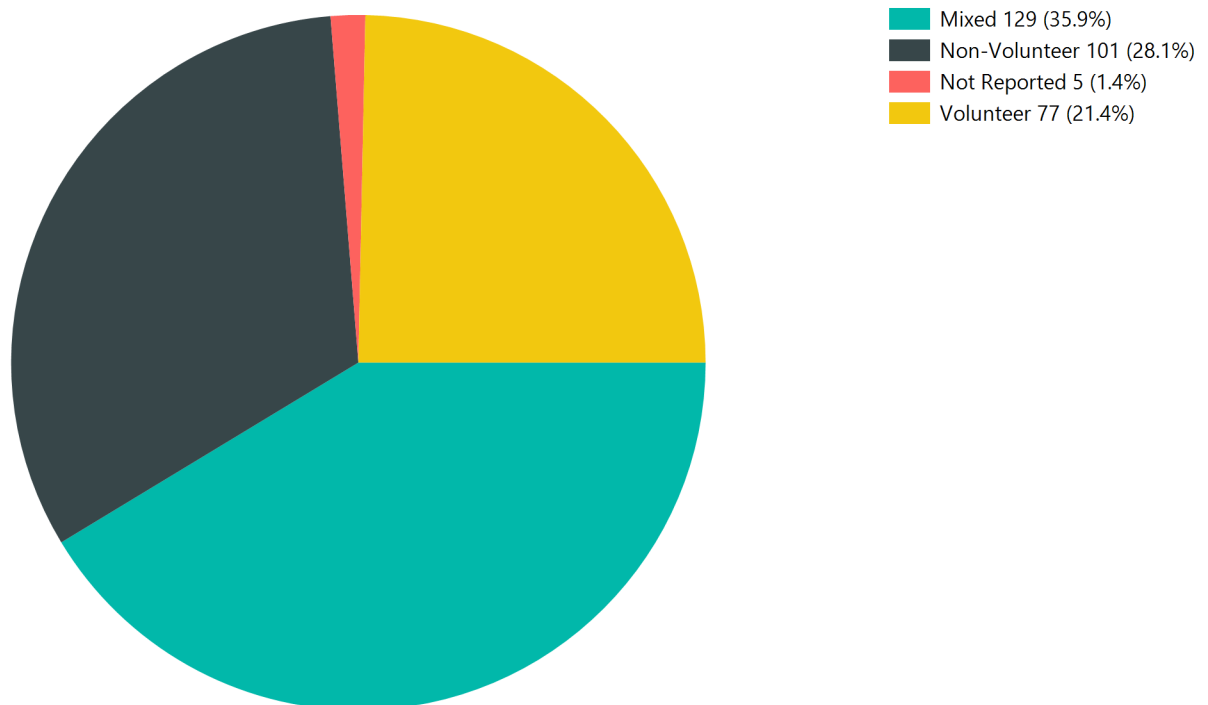
5. **Mobile Integrated Health Care Service Area:** *The area(s) where the agency provides Mobile Integrated Health Services. This response area would be used for Types of Service Requested of:*

- **MOBILE INTEGRATED HEALTH CARE ENCOUNTER:** *The responding unit provided mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9 -1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits.*

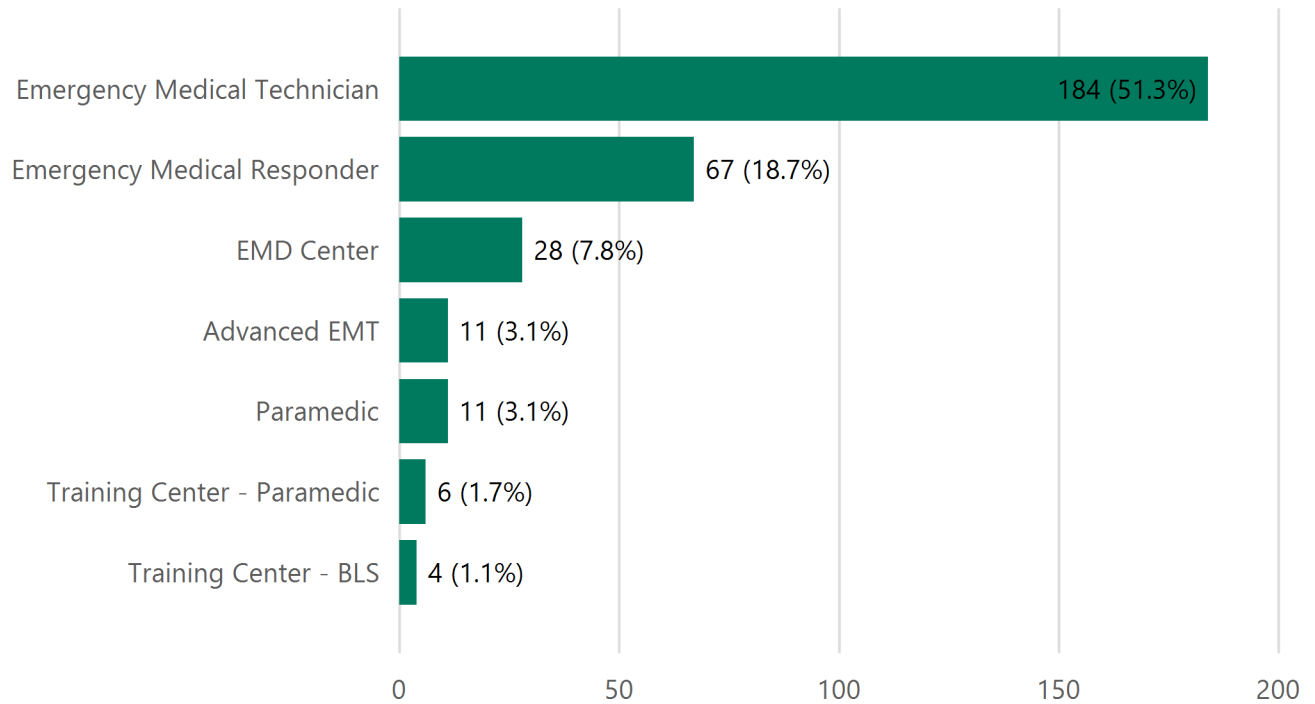
### Primary Type Of Service Of Licensed Agencies 2024



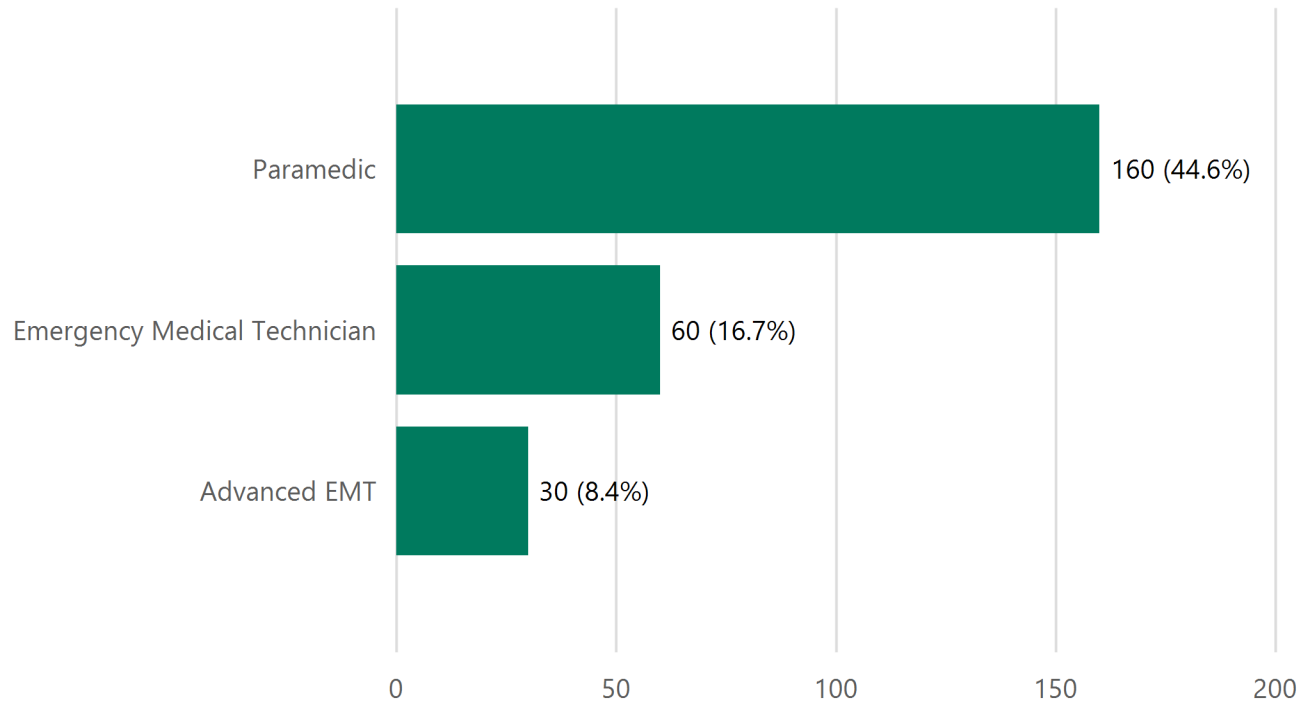
### Workforce Type Of Licensed Agencies 2024



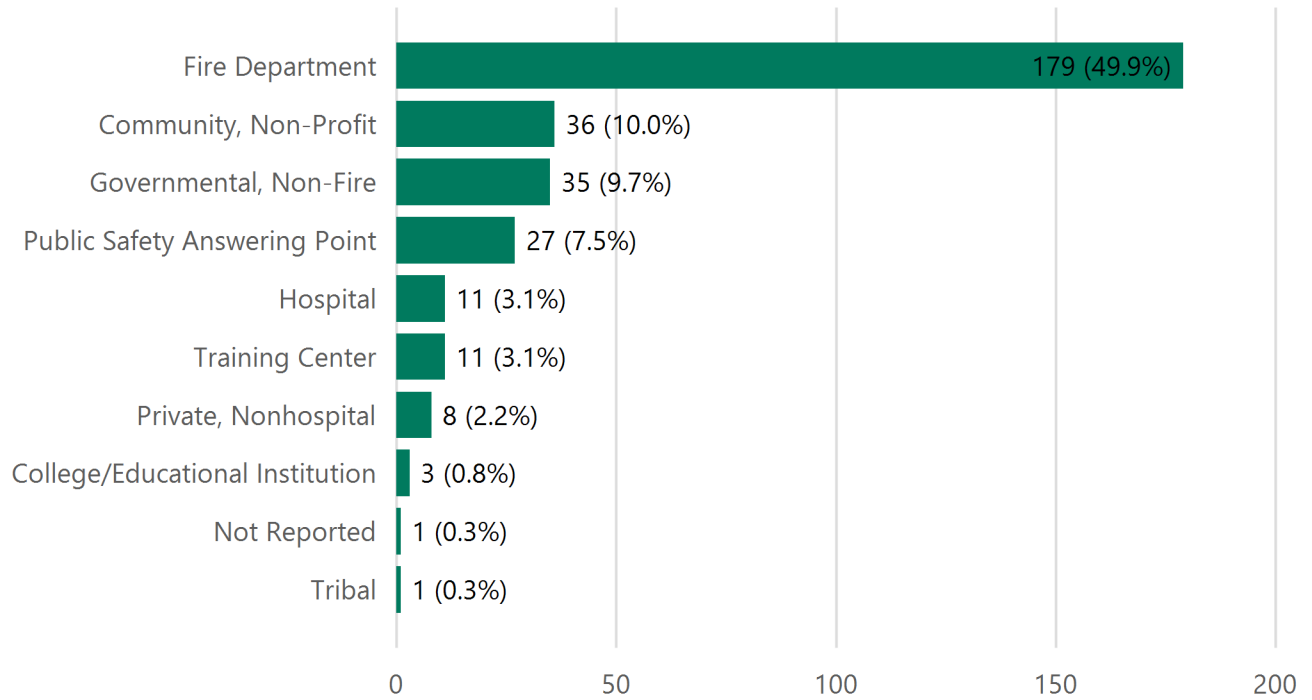
### Agency Licensure Level



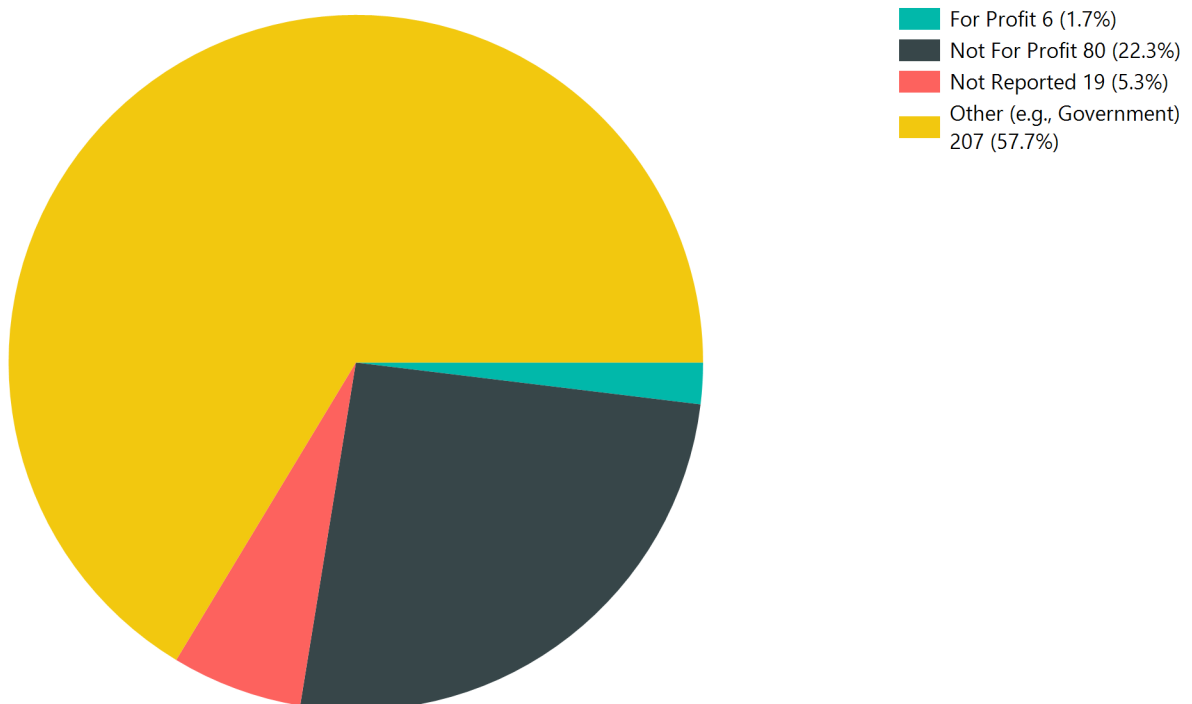
### Agency Permit Level



### Agency Type Of Licensed Agencies 2024



### Agency Tax Status



Top 20 Agencies By Emergency Responses					
	2020	2021	2022	2023	2024
1	Portland Fire Department - 11,735 (6.1%)	Portland Fire Department - 12,676 (5.7%)	Portland Fire Department - 14,718 (6.3%)	Portland Fire Department - 14,824 (6.3%)	Portland Fire Department - 16,030 (6.6%)
2	United Ambulance Service - 9,815 (5.1%)	United Ambulance Service - 11,265 (5.1%)	United Ambulance Service - 11,551 (4.9%)	United Ambulance Service - 11,947 (5.1%)	United Ambulance Service - 12,117 (5.0%)
3	Delta Ambulance - 9,164 (4.7%)	Delta Ambulance - 9,774 (4.4%)	Northern Light Medical Transport - 8,825 (3.8%)	Northern Light Medical Transport - 9,685 (4.1%)	Northern Light Medical Transport - 9,874 (4.1%)
4	Northern Light Medical Transport - 8,086 (4.2%)	Northern Light Medical Transport - 8,650 (3.9%)	Bangor Fire Department - 8,578 (3.7%)	Bangor Fire Department - 8,610 (3.7%)	Bangor Fire Department - 8,142 (3.4%)
5	Bangor Fire Department - 5,753 (3.0%)	Bangor Fire Department - 7,836 (3.5%)	Delta Ambulance - 7,768 (3.3%)	Augusta Fire Department - 6,408 (2.7%)	Augusta Fire Department - 6,299 (2.6%)
6	Augusta Fire Department - 4,981 (2.6%)	Augusta Fire Department - 5,849 (2.6%)	MaineHealth EMS - Franklin - 6,010 (2.6%)	MaineHealth EMS - Franklin - 6,049 (2.6%)	MaineHealth EMS - Franklin - 6,145 (2.5%)
7	MaineHealth EMS - Franklin - 4,885 (2.5%)	MaineHealth EMS - Franklin - 5,739 (2.6%)	Augusta Fire Department - 5,878 (2.5%)	Auburn Fire Department - 5,119 (2.2%)	Delta Ambulance - 4,992 (2.1%)
8	Auburn Fire Department - 4,023 (2.1%)	Auburn Fire Department - 4,833 (2.2%)	Auburn Fire Department - 5,075 (2.2%)	Delta Ambulance - 5,103 (2.2%)	Auburn Fire Department - 4,837 (2.0%)
9	Biddeford Ambulance Service - 3,660 (1.9%)	Biddeford Ambulance Service - 4,446 (2.0%)	South Portland Fire Rescue - 4,709 (2.0%)	Waterville Fire Department - 4,686 (2.0%)	Waterville Fire Department - 4,624 (1.9%)
10	South Portland Fire Rescue - 3,629 (1.9%)	South Portland Fire Rescue - 4,413 (2.0%)	Northern Light Mayo Hospital - 4,496 (1.9%)	Northern Light Mayo Hospital - 4,496 (1.9%)	South Portland Fire Rescue - 4,368 (1.8%)
11	Northern Light Mayo Hospital - 3,397 (1.8%)	Northern Light Mayo Hospital - 4,169 (1.9%)	Biddeford Ambulance Service - 4,366 (1.9%)	Biddeford Ambulance Service - 4,311 (1.8%)	Biddeford Ambulance Service - 4,341 (1.8%)
12	Westbrook Fire Rescue - 2,819 (1.5%)	Brunswick Fire Department EMS - 3,510 (1.6%)	Waterville Fire Department - 4,347 (1.9%)	South Portland Fire Rescue - 4,199 (1.8%)	Northern Light Mayo Hospital - 4,247 (1.8%)
13	Brunswick Fire Department EMS - 2,816 (1.5%)	Med-Care Ambulance Service - 3,249 (1.5%)	Westbrook Fire Rescue - 3,735 (1.6%)	Westbrook Fire Rescue - 3,873 (1.7%)	Brunswick Fire Department EMS - 3,838 (1.6%)
14	Sanford Fire Dept Ambulance Service - 2,812 (1.5%)	Westbrook Fire Rescue - 3,243 (1.5%)	Brunswick Fire Department EMS - 3,568 (1.5%)	Brunswick Fire Department EMS - 3,654 (1.6%)	Westbrook Fire Rescue - 3,820 (1.6%)

15	Saco Fire Department - 2,757 (1.4%)	MaineHealth EMS - Stephens - 3,227 (1.5%)	MaineHealth EMS - Stephens - 3,518 (1.5%)	Gardiner Fire & Ambulance Department - 3,540 (1.5%)	MaineHealth EMS - Stephens - 3,724 (1.5%)
16	Gardiner Fire & Ambulance Department - 2,743 (1.4%)	Redington Fairview EMS - 3,186 (1.4%)	Redington Fairview EMS - 3,387 (1.4%)	Scarborough Fire Department - 3,466 (1.5%)	Redington Fairview EMS - 3,608 (1.5%)
17	Waterville Fire Department - 2,712 (1.4%)	Scarborough Fire Department - 3,171 (1.4%)	Gardiner Fire & Ambulance Department - 3,313 (1.4%)	Redington Fairview EMS - 3,445 (1.5%)	Saco Fire Department - 3,534 (1.5%)
18	MaineHealth EMS - Stephens - 2,672 (1.4%)	Saco Fire Department - 3,154 (1.4%)	Saco Fire Department - 3,282 (1.4%)	MaineHealth EMS - Stephens - 3,413 (1.5%)	Scarborough Fire Department - 3,522 (1.5%)
19	Med-Care Ambulance Service - 2,660 (1.4%)	Gardiner Fire & Ambulance Department - 3,060 (1.4%)	Scarborough Fire Department - 3,243 (1.4%)	Saco Fire Department - 3,370 (1.4%)	Gardiner Fire & Ambulance Department - 3,341 (1.4%)
20	Redington Fairview EMS - 2,659 (1.4%)	Sanford Fire Dept Ambulance Service - 3,045 (1.4%)	Sanford Fire Dept Ambulance Service - 3,220 (1.4%)	Sanford Fire Dept Ambulance Service - 3,167 (1.4%)	Sanford Fire Dept Ambulance Service - 3,264 (1.3%)

Top 20 Agencies By Emergency Transports					
	2020	2021	2022	2023	2024
1	United Ambulance Service - 7,410 (6.1%)	United Ambulance Service - 8,421 (6.0%)	Portland Fire Department - 8,862 (6.0%)	Portland Fire Department - 9,580 (6.4%)	Portland Fire Department - 9,911 (6.5%)
2	Portland Fire Department - 7,120 (5.8%)	Portland Fire Department - 7,961 (5.7%)	United Ambulance Service - 8,209 (5.5%)	United Ambulance Service - 8,216 (5.5%)	United Ambulance Service - 8,363 (5.4%)
3	Delta Ambulance - 7,065 (5.8%)	Delta Ambulance - 7,215 (5.2%)	Northern Light Medical Transport - 6,215 (4.2%)	Northern Light Medical Transport - 6,416 (4.3%)	Northern Light Medical Transport - 6,577 (4.3%)
4	Northern Light Medical Transport - 5,694 (4.7%)	Northern Light Medical Transport - 6,133 (4.4%)	Bangor Fire Department - 6,048 (4.1%)	Bangor Fire Department - 6,299 (4.2%)	Bangor Fire Department - 6,027 (3.9%)
5	Bangor Fire Department - 4,723 (3.9%)	Bangor Fire Department - 5,461 (3.9%)	Delta Ambulance - 5,786 (3.9%)	Augusta Fire Department - 4,686 (3.1%)	Augusta Fire Department - 4,532 (3.0%)
6	Augusta Fire Department - 3,452 (2.8%)	Augusta Fire Department - 3,995 (2.9%)	Augusta Fire Department - 4,102 (2.8%)	MaineHealth EMS - Franklin - 4,061 (2.7%)	MaineHealth EMS - Franklin - 4,239 (2.8%)
7	MaineHealth EMS - Franklin - 3,136 (2.6%)	MaineHealth EMS - Franklin - 3,724 (2.7%)	MaineHealth EMS - Franklin - 3,991 (2.7%)	Delta Ambulance - 3,810 (2.6%)	Delta Ambulance - 3,754 (2.4%)
8	Auburn Fire Department - 2,923 (2.4%)	Auburn Fire Department - 3,402 (2.4%)	Auburn Fire Department - 3,625 (2.4%)	Auburn Fire Department - 3,743 (2.5%)	Auburn Fire Department - 3,548 (2.3%)
9	Biddeford Ambulance Service - 2,733 (2.2%)	Biddeford Ambulance Service - 3,076 (2.2%)	Waterville Fire Department - 3,047 (2.1%)	Waterville Fire Department - 3,265 (2.2%)	Waterville Fire Department - 3,221 (2.1%)
10	South Portland Fire Rescue - 2,349 (1.9%)	South Portland Fire Rescue - 2,919 (2.1%)	Biddeford Ambulance Service - 3,010 (2.0%)	Biddeford Ambulance Service - 3,044 (2.0%)	Biddeford Ambulance Service - 3,089 (2.0%)
11	Northern Light Mayo Hospital - 2,129 (1.7%)	Northern Light Mayo Hospital - 2,682 (1.9%)	South Portland Fire Rescue - 3,007 (2.0%)	Northern Light Mayo Hospital - 2,894 (1.9%)	Brunswick Fire Department EMS - 2,969 (1.9%)
12	Westbrook Fire Rescue - 2,096 (1.7%)	Brunswick Fire Department EMS - 2,621 (1.9%)	Northern Light Mayo Hospital - 2,873 (1.9%)	South Portland Fire Rescue - 2,809 (1.9%)	South Portland Fire Rescue - 2,876 (1.9%)
13	Brunswick Fire Department EMS - 2,069 (1.7%)	Westbrook Fire Rescue - 2,532 (1.8%)	Brunswick Fire Department EMS - 2,701 (1.8%)	Westbrook Fire Rescue - 2,759 (1.8%)	Westbrook Fire Rescue - 2,790 (1.8%)
14	Sanford Fire Dept Ambulance Service - 2,013 (1.6%)	Redington Fairview EMS - 2,469 (1.8%)	Westbrook Fire Rescue - 2,668 (1.8%)	Brunswick Fire Department EMS - 2,743 (1.8%)	Northern Light Mayo Hospital - 2,725 (1.8%)
15	Redington Fairview EMS - 1,997 (1.6%)	Scarborough Fire Department - 2,327 (1.7%)	Redington Fairview EMS - 2,662 (1.8%)	Redington Fairview EMS - 2,665 (1.8%)	Redington Fairview EMS - 2,671 (1.7%)

16	Presque Isle Fire Department - 1,918 (1.6%)	Sanford Fire Dept Ambulance Service - 2,265 (1.6%)	Sanford Fire Dept Ambulance Service - 2,518 (1.7%)	Scarborough Fire Department - 2,569 (1.7%)	Sanford Fire Dept Ambulance Service - 2,648 (1.7%)
17	Saco Fire Department - 1,893 (1.6%)	Gardiner Fire & Ambulance Department - 2,148 (1.5%)	Presque Isle Fire Department - 2,411 (1.6%)	Sanford Fire Dept Ambulance Service - 2,535 (1.7%)	Scarborough Fire Department - 2,645 (1.7%)
18	Gardiner Fire & Ambulance Department - 1,839 (1.5%)	Saco Fire Department - 2,109 (1.5%)	Scarborough Fire Department - 2,385 (1.6%)	Gardiner Fire & Ambulance Department - 2,411 (1.6%)	Gardiner Fire & Ambulance Department - 2,425 (1.6%)
19	Scarborough Fire Department - 1,826 (1.5%)	MaineHealth EMS - Stephens - 2,036 (1.5%)	Gardiner Fire & Ambulance Department - 2,339 (1.6%)	Presque Isle Fire Department - 2,311 (1.5%)	Saco Fire Department - 2,422 (1.6%)
20	MaineHealth EMS - Stephens - 1,693 (1.4%)	Med-Care Ambulance Service - 1,963 (1.4%)	Saco Fire Department - 2,270 (1.5%)	Saco Fire Department - 2,301 (1.5%)	MaineHealth EMS - Stephens - 2,312 (1.5%)

Top 20 Agencies By Interfacility Transfers					
	2020	2021	2022	2023	2024
1	Northeast Mobile Health Services - 14,555 (25.5%)	Northeast Mobile Health Services - 13,566 (23.3%)	Northeast Mobile Health Services - 10,723 (20.0%)	Northeast Mobile Health Services - 7,989 (15.0%)	MaineHealth EMS - Franklin - 9,884 (17.5%)
2	Delta Ambulance - 7,145 (12.5%)	Delta Ambulance - 7,267 (12.5%)	Delta Ambulance - 6,141 (11.5%)	Northern Light Medical Transport - 6,344 (11.9%)	Northeast Mobile Health Services - 7,953 (14.0%)
3	Northern Light Medical Transport - 6,957 (12.2%)	United Ambulance Service - 6,537 (11.2%)	Stewarts Ambulance Service Inc. - 5,970 (11.1%)	MaineHealth EMS - Franklin - 6,048 (11.3%)	Northern Light Medical Transport - 5,742 (10.1%)
4	United Ambulance Service - 5,711 (10.0%)	Stewarts Ambulance Service Inc. - 5,839 (10.0%)	Northern Light Medical Transport - 5,806 (10.8%)	United Ambulance Service - 5,527 (10.4%)	United Ambulance Service - 5,170 (9.1%)
5	Stewarts Ambulance Service Inc. - 4,735 (8.3%)	Northern Light Medical Transport - 5,672 (9.8%)	United Ambulance Service - 5,767 (10.8%)	Delta Ambulance - 5,430 (10.2%)	Delta Ambulance - 4,325 (7.6%)
6	Redington Fairview EMS - 1,286 (2.3%)	MaineHealth EMS - Franklin - 1,398 (2.4%)	MaineHealth EMS - Franklin - 1,469 (2.7%)	Stewarts Ambulance Service Inc. - 3,943 (7.4%)	Casco Bay Ambulance Service Inc. - 3,111 (5.5%)
7	G & H Ambulance Service - 1,228 (2.1%)	Redington Fairview EMS - 1,371 (2.4%)	Redington Fairview EMS - 1,339 (2.5%)	Casco Bay Ambulance Service Inc. - 1,436 (2.7%)	LifeFlight of Maine - 2,643 (4.7%)
8	Northern Light Mayo Hospital - 1,120 (2.0%)	Med-Care Ambulance Service - 1,263 (2.2%)	G & H Ambulance Service - 1,299 (2.4%)	Redington Fairview EMS - 1,428 (2.7%)	G & H Ambulance Service - 1,611 (2.8%)
9	MaineHealth EMS - Franklin - 1,114 (1.9%)	G & H Ambulance Service - 1,233 (2.1%)	Northern Light Mayo Hospital - 1,125 (2.1%)	G & H Ambulance Service - 1,380 (2.6%)	Redington Fairview EMS - 1,340 (2.4%)
10	Crown Ambulance - 1,055 (1.8%)	Crown Ambulance - 1,139 (2.0%)	MaineHealth EMS - Stephens - 1,122 (2.1%)	MaineHealth EMS - Stephens - 1,110 (2.1%)	MaineHealth EMS - Stephens - 1,192 (2.1%)
11	MaineHealth EMS - Stephens - 952 (1.7%)	MaineHealth EMS - Stephens - 1,133 (1.9%)	American Medical Response FEMA - 1,098 (2.0%)	Northern Light Mayo Hospital - 1,027 (1.9%)	Northern Light Mayo Hospital - 1,014 (1.8%)
12	Central Maine Highlands Fire & EMS District No. 1 - 920 (1.6%)	Northern Light Mayo Hospital - 1,124 (1.9%)	Med-Care Ambulance Service - 1,025 (1.9%)	Med-Care Ambulance Service - 991 (1.9%)	Crown Ambulance - 982 (1.7%)
13	Med-Care Ambulance Service - 834 (1.5%)	Central Maine Highlands Fire & EMS District No. 1 - 1,034 (1.8%)	Crown Ambulance - 1,002 (1.9%)	Crown Ambulance - 959 (1.8%)	Med-Care Ambulance Service - 926 (1.6%)

14	East Millinocket Fire Department - 741 (1.3%)	Central Lincoln County Ambulance - 725 (1.2%)	Central Maine Highlands Fire & EMS District No. 1 - 904 (1.7%)	Central Lincoln County Ambulance - 616 (1.2%)	Stewarts Ambulance Service Inc. - 769 (1.4%)
15	Central Lincoln County Ambulance - 669 (1.2%)	WCEMSA dba Downeast EMS - 570 (1.0%)	Central Lincoln County Ambulance - 639 (1.2%)	Central Maine Highlands Fire & EMS District No. 1 - 609 (1.1%)	Peninsula Ambulance Corps - 681 (1.2%)
16	WCEMSA dba Downeast EMS - 656 (1.1%)	Sebasticook Valley Hospital Ambulance - 544 (0.9%)	Peninsula Ambulance Corps - 551 (1.0%)	Peninsula Ambulance Corps - 575 (1.1%)	Central Maine Highlands Fire & EMS District No. 1 - 679 (1.2%)
17	Belfast Ambulance & Rescue Service - 654 (1.1%)	Peninsula Ambulance Corps - 521 (0.9%)	Anson Madison Starks Ambulance Service - 472 (0.9%)	Sebasticook Valley Hospital Ambulance - 482 (0.9%)	Central Lincoln County Ambulance - 570 (1.0%)
18	Sebasticook Valley Hospital Ambulance - 622 (1.1%)	Belfast Ambulance & Rescue Service - 471 (0.8%)	Caribou Fire - Ambulance - 429 (0.8%)	Anson Madison Starks Ambulance Service - 432 (0.8%)	Sebasticook Valley Hospital Ambulance - 563 (1.0%)
19	Peninsula Ambulance Corps - 506 (0.9%)	Calais Fire-EMS - 418 (0.7%)	Ambulance Service Inc - 429 (0.8%)	Caribou Fire - Ambulance - 413 (0.8%)	Machias Ambulance Service - 513 (0.9%)
20	Houlton Ambulance Service - 468 (0.8%)	Caribou Fire - Ambulance - 410 (0.7%)	Waterville Fire Department - 412 (0.8%)	Ambulance Service Inc - 398 (0.7%)	United Ambulance-Bridgton - 503 (0.9%)

Agency	Licensed Until	Current Level	Current Permit Level	Staff	Vehicle(s)	Location(s)
New agency in 2024						
Agency license expiration during 2024						
Agency license expiration prior to 2024						
(MD-3) Kennebec County EMA	11/2025	EMR	Paramedic	11	1	2
Action Ambulance Service	11/2025	EMT	Paramedic	19	2	3
Albion Fire - Rescue	11/2025	EMT	Paramedic	47	11	1
Alexander VFD First Responder Unit	11/2025	EMR	EMT	22	9	1
Alfred Rescue Squad	11/2025	EMT	Paramedic	42	6	2
Ambulance Service Inc	11/2025	EMT	Paramedic	37	5	1
American Ambulance Service	03/2019			97	16	3
American Medical Response	11/2025	EMT	Paramedic	105	3	3
American Medical Response FEMA				36	9	10
Andover Fire Dept	11/2025	EMT	EMT	25	8	1
Androscoggin County Sheriff Department	11/2026	EMD Center		19	0	0
Anson Madison Starks Ambulance Service	11/2025	EMT	Paramedic	43	4	1
Aroostook Critical Care Transport				23	3	1
Aroostook Region 5 EMS Council, Inc	06/2025	Training Center - BLS		6	0	0
Arthur Jewell Health Center	01/2019			7	2	1
Arundel Fire - Rescue	11/2025	EMT	Paramedic	39	5	1
Ashland Ambulance Service	11/2025	EMT	Paramedic	20	2	2
Auburn Fire Department	11/2025	EMT	Paramedic	79	14	3
Augusta Fire Department	11/2025	Paramedic	Paramedic	79	23	3
Augusta Police Department	11/2018			15	0	0
Aurora Volunteer Fire Dept.	11/2025	EMT	EMT	16	7	1
Bangor Fire Department	11/2025	Paramedic		101	30	3
Bangor Police & Fire Dispatch	11/2018			13	0	0
Bar Harbor Fire Dept	11/2025	EMT	Paramedic	34	12	2
Bates EMS	11/2025	EMT		85	2	1
Bath Fire Department	11/2025	AEMT	Paramedic	33	13	1
Bath Iron Works Rescue	11/2025	EMT		17	4	1
Beech Ridge Speedway Ambulance	06/2022			8	0	1
Belfast Ambulance & Rescue Service	11/2025	EMT	Paramedic	41	17	1
Belgrade Fire Department	11/2025	EMT	Paramedic	40	11	2
Belmont Vol. Fire and Rescue	05/2018			10	3	1
Berwick Fire Department	11/2025	EMR	EMT	31	10	1
Bethel Ambulance Service	11/2025	EMT	Paramedic	45	2	2

Biddeford Ambulance Service	11/2025	AEMT	Paramedic	72	18	1
Biddeford Public Safety Communications Center	11/2026	EMD Center		23	0	0
Boothbay Region Ambulance	11/2025	EMT	Paramedic	38	5	2
Bowdoin First Responders	11/2025	EMR	EMT	14	11	2
Bowdoinham Fire & Rescue	11/2025	EMR	EMT	20	7	1
Bradford Fire Department	11/2025	EMT		14	7	1
Bremen Rescue First Responders	11/2025	EMT	EMT	7	1	2
Brewer Fire Department	11/2025	EMT		48	6	1
Bristol Fire and Rescue	11/2025	EMR	EMT	27	13	1
Brooklin Volunteer Fire Dept Inc	11/2025	EMR	EMT	27	5	1
Brooks Ambulance Inc.	11/2025	EMT	Paramedic	41	2	1
Brownville Fire Department	11/2025	EMR	Paramedic	30	13	2
Brunswick Fire Department EMS	11/2025	AEMT	Paramedic	49	11	2
Brunswick Police Department Communications Division	11/2026	EMD Center		16	0	0
Buckfield Rescue Dept.	11/2025	EMT	Paramedic	42	2	2
Bucksport Fire Department	11/2025	EMT	Paramedic	45	14	1
Burlington Municipal Fire & Rescue Department	07/2020			8	6	1
Buxton Fire & Rescue	11/2025	EMT	Paramedic	53	5	3
Calais Fire-EMS	11/2025	EMT	Paramedic	58	26	2
Camden Fire Department	11/2025	EMR	Paramedic	29	6	2
Canaan Municipal Fire & Rescue	11/2025	EMR	EMT	19	8	1
Cape Elizabeth Fire Rescue	11/2025	EMT	Paramedic	98	36	2
CarePlus Ambulance Service dba North Conway Ambulance Service	10/2020			10	2	3
Caribou Fire - Air Ambulance Service	09/2018			29	2	1
Caribou Fire - Ambulance	11/2025	AEMT	Paramedic	48	12	1
Carmel Fire & Rescue	11/2025	EMT	Paramedic	170	7	1
Carrabassett Valley Fire - Rescue	11/2025	EMR	EMT	19	6	2
Casco Bay Ambulance Service Inc.	11/2025	EMT	Paramedic	70	6	1
Casco Fire & Rescue	11/2025	EMT	Paramedic	35	8	2
Castine Fire and Rescue	11/2025	EMR		69	8	1
Central Aroostook Ambulance Service	11/2025	EMT	Paramedic	26	2	2
Central Lincoln County Ambulance	11/2025	EMT	Paramedic	49	11	1
Central Maine Consolidated Emerg Comm Bureau	11/2026	EMD Center		29	0	1

Central Maine Highlands Fire & EMS District No. 1	11/2025	EMT	Paramedic	31	17	1
Charles A Dean Ambulance Service	11/2025	EMT	Paramedic	58	5	1
Charlotte Volunteer Fire Department	11/2025	EMT	EMT	9	6	1
Chebeague Island Rescue	11/2025	EMT	Paramedic	23	2	1
Cherryfield Ambulance Service	11/2023			26	1	1
Chesterville Fire & EMS	08/2019			20	5	1
China Rescue Squad	11/2025	EMR		12	1	1
Clinton Fire Dept Ambulance Service	11/2025	EMT	Paramedic	58	12	1
Corinth Fire Department	11/2025	EMT	Paramedic	33	11	1
County Ambulance Service Inc	01/2019			8	7	1
County Regional Emergency Services Unit	11/2021			8	0	1
Cranberry Isles Rescue	11/2025	EMT		14	2	2
Crown Ambulance	11/2025	EMT	Paramedic	54	7	7
Crown Ambulance Limestone				5	1	1
Cumberland County Regional Communications Center	11/2026	EMD Center		36	0	0
Cumberland Fire Department	11/2025	EMT	Paramedic	62	5	2
Cundy's Harbor Fire Dept	11/2025	EMT	Paramedic	53	48	2
Cushing Rescue Squad	11/2025	EMT	Paramedic	26	3	1
Cutler Fire Dept NCTAMS LANT Detachment Cutler	11/2023			18	2	1
Dedham Fire Department	11/2025	EMR		13	9	2
Delta Ambulance	11/2025	Paramedic		93	17	2
Delta Education Training Center	11/2025	Training Center - BLS		24	0	0
Denmark Fire Rescue Department	11/2025	EMR	EMT	10	6	1
Denny River Volunteer Fire & Ambulance	11/2025	EMT		20	9	1
Dept of Public Safety - Bangor	11/2026	EMD Center		25	0	0
Dept of Public Safety - Gray	11/2018			18	0	0
Detroit Fire & Rescue	11/2025	EMR	EMT	9	4	1
Dixmont Fire Rescue	11/2025	EMT	EMT	13	6	2
Dover-Foxcroft Fire Department	11/2025	EMR	EMT	53	16	1
Durham Fire & Rescue	11/2025	EMT	Paramedic	48	11	1
East Millinocket Fire Department	11/2025	EMT	Paramedic	47	12	1
Eastbrook First Responder	11/2025	EMT		7	3	1
Eastern Maine Community College	11/2029	Training Center - Paramedic		262	1	1

Eddington Fire Dept	11/2025	EMT	Paramedic	40	9	1
Edgecomb Fire Department	11/2025	EMR	EMT	20	9	4
Effingham Fire & Rescue	01/2020			3	0	1
Ellsworth Fire Department	11/2025	EMT		31	9	1
Etna Volunteer Fire and Rescue	11/2025	EMR	EMT	20	6	1
Eustis Fire Department	11/2025	EMR	EMT	20	10	1
Fairfield Fire Rescue	11/2025	EMT	Paramedic	24	7	1
Falmouth Fire - EMS	11/2025	EMT	Paramedic	67	3	6
Farmington Fire Rescue	11/2025	EMR	EMT	14	7	1
Fort Fairfield Fire Rescue	11/2025	EMT	Paramedic	45	11	1
Franklin County Regional Communications Center	11/2026	EMD Center		18	0	0
Freeport Fire Department	11/2025	EMT	Paramedic	53	14	1
Frye Island Rescue Service	11/2025	EMT		12	1	1
Fryeburg Rescue	11/2025	EMT	Paramedic	41	5	1
G & H Ambulance Service	11/2025	EMT	Paramedic	24	3	2
Gardiner Fire & Ambulance Department	11/2025	Paramedic		34	12	1
Georgetown Fire Department & Ambulance	11/2025	EMT	Paramedic	35	9	1
Glenburn Fire Department	11/2025	EMT	Paramedic	29	11	1
Gorham Fire Department	11/2025	EMT	Paramedic	81	17	1
Gorham Fire Department	11/2025	EMT	Paramedic	112	10	0
Gouldsboro Fire Department	11/2025	EMT	Paramedic	20	12	1
Gray Fire - Rescue	11/2025	EMT	Paramedic	40	5	1
Greenbush Fire Dept	11/2025	EMR	EMT	14	4	1
Greene Fire Dept Rescue	11/2025	EMT		18	7	1
Greenville Fire & Rescue	11/2025	EMR	EMT	24	11	1
Greenwood First Responders	11/2025	EMR	EMT	12	11	1
Guilford Fire First Responders	11/2025	EMR	EMT	6	2	1
Hampden Fire Department	11/2025	EMT	Paramedic	34	29	2
Hancock County RCC / 9-1-1	11/2026	EMD Center		17	0	0
Hancock Vol Fire Department	11/2025	EMR	EMT	4	4	1
Harmony Regional Ambulance Service	11/2025	EMT	Paramedic	11	1	1
Harpswell Neck Fire & Rescue	11/2025	Paramedic	Paramedic	86	56	1
Harrison Fire - Rescue First Responder Service	11/2025	EMR		11	4	1
Hermon Fire Department	11/2025	EMR	Paramedic	28	26	1
Hermon Volunteer Rescue	11/2025	EMT	Paramedic	18	8	1

Holden Fire Rescue	11/2025	EMR		31	11	1
Hollis Fire - Rescue	11/2025	EMT	Paramedic	37	6	2
Houlton Ambulance Service	11/2025	EMT	Paramedic	24	4	1
Houlton Regional Communications Center	11/2026	EMD Center		25	0	1
Hudson Fire Department	11/2025	EMR	Paramedic	26	8	2
Industry Fire Department	11/2025	EMR	EMT	15	3	1
Island Falls Ambulance Service	11/2025	EMT	Paramedic	53	2	1
Isle au Haut Rescue	11/2021			6	0	1
Islesboro Ambulance Service	11/2025	EMT	Paramedic	32	2	1
Jackman-Moose River Fire & Rescue Department	11/2025	EMT	EMT	17	8	1
Jay Fire and Rescue	11/2025	EMR	EMT	39	6	1
Jefferson Fire and Rescue	11/2025	EMR	EMT	28	10	1
Kenduskeag Fire - Rescue	11/2025	EMR		21	12	1
Kennebec Valley Community College	11/2029	Training Center - Paramedic		336	0	1
Kennebunk Fire Rescue	11/2025	EMT	Paramedic	53	18	1
Kennebunkport Communications Dept.	11/2018			9	0	0
Kennebunkport EMS	11/2025	EMT	Paramedic	48	1	1
Kingfield Fire - Rescue	11/2025	EMR	EMT	18	8	1
Kittery Police Department	11/2026	EMD Center		9	0	0
Knox Regional Communications Center	11/2026	EMD Center		19	0	0
Lebanon Fire-EMS	11/2025	EMT	Paramedic	36	17	1
Lee Fire Rescue	11/2025	EMT	Paramedic	30	4	1
Levant Fire Department	11/2025	EMT	Paramedic	37	12	1
Lewiston/Auburn 9-1-1	11/2026	EMD Center		25	0	1
Liberty Fire & Rescue	11/2025	EMT	Paramedic	52	3	1
LifeFlight of Maine	11/2025	Paramedic		132	31	4
LifeFlight of Maine Ground	11/2023			15	4	1
Limerick Rescue	11/2025	EMT	Paramedic	35	8	1
Limington Fire and EMS	11/2025	EMT	Paramedic	32	11	3
Lincoln County 9-1-1	11/2026	EMD Center		16	0	0
Lincoln Fire Department	11/2025	EMT	Paramedic	41	8	1
Lisbon Emergency Inc.	11/2025	EMT	Paramedic	53	6	1
Litchfield Fire & Rescue	11/2025	EMT	EMT	20	17	2
Livermore Falls Fire Dept.	11/2022			12	10	1
Livermore Fire Rescue	11/2025	EMR	EMT	14	5	1

Long Island Volunteer Rescue	11/2025	EMT	EMT	13	8	1
Lowell Fire and Rescue Department	11/2022			5	6	1
Machias Ambulance Service	11/2025	EMT	Paramedic	40	5	1
Madawaska Ambulance Service	11/2025	EMT	Paramedic	29	3	1
Maine General Medical Center DBA Jackman Area Volunteer Ambulance	04/2018			5	0	1
Maine Medical Center	11/2025	EMT	EMT	74	4	2
Maine State Police Medical Unit	11/2025	EMT	Paramedic	6	0	2
MaineHealth EMS - Franklin	11/2025	EMT	Paramedic	194	15	5
MaineHealth EMS - IFT	11/2025			198	19	3
MaineHealth EMS - Stephens	11/2025	Paramedic		77	8	2
Mariaville Volunteer Fire Department	11/2025	EMR	EMT	14	5	1
Mechanic Falls Fire Department	11/2025	EMT		10	3	1
Med-Care Ambulance Service	11/2025	AEMT	Paramedic	77	9	1
Medway Fire Department	11/2022			21	7	1
Memorial Ambulance Corps	11/2025	EMT	Paramedic	59	3	1
Meridian Mobile Health LLC dba Capital Ambulance	03/2019			18	4	5
Mid Coast Hospital Interceptor	11/2025	Paramedic		25	3	1
Milford Fire Department	11/2025	EMT	Paramedic	39	10	1
Millinocket Fire Department Ambulance Service	11/2025	EMT	Paramedic	22	10	1
Milo Fire Department	11/2025	EMR	EMT	24	9	1
Minot Fire Department	11/2025	EMT		32	10	1
Monson Fire Dept First Responders	11/2025	EMR		17	5	1
Moosabec Ambulance	11/2025	EMT	Paramedic	23	2	1
Mount Desert Fire-Rescue Department	11/2025	EMT	Paramedic	33	3	3
Mount Vernon Rescue	11/2025	EMT		8	2	1
MVR #4 UTC EMS Training Center	09/2028	Training Center - BLS		22	0	0
Naples Fire Department	11/2025	EMT	Paramedic	48	6	1
National EMS Institute (NEI)	10/2025			12	0	1
New Gloucester Fire & Rescue	11/2025	EMT	Paramedic	49	4	2
New Portland Fire - Rescue	02/2022			9	0	2
New Sharon Fire Rescue	11/2025	EMR	EMT	14	5	1
Newburgh Rescue	11/2025	EMR	EMT	8	3	1
Newfield Rescue Squad	11/2025	EMT	Paramedic	33	8	2
Newport Fire Department	11/2025	EMT	Paramedic	48	11	1
Nobleboro Fire Rescue	11/2025	EMT	EMT	23	8	2

Norridgewock Fire Department	11/2024	EMT		25	8	1
North Berwick Rescue Squad Inc	11/2025	EMT	Paramedic	31	5	1
North Haven EMS	11/2025	EMT		24	2	1
North Haven RRAAS	11/2024	EMT		25	0	1
North Yarmouth Fire Rescue	11/2025	EMT	Paramedic	39	8	1
Northeast Harbor Ambulance Service, Inc.	11/2022			7	3	3
Northeast Mobile Health Services	11/2025	AEMT	Paramedic	93	21	3
Northern Light Mayo Hospital	11/2025	EMT	Paramedic	78	12	3
Northern Light Medical Transport	11/2025	EMT	Paramedic	173	24	0
Northern Maine Community College	12/2029	Training Center - Paramedic		145	2	1
Northport First Responders	11/2025	EMR	EMT	10	2	2
Oakfield Fire Department	11/2025	EMR	EMT	12	8	1
Oakland Fire- Rescue	11/2025	EMT		41	16	3
Ogunquit Fire Rescue	11/2025	EMT	Paramedic	35	8	1
Old Orchard Beach EMS	11/2025	EMT	Paramedic	61	18	1
Old Town Fire Dept	11/2025	EMT	Paramedic	37	11	1
Old Town Fire Dept RRAAS	11/2024	EMT	Paramedic	13	1	1
Orono Fire - Rescue	11/2025	EMT	Paramedic	38	13	1
Orrington Fire Dept.	11/2025	EMT	Paramedic	25	10	1
Orrs/Bailey Island Fire Department	11/2025	EMT	Paramedic	53	50	2
Osborn Municipal Vol Fire Dept	11/2025	EMR		9	3	1
Otisfield Fire Department	11/2025	EMT		12	6	3
Oxford County Regional Communications Center	11/2026	EMD Center		26	0	0
Oxford Fire Rescue	11/2025	EMT	Paramedic	37	9	1
Palermo Rescue				6	0	1
Palermo Volunteer Fire Department Inc.	11/2025	EMR	EMT	20	4	1
Paris Fire Department	11/2025	EMR	EMT	9	5	1
Passadumkeag Volunteer Fire Dept	05/2017			4	1	1
Passamaquoddy Fire & Rescue	11/2025	EMT	Paramedic	32	4	1
Patten Ambulance Service	11/2025	EMT	Paramedic	23	4	1
Peninsula Ambulance Corps	11/2025	EMT	Paramedic	33	3	1
Penobscot Regional Communications Center	11/2026	EMD Center		43	0	0
Petit Manan Ambulance	11/2023			23	1	2
Phippsburg Fire & Rescue Department	11/2025	EMT	Paramedic	44	10	2
Piscataquis County Sheriff's Dept.	11/2026	EMD Center		18	0	0

Pleasant River Ambulance Service	11/2025	EMT	Paramedic	23	5	1
Plymouth Fire Department	11/2025	EMT	EMT	23	11	2
Poland Fire Rescue	11/2025	EMT	Paramedic	42	8	1
Portland Fire Department	11/2025	Paramedic		270	106	14
Portland Regional Communications Center	11/2026	EMD Center		34	0	1
Pownal Fire Dept First Responders	11/2025	EMR	EMT	28	7	2
Presque Isle Fire Department	11/2025	AEMT	Paramedic	60	15	1
Rangeley Fire Rescue	11/2025	EMR	EMT	11	2	1
Raymond Rescue	11/2025	EMT	Paramedic	43	11	2
Redington Fairview EMS	11/2025	Paramedic		49	8	1
Region Hospital System				5	0	0
Richmond Fire Department	11/2025	EMR		30	9	1
Rockland Fire & EMS	11/2025	AEMT	Paramedic	43	18	1
Rockport Fire Department	11/2025	EMT	Paramedic	26	4	1
Rockwood Fire - EMS	11/2025	EMR		20	9	1
Rome Fire & Rescue	11/2025	EMR	EMT	23	12	1
Rumford Fire Department	11/2025	EMT	EMT	20	9	1
Sabattus Fire Rescue	11/2025	EMT		43	10	3
Saco Fire Department	11/2025	AEMT	Paramedic	63	18	1
Saco Police Department	11/2026	EMD Center		20	0	1
Sacopee Rescue Inc	11/2025	EMT	Paramedic	33	3	1
Sagadahoc County Communications	11/2026	EMD Center		24	0	0
Saint Albans Fire Department	11/2025			28	12	2
Sanford Fire Dept Ambulance Service	11/2025	AEMT	Paramedic	66	22	2
Sanford Regional Communications Center	11/2026	EMD Center		32	0	1
Scarborough Downs EMS	02/2021			7	1	1
Scarborough Fire Department	11/2025	EMT	Paramedic	167	33	6
Scarborough Public Safety Communications	11/2026	EMD Center		25	0	1
Searsmont Rescue	11/2025	EMT		22	2	1
Searsport Ambulance Service	11/2025	EMT	Paramedic	33	4	1
Sebago Fire EMS	11/2025	EMT	Paramedic	28	11	4
Sebastcook Valley Hospital Ambulance	11/2025	EMT	Paramedic	57	3	2
Shapleigh Rescue Squad	11/2025	EMT	Paramedic	38	1	1
Sidney Fire Department	11/2025	EMR	EMT	18	11	3
Sipayik Ambulance Corps	11/2022			31	2	1
Skowhegan Fire Department	11/2025	EMR	EMT	33	13	1
Smithfield Fire Department	11/2025	EMR	EMT	19	6	1

Somerset County Communications Center	11/2026	EMD Center		22	0	0
Sorrento Rescue	05/2020			11	5	2
South Berwick Emergency Dispatch	11/2018			2	0	1
South Bristol Volunteer Fire Department	11/2025	EMR		7	9	1
South Portland Fire Rescue	11/2025	EMT	Paramedic	93	18	3
South Thomaston Ambulance Service	11/2025	EMT	Paramedic	34	2	1
Southern Aroostook EMS	11/2025	EMT	Paramedic	27	5	1
Southern Maine Community College	11/2029	Training Center - Paramedic		506	1	2
Southern Maine Emergency Medical Services	11/2019			4	0	0
Southwest Harbor / Tremont Ambulance Service Inc	11/2025	EMT	Paramedic	30	4	2
Southwest Harbor Fire Dept	11/2025	EMR	EMT	27	8	1
St George Ambulance	11/2025	EMT	Paramedic	37	3	1
Standish Fire - EMS	11/2025	EMT	Paramedic	86	18	1
Stetson Fire Rescue	07/2020			8	4	1
Stewarts Ambulance Service Inc.	11/2025	EMT	Paramedic	104	33	3
Stockton Springs Ambulance Service	11/2025	EMT	Paramedic	41	5	1
Stoneham Rescue Service	11/2025	EMT	Paramedic	56	2	2
Sullivan Fire Rescue	11/2025	EMT		15	9	1
Swan's Island Ambulance	11/2025	EMT		23	1	2
Testing Fire Department				1	0	0
Thomaston Ambulance	11/2025	EMT	Paramedic	38	5	1
Three Rivers Ambulance Service	11/2025	EMT	Paramedic	27	2	1
Topsham Fire - EMS	11/2025	EMT	Paramedic	54	16	1
Town of Dayton DBA / Goodwins Mills Fire-Rescue	11/2025	EMT	Paramedic	47	6	1
Town of Lisbon Fire Service	11/2025	EMR	EMT	18	12	1
Town of Mercer Rescue	11/2025	EMT	EMT	8	0	1
Town of Milbridge DBA Bold Coast EMS	11/2025	EMT		28	2	2
Town of Springfield	11/2021			18	5	3
Tri-County Emergency Medical Services, Inc	12/2024	Training Center - Paramedic		43	1	1
Tri-Town Ambulance Service	11/2018			3	3	1
Turner Rescue	11/2025	EMT	Paramedic	44	3	1
U.S. Border Patrol Medical Response Team	11/2025	EMT	Paramedic	4	1	8
Union Fire-Rescue	11/2025	EMT	Paramedic	62	7	1

United Ambulance- Bridgton	11/2025	EMT	Paramedic	42	7	1
United Ambulance Communications Center	12/2022			16	0	0
United Ambulance Service	11/2025	EMT	Paramedic	100	24	2
United Ambulance Training Center	08/2026	Training Center - Paramedic		499	1	0
Unity Ambulance Corps	11/2025	EMT	Paramedic	44	4	1
University of New England	11/2025	EMT		27	0	1
University Volunteer Ambulance Corps	11/2025	EMT	Paramedic	94	4	1
Upper Kennebec Valley Ambulance	11/2025	EMT	Paramedic	35	2	1
Van Buren Ambulance Service	11/2025	EMT	Paramedic	34	4	1
Vassalboro First Responders	11/2025	EMR		19	2	1
Veazie Fire Department	11/2025	EMR		14	9	1
Vinalhaven Ambulance	11/2025	EMT		23	3	1
Vinalhaven RRAAS	11/2024	EMT		17	1	1
Waldo County RCC	11/2026	EMD Center		21	0	0
Waldoboro Emergency Medical Services	11/2025	EMT	Paramedic	47	6	2
Wales Rescue	11/2025	EMR	EMT	13	2	1
Waltham Municipal Vol Fire Dept	11/2025	EMT		4	4	1
Warren Rescue	11/2025	EMT	Paramedic	30	1	1
Washington County Community College	03/2029	Training Center - BLS		33	0	0
Washington County Regional Communications Center	11/2026	EMD Center		28	0	0
Waterboro Fire Dept Rescue	11/2025	EMT	Paramedic	32	6	1
Waterville Fire Department	11/2025	EMT	Paramedic	62	31	1
Waterville Police Department	11/2026	EMD Center		18	0	0
WCEMSA dba Downeast EMS	11/2025	EMT	Paramedic	40	13	3
Weld Volunteer Fire & EMS	11/2025	EMR	EMT	5	4	1
Wells Emergency Medical Services	11/2025	AEMT	Paramedic	76	7	1
Wells Fire Department Rescue	11/2025	EMT	Paramedic	23	9	1
Wells Public Safety Dispatch	11/2026	EMD Center		19	0	0
West Bath Fire Dept	11/2025	EMT		14	8	1
West Forks Volunteer Fire Department	11/2025	EMR		13	4	2
Westbrook Communications	11/2026	EMD Center		19	0	0
Westbrook Fire Rescue	11/2025	Paramedic	Paramedic	65	11	2
Westbrook Medical Transport Service	09/2017			6	0	1
Westport Volunteer Fire Dept First Responders	11/2025	EMR	EMT	7	6	2

Whitefield Fire Department Rescue	11/2025	EMR	EMT	24	6	2
Wilsons Mills Fire Department	11/2025	EMR	EMT	11	4	1
Wilton Fire and Rescue	11/2025	EMR	EMT	6	6	1
Windham Fire Rescue	11/2025	EMT	Paramedic	81	15	3
Windsor Fire & Rescue	11/2025	EMR		13	7	2
Winslow Fire Department Rescue	11/2025	EMT	Paramedic	33	10	1
Winterport Volunteer Ambulance Service	11/2025	EMT	Paramedic	30	2	1
Winthrop Ambulance Service	11/2025	EMT	Paramedic	49	5	1
Wiscasset Ambulance Service	11/2025	EMT	Paramedic	40	3	1
Woodstock Fire Department	12/2021			18	10	1
Woolwich Fire Department	11/2025	EMT	Paramedic	48	11	2
Yarmouth Fire Rescue	11/2025	EMT	Paramedic	55	16	1
York Ambulance Association Inc	11/2025	EMT	Paramedic	55	7	2
York Beach Volunteer Fire Department	11/2025	EMT		30	10	1
York Police Department	11/2026	EMD Center		18	0	0
York Village Fire Department	11/2025	EMT		32	14	1

## Clinicians and Workforce

The EMS workforce in Maine consists of individuals who are licensed to provide emergency medical care. The license levels include; Ambulance Operator, Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Paramedic, and Emergency Medical Dispatcher.

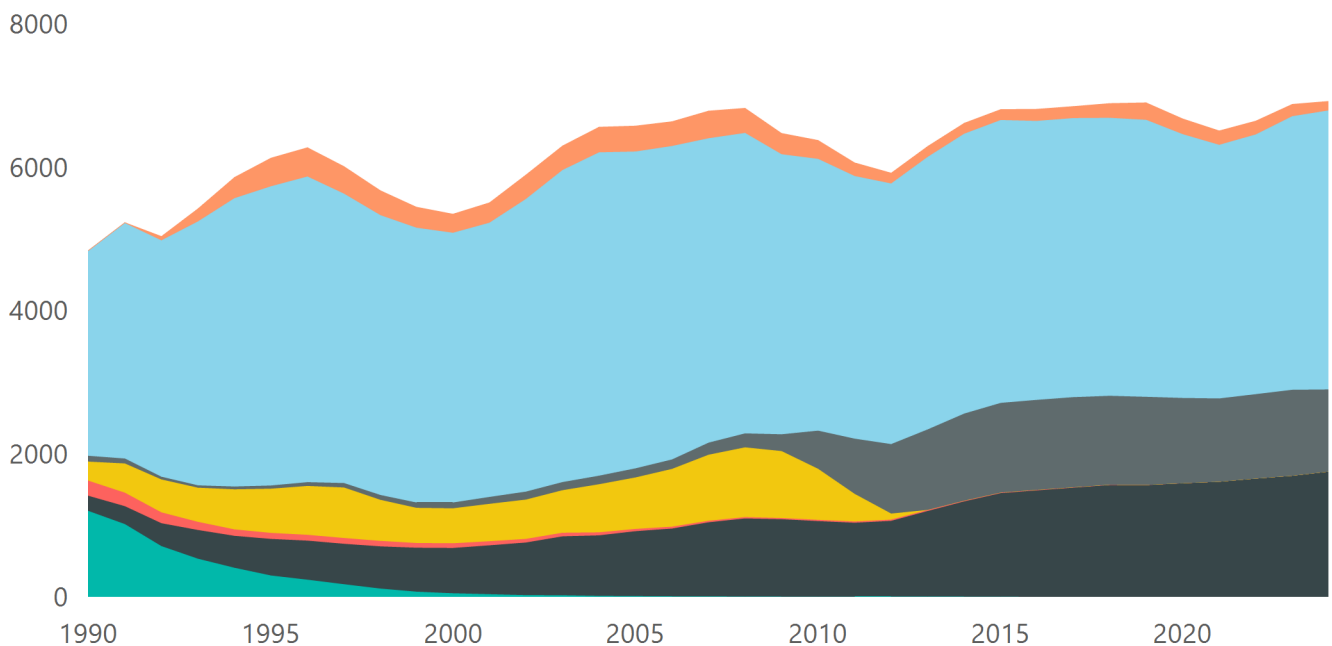
In 2023 Maine EMS kicked off a program to improve early exposure to EMS, the Maine EMS Explorer Program. Maine EMS is creating standardized Explorer trainings, which will be available for free to any interested person through the JMG Learning Management System (LMS). Trainings on the LMS will include Mental Health Awareness, Scene Safety Assessment, and HIPAA/Confidentiality for Explorers. Explorers will also be required to obtain or hold CPR, First-Aid, and Stop-the-Bleed certification. Certificates from these courses will be uploaded into the LMS to track completion.

In addition to this training, Explorers must be taught basic vital signs assessment of patients before they can practice those skills in the field. They will be taught theoretical knowledge of vital signs through the LMS, but actual practice of vitals assessment must be done in person in order to become comfortable and proficient in these skills. Therefore, students will be required to complete a certain number of practice vitals sets on their peers or mentors at their host agency. Competency in vital signs assessment will be tracked and signed off by Explorer Mentors or Preceptors.

The goal of the Maine EMS Explorer Program is to give individuals, ages 16 and up, a low-risk, low-barrier opportunity to experience emergency medical services. This goal includes giving participants entry-level training in transferable healthcare skills that may serve them in whatever career they choose. The program then seeks to match Explorers with a field site with which they will be authorized to participate on EMS calls and perform limited patient care skills while under the supervision of a trained mentor. The goal of this is that Explorers are able to participate in patient care and truly become part of an EMS team, rather than sitting and watching from a distance.

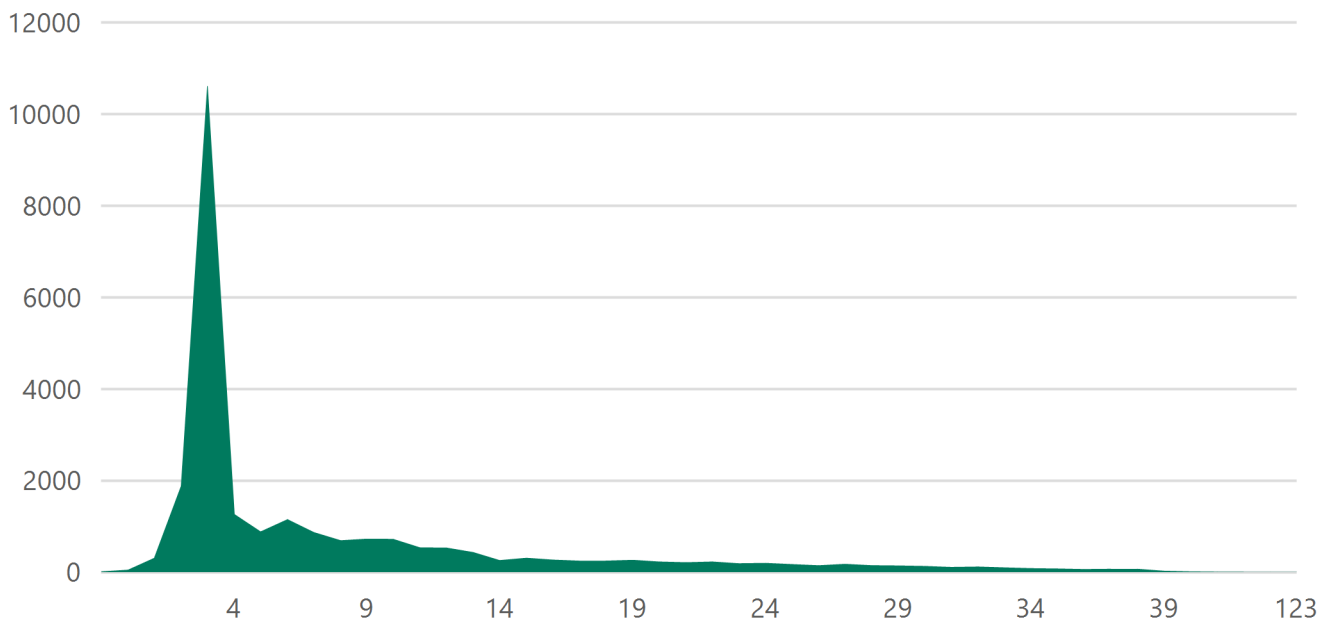
### Licensed Clinicians

EMR EMT AEMT EMT I EMT CC Paramedic LAA



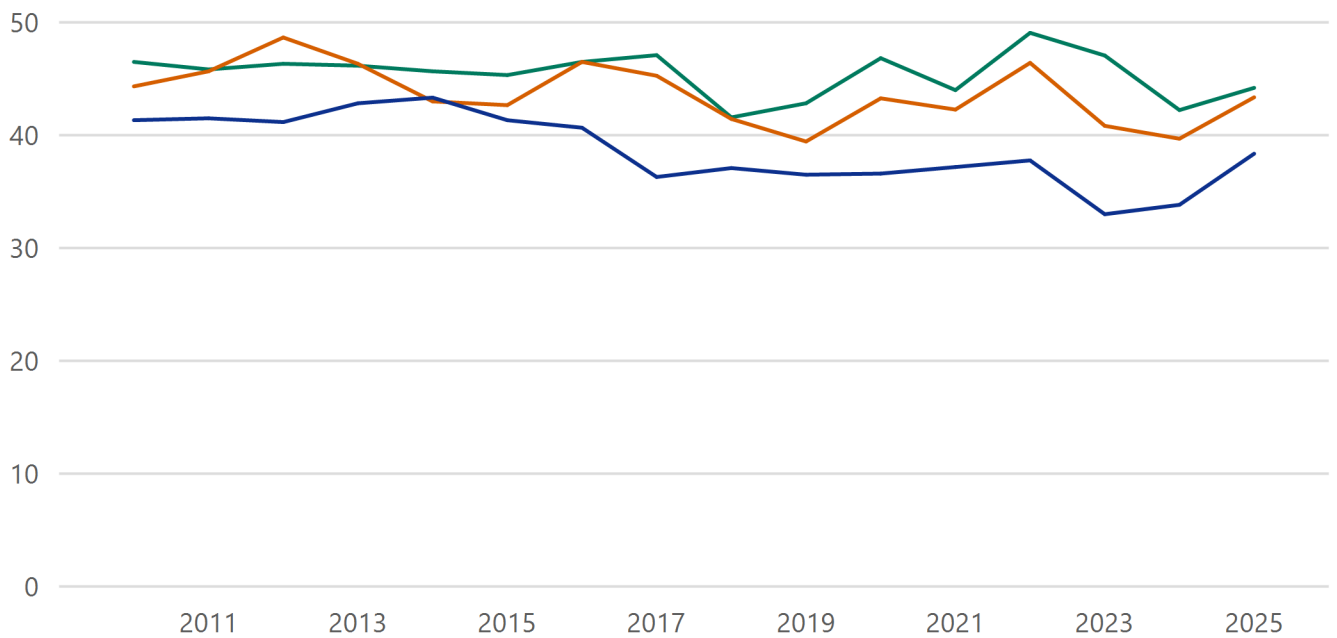
## Licensure Duration

Count of Licensees By the Number of Years Holding an EMS License

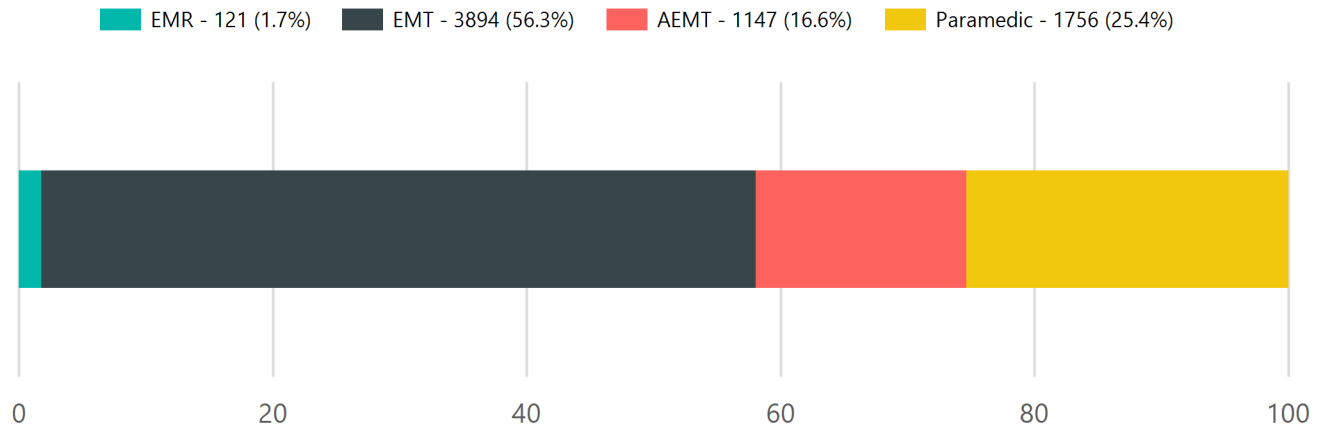


## Licensed Clinician Average Age and Rurality

— Rural — Super Rural — Urban



## Licensing Mix 2024



## Emergency Medical Dispatch

Emergency Medical Dispatch (EMD) is a vital component of emergency medical services (EMS). These are the specially trained professionals who answer emergency calls and coordinate the response of emergency medical teams. EMDs play a crucial role in the initial assessment of a situation, determining the urgency of the emergency, and dispatching the appropriate medical resources. Their expertise and quick thinking can make the difference between life and death, ensuring that the right help arrives as swiftly as possible.

The importance of EMDs lies not only in their ability to dispatch medical teams efficiently but also in their capacity to provide lifesaving instructions to callers. When someone calls in a panic due to a medical emergency, the EMDs are there to guide them through critical steps, such as performing CPR, controlling bleeding, or assisting with childbirth. This immediate guidance can stabilize patients before the arrival of EMS personnel, significantly improving their chances of survival and recovery.

EMD training is rigorous and comprehensive, covering medical knowledge, communication skills, and decision-making under pressure. EMDs must be adept at managing high-stress situations and conveying clear, concise instructions to people who may be distraught or confused. This training ensures they can accurately assess symptoms, prioritize calls based on severity, and provide effective pre-arrival instructions. EMDs also use sophisticated dispatch systems that help streamline the coordination of emergency responses, making the entire process more efficient.

In a broader sense, EMDs are the unsung heroes of the EMS system. They work behind the scenes, rarely seen by the public, yet their impact is profound. Their ability to triage emergencies and provide initial care instructions directly contributes to the overall effectiveness and efficiency of the emergency medical response. Without EMDs, the system would lack the crucial link that connects those in need with the lifesaving care that EMS provides.

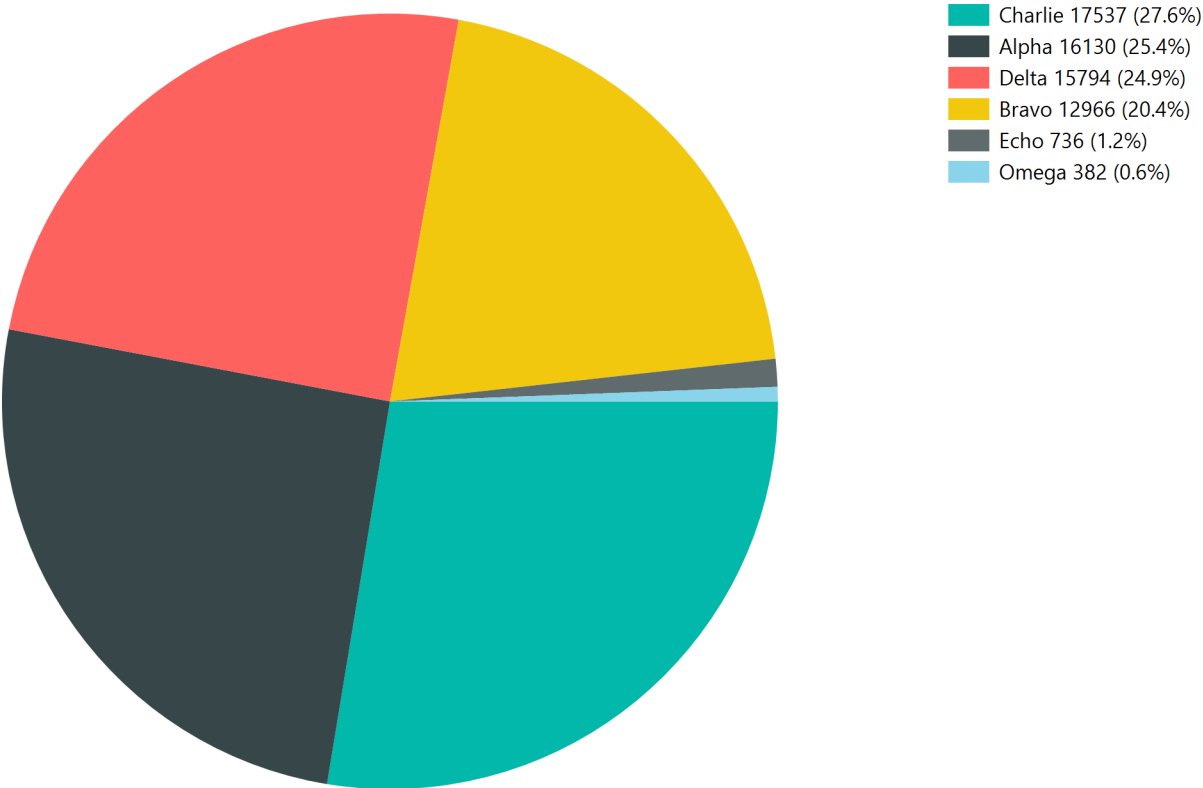
Communication Centers	Emergency Medical Dispatchers
Androscoggin County Sheriff Department (2000)	10
Biddeford Public Safety Communications Center (2010)	11
Brunswick Police Department Communications Division (2015)	7
Central Maine Consolidated Emerg Comm Bureau (2020)	21
Cumberland County Regional Communications Center (2025)	22
Dept of Public Safety - Bangor (2040)	13
Dept of Public Safety - Gray (2030)	1
Franklin County Regional Communications Center (2045)	12
Hancock County RCC / 9-1-1 (2050)	9
Houlton Regional Communications Center (2035)	13
Kittery Police Department (2056)	4
Knox Regional Communications Center (2055)	6
Lewiston/Auburn 9-1-1 (2060)	12
Lincoln County 9-1-1 (2065)	9
Oxford County Regional Communications Center (2070)	9
Penobscot Regional Communications Center (2075)	21
Piscataquis County Sheriff's Dept. (2080)	10
Portland Regional Communications Center (2085)	14
Sagadahoc County Communications (2090)	15
Sanford Regional Communications Center (2095)	13
Scarborough Public Safety Communications (2100)	10
Somerset County Communications Center (2105)	13
South Berwick Emergency Dispatch (2107)	0
United Ambulance Communications Center (2108)	1
Waldo County RCC (2110)	14
Washington County Regional Communications Center (2115)	16
Waterville Police Department (2116)	11
Wells Public Safety Dispatch (2117)	4
Westbrook Communications (2120)	10
York Police Department (2125)	8

EMD Protocol Number							
#	Description	2019	2020	2021	2022	2023	2024
01	Abdominal Pain/Problems	9969	9715	10143	9760	9198	9506
02	Allergic Reaction/Stings	2413	2286	2922	2627	2289	2524
03	Animal Bite	459	500	574	607	524	550
04	Assault	2191	2455	2486	2468	2261	2470
05	Back Pain (Non-Traumatic)	3826	3690	3941	3891	3798	3865
06	Breathing Problem	19516	17908	19965	21755	21307	22122
07	Burns/Explosion	300	342	398	373	336	291
08	Carbon Monoxide/Hazmat/Inhalation/CBRN	422	399	378	414	411	389
09	Cardiac Arrest/Death	2292	2800	3383	3630	3324	3434
10	Chest Pain (Non-Traumatic)	14329	13209	14416	15036	15278	14812
11	Choking	703	726	792	745	826	850
12	Convulsions/Seizure	5907	5620	5896	6394	6392	6930
13	Diabetic Problem	3475	3151	3424	3473	3586	3756
14	Drowning/Diving/SCUBA Accident	68	109	67	96	95	97
15	Electrocution/Lightning	103	75	155	154	137	176
16	Eye Problem/Injury	306	273	321	324	335	355
17	Falls	33020	32189	36882	37766	38676	39540
18	Headache	1305	1126	1173	1224	1181	1209
19	Heart Problems/AICD	2033	2107	2416	2525	2859	3149
20	Heat/Cold Exposure	362	339	430	486	485	487
21	Hemorrhage/Laceration	4084	4114	4483	4587	4998	5147
22	Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)	98	84	112	137	100	139
23	Overdose/Poisoning/Ingestion	4121	4105	5170	5364	5217	4533
24	Pregnancy/Childbirth/Miscarriage	554	579	756	779	690	666
25	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	8909	9291	9940	9213	9142	9404
26	Sick Person	33197	31229	36236	39022	39520	40280
27	Stab/Gunshot Wound/Penetrating Trauma	350	322	397	386	397	336
28	Stroke/CVA/TIA	4606	4835	5205	5469	5625	5399
29	Traffic/Transportation Incident	13869	11887	13474	13354	13306	13628
30	Traumatic Injury	4593	4197	5234	5203	4878	4515
31	Unconscious/Fainting/Near-Fainting	9369	8871	10088	10831	11756	11908
32	Unknown Problem/Person Down	8825	8169	9050	9352	8860	9351
33	Transfer/Interfacility/Palliative Care	50496	42142	45248	44788	41697	35783

34	Automated Crash Notification	102	73	103	145	171	295
36	Pandemic/Epidemic/Outbreak	13	1279	30247	602	56	4
37	Interfacility Evaluation/Transfer	9562	7641	8246	8524	11287	19690

EMD Determinant Levels

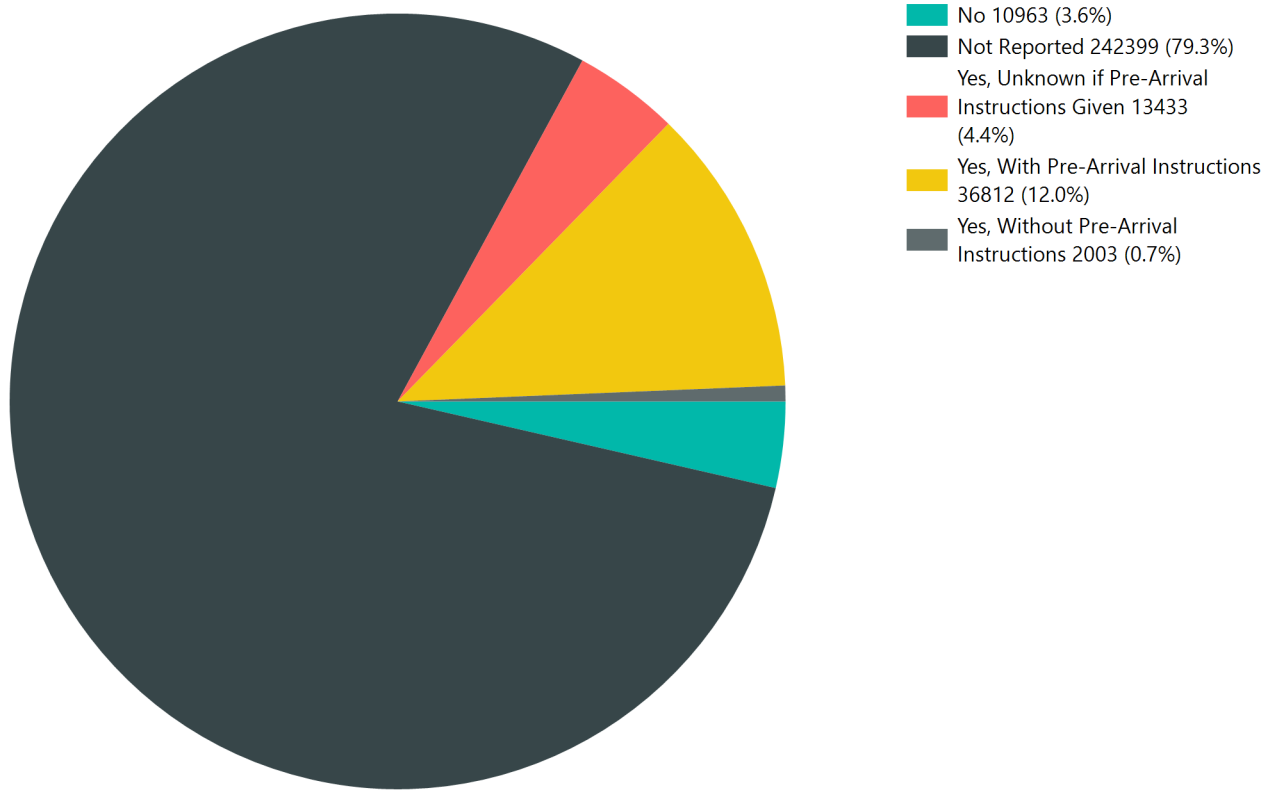
Determinant Levels 2024



#	Description	2019	2020	2021	2022	2023	2024
A	Alpha	5684	6505	7856	9226	12744	16130
B	Bravo	4133	4409	5007	5656	8975	12966
c	Charlie	6757	7026	7933	10025	13792	17537
D	Delta	7836	8282	9159	10944	12845	15794
E	Echo	419	459	574	673	724	736
O	Omega	168	213	212	259	357	382

## EMD Performed

### EMD Performed 2024



Description	2019	2020	2021	2022	2023	2024
No	891	911	1140	1769	2104	10963
Not Reported	249311	228642	286130	258635	245661	238052
Yes, Unknown if Pre-Arrival Instructions Given	23651	24403	27050	31901	35373	17780
Yes, With Pre-Arrival Instructions	1362	2215	3245	4085	12999	36812
Yes, Without Pre-Arrival Instructions	577	626	718	664	521	2003

## Activations

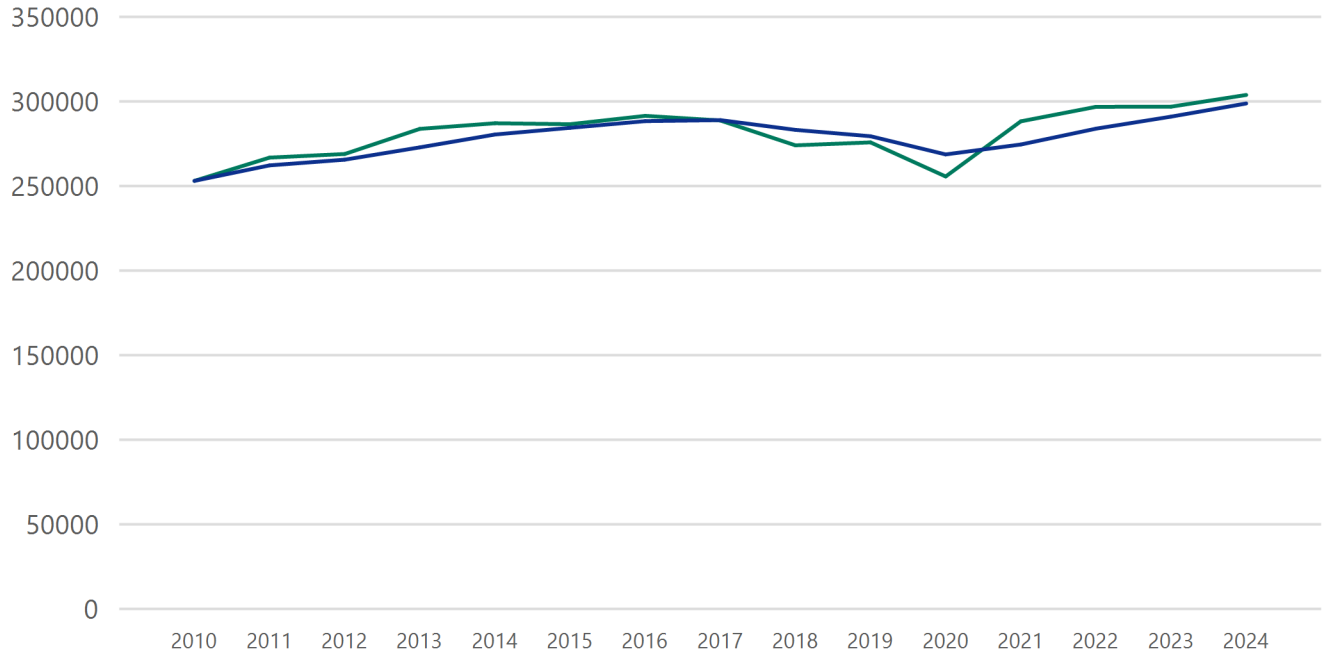
EMS activations in Maine refers to each call for service received by a licensed EMS agency, or for each patient encountered by a licensed EMS agency when more than one patient exists for the call for service.

EMS Activations are generally classified into several different types of services:

- **EMERGENCY RESPONSE (PRIMARY RESPONSE AREA):** Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).
- **EMERGENCY RESPONSE (INTERCEPT):** When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.
- **EMERGENCY RESPONSE (MUTUAL AID):** Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.
- **HOSPITAL-TO-HOSPITAL TRANSFER:** Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).
- **HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:** Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center.
- **NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER:** Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic.
- **NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER:** Any transfer from a non-hospital facility to a hospital. An example of this is a transfer from a dialysis center to a hospital.
- **OTHER ROUTINE MEDICAL TRANSPORT:** Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).
- **PUBLIC ASSISTANCE:** The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- **STANDBY:** Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- **SUPPORT SERVICES:** The unit responded to provide support not otherwise specified.
- **NON-PATIENT CARE RESCUE/EXTRICATION:** The unit responded to provide rescue and/or extrication service, personnel or equipment.
- **CREW TRANSPORT ONLY:** The unit responded to transport crew only.
- **TRANSPORT OF ORGANS OR BODY PARTS:** This includes tissues, biological samples, organs, and body parts.
- **MORTUARY SERVICES:** The unit responded to provide service or assistance in the event of a deceased patient.
- **MOBILE INTEGRATED HEALTH CARE ENCOUNTER:** The responding unit provided mobile resources in the out-of-hospital environment. It may include, but is not limited to, providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits.
- **EVALUATION FOR SPECIAL REFERRAL/INTAKE PROGRAMS:** EMS provides an initial medical screening as part of the intake process for various specialty referral services or programs (such as "Safe Baby Haven", mental health or addiction, or similar programs).
- **ADMINISTRATIVE OPERATIONS:** The unit provided EMS coordination, oversight and/or supervision of services.

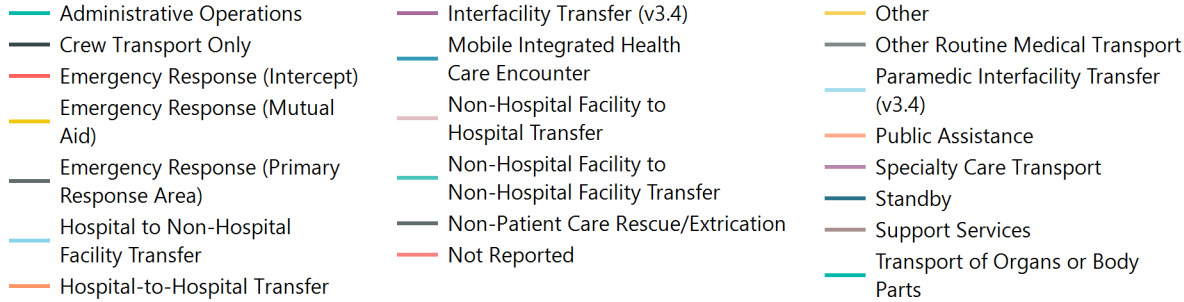
## EMS Activations

Activations Weight.Mov.Avg (Activations)



	2019	2020	2021	2022	2023	2024
All EMS Activations	275786	255584	288048	296494	296621	303701

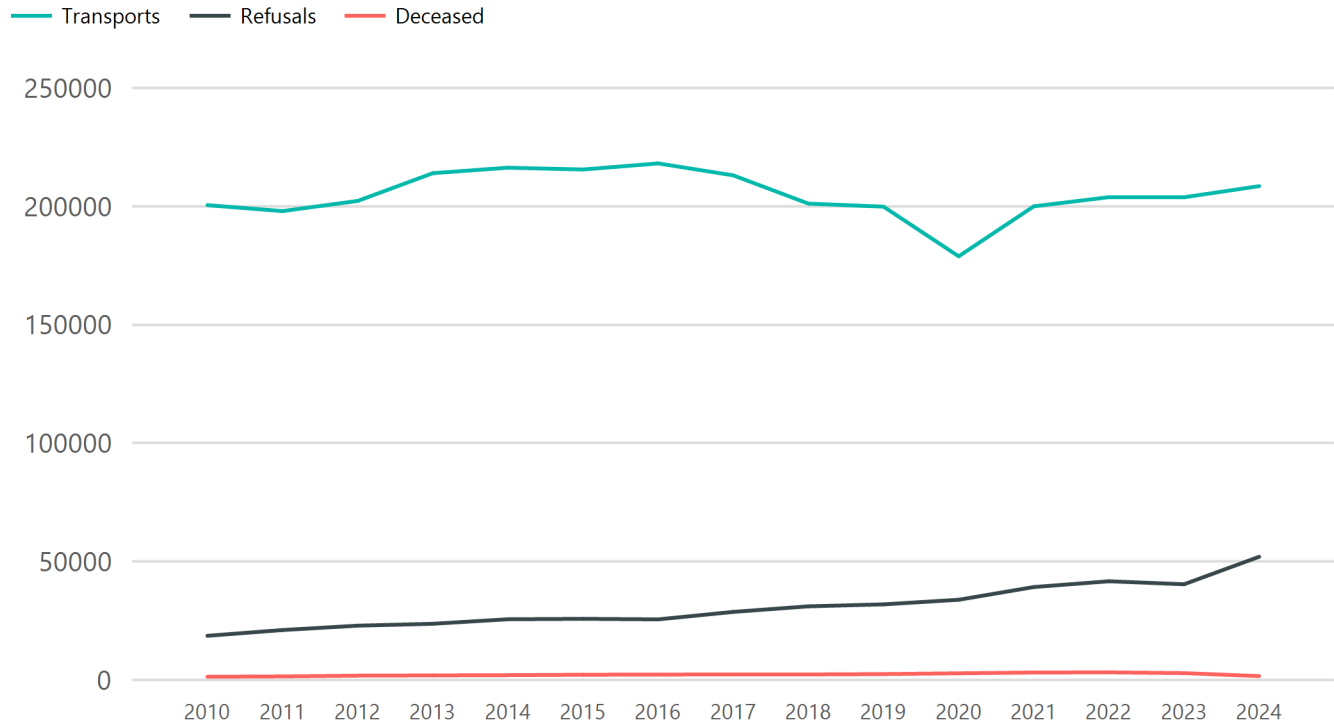
## EMS Activations By Type Of Service



Service Type	2019	2020	2021	2022	2023	2024
Administrative Operations						15
Crew Transport Only						148
Emergency Response (Intercept)	2237	1993	2292	2753	2935	2802
Emergency Response (Mutual Aid)	1476	1420	2000	2102	1986	5519
Emergency Response (Primary Response Area)	199283	188108	214266	225987	226828	227609
Hospital to Non-Hospital Facility Transfer						19557
Hospital-to-Hospital Transfer						28458
Interfacility Transfer (v3.4)	43331	37781	41593	41590	39915	1567
Mobile Integrated Health Care Encounter	2234	2295	2803	2856	3286	3442
Non-Hospital Facility to Hospital Transfer						2033
Non-Hospital Facility to Non-Hospital Facility Transfer						2090
Non-Patient Care Rescue/Extrication						112
Not Reported	755	404	883	913	786	132
Other Routine Medical Transport	17753	15754	14811	10247	10733	2433
Paramedic Interfacility Transfer (v3.4)	3483	3112	3094	3329	3537	163
Public Assistance	2194	2197	3215	3434	3176	3641
Specialty Care Transport	1247	1218	1303	1258	1349	43
Standby	1793	1302	1788	2025	2090	2366

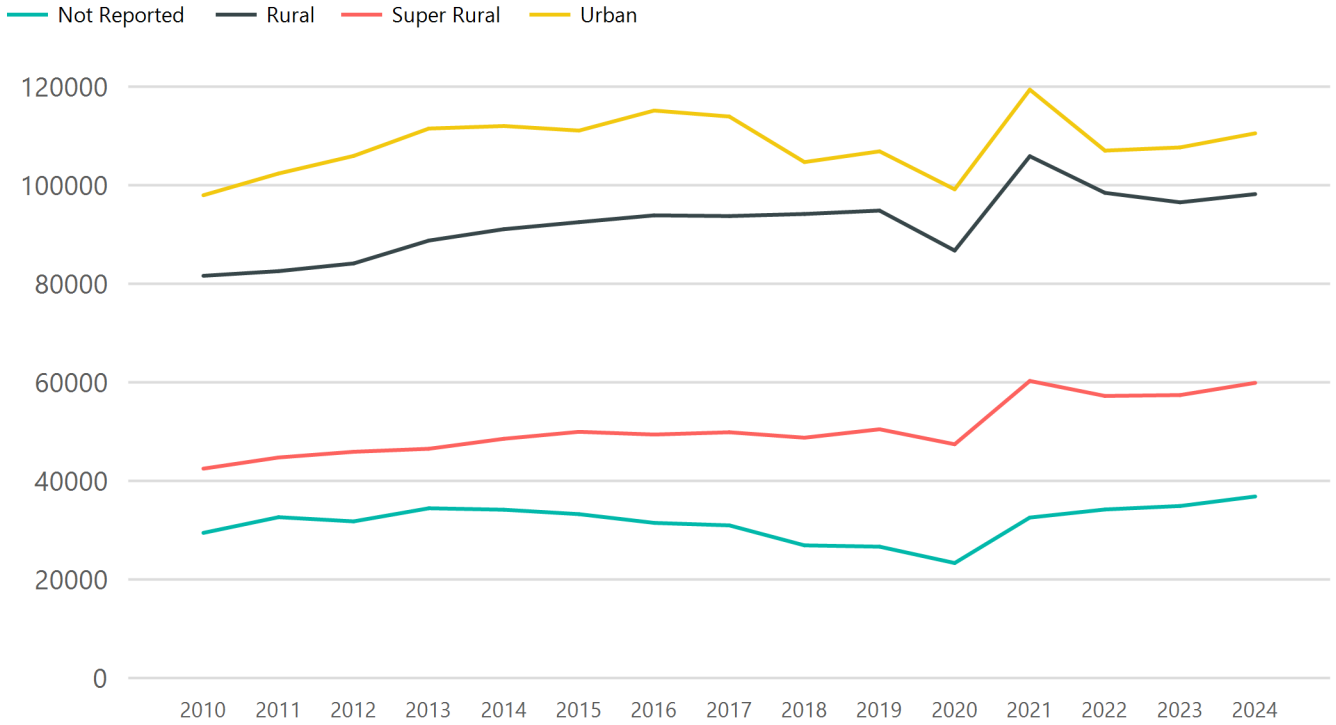
Support Services						1569
Transport of Organs or Body Parts						2

## EMS Activations By Disposition



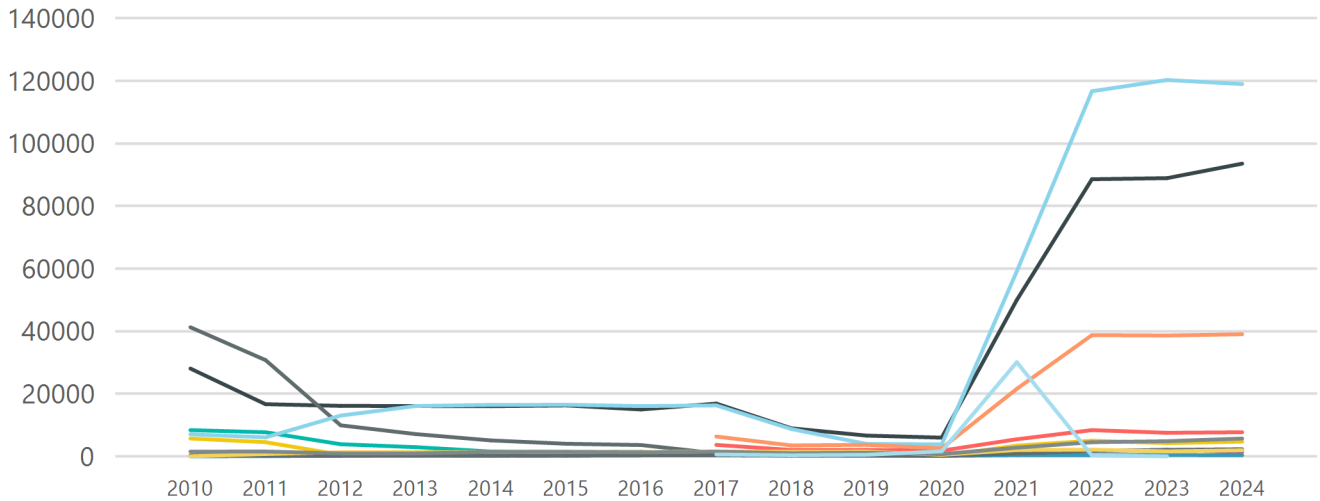
	2019	2020	2021	2022	2023	2024
Transports	199942	178967	200090	203944	203907	208622
Refusals	31903	33847	39223	41671	40406	52020
Deceased	2447	2789	3103	3183	2854	1593

## EMS Activations By Rurality



Scene Rurality	2019	2020	2021	2022	2023	2024
Not Reported	26659	23340	32571	34211	34919	36847
Rural	94901	86783	105938	98504	96576	98247
Super Rural	50499	47456	60312	57261	57440	59922
Urban	106933	99218	119462	107078	107723	110594

## EMS Activations By CMS Service Level

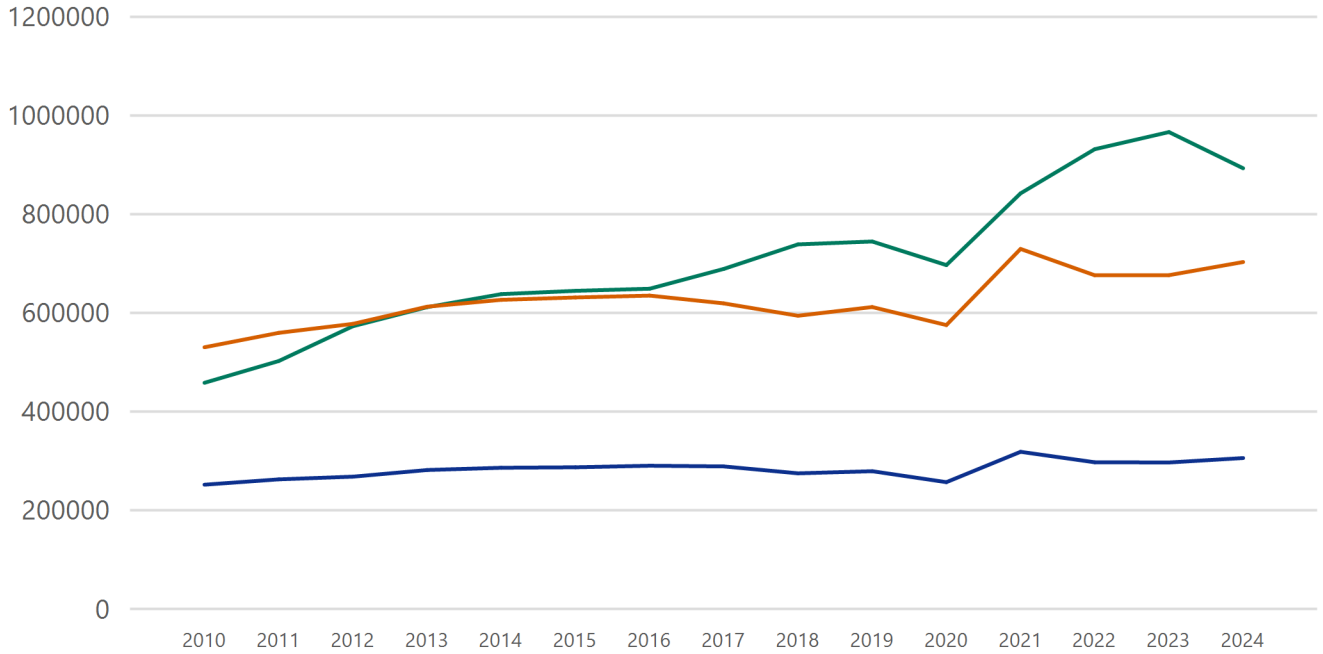


Prior to July 2021 the CMS Service Level Data Element had a default value of Not Reported

CMS Service Level	2019	2020	2021	2022	2023	2024
ALS, Level 1	266					
ALS, Level 1 Emergency	6618	5970	49978	88586	88930	93559
ALS, Level 1 Inter-Facility	2072	1805	5443	8373	7521	7689
ALS, Level 2	136	125	3405	4988	4211	4688
BLS	430					
BLS, Emergency	3952	3814	59158	116710	120299	119003
BLS, Inter-Facility	3678	2551	21560	38746	38609	39017
Critical Care Transport Ground			1022	1714	2045	1368
Fixed Wing (Airplane)	340	126	361	351	415	348
Not Applicable						1540
Not Recorded						516
Not Reported	258110	239444	141617	29014	26160	27614
Paramedic Intercept	232	183	897	1692	2048	2252
PIFT						397
Rotary Wing (Helicopter)	1525	477	1997	2121	1588	1951
Specialty Care Transport	1148	708	2760	4503	4826	5668
Treatment without Transport	485	1594	30085	256	6	

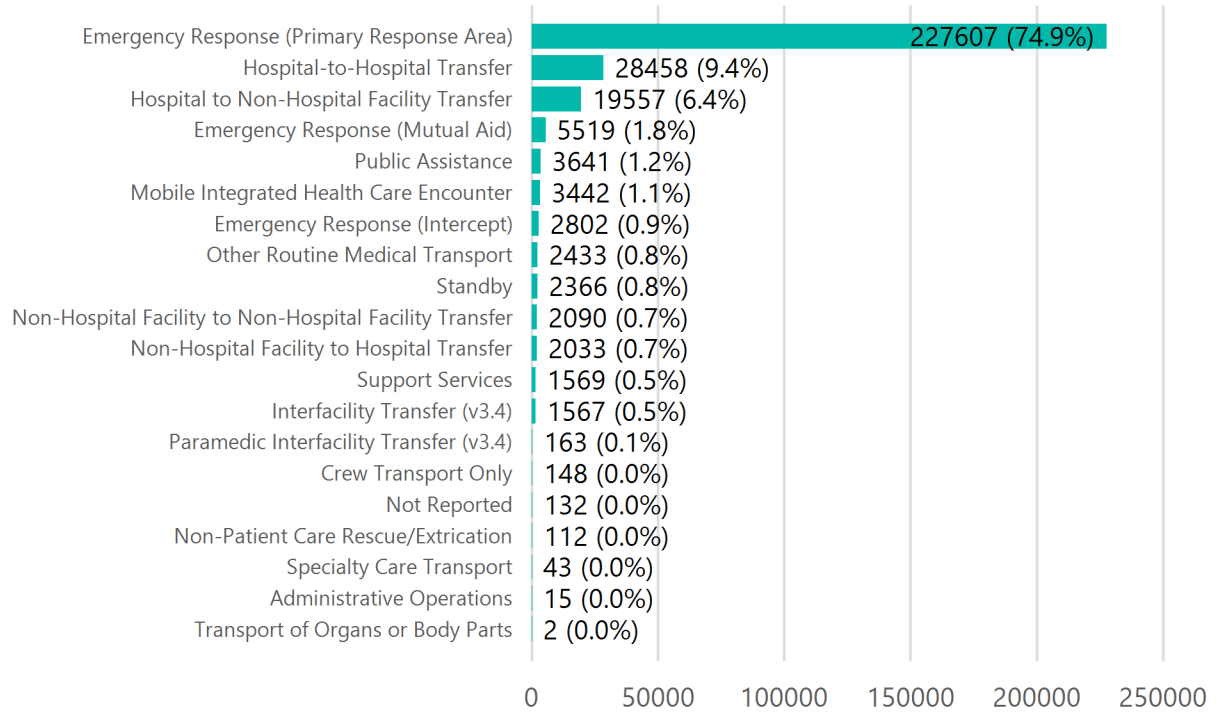
## Staff Activations

Staff Hours Crew Count Activations

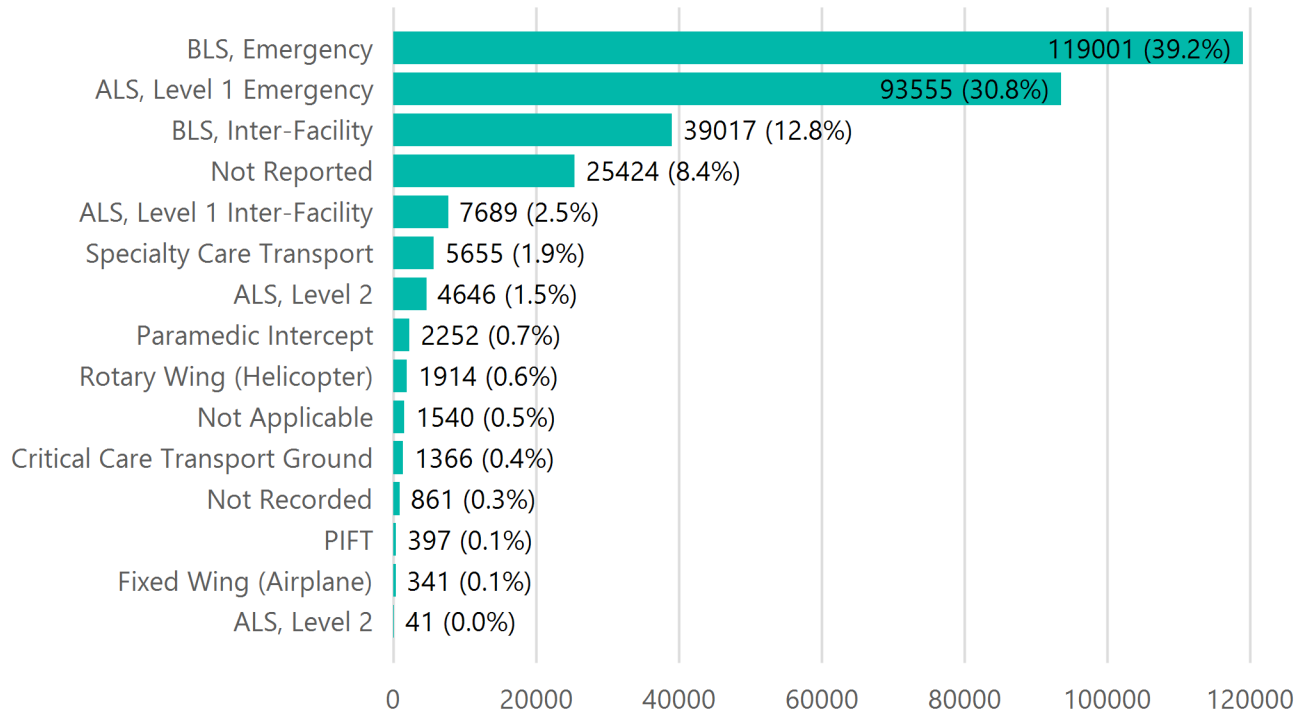


	2019	2020	2021	2022	2023	2024
Sum Staff Hours On EMS Activations	744429	696615	841980	931477	966176	892805
Sum Crew Count On EMS Activations	611629	575080	729361	675984	676158	702845

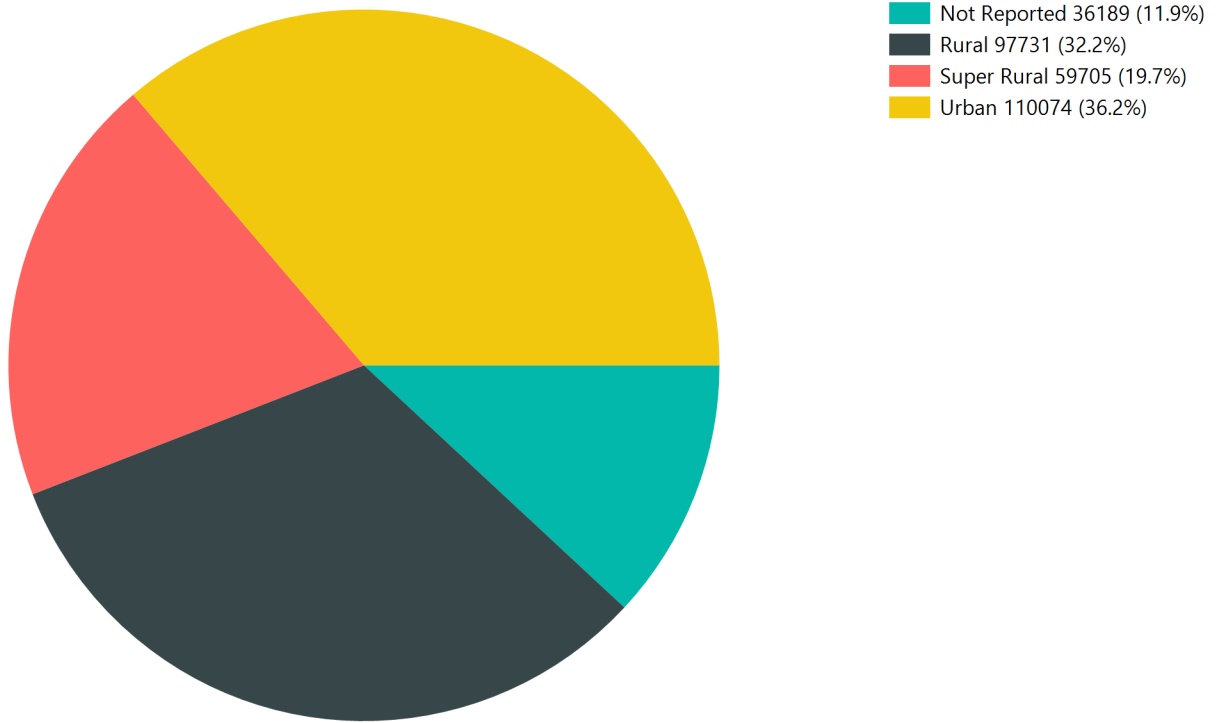
### Type of Service Requested 2024



























### CMS Service Level 2024



## Scene Rurality 2024

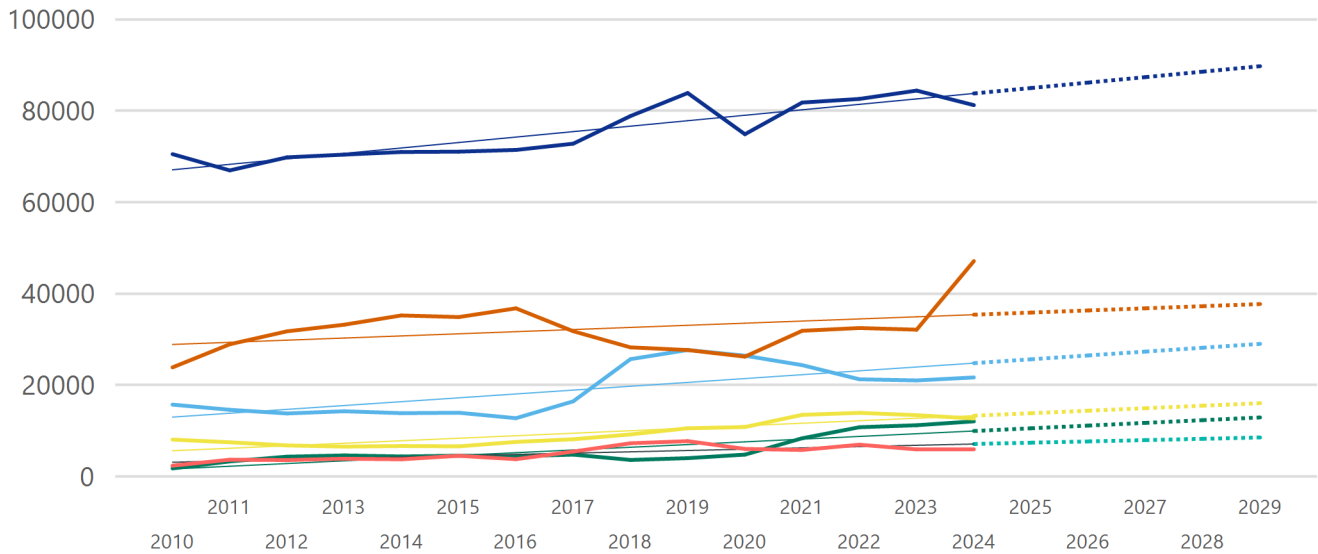


Top 20 Impressions 2024	Impression Count
Medical - Weakness (R53.1)	22728
Adult - No findings or Complaints (Z00.00)	22435
Cardiac - Chest pain (R07.9)	8643
Behavioral - Anxiety (F41.1)	8507
Pain - Abdominal (R10.84)	8034
Medical - Altered mental status (R41.82)	7095
Injury - Head (S09.90)	6157
Pain - Back (M54.9)	6005
Medical - Syncope (R55)	5713
Medical - Malaise (R53.81)	5190
Behavioral - Psychiatric Episode (R45.89)	4983
GI - Nausea and Vomiting (R11)	4401
Cardiac - Arrhythmia (I49.9)	4142
Resp - Dyspnea (R06.0)	4053
Resp - COPD Exacerbation (J44.1)	4034
Neuro - Seizures - Other (G40.89)	3288
Pain - Chest-Non Cardiac (R07.89)	3205
Not Applicable	3143
Tox - Alcohol use - with intoxication (F10.92)	2989
Medical - Urinary tract infection (N39.0)	2876

Syndrome Or Detail		2019	2020	2021	2022	2023
Activations		278992	256797	318283	297054	296658
Assault		2351	2168	2565	2534	2622
Behavioral		27672	26430	24362	21262	21013
Cardiac Arrest		3355	3600	3939	4027	3609
Chest Pain		15127	13442	13434	12928	12831
Childbirth		400	368	309	212	182
Distinct Patients		122194	112861	142904	129629	129578
Fire Or Explosion		192	184	221	198	199
Firearm		43	32	76	52	53
Infection		2568	2017	1944	1742	1795
Infectious Disease		7728	6026	5801	6952	5923
Injury		41640	36535	42829	42457	41468
Open Wound		4007	4782	8355	10774	11215
Opioid Overdose		2158	2458	3369	3613	3188
Overdose		10548	10820	13481	13923	13414
Pain		83895	74881	81808	82602	84427
Pregnancy		2065	1736	1876	1655	1694
Respiratory Arrest		2265	2442	2807	3099	2874
Respiratory Distress		10825	10019	12328	12203	13240
SelfHarm		2743	2551	2596	2431	2554
Slip, Trip, or Fall		27669	26221	31870	32480	32115
Stroke		5190	4447	4207	3730	3714
Trauma		15874	16279	17239	17256	16739
Vehicle Accident		9794	8082	9557	9238	8912

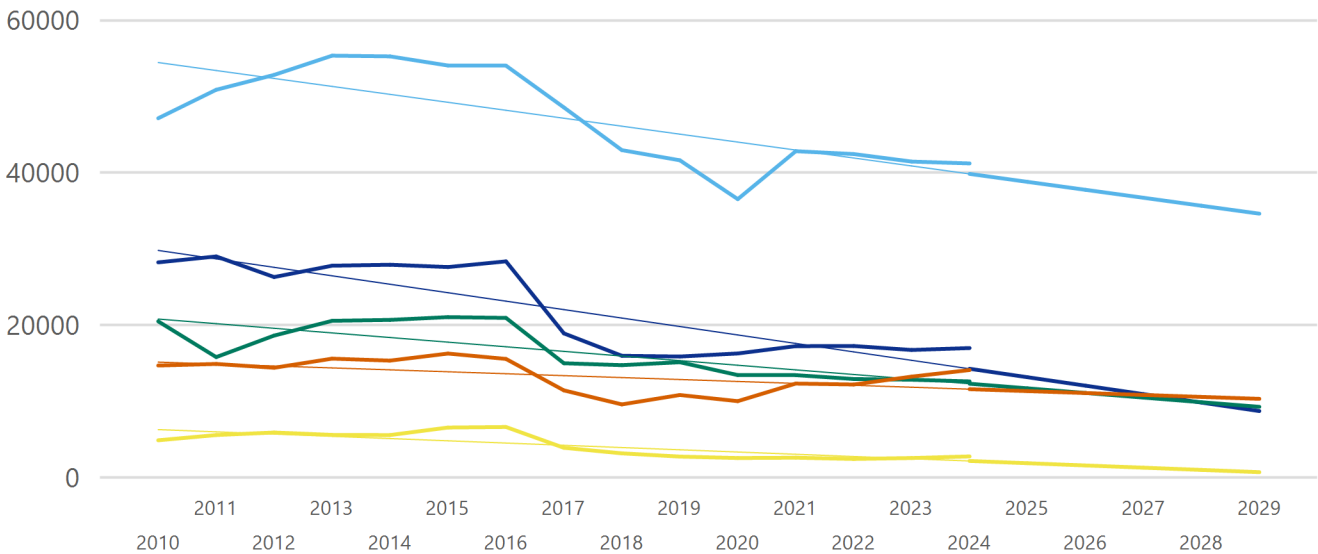
### Fastest Growing Syndromes

..... Pain (Forecast)      Behavioral - Actual      ..... Overdoses (Forecast)      Slip, Trip, or Fall - Actual  
 — Pain - Actual      ..... Open Wound (Forecast)      — Overdoses - Actual      ..... Infectious Disease (Forecast)  
 ..... Behavioral (Forecast)      — Open Wound - Actual      ..... Slip, Trip, or Fall (Forecast)      — Infectious Disease - Actual



### Slowing or Decreasing Syndromes

— Trauma (Forecast)      Injury      Self Harm (Forecast)      Respiratory Distress (Forecast)  
 — Trauma      Chest Pain (Forecast)      Self Harm      Respiratory Distress  
 Injury (Forecast)      Chest Pain



Emergency Activation Scene Location Type					
	2020	2021	2022	2023	2024
1	Private Residence - 94,173 (48.7%)	Private Residence - 104,841 (47.4%)	Private Residence - 108,344 (46.4%)	Private Residence - 108,413 (46.2%)	Private Residence - 129,455 (53.5%)
2	Apartment - 13,500 (7.0%)	Apartment - 14,541 (6.6%)	Apartment - 15,406 (6.6%)	Apartment - 13,908 (5.9%)	Street/road/highway - 19,110 (7.9%)
3	Roadways - Local - 8,124 (4.2%)	Not Reported - 9,354 (4.2%)	Roadways - Local - 9,547 (4.1%)	Healthcare - Assisted living Facility - 10,057 (4.3%)	Apartment/condo - 15,499 (6.4%)
4	Nursing Home - 6,946 (3.6%)	Roadways - Local - 9,187 (4.2%)	Not Reported - 9,525 (4.1%)	Not Reported - 9,874 (4.2%)	Healthcare - Assisted living Facility - 11,258 (4.7%)
5	Not Reported - 6,910 (3.6%)	Nursing Home - 7,562 (3.4%)	Nursing Home - 8,308 (3.6%)	Roadways - Local - 9,524 (4.1%)	Nursing Home - 11,245 (4.6%)
6	Healthcare - Assisted living Facility - 6,167 (3.2%)	Healthcare - Assisted living Facility - 7,314 (3.3%)	Healthcare - Assisted living Facility - 8,299 (3.6%)	Nursing Home - 9,107 (3.9%)	Not Reported - 5,566 (2.3%)
7	Roadways - Local residential or business street - 5,387 (2.8%)	Private Residence - Bedroom - 6,303 (2.9%)	Private Residence - Bedroom - 7,218 (3.1%)	Private Residence - Bedroom - 7,212 (3.1%)	Place of business, NOS - 4,479 (1.9%)
8	Private Residence - Bedroom - 5,107 (2.6%)	Roadways - Local residential or business street - 5,522 (2.5%)	Roadways - Parking lot - 3,863 (1.7%)	Street and highway - 4,444 (1.9%)	Healthcare - 4,111 (1.7%)
9	Healthcare - Health care provider office - 2,960 (1.5%)	Roadways - Parking lot - 3,782 (1.7%)	Healthcare - Health care provider office - 3,733 (1.6%)	Healthcare - Health care provider office - 3,909 (1.7%)	Institutional residence - 3,795 (1.6%)
10	Roadways - Parking lot - 2,836 (1.5%)	Healthcare - Health care provider office - 3,562 (1.6%)	Roadways - Local residential or business street - 3,732 (1.6%)	Roadways - Parking lot - 3,844 (1.6%)	Public area, NOS - 3,244 (1.3%)

Emergency Activation Destinations					
	2020	2021	2022	2023	2024
1	Mainehealth Maine Medical Center Portland - 18,585 (15.2%)	Mainehealth Maine Medical Center Portland - 21,026 (15.0%)	Mainehealth Maine Medical Center Portland - 23,301 (15.7%)	Mainehealth Maine Medical Center Portland - 24,783 (16.6%)	Mainehealth Maine Medical Center Portland - 25,427 (16.6%)
2	Eastern Maine Medical Center - 9,475 (7.8%)	Eastern Maine Medical Center - 10,288 (7.4%)	Maine General Medical Center - Alford Center For Health - 9,848 (6.6%)	Maine General Medical Center - Alford Center For Health - 10,147 (6.8%)	Central Maine Medical Center - 10,755 (7.0%)
3	Maine General Medical Center - Alford Center For Health - 8,352 (6.8%)	Central Maine Medical Center - 9,534 (6.8%)	Eastern Maine Medical Center - 9,754 (6.6%)	Eastern Maine Medical Center - 9,830 (6.6%)	Eastern Maine Medical Center - 10,435 (6.8%)
4	Central Maine Medical Center - 8,175 (6.7%)	Maine General Medical Center - Alford Center For Health - 9,237 (6.6%)	Central Maine Medical Center - 9,628 (6.5%)	Central Maine Medical Center - 9,791 (6.6%)	Maine General Medical Center - Alford Center For Health - 9,859 (6.4%)
5	Mainehealth Maine Medical Center Biddeford - 7,289 (6.0%)	Mainehealth Maine Medical Center Biddeford - 7,646 (5.5%)	Mainehealth Maine Medical Center Biddeford - 7,984 (5.4%)	Mainehealth Maine Medical Center Biddeford - 8,436 (5.7%)	Mainehealth Maine Medical Center Biddeford - 8,815 (5.7%)
6	MaineHealth Mid Coast Hospital - 6,100 (5.0%)	MaineHealth Mid Coast Hospital - 7,001 (5.0%)	MaineHealth Mid Coast Hospital - 7,201 (4.9%)	MaineHealth Mid Coast Hospital - 7,223 (4.8%)	MaineHealth Mid Coast Hospital - 7,737 (5.0%)
7	Saint Marys Regional Medical Center - 4,557 (3.7%)	Mercy Hospital - 5,320 (3.8%)	St Joseph Hospital - 6,508 (4.4%)	St Joseph Hospital - 6,605 (4.4%)	St Joseph Hospital - 6,145 (4.0%)
8	St Joseph Hospital - 4,521 (3.7%)	St Joseph Hospital - 5,291 (3.8%)	Maine General Medical Center - Thayer Center For Health - 5,253 (3.5%)	Mercy Hospital - Fore River - 5,178 (3.5%)	Mercy Hospital - Fore River - 5,751 (3.7%)
9	Mercy Hospital - 4,376 (3.6%)	Maine General Medical Center - Thayer Center For Health - 5,056 (3.6%)	Saint Marys Regional Medical Center - 4,995 (3.4%)	Saint Marys Regional Medical Center - 4,877 (3.3%)	MaineHealth Pen Bay Hospital - 4,365 (2.8%)
10	Maine General Medical Center - Thayer Center For Health - 3,532 (2.9%)	Saint Marys Regional Medical Center - 4,998 (3.6%)	Mercy Hospital - Fore River - 4,871 (3.3%)	Maine General Medical Center - Thayer Center For Health - 4,363 (2.9%)	Saint Marys Regional Medical Center - 4,346 (2.8%)

Facilities utilize the name of the facility as of December 31, 2024

## Times

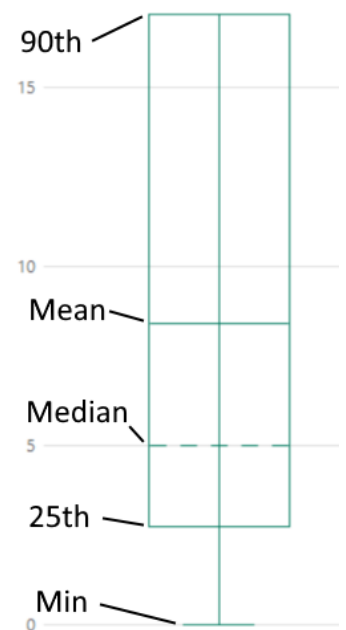
Time measures are an often sought after measure to evaluate EMS. Certainly some time measures are able to be used to identify areas of improvement within the EMS system. One of the most frequently asked for measures is response time. It is worth noting that response time, in and of itself, is not generally a measure that can be used to evaluate performance, quality or efficiency within the EMS system. This is because the manner of response often varies depending on the situation. For example; a response to a cardiac arrest may be emergent using lights and siren while a response for a bruise to the forearm may not use lights and sirens and use non-emergent normal traffic patterns. Other time measures often also have a correlation to the specific situations urgency.

The time measures shown below compare several time durations. Each measure is shown independent of each other and displayed for each year within the date range. The data for the measures below utilize data within the 2nd and 99th percentiles.

The data is presented in a box plot chart, a format which provides a significant amount information. Key components of the box plot are:

- The minimum value is represented by the lowest horizontal bar for each series
- The mean value is represented by a solid horizontal line within each series
- The median value is represented by a dashed horizontal line within each series
- The 25th percentile value is represented by the bottom of the box for each series
- The 90th percentile value is represented by the top of the box for each series

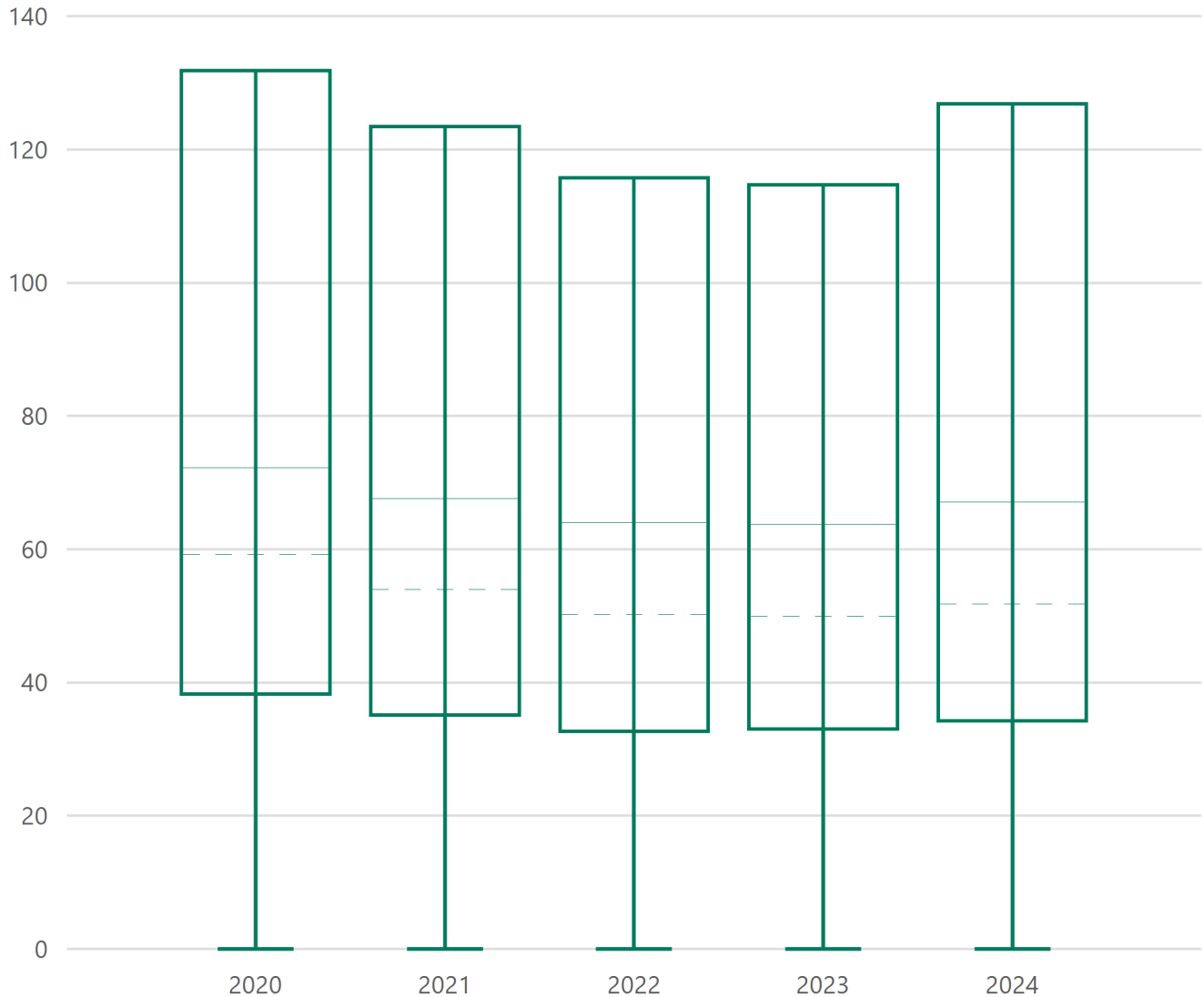
Note: Not all agencies document all times. In cases where a time value included in a calculation is not provided then it is excluded from the measure.



## Event Duration

**Event Duration:** The time in minutes from the unit being dispatched until the unit is back in service.

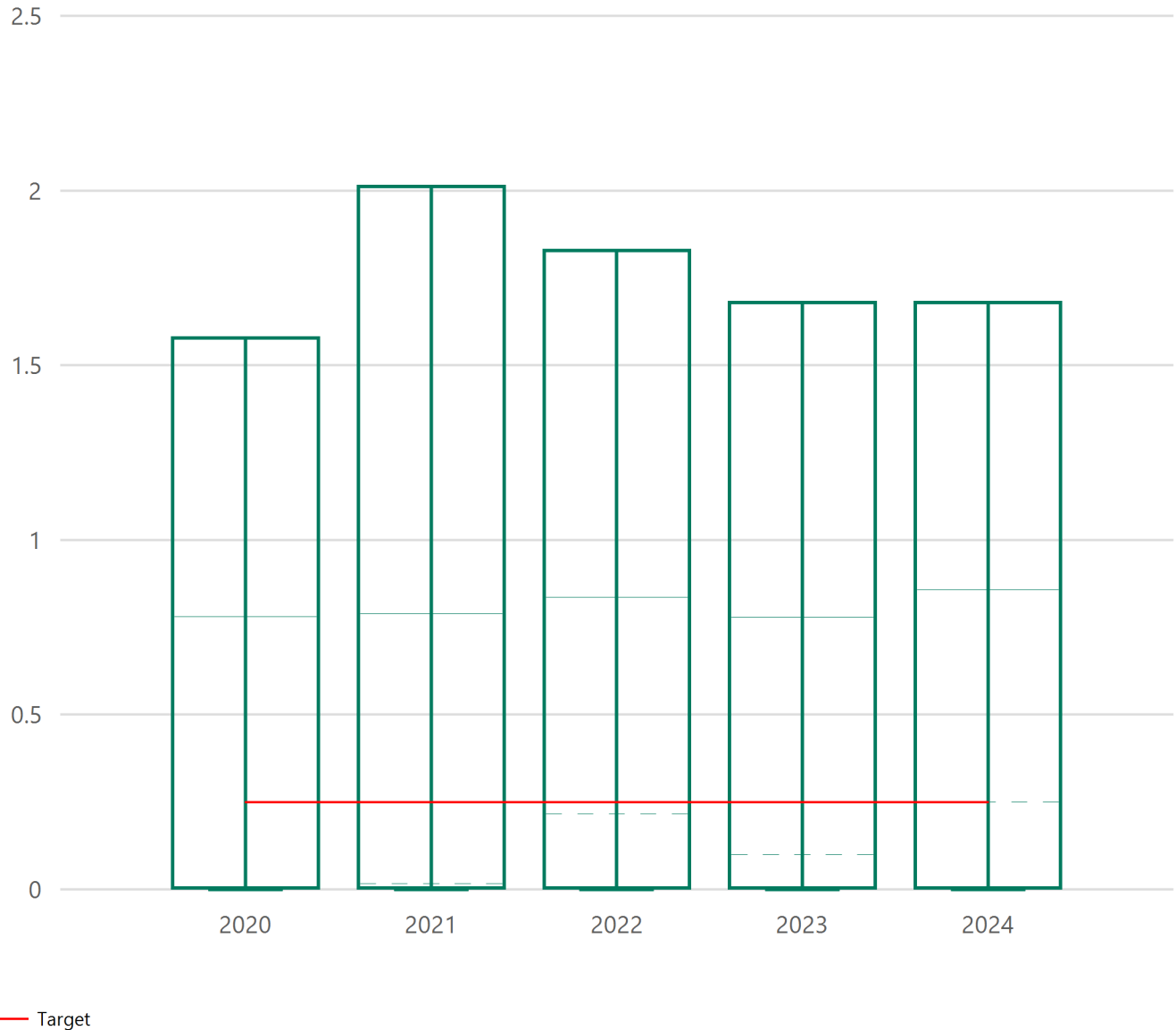
**Calculation Method:** The event duration was calculated using the Incident Date/Time, a calculated value from the earliest of the date/time values, or the Unit Notified by Dispatch Date/Time (eTimes.03) of an Incident Date/Time does not exist and compares with Unit Back In Service Date/Time (eTimes.13) or the Unit Back at Home Location Date/Time (eTimes.15). Activations where the Incident Date/Time or the Unit Notified by Dispatch Date/Time (eTimes.03) is greater than the Unit Back In Service Date/Time (eTimes.13) or the Unit Back at Home Location Date/Time (eTimes.15) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.



## PSAP To Dispatch

**PSAP To Dispatch:** The time in minutes from call receipt in the PSAP until the call is transferred to a dispatch center. This is often referred to as Call Answering Time.

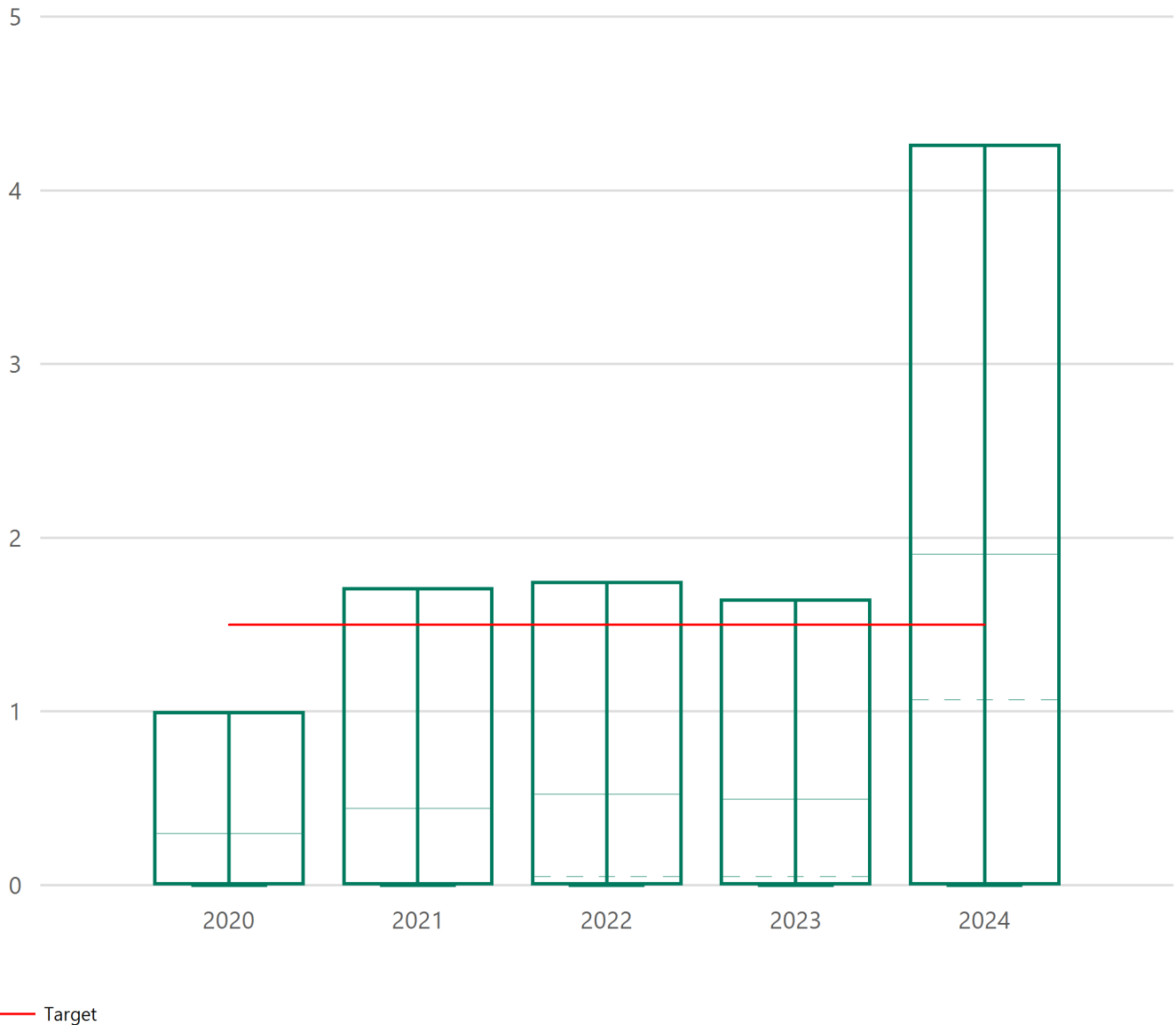
**Calculation Method:** The PSAP To Dispatch value was calculated using the PSAP Call Date/Time (eTimes.01) and compares with Dispatch Notified Date/Time (eTimes.02). Activations where the PSAP Call Date/Time (eTimes.01) is greater than the Dispatch Notified Date/Time (eTimes.02) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.



## Dispatch To Unit Notified

**Dispatch To Unit Notified:** The time in minutes the call was received by dispatch until a unit is dispatched. This is often referred to as Call Processing time

**Calculation Method:** The Dispatch To Unit Notified value was calculated using the Dispatch Notified Date/Time (eTimes.02) and compares with Unit Notified by Dispatch Date/Time (eTimes.03). Activations where the Dispatch Notified Date/Time (eTimes.02) is greater than the Unit Notified by Dispatch Date/Time (eTimes.03) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.

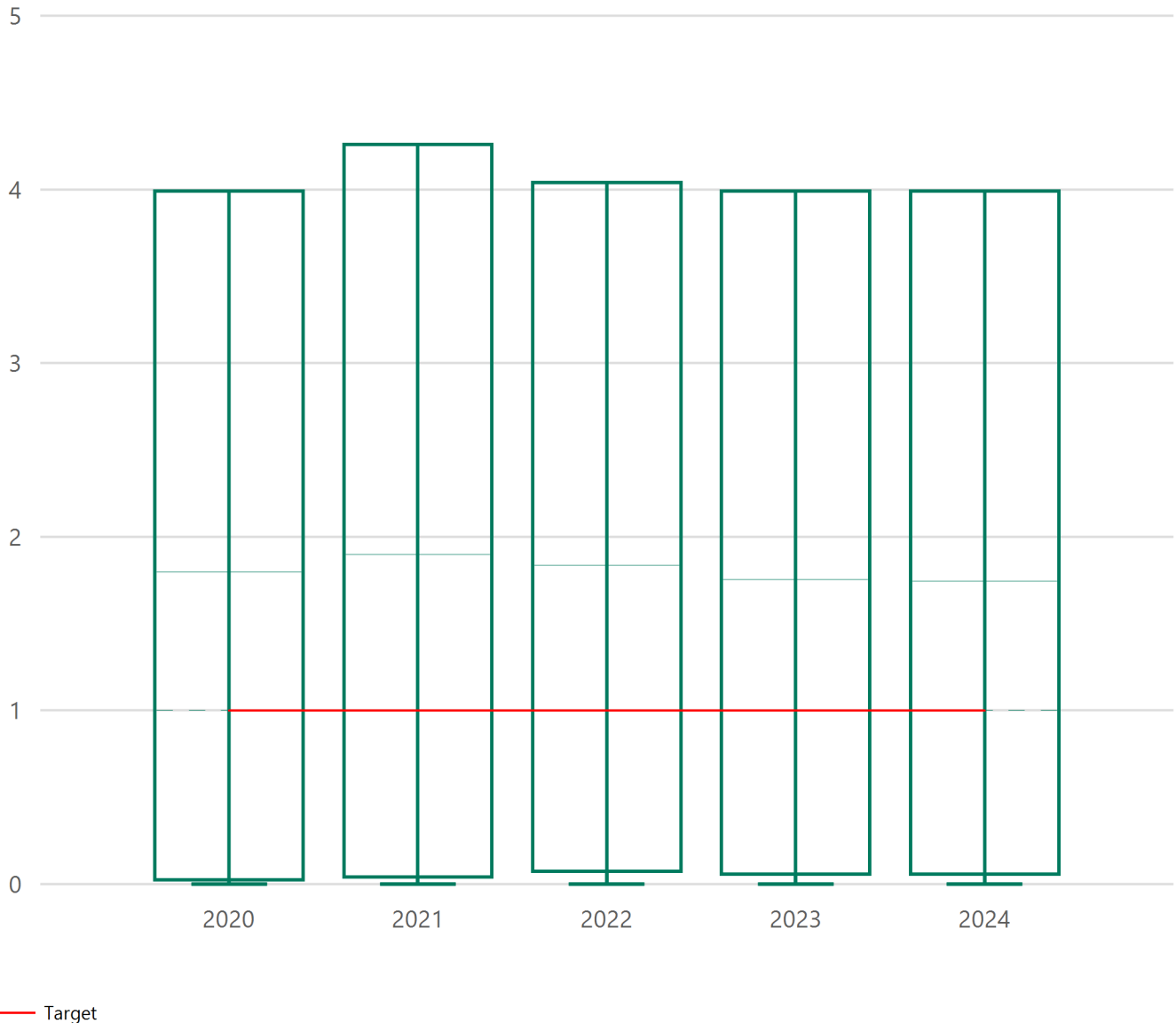


During 2024 Maine EMS worked to substantially increase the number of CAD data feeds into MEFIRS allow for improved accuracy of time and location data. Years prior to that were principally high volume dispatch centers or having time elements manually entered by EMS clinicians.

## Dispatch To Enroute

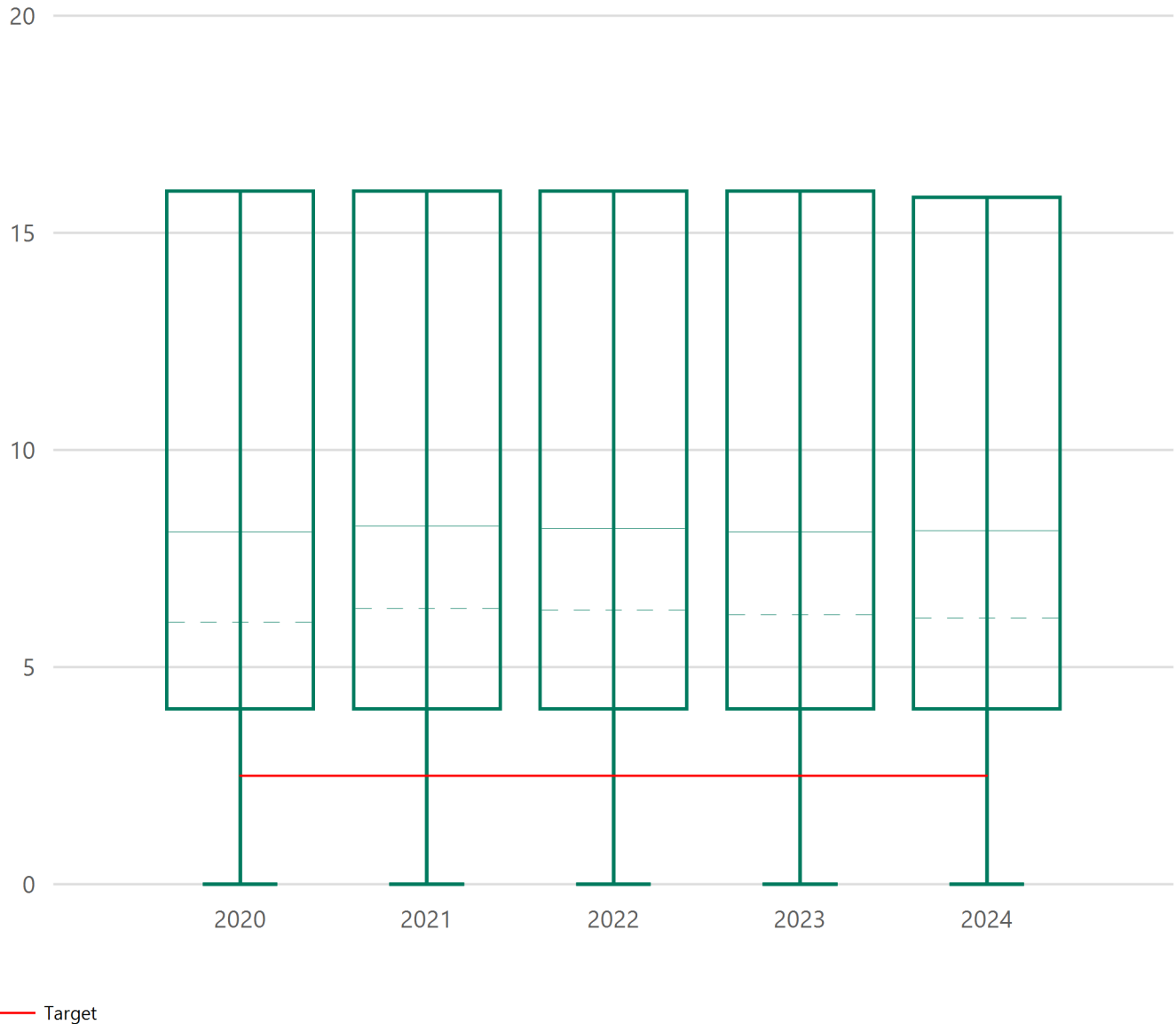
**Dispatch To Enroute:** The time in minutes from when the unit is dispatched until it goes enroute. This is often referred to as Turnout time. The national standard for this measure suggests that this measure should be 60 seconds or less at the 90th percentile.

*Calculation Method: The Dispatch To Enroute value was calculated using the Unit Notified by Dispatch Date/Time (eTimes.03) and compares with Unit En Route Date/Time (eTimes.05). Activations where the Unit Notified by Dispatch Date/Time (eTimes.03) is greater than the Unit En Route Date/Time (eTimes.05) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.*



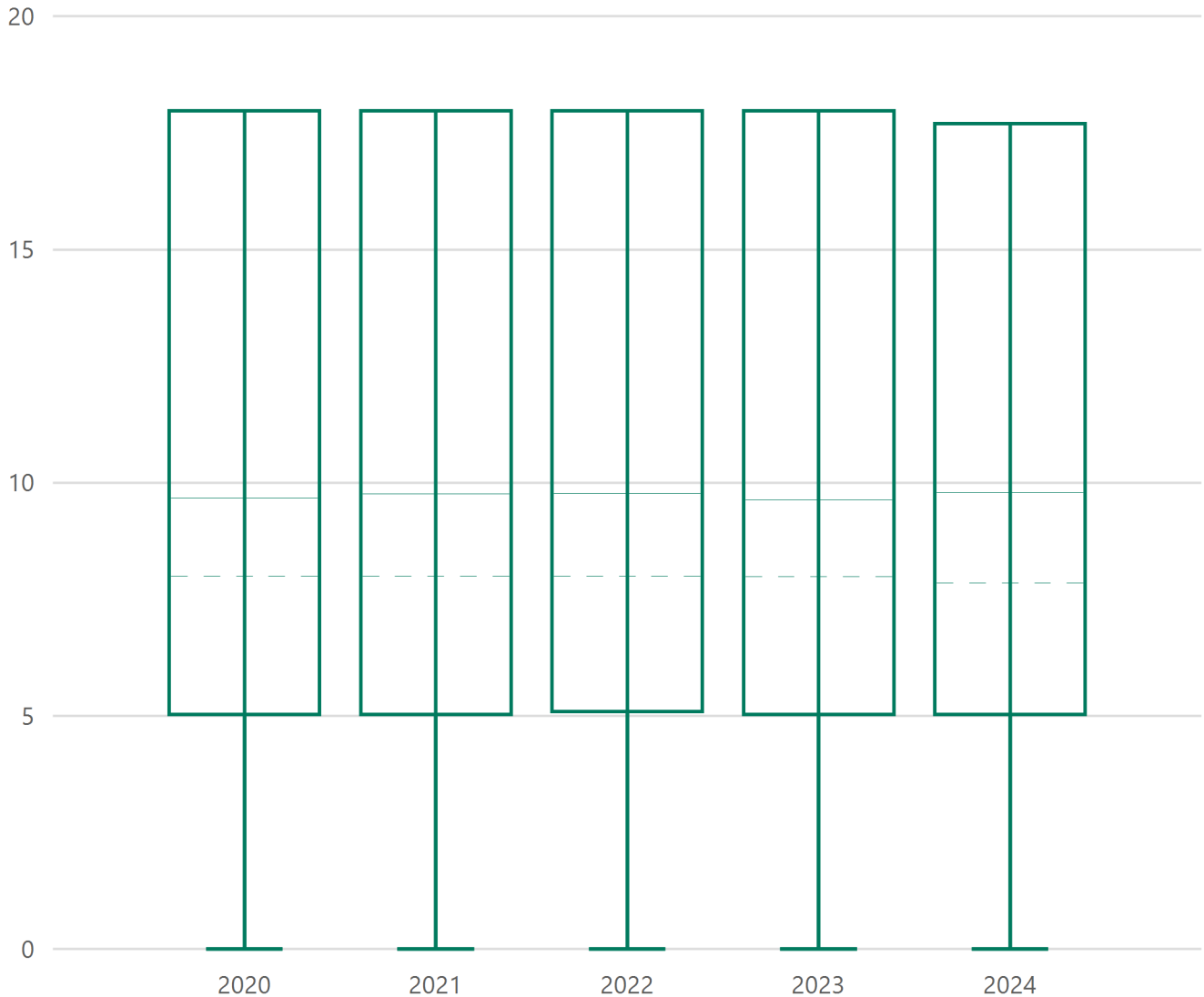
## Dispatch To On Scene

**Dispatch To On Scene:** The time in minutes from when the unit is dispatched until it arrives on scene.  
**Calculation Method:** The Dispatch To On Scene value was calculated using the Unit Notified by Dispatch Date/Time (eTimes.03) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit Notified by Dispatch Date/Time (eTimes.03) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.



## Dispatch To At Patient

**Dispatch To At Patient:** The time in minutes from when the unit is dispatched until it arrives at the patient's side. *Calculation Method: The Dispatch To At Patient value was calculated using the Unit Notified by Dispatch Date/Time (eTimes.03) and compares with Arrived at Patient Date/Time (eTimes.07). Activations where the Unit Notified by Dispatch Date/Time (eTimes.03) is greater than the Arrived at Patient Date/Time (eTimes.07) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.*



## Enroute To On Scene

**Enroute To On Scene:** The time in minutes from when the unit goes enroute until it arrives on scene. This is often referred to as Travel time. The national standard for this measure suggests that this measure should be 4 minutes for the arrival of a first responder equipped with an AED and 8 minutes for a subsequent arrival of an ALS unit.

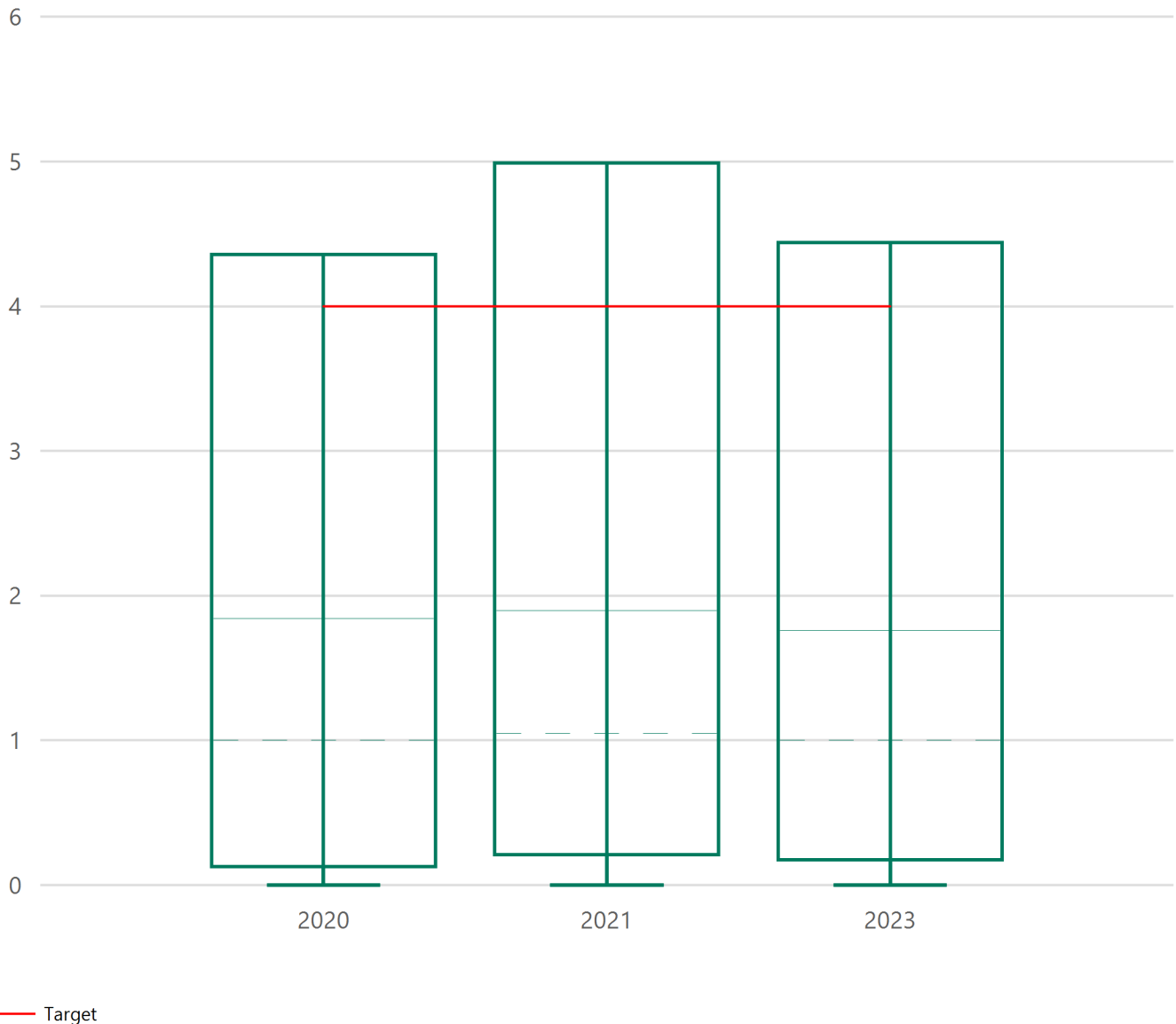
**Calculation Method:** The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.



## Enroute To On Scene Minutes Time Sensitive Syndromes

**Enroute To On Scene Minutes Time Sensitive Syndromes:** The time in minutes from when the unit goes enroute until it arrives on scene for EMS activations for syndromes requiring an urgent response (Stroke, Cardiac, Trauma, Etc), an EMD Determinant code recommending a "hot" response, or an initial patient acuity of Critical or Urgent. This is often referred to as Travel time. The national standard for this measure suggests that this measure should be 4 minutes for the arrival of a first responder equipped with an AED and 8 minutes for a subsequent arrival of an ALS unit.

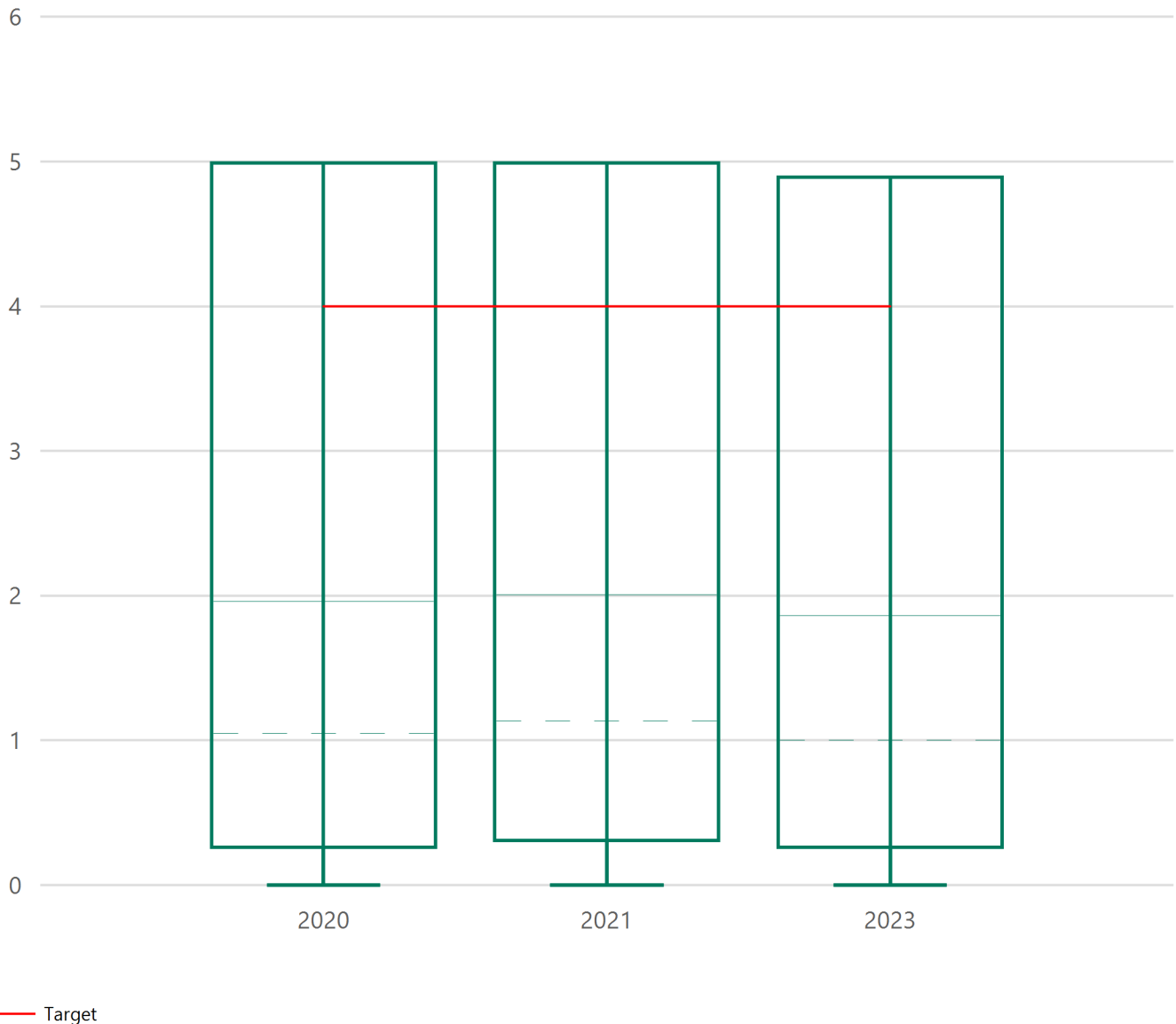
*Calculation Method: The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.*



## Enroute To On Scene Minutes Emergency Response

**Enroute To On Scene Minutes Emergency Response:** The time in minutes from when the unit goes enroute until it arrives on scene for EMS activations having an EMD Determinant code recommending a "hot" response, or an initial patient acuity of Critical or Urgent. This is often referred to as Travel time. The national standard for this measure suggests that this measure should be 4 minutes for the arrival of a first responder equipped with an AED and 8 minutes for a subsequent arrival of an ALS unit.

*Calculation Method: The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.*



## Enroute To At Patient

**Enroute To At Patient:** The time in minutes from when the unit goes enroute until it arrives at the patient's side.  
**Calculation Method:** The Enroute To At Patient value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Arrived at Patient Date/Time (eTimes.07). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Arrived at Patient Date/Time (eTimes.07) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.

20

15

10

5

0

2020

2021

2022

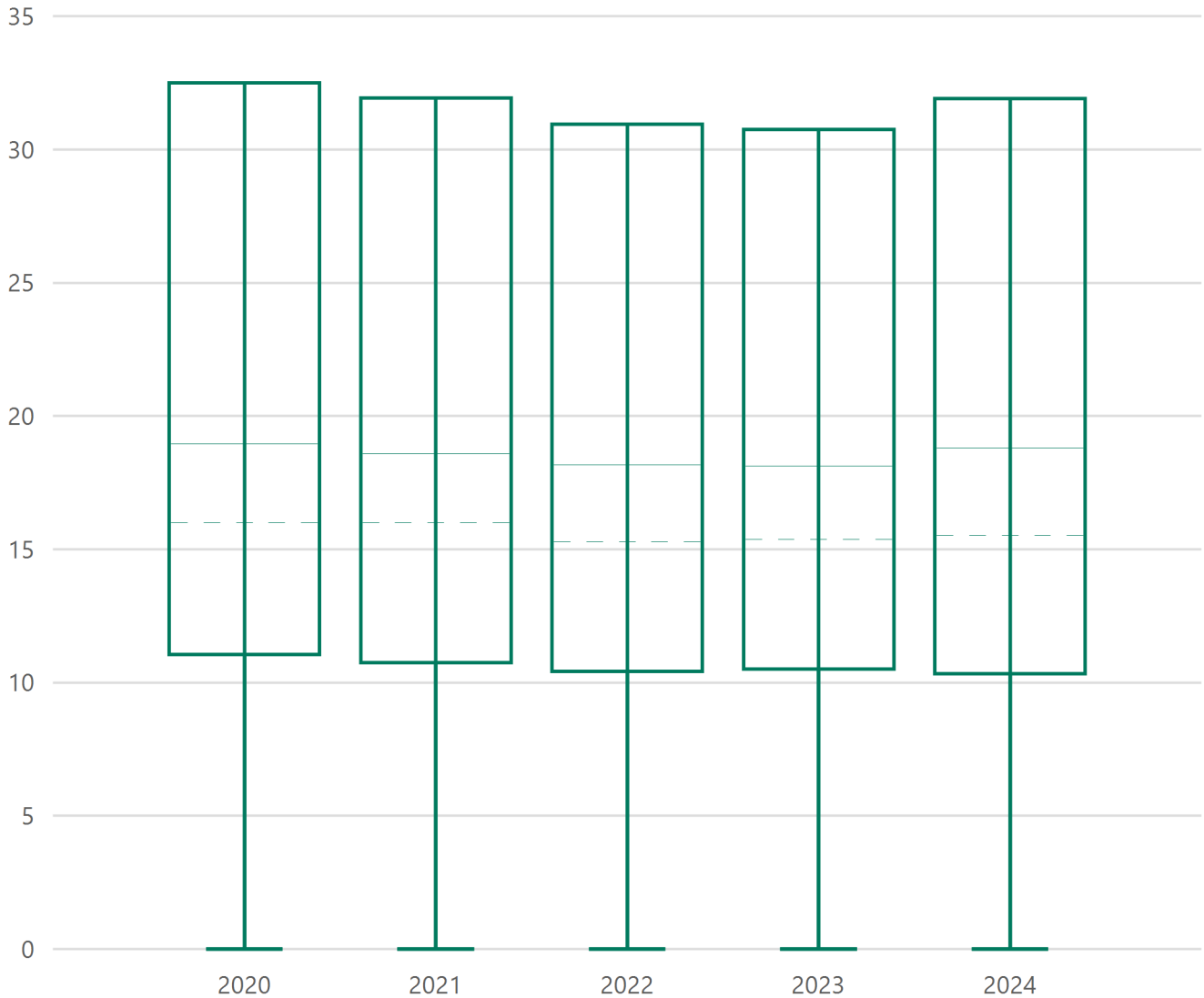
2023

2024

## On Scene To Left Scene

**On Scene To Left Scene:** The time in minutes from when the unit arrives on scene until it leaves the scene. This is often referred to as scene duration.

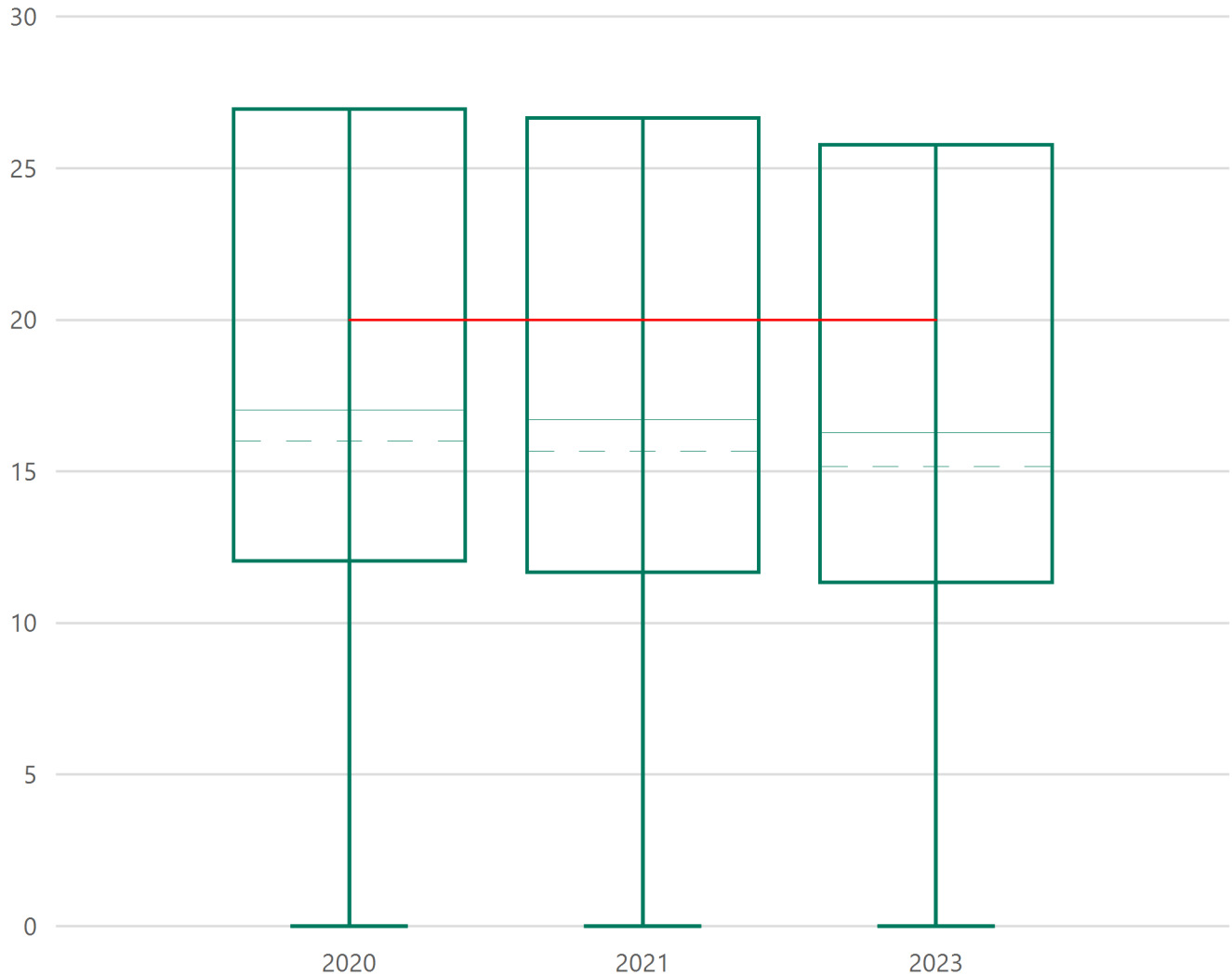
*Calculation Method: The On Scene To Left Scene value was calculated using the Unit Arrived on Scene Date/Time (eTimes.06) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Unit Arrived on Scene Date/Time (eTimes.06) is greater than the Unit Left Scene Date/Time (eTimes.09) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.*



## Onscene To Left Scene Minutes Time Sensitive Syndromes

**Onscene To Left Scene Minutes Time Sensitive Syndromes:** The time in minutes from when the unit arrives on scene until it leaves the scene for EMS activations for syndromes requiring an urgent response (Stroke, Cardiac, Trauma, Etc). This is often referred to as scene duration.

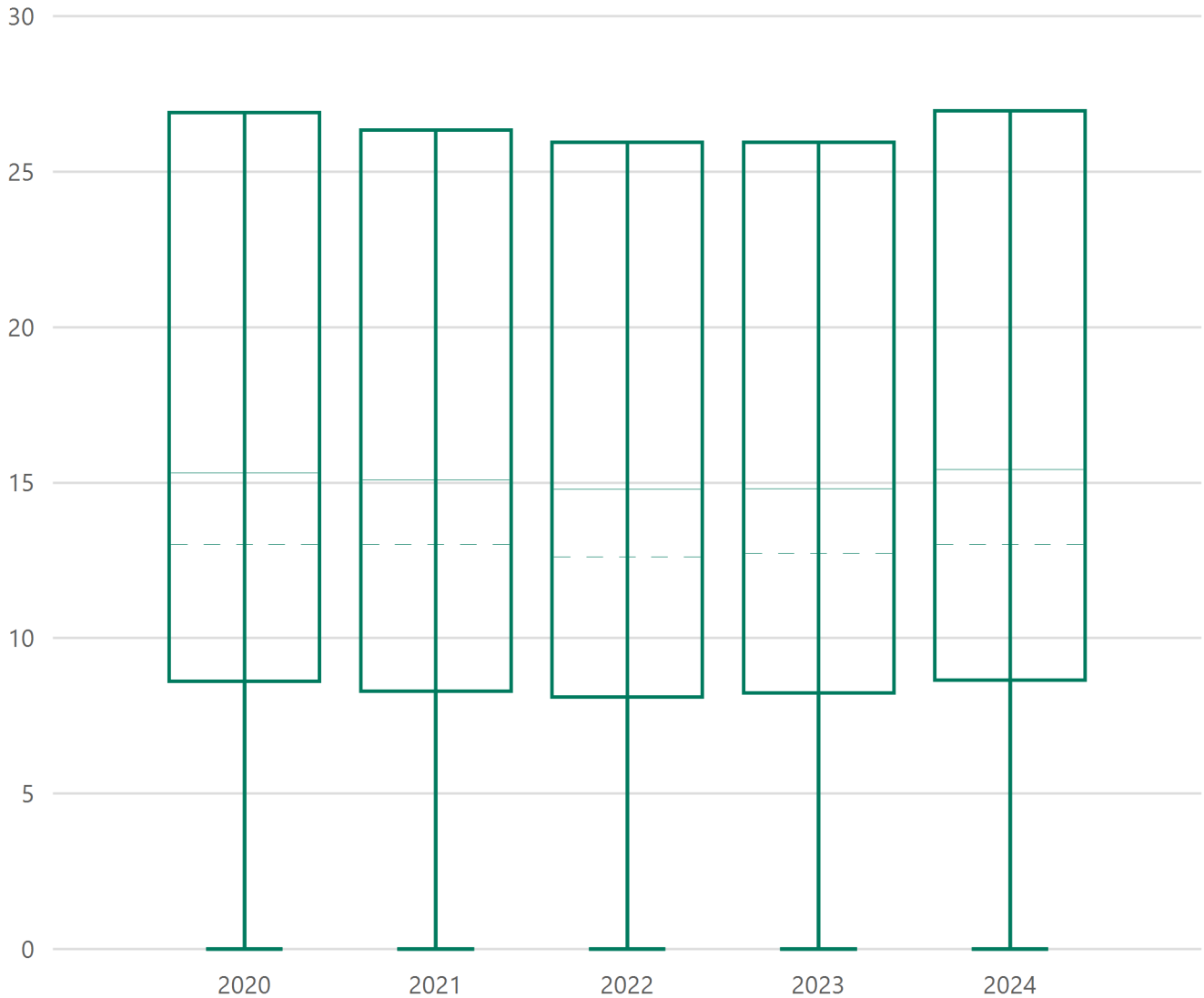
**Calculation Method:** The On Scene To Left Scene value was calculated using the Unit Arrived on Scene Date/Time (eTimes.06) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Unit Arrived on Scene Date/Time (eTimes.06) is greater than the Unit Left Scene Date/Time (eTimes.09) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.



— Target

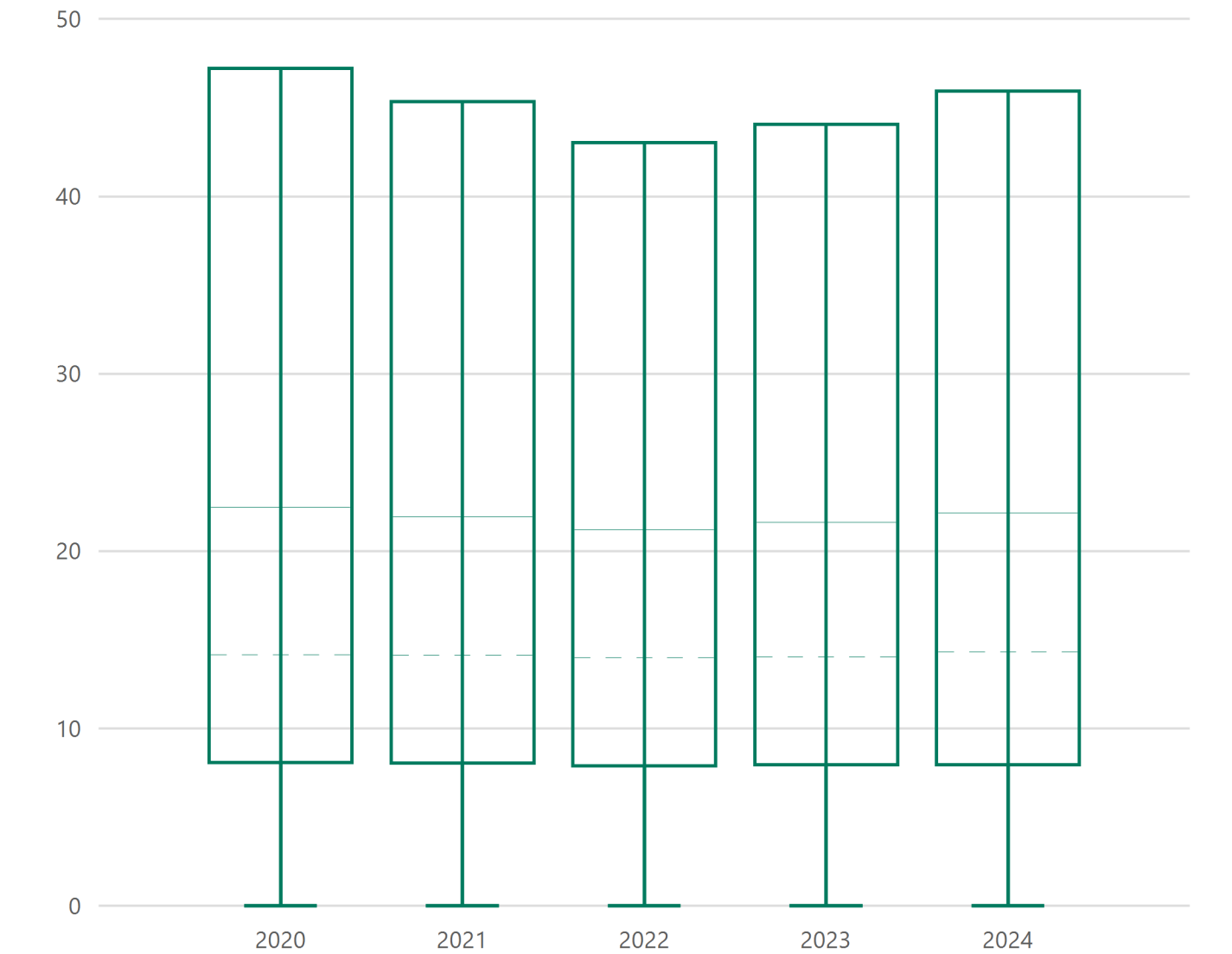
## At Patient To Left Scene

**At Patient To Left Scene:** The time in minutes from when the unit arrives the patients side until it leaves the scene.  
**Calculation Method:** The At Patient To Left Scene value was calculated using the Arrived at Patient Date/Time (eTimes.07) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Arrived at Patient Date/Time (eTimes.07) is greater than the Unit Left Scene Date/Time (eTimes.09) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.



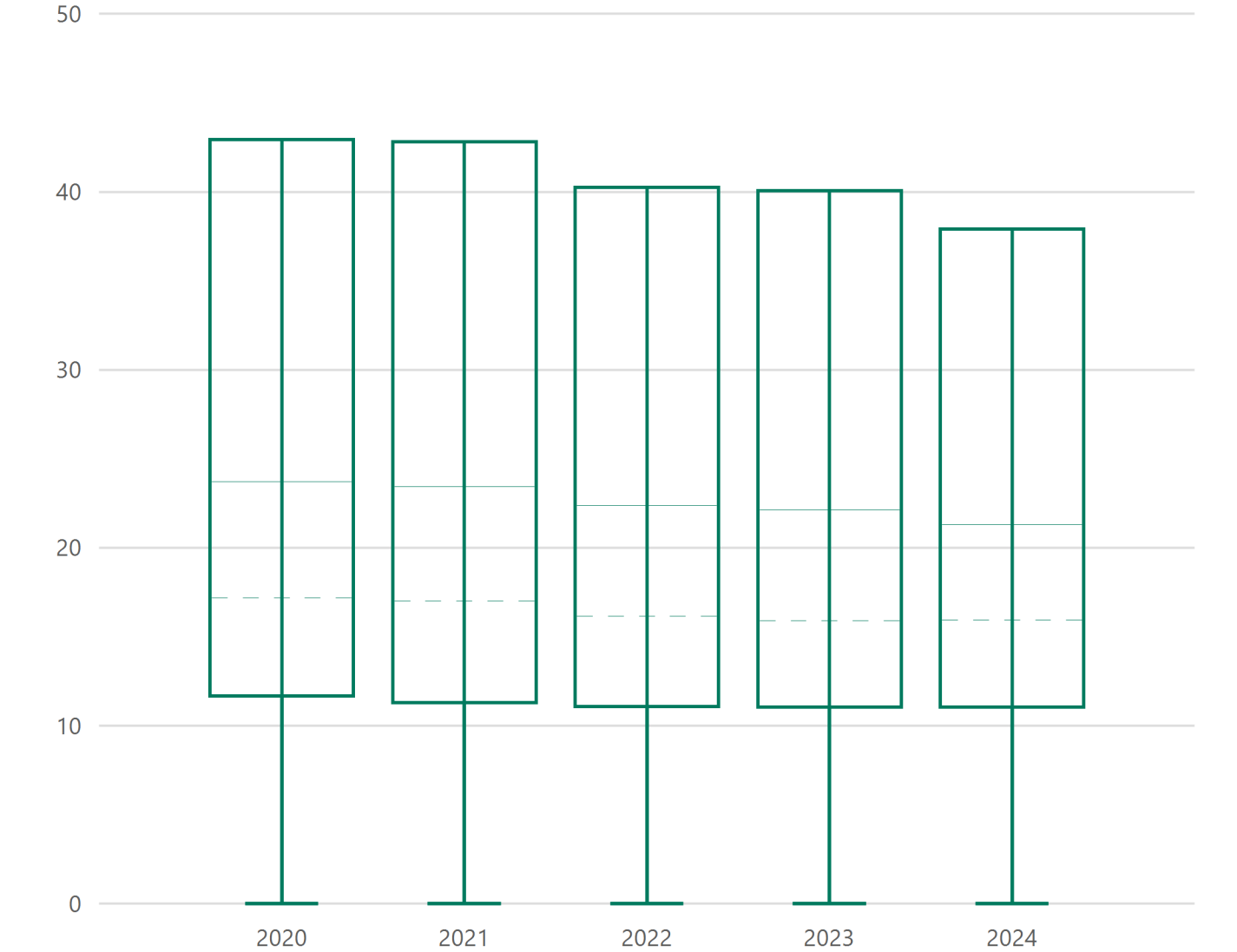
Left Scene To Arrive Destination

**Left Scene To Arrive Destination:** The time in minutes from when the unit departs the scene until it arrives at destination. This is often referred to as Transport Time.  
*Calculation Method: The Left Scene To Arrive Destination value was calculated using the Unit Left Scene Date/Time (eTimes.09) and compares with Patient Arrived at Destination Date/Time (eTimes.11). Activations where the Unit Left Scene Date/Time (eTimes.09) is greater than the Patient Arrived at Destination Date/Time (eTimes.11) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.*



Arrive Destination To Back In Service

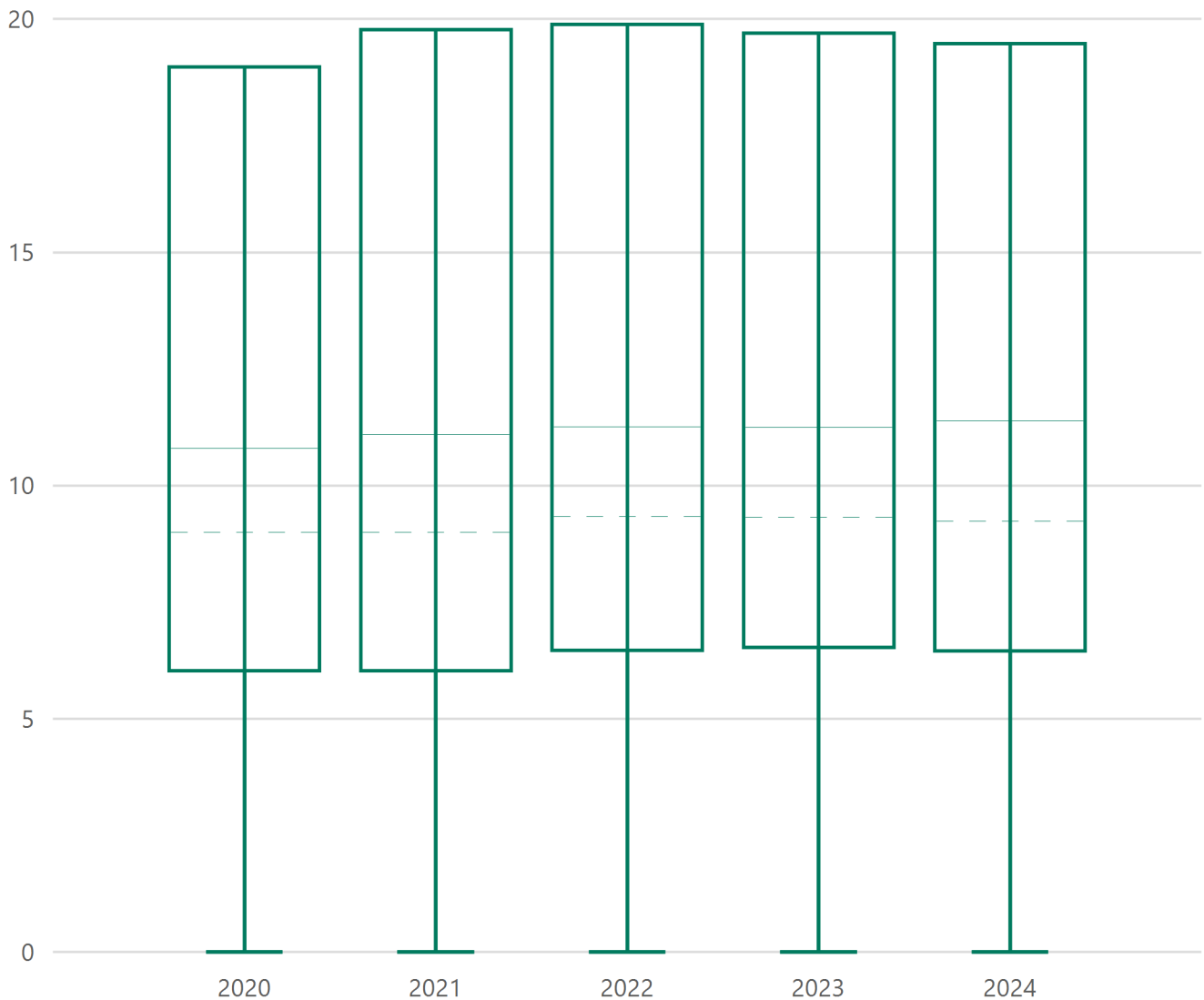
**Arrive Destination To Back In Service:** The time in minutes from when the unit arrives at its destination until it is back in service. This is often referred to as Turn Around time.  
*Calculation Method: The Arrive Destination To Back In Service value was calculated using the Patient Arrived at Destination Date/Time (eTimes.11) and compares with Unit Back in Service Date/Time (eTimes.13). Activations where the Patient Arrived at Destination Date/Time (eTimes.11) is greater than the Unit Back in Service Date/Time (eTimes.13) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.*



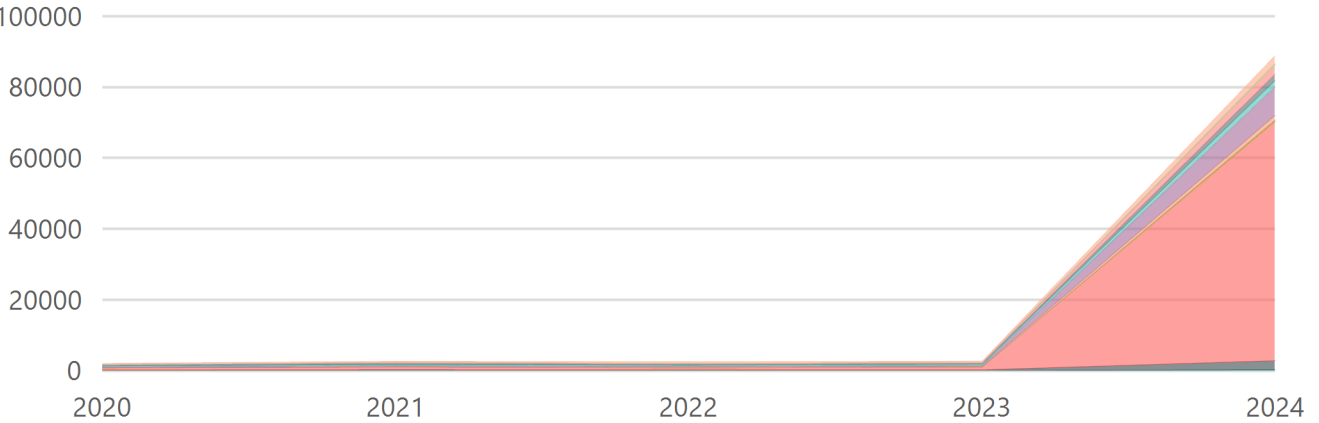
## Patient Perceived Response Time

**Patient Perceived Response Time:** The time in minutes between the earliest time documented in the patient care report until the unit arrives on scene.

**Calculation Method:** The Patient Perceived Response Time was calculated using the Incident Date/Time, a calculated value from the earliest of the date/time values, or the Unit Notified by Dispatch Date/Time (eTimes.03) if an Incident Date/Time does not exist and compares with Arrived at Patient Date/Time (eTimes.07) or the Unit Arrived on Scene Date/Time (eTimes.06) if an Arrived at Patient date/time does not exist. Activations where the Incident Date/Time or the Unit Notified by Dispatch Date/Time (eTimes.03) is greater than the Arrived at Patient Date/Time (eTimes.07) or the Unit Arrived on Scene Date/Time (eTimes.06) are excluded as are all calculations resulting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.

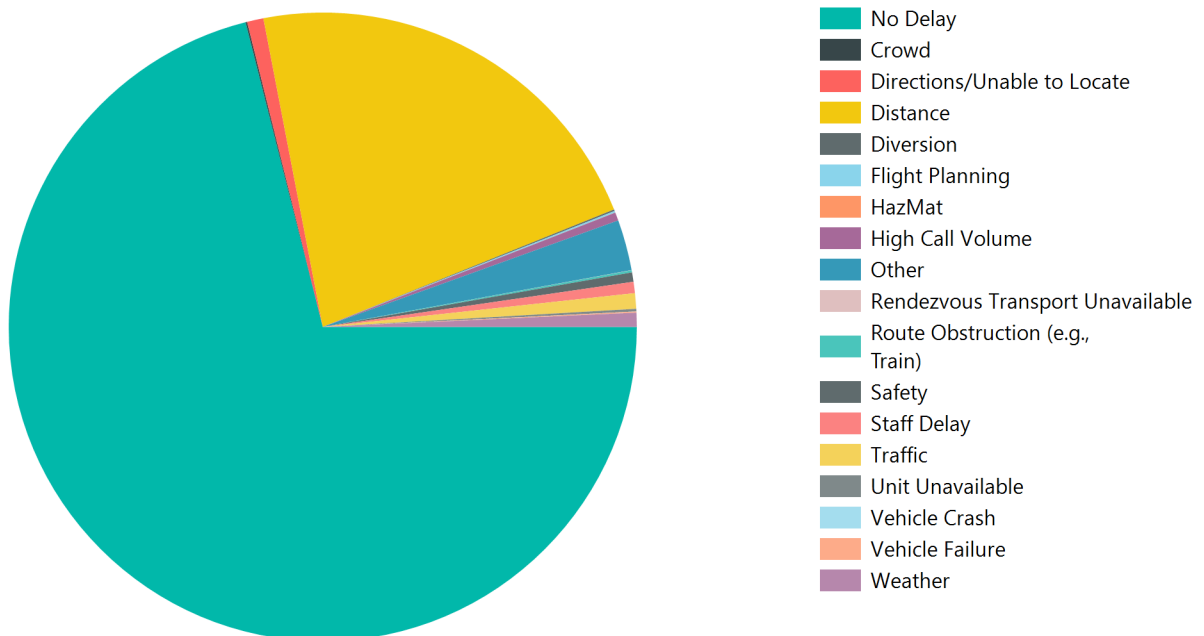


## Response Delays

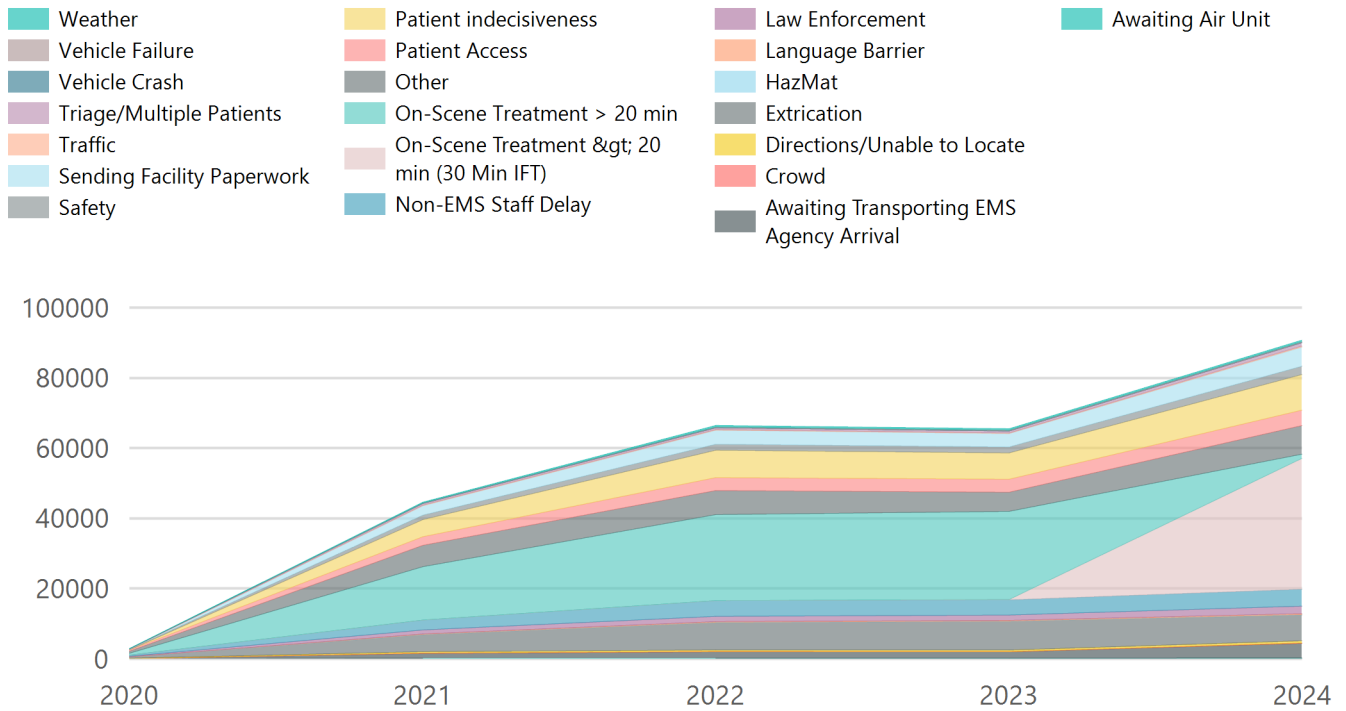


\* In 2024 the default value for the Response Delay field was change from "None / No Delay" to an empty value requiring data entry when completing the report. Furthermore, "None / No Delay" is an invalid value for response times greater than five (5) minutes.

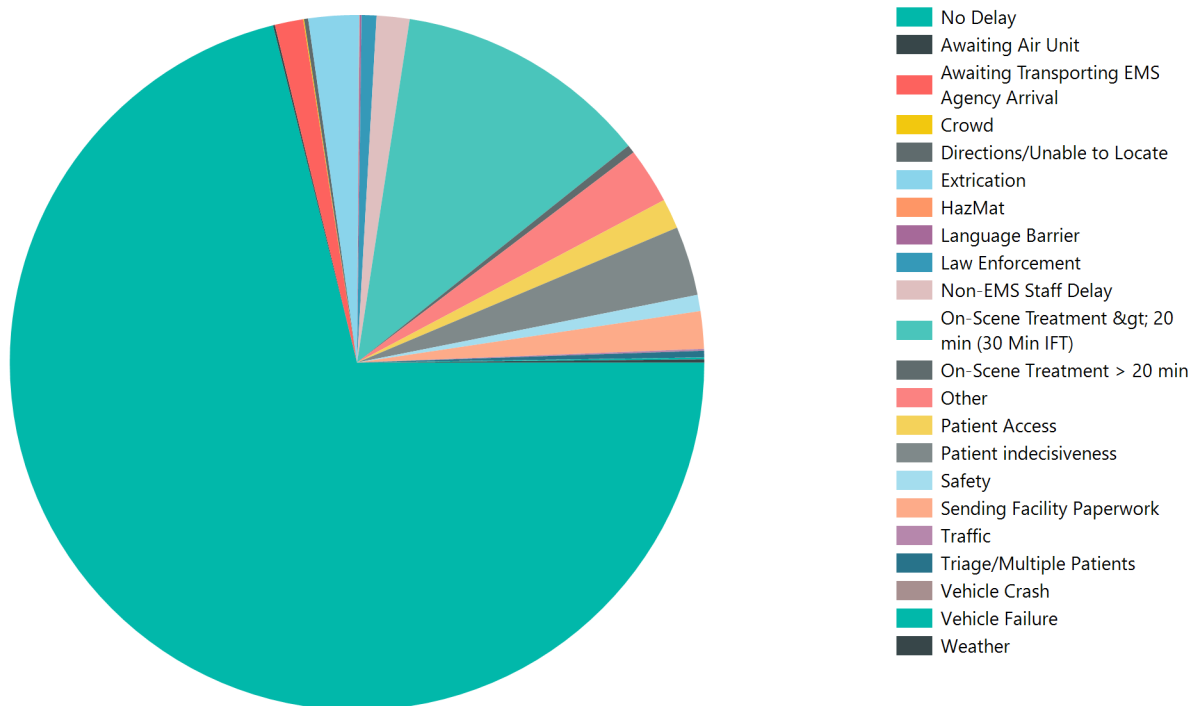
## Activations Having Response Delays, 2024



## Scene Delays



## Activations Having Scene Delays, 2024



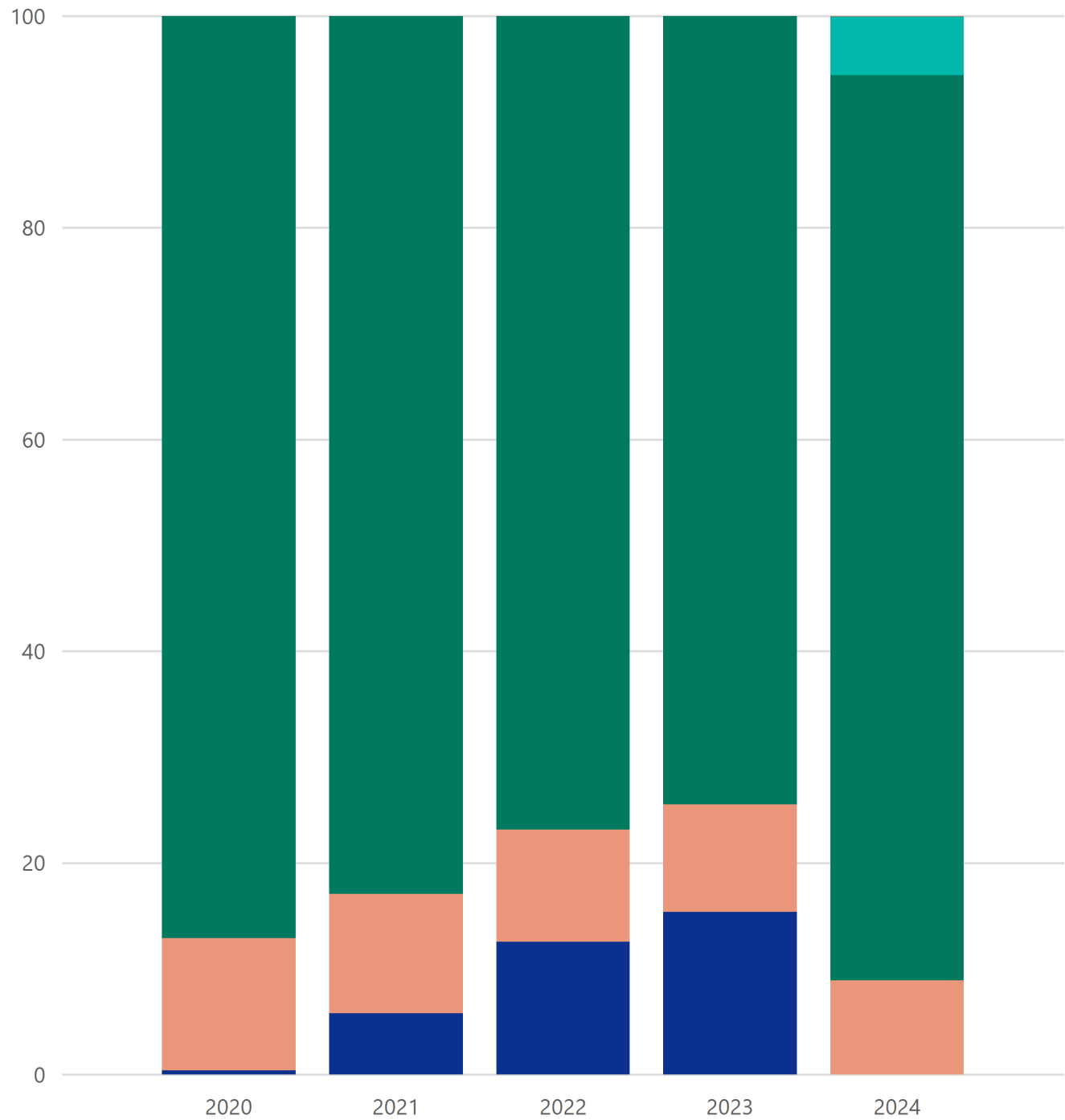
## Procedures

EMS clinicians provide a wide variety of care to patients. The care provided, other than medications and assessing, are referred to as procedures.

Top	2020	2021	2022	2023	2024
1	Vasc/Acc - Peripheral Vein (58035)	Vasc/Acc - Peripheral Vein (65544)	Vasc/Acc - Peripheral Vein (69459)	Vasc/Acc - Peripheral Vein (71196)	Vasc/Acc - Peripheral Vein (78323)
2	Assess - Blood glucose Analysis (26835)	Assess - Blood glucose Analysis (29221)	12 lead electrocardiogram (32114)	12 lead electrocardiogram (41375)	Electrocardiographic monitoring (60229)
3	Electrocardiographic monitoring (16202)	Electrocardiographic monitoring (22615)	Electrocardiographic monitoring (31053)	Electrocardiographic monitoring (41085)	12 lead electrocardiogram (52706)
4	12 lead electrocardiogram (12845)	12 lead electrocardiogram (21130)	Assess - Blood glucose Analysis (28279)	Assess - Blood glucose Analysis (29502)	Assess - Blood glucose Analysis (30865)
5	Surgical face mask applied (7329)	Surgical face mask applied (14946)	Surgical face mask applied (8760)	Assess - Monitoring of patient (4052)	Assess - Monitoring of patient (5327)
6	Spinal - Cervical Collar Application (2714)	Informing doctor (3385)	Informing doctor (3474)	Assess - Physical Assessment (3783)	Assess - Physical Assessment (4878)
7	Assess A/W - ETCO2 Monitoring (2712)	Spinal - Cervical Collar Application (3178)	Assess - Physical Assessment (3464)	Assess A/W - ETCO2 Monitoring (3089)	Spinal - Cervical Collar Application (2972)
8	Vasc/Acc - D/C IV Cath (2069)	Assess A/W - ETCO2 Monitoring (3122)	Assess A/W - ETCO2 Monitoring (3038)	Spinal - Cervical Collar Application (3047)	Assess A/W - ETCO2 Monitoring (2626)
9	Assess - Physical Assessment (1817)	Vasc/Acc - D/C IV Cath (2788)	Spinal - Cervical Collar Application (2882)	Informing doctor (2958)	Vasc/Acc - Blood Draw (2077)
10	Vasc/Acc - Blood Draw (1688)	Assess - Physical Assessment (2461)	Assess - Monitoring of patient (1965)	Ventilator care and adjustment (regime/therapy) (2895)	A/W Basic - Assist Ventilation BVM (1435)

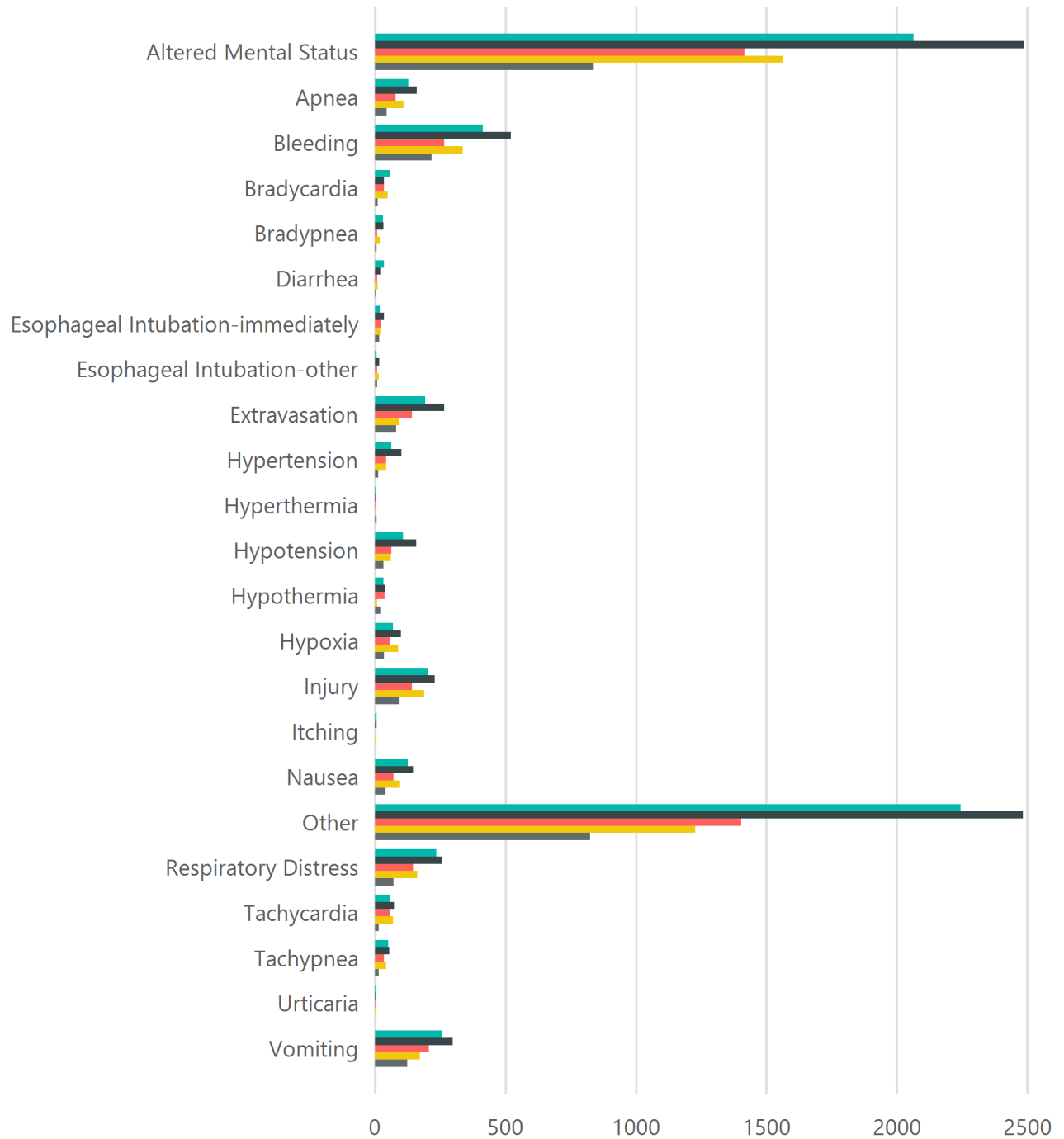
Procedure Success Rates

Not Recorded   Not Applicable   Series4   Successful   Unsuccessful   Not Reported



## Procedure Complications

2020 2021 2022 2023 2024



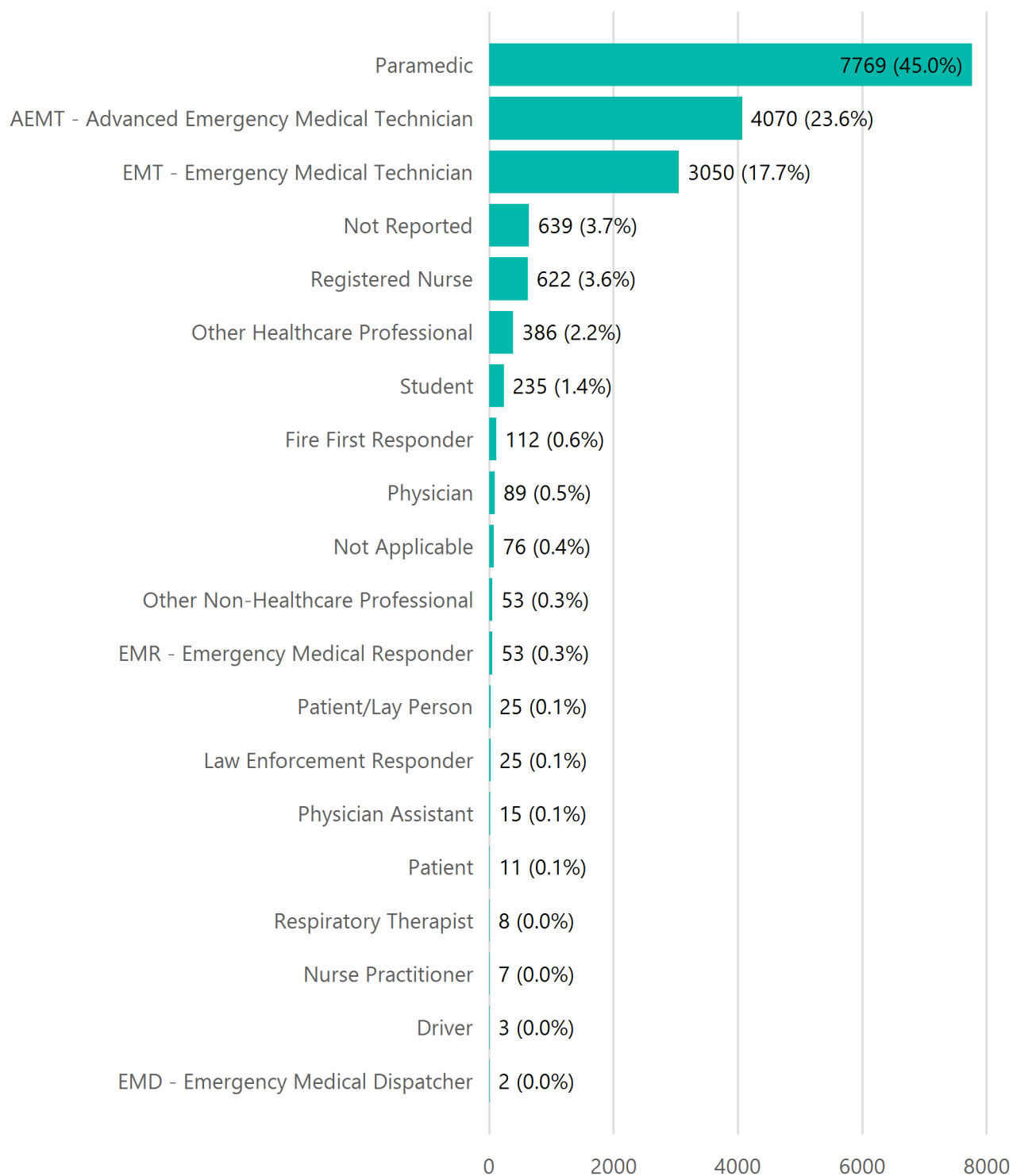
Procedure Performed Description	Successful	Unsuccessful	Patient Improved	Patient Unchanged	Patient Worse	Prior To EMS Care	Attempts
	18	4	2	22	0	1	29
12 lead electrocardiogram	925	45	39	440	0	80	51439
A/W Adv - Chest Tube Insertion	3	1	1	4	0	16	6
A/W Adv - Combitube	2	0	2	0	0	0	1
A/W Adv - CPAP	183	27	123	80	11	25	305
A/W Adv - Cricoid pressure	0	0	0	0	0	0	
A/W Adv - Cricothyroidotomy Cannula	0	0	0	0	0	2	
A/W Adv - Cricothyroidotomy Surgical	5	1	3	3	0	3	6
A/W Adv - Direct laryngoscopy	20	19	7	25	0	0	61
A/W Adv - i-gel	13	0	5	8	0	1	10
A/W Adv - King Tube	105	19	37	71	1	7	134
A/W Adv - LMA Insertion	51	9	16	37	0	2	84
A/W Adv - Nasotracheal intubation	2	3	2	3	0	1	5
A/W Adv - Needle Decompression	60	1	41	19	0	2	74
A/W Adv - Oral Intubation	217	64	137	112	7	105	698
A/W Adv - R.S.I.	2	0	2	0	0	0	4
A/W Adv - Video Laryngoscopy	50	22	15	36	0	0	112
A/W Adv. i-gel	114	16	38	74	0	8	198
A/W Basic - Airway, Manual	57	4	26	35	0	3	47
A/W Basic - Assist Ventilation BVM	397	25	193	206	1	101	417
A/W Basic - Double Lumen Supraglottic airway	1	0	0	0	0	0	1
A/W Basic - Foreign Body Removal	7	1	4	3	0	2	4
A/W Basic - Heimlich maneuver	1	2	0	2	0	1	
A/W Basic - Mouth to Mask	2	0	0	1	0	1	1
A/W Basic - NPA Insertion (Nasal)	224	38	106	123	2	31	472
A/W Basic - Occlusive dressing	13	1	6	9	0	5	10
A/W Basic - OPA Insertion (oral)	234	42	80	156	1	44	420
A/W Basic - Suctioning	255	13	154	118	0	20	336
Arrest - CPR Start	261	52	70	207	2	169	314

Arrest - CPR Stop	137	28	37	118	5	8	211
Arrest - Defibrillation	136	23	28	78	5	17	1302
Arrest - Mechanically Assisted CPR Start	130	11	36	78	1	16	118
Assess - Blood glucose Analysis	1105	173	167	998	9	200	17838
Assess - Monitoring of patient	496	24	99	405	2	27	1647
Assess - Physical Assessment	401	49	74	361	1	28	1259
Assess A/W - ETCO2 Monitoring	298	30	60	237	0	20	1241
Assess - Orthostatic Vital Signs	64	1	5	53	6	0	120
Cardiac - Cardioversion (Sync)	35	2	17	10	1	0	64
Cardiac - LVAD Care	3	0	1	2	0	0	3
Cardiac - Pacing	66	12	25	17	3	5	145
Cardiac - Vagal Maneuver	23	34	21	38	2	2	69
Catheterization of vein	1	0	1	0	0	0	1
Commercially Available Soft Restraints Applied	34	2	11	21	0	2	17
CP - Asthma Education Provided	3	0	0	3	0	1	
CP - CHF Education Provided	2	0	0	1	0	0	
CP - COPD Education Provided	2	0	0	1	0	0	
CP - Diabetes Education Provided	5	2	0	3	0	0	
CP - Discharge Assessment	1	0	0	1	0	0	
CP - Dressing Change/Wound Care Case Management	8	0	3	3	0	1	1
CP - Fall Risk Assessment	0	0	0	0	0	0	
CP - Follow-up	19	6	0	16	0	1	15
CP - Health Assessment	3	0	0	3	0	0	1
CP - Influenza Vaccination	4	0	0	3	0	0	4
CP - Initial Assessment	7	1	0	6	0	0	2
CP - Medication Reconciliation	25	3	0	14	0	5	29
CP - Urine Collection	1	0	0	1	0	0	1
CP - Vaccination Education Provided	2	0	0	2	0	0	2
CP - Wound Care Management	4	0	2	3	0	0	1
CP Hypertension education	1	0	0	1	0	0	

CP- Primary Care Physician Contacted	8	5	0	4	0	1	5
Electrocardiogram lead (physical object)	10	0	0	10	0	0	85
Electrocardiographic monitoring	933	38	60	473	1	130	59890
Epistaxis control	3	0	3	0	0	0	1
General - ALS Requested	113	11	23	73	0	34	141
General - Decontamination	9	0	3	6	0	1	3
General - Irrigation of eye	21	0	16	5	0	1	28
General - Patient Cooling	74	2	45	28	0	2	61
General - Patient Warming	126	2	87	39	0	6	148
General - Pharmaceutical Restraint	12	2	9	5	0	0	11
General - Physical Restraint	17	2	5	13	0	7	9
Introduction of urinary catheter	24	2	9	12	0	74	25
Leave Behind Naloxone Education	16	2	1	17	0	1	6
Nasogastric tube - Insertion	32	3	10	19	0	45	28
OB/GYN - Birth/Delivery	6	0	3	3	0	0	2
OLMC Consultation	140	6	32	104	0	3	72
Orogastric tube - Insertion	116	28	36	95	0	70	226
Ortho - Splinting General	350	12	199	149	4	34	513
Ortho - Splinting Traction	30	0	21	8	1	6	26
PIFT - Bladder Irrigation	3	0	1	1	0	4	
PIFT - Chest Tube Maintenance	7	0	1	8	0	6	1
PIFT - Nasogastric Tube Maintenance	10	0	1	9	0	9	1
Pressure controlled ventilation	12	0	4	8	0	11	6
Simple Thoracostomy	14	0	8	5	0	1	26
Specimen collection for COVID-19	2	0	0	2	0	1	1
Spinal - Cervical Collar Application	573	66	115	461	21	169	1478
Spinal - Immobilization - Lying	150	5	25	124	2	15	150
Spinal - Immobilization - Seated	29	1	4	23	0	5	23
Spinal - Long Board Application	126	1	13	104	1	19	141
Surgical face mask applied	148	8	4	141	1	15	371
Tracheostomy care	14	0	12	3	0	0	7

Trauma - Burn care	22	0	10	9	0	0	14
Trauma - Cold Pack Application	266	10	152	119	4	12	192
Trauma - Escharotomy	1	0	1	0	0	0	1
Trauma - Extrication procedure	34	1	5	26	0	2	21
Trauma - Hemostatic Agents	48	5	31	20	0	4	23
Trauma - Pelvic Binder	27	0	8	18	0	7	19
Trauma - Pressure Dressing	115	4	72	44	0	10	89
Trauma - Rapid extrication	6	0	1	5	0	0	1
Trauma - Skin Stapler	6	0	4	2	0	2	4
Trauma - Tourniquet Application	69	5	57	22	0	29	67
Trauma - Wound Care General	407	21	213	207	1	50	552
Trauma - Wound Irrigation	74	0	38	34	0	4	37
Vasc Acc - Central venous cannula insertion	63	2	2	61	0	60	12
Vasc/Acc - Arterial cannula insertion	57	13	7	63	0	27	60
Vasc/Acc - Blood Draw	229	60	25	254	0	4	1109
Vasc/Acc - D/C IV Cath	74	36	11	92	0	3	309
Vasc/Acc - External Jugular Access	10	6	0	16	0	3	22
Vasc/Acc - Intraosseous	259	54	32	275	0	57	1258
Vasc/Acc - Peripheral Vein	1120	465	144	1489	12	602	75383
Vasc/Acc - Pre-existing line accessed	33	2	5	28	0	6	47
Vasc/Acc - Ultrasound Guided Peripheral Venous Cannulation	2	2	0	3	0	0	6
Vasc/Acc - Umbilical Vein	3	0	1	2	0	5	2

## Role of Person Performing Procedure



## Medications

Maine licensed EMS clinicians, including paramedics and Advanced EMTs, carry a range of medications to address various medical emergencies. The specific medications and dosages vary based on local protocols, regulations, and individual circumstances. Some common EMT medications include pain relievers (e.g., acetaminophen), anti-nausea drugs (e.g., ondansetron), and medications for allergic reactions (e.g., epinephrine). Controlled substances (e.g., opioids, benzodiazepines) are also used for advanced life support patient care. To avoid errors, EMS providers follow the “six rights” of medication administration:

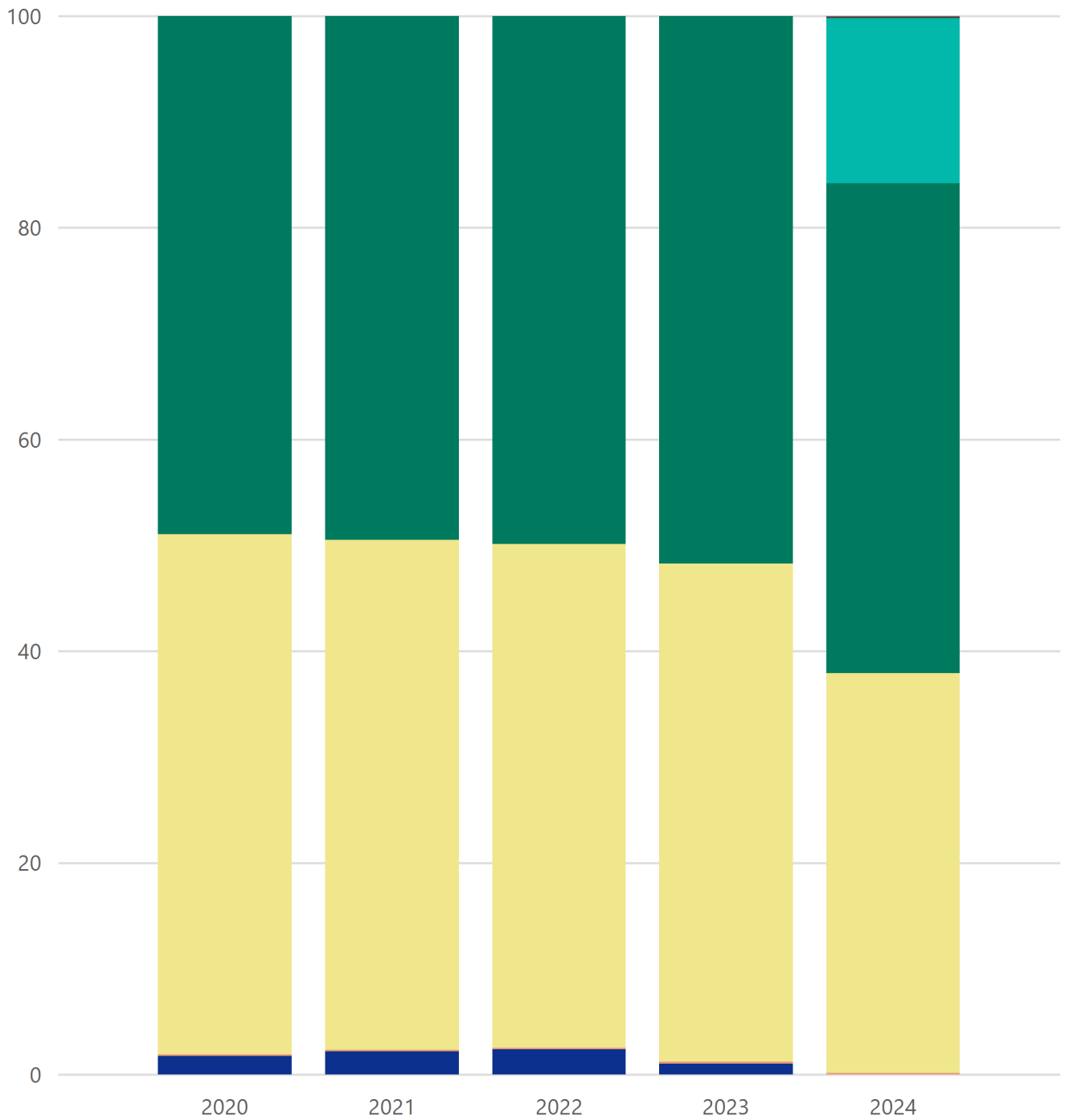
- Right Patient: Confirm the patient’s identity.
- Right Medication: Ensure you’re administering the correct drug.
- Right Dose: Verify the appropriate dosage.
- Right Route: Administer the medication via the correct route (e.g., oral, intravenous).
- Right Time: Administer the medication at the right time.
- Right Documentation: Accurately record the administration details.

EMS providers can administer medications specified in statewide Maine EMS protocols or authorized by a medical command physician. The DEA classifies controlled substances into different schedules based on their potential for abuse or addiction. Tracking and reporting these drugs are essential for compliance and patient safety.

Top	2020	2021	2022	2023	2024
1	Oxygen (18032)	Oxygen (21001)	Oxygen (22800)	Oxygen (22344)	Oxygen (22971)
2	Normal Saline (16975)	Normal Saline (20724)	Normal Saline (20029)	Normal Saline (19699)	Normal Saline (20378)
3	Fentanyl (11115)	Fentanyl (14070)	Fentanyl (11927)	Fentanyl (11334)	Fentanyl (12791)
4	Ondansetron (8581)	Ondansetron (9305)	Ondansetron (10234)	Ondansetron (10828)	Ondansetron (12364)
5	Nitroglycerin (6312)	Nitroglycerin (6708)	Nitroglycerin (6956)	Aspirin (6849)	Aspirin (7023)
6	Aspirin (5447)	Aspirin (5933)	Aspirin (6559)	Nitroglycerin (6733)	DuoNeb (6963)
7	EPINEPHrine 1MG/10ML (4941)	EPINEPHrine 1MG/10ML (5430)	EPINEPHrine 1MG/10ML (5258)	DuoNeb (5958)	Nitroglycerin (6849)
8	Not Recorded (3476)	Midazolam (2874)	DuoNeb (4950)	EPINEPHrine 1MG/10ML (4816)	EPINEPHrine 1MG/10ML (5864)
9	DuoNeb (2291)	Naloxone (2652)	Naloxone (2936)	Lactated Ringers (3323)	Lactated Ringers (4548)
10	Albuterol (2196)	Heparin (2489)	Midazolam (2831)	Midazolam (2866)	Heparin (3271)

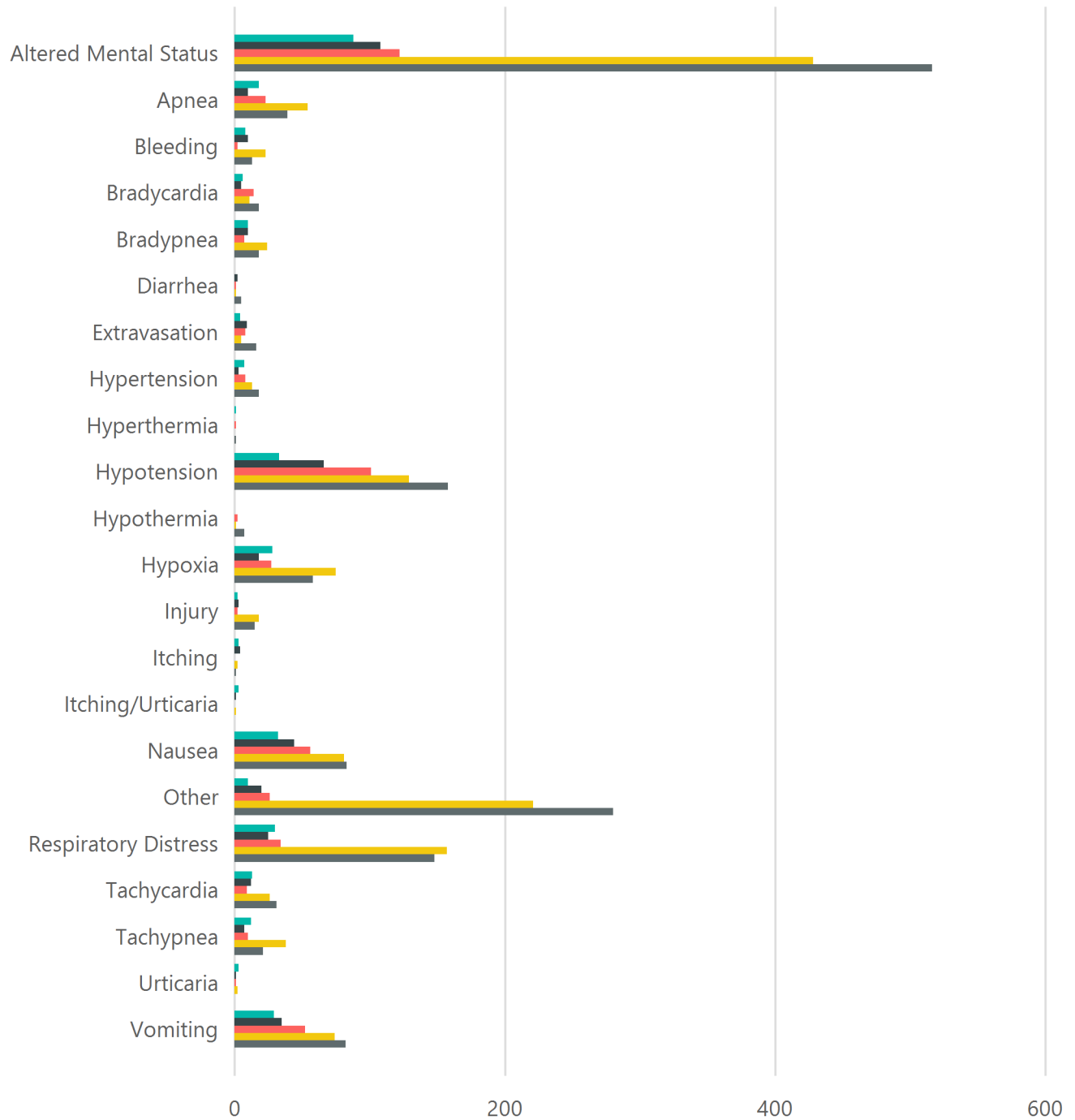
## Medication Response

Not Applicable Not Recorded Series5 Improved Unchanged Worse Not Reported



## Medication Complications

2020 2021 2022 2023 2024



Medication Given Description	Patient Improved	Patient Unchanged	Patient Worse	Prior To EMS Care	Attempts
3% Saline - Hypertonic Injectable Solution	29	47	0	15	125
Acetadote	0	3	0	3	4
Acetaminophen	52	40	0	16	167
Acetaminophen (IV)	320	205	2	103	3028
Acetaminophen Chewable Tablet	151	178	3	54	962
Acetylcysteine	3	8	0	8	16
Acetylcysteine/Mucomyst	5	13	0	14	31
Acyclovir	0	5	0	3	9
Adenosine	47	44	2	13	398
Albumin Human, USP	0	0	0	1	2
Albuterol	262	117	4	95	1946
Alteplase	0	1	0	0	1
Amiodarone	90	180	1	105	838
Ampicillin	4	29	0	34	93
argatroban	0	2	0	3	4
Aspirin	229	469	2	432	7023
Ativan	35	6	0	47	132
Atropine	64	45	0	20	434
Azithromycin	7	25	0	67	119
Blood Products	2	5	0	4	12
Budesonide	2	0	0	5	7
Bumetanide	1	8	0	7	14
Calcium Chloride	3	5	0	10	19
Calcium Gluconate	23	53	0	27	145
Cardizem	9	14	0	28	38
Cefazolin	0	9	0	14	29
cefepime	2	13	0	52	93
cefTRIAXone	16	101	0	107	375
Ceftriaxone/Rocephin	1	2	0	0	3
Cipro	0	8	0	8	12
Cisatracurium	2	4	0	3	11
Clindamycin	1	8	0	10	15
Clonidine	0	0	0	1	1
clopidogrel/Plavix	1	6	0	42	71
Curosurf	8	3	0	0	14

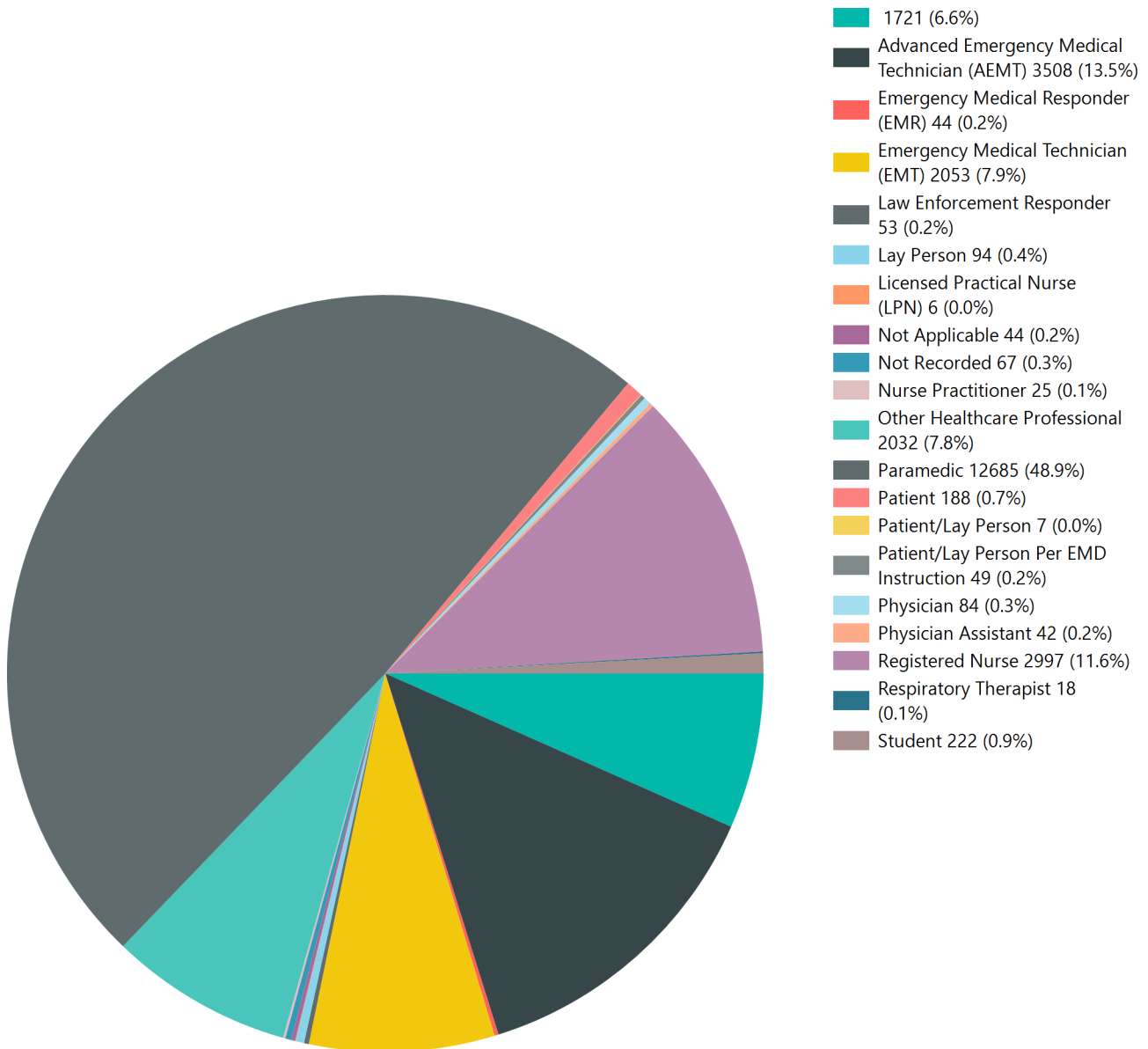
D5W (Dextrose 5% in Water)	10	50	0	41	122
Dexamethasone	123	129	2	39	1943
Dexmedetomidine (Precedex)	17	35	0	28	109
dextrose 10 % / NaCL 0.45 % Injection	11	3	0	1	20
Dextrose 10% (D10)	119	81	1	44	923
dextrose 250 MG/ML Injectable Solution	3	0	0	0	3
Dextrose 5 % / NaCL 0.45 % Injection	12	30	0	26	69
dextrose 5 % / NaCL 0.9 % Injection	7	34	0	20	64
Dextrose 50% (D50)	47	11	0	16	150
Diazepam	5	2	0	17	21
Diltiazem	30	48	1	61	156
Diphenhydramine	89	44	1	49	424
Dobutamine	16	40	0	35	102
Dopamine	20	21	0	15	73
Droperidol	1	0	0	6	8
DuoNeb	461	213	13	133	6963
Eliquis	0	0	0	6	6
EPINEPHrine - Infusion	49	32	0	25	192
EPINEPHrine - Push Dose	8	2	0	8	21
EPINEPHrine 1 MG/1ML	163	72	0	64	744
EPINEPHrine 1MG/10ML	99	237	1	41	5864
Eptifibatide	0	2	0	3	5
Erythromycin	1	12	0	21	38
Esmolol HCl	19	20	0	20	106
Etomidate	62	20	0	50	288
Famotidine	1	2	0	18	22
Fentanyl	528	319	10	134	12791
Flagyl	4	33	0	49	91
Flumazenil	0	0	0	2	3
fosphenytoin	1	1	0	3	5
Furosemide	5	14	0	60	112
Gentamycin	4	25	0	11	59
Glucagon	52	30	0	11	154
Glucose (Oral)	160	88	8	29	742
Haloperidol	3	0	0	13	14
Hemostatic Agent	2	3	0	0	6
Heparin	156	364	1	446	3271

Hepatitis B Vaccine	0	4	0	14	16
Hydralazine	2	2	0	10	12
Hydrocortisone	0	0	0	15	16
HYDROmorphone	39	17	1	65	134
Hydroxocobalamin	0	2	0	1	3
Hydroxyzine	1	0	0	4	5
Ibuprofen	2	6	0	12	14
Immunoglobulin G	0	1	0	4	4
Insulin	31	77	0	97	283
Ipratropium	30	8	0	4	55
Isoproterenol	0	1	0	1	2
Kcentra	1	3	0	14	18
Ketamine	140	62	2	43	524
Ketorolac	4	0	0	24	27
Labetalol	12	8	0	29	58
Lactated Ringers	197	311	0	194	4548
Levalbuterol	0	0	0	1	1
Levaquin	0	4	0	7	10
Levetiracetam	4	13	0	46	93
Levofloxacin	2	6	0	13	20
Lidocaine	21	28	0	13	88
Lorazepam	41	6	2	38	152
Magnesium Sulfate	64	87	0	93	456
Mannitol	0	9	0	10	20
Meperidine	0	2	0	1	3
Methylprednisolone	2	8	0	37	83
Metoprolol	53	30	1	35	354
Midazolam	323	177	5	112	3150
Milrinone	1	6	0	1	10
Morphine	58	20	0	78	210
Multivitamin	0	3	0	2	3
Naloxone	348	268	0	225	1775
Nicardipine	75	68	3	83	371
Nitro Paste	81	61	1	64	371
Nitroglycerin	440	389	16	379	6849
Nitroprusside	3	5	0	2	13
Nitrous Oxide	18	8	0	1	74
NOREpinephrine	288	229	16	164	2233

Normal Saline	457	740	6	443	20378
Octreotide	14	59	0	49	130
Ondansetron	747	449	10	147	12364
Other Medication	89	112	0	139	489
oxyCODONE	9	4	0	22	28
Oxygen	1842	1584	34	1428	22971
Oxymetazoline	1	0	0	0	1
Oxytocin	2	4	0	2	6
Oxytocin Injection	3	5	0	2	10
Phenobarbital	2	2	0	16	19
Phenylephrine HCl	54	34	1	20	226
Phenytoin	0	0	0	2	2
Phytonadione	1	11	0	20	35
Potassium Chloride	32	122	0	122	376
Precedex	1	0	0	1	1
Prednisone	1	0	0	15	15
Procainamide	1	0	0	2	3
Prochlorperazine	2	0	0	4	5
Promethazine	0	0	0	2	2
Propofol	113	110	3	108	1445
Propranolol	1	1	0	2	3
Protonix/Pantoprazole	7	24	0	69	131
Racemic Epinephrine	20	6	0	5	52
Rocuronium	79	35	0	59	374
Ruconest	1	0	0	0	1
Sodium bicarbonate	36	155	1	75	595
Sodium Chloride Inhalant Solution	6	1	0	0	9
Succinylcholine	3	1	0	37	65
Tenecteplase	1	7	0	37	66
Terbutaline	0	0	0	2	2
Tetracaine	7	2	0	0	23
Thiamine	0	0	0	14	15
Tirofiban HCL	0	2	0	1	4
Total Parenteral nutrition (TPN)	3	10	0	3	18
Tranexamic Acid	34	66	0	31	194
Vancomycin	27	85	0	145	383
Vasopressin	49	48	0	29	189
Vecuronium	1	4	0	6	12

Vitamin K	0	2	0	15	20
Zosyn	9	42	0	77	157
Zosyn (Piperacillin / Tazobactam)	11	59	0	84	164

## Role of Person Administering



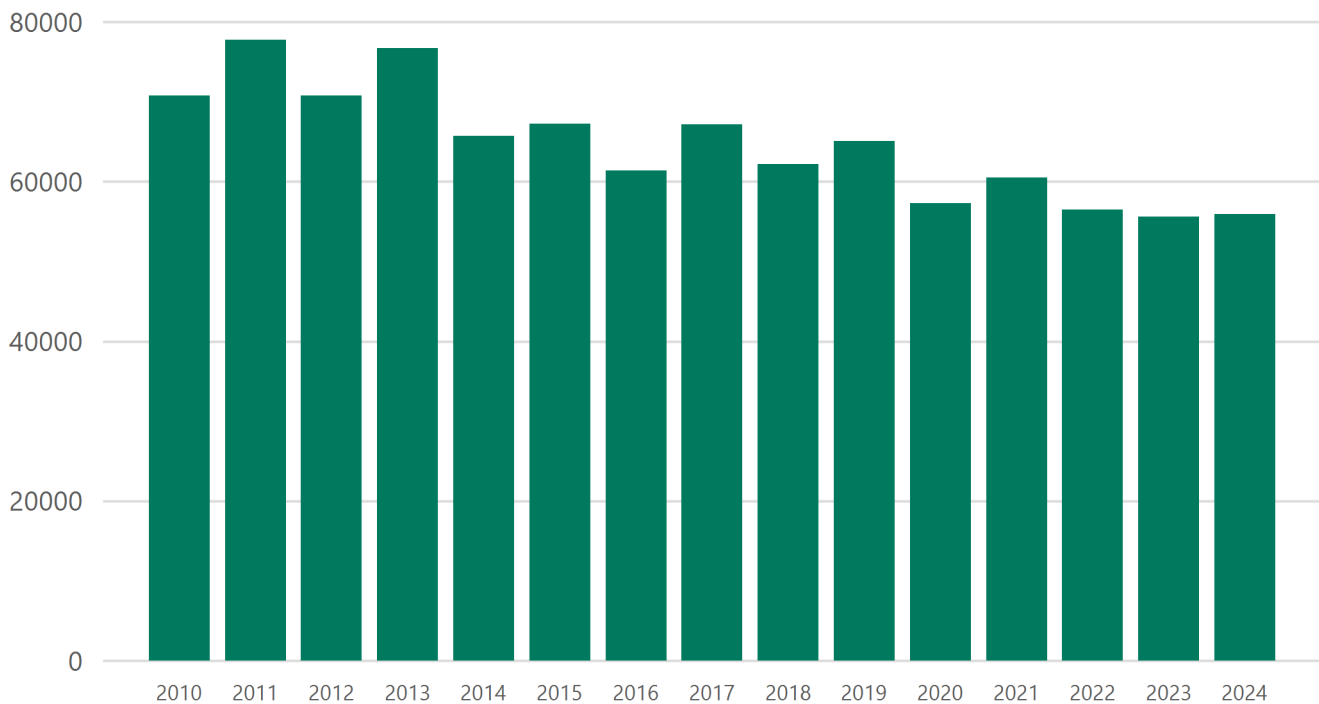
## Interfacility Transfers

Interfacility transfers in the context of Emergency Medical Services (EMS) refer to the safe movement of patients from one healthcare facility or other type of facility to another. There are a number of reasons for transferring a patient from one facility to another:

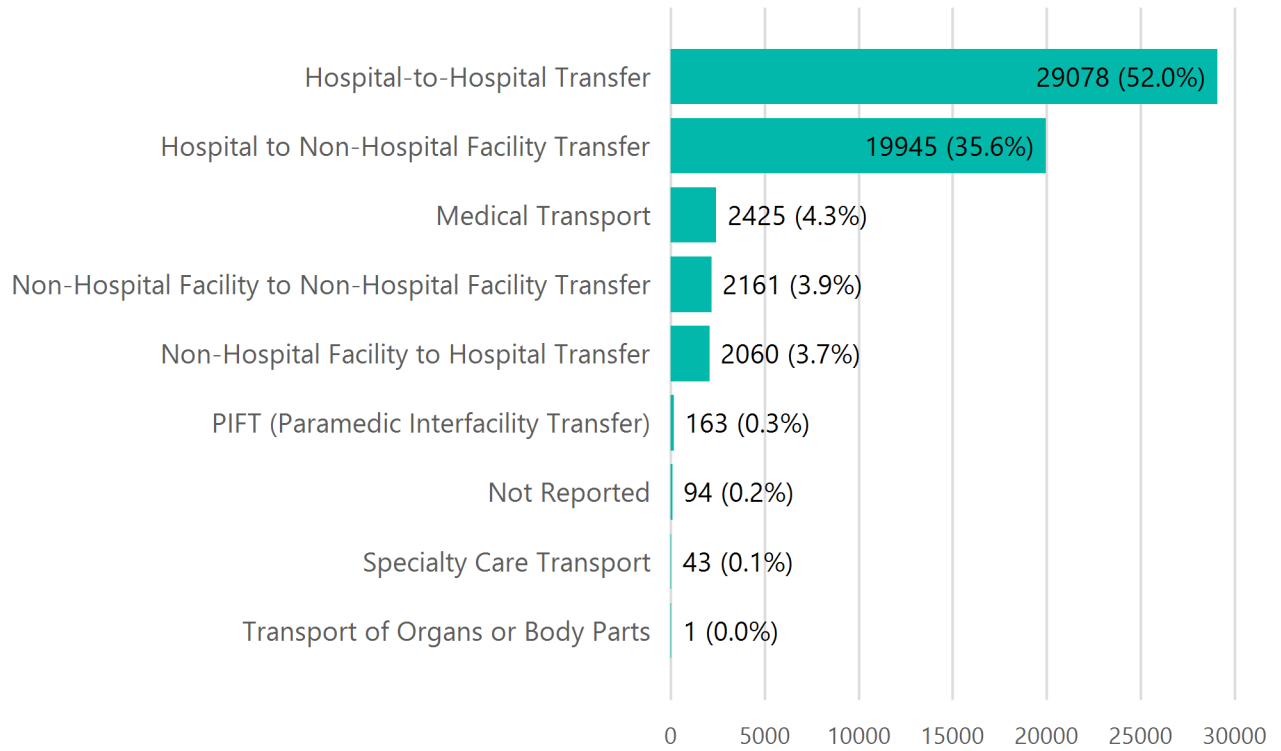
- **Specialization:** Patients may need to be transferred to specialized centers (e.g., cardiac or stroke centers) for specific treatments.
- **Overflow:** The ability for a facility to have sufficient resources may have been exceeded, necessitating transfers.
- **Reimbursement:** Payers may only reimburse specific facilities, necessitating transfers.
- **Regionalization:** Regionalization efforts lead to transfers based on facility designation rather than proximity.

The National Highway Traffic Safety Administration (NHTSA) established consensus-based guidelines for EMS interfacility transfers. These guidelines cover areas like cost reimbursement, integration into regional healthcare systems, research, education, and best practices<sup>1</sup>.

### Interfacility Transfers



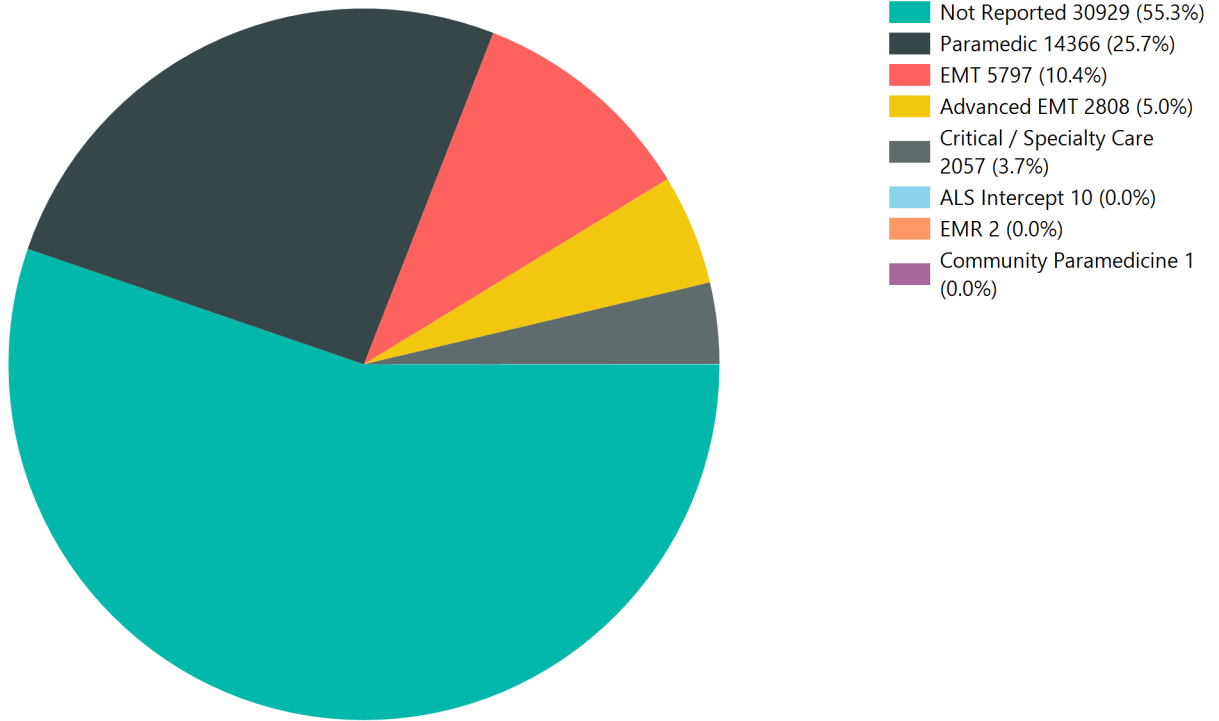
## Types of Service Requested 2024



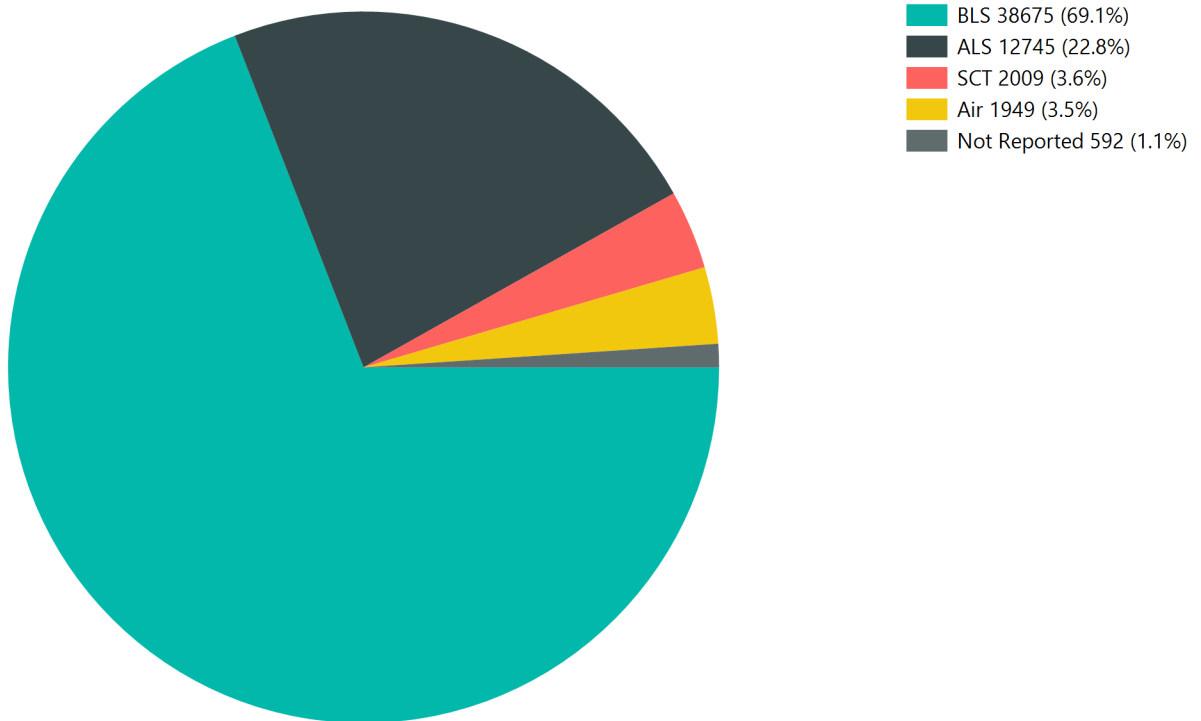
Top 15 Originating Facility Types 2024	Transfers
Hospital	50582
Nursing Home	1381
Residence	1136
Healthcare	804
Not Reported	644
Other	404
Clinic	356
Dialysis Center	265
Rehabilitation Facility	181
Assisted Living Facility	70
Urgent Care	62
Mental Health Facility	46
Apartment	26
Correctional	5
Mobile Home	4
Top 15 Originating Facilities 2024	Transfers
Mainehealth Maine Medical Center Portland	8575
Eastern Maine Medical Center	6217
Not Applicable	2371
Maine General Medical Center - Alford Center For Health	2147
Central Maine Medical Center	2131
Spring Harbor Hospital	1713
Acadia Hospital	1639
Other Non-Healthcare Facility Or Location	1382
Mainehealth Maine Medical Center Biddeford	1204
New England Rehabilitation Hospital Of Portland	1142
Not Reported	938
Gosnell Memorial Hospice	877
Smhc - Biddeford Medical Center	842
St Mary's D'youville Pavilion	582
Ross Manor	518

Top 15 Destination Facility Types 2024	Transfers
Hospital	34275
Nursing Home	13328
Assisted Living Facility	1909
Other	1856
Mental Health Facility	1665
Rehabilitation Facility	1241
Clinic	512
Dialysis Center	443
Healthcare	408
Not Reported	179
Residence	145
Apartment	4
Urgent Care	3
Transit Hub	1
Correctional	1
Top 15 Destination Facilities 2024	Transfers
Mainehealth Maine Medical Center Portland	8575
Eastern Maine Medical Center	6217
Maine General Medical Center - Alford Center For Health	2147
Central Maine Medical Center	2131
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New England Rehabilitation Hospital Of Portland	1142
Gosnell Memorial Hospice	877
Mainehealth Maine Medical Center Sanford	681
St Mary's D'youville Pavilion	582
Ross Manor	518
Va Healthcare System - Togus	493
(Me) Other Healthcare Facility, Institution Or Location	488

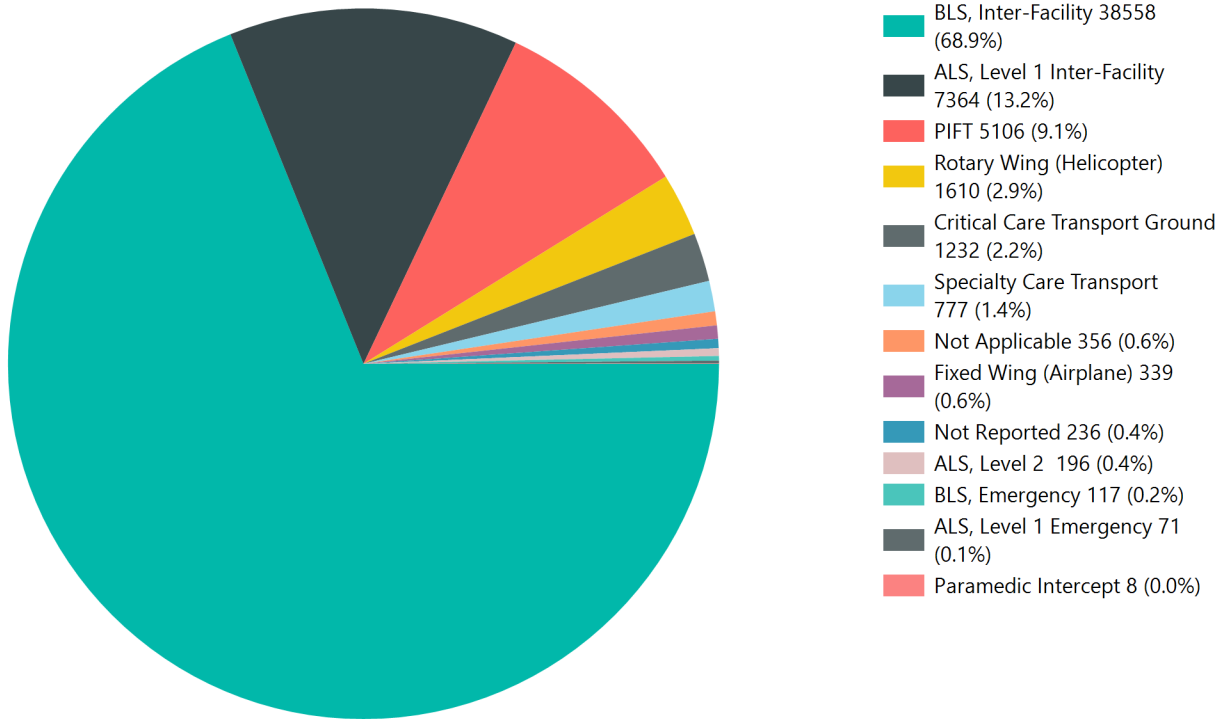
### Level of Care of This Unit 2024



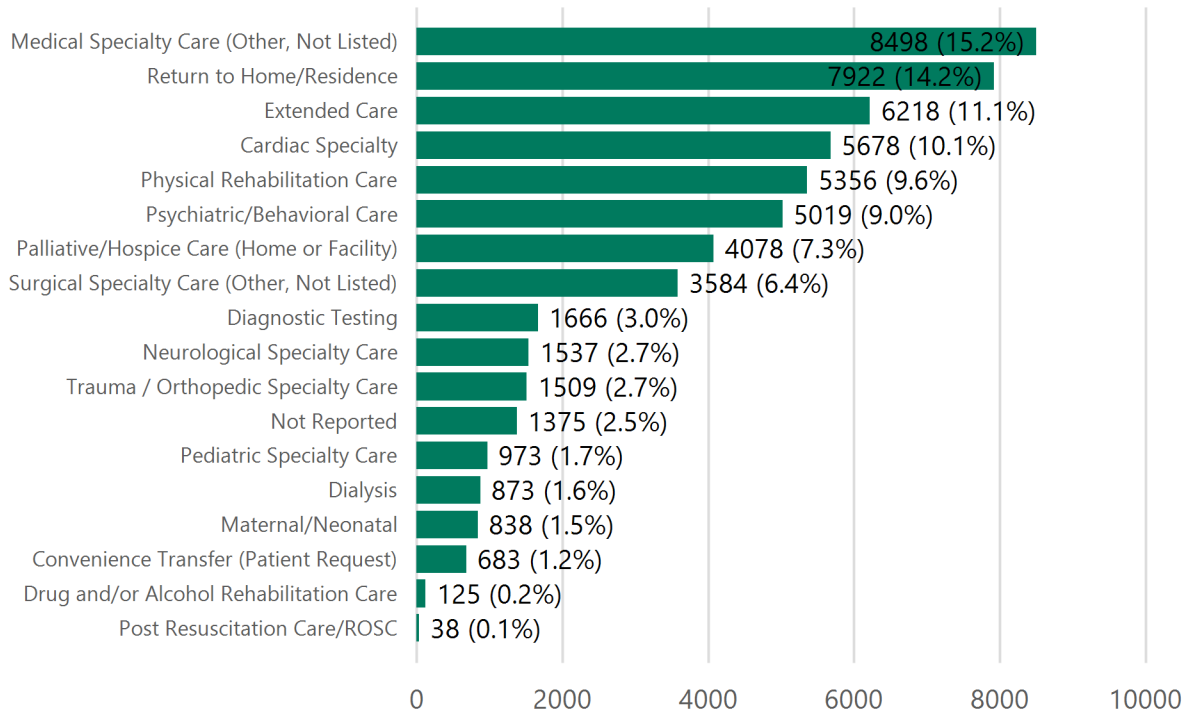
### Level of Care Provided 2024



## CMS Service Level 2024



## Transfer Reason Category 2024



Top 20 Procedures Performed	Count
Electrocardiographic monitoring	5206
Vasc/Acc - Peripheral Vein	3324
12 lead electrocardiogram	2314
Assess - Monitoring of patient	2068
Assess - Physical Assessment	589
Vasc/Acc - Blood Draw	522
A/W Adv - Oral Intubation	412
Introduction of urinary catheter	371
Orogastric tube - Insertion	370
Assess - Blood glucose Analysis	273
Vasc Acc - Central venous cannula insertion	187
A/W Basic - Suctioning	108
Assess A/W - ETCO2 Monitoring	103
Vasc/Acc - Arterial cannula insertion	99
Spinal - Cervical Collar Application	75
Nasogastric tube - Insertion	70
Surgical face mask applied	67
A/W Adv - CPAP	56
Vasc/Acc - Pre-existing line accessed	51
Vasc/Acc - Intraosseous	50

Top 20 Medications Administered	Count
Vancomycin	381
Sodium bicarbonate	234
Rocuronium	288
Propofol	1422
Potassium Chloride	372
Oxygen	5256
Other Medication	308
Ondansetron	729
Normal Saline	1786
NOREpinephrine	2020
Nitroglycerin	716
Nicardipine	361
Midazolam	1461
Magnesium Sulfate	283
Lactated Ringers	687
Insulin	276
Heparin	3241
Fentanyl	4041
Amiodarone	380
Albuterol	290

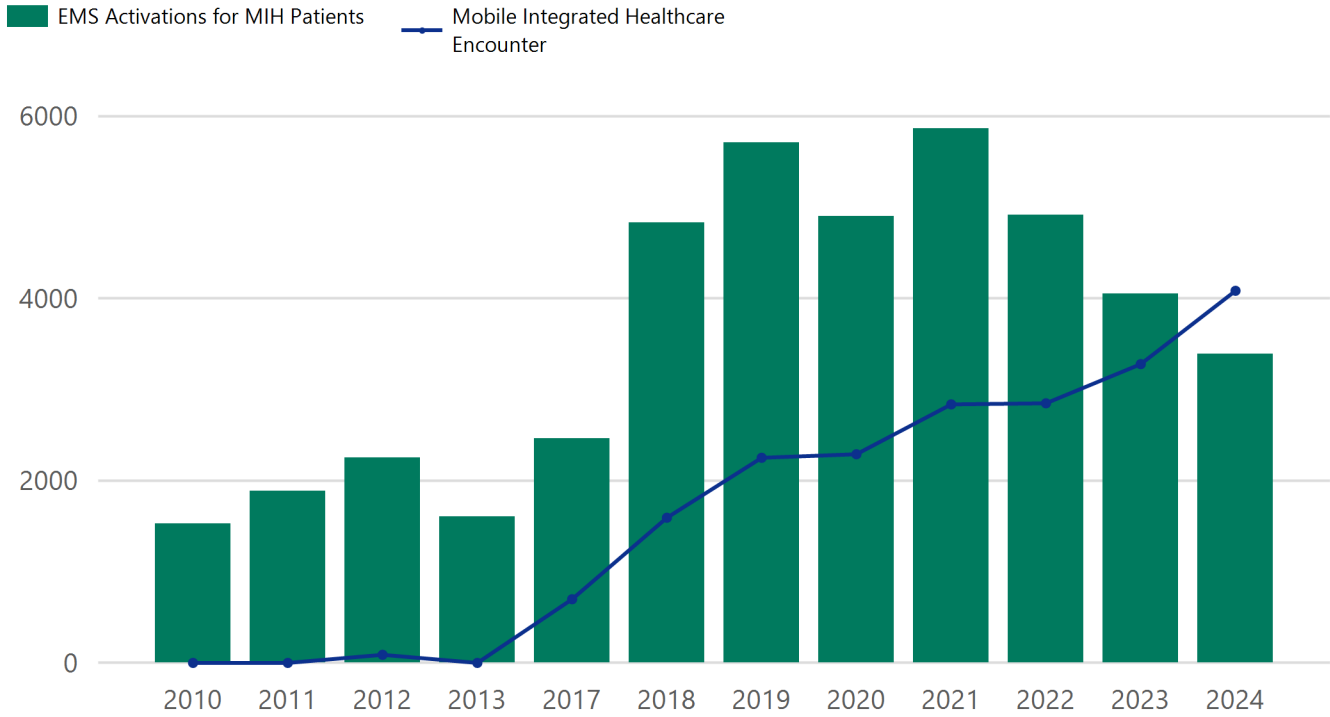
## Mobile Integrated Healthcare

Mobile Integrated Healthcare (MIH), referred to in Maine as Community Paramedicine, provides an opportunity to address ongoing health disparities through a flexible approach to preventive care that meets patients where they are. According to LD 1427, "Community Paramedicine means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician." Essentially EMS clinicians at the EMT, AEMT, or Paramedic level can provide episodic care to patients in a non-emergent setting utilizing a physician order. In many cases, this is the client's Primary Care Physician (PCP) providing the order in line with the patient's existing plan of care. We currently have 21 agencies throughout the state with a Mobile Integrated Healthcare designation.

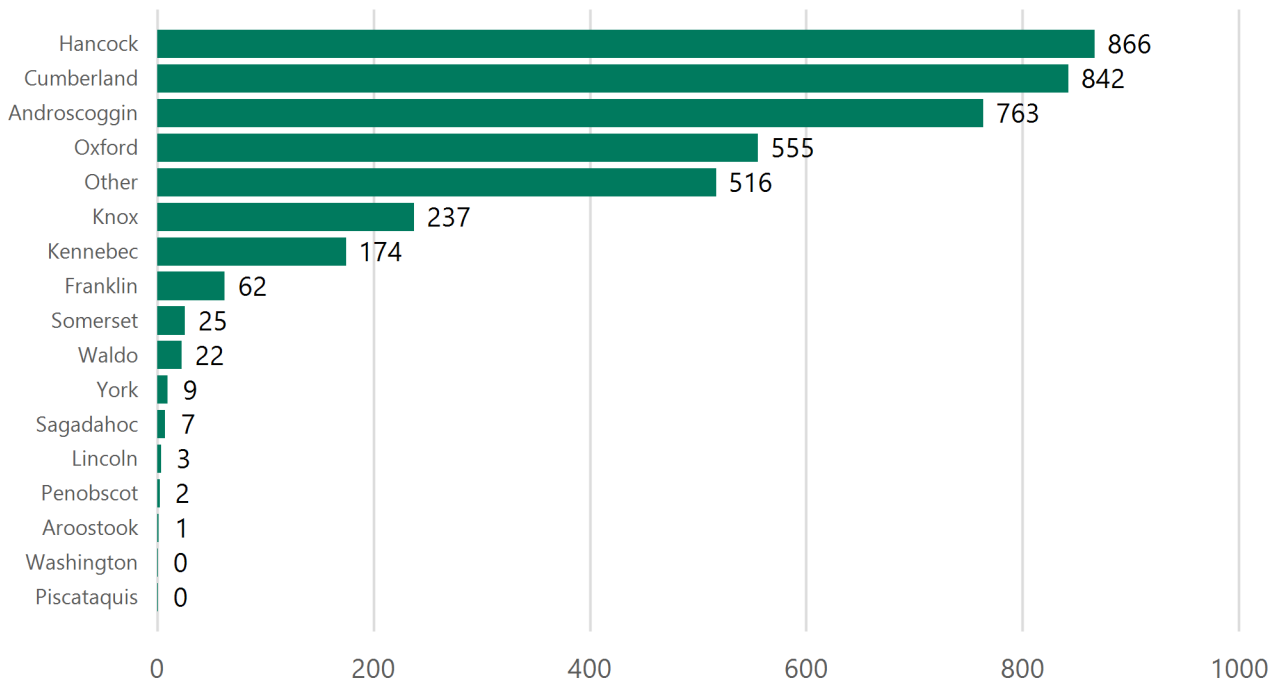
Over the past year, significant progress has been made toward standardizing the approach to Mobile Integrated Healthcare throughout the state. This includes completing scopes of practice for three levels of providers, developing a formulary identifying what medications can or can't be provided at the higher levels, and developing education standards. The office also rolled out a new Mobile Integrated Healthcare specific patient care form called the Community Health Module. Rather than reporting in the 911 run form, Mobile Integrated Healthcare providers across the state now utilize a standard form with Mobile Integrated Healthcare specific data points. This will enable better data collection efforts and hopefully support in providing continued evidence of the benefits of Mobile Integrated Healthcare in Maine.

The Board will be reviewing a draft rule that incorporates these new documents and develops licensure levels for Mobile Integrated Healthcare providers as well as agencies. The current process allows agencies to get a designation on top of their existing licensure, and then they train individual providers in accordance with their plan. This change to licensure would standardize education for providers. With new rules in place, education aligned with the standards can be stood up, and it will create more ease for referring physicians in identifying what services can and can't be provided. The overall goal of this work is to create a standardized and sustainable pathway for Mobile Integrated Healthcare to continue growing into the coming years.

## Mobile Integrated Health Care Encounters and EMS Activations

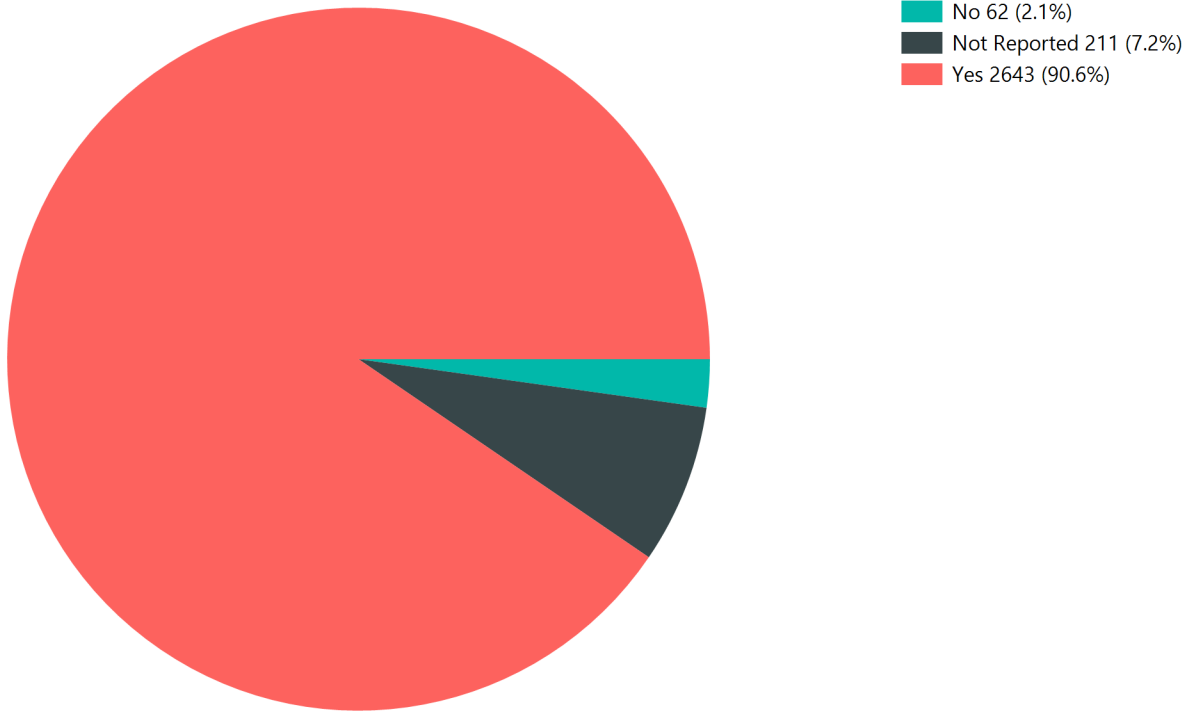


## 2024 Mobile Integrated Healthcare Encounters by County

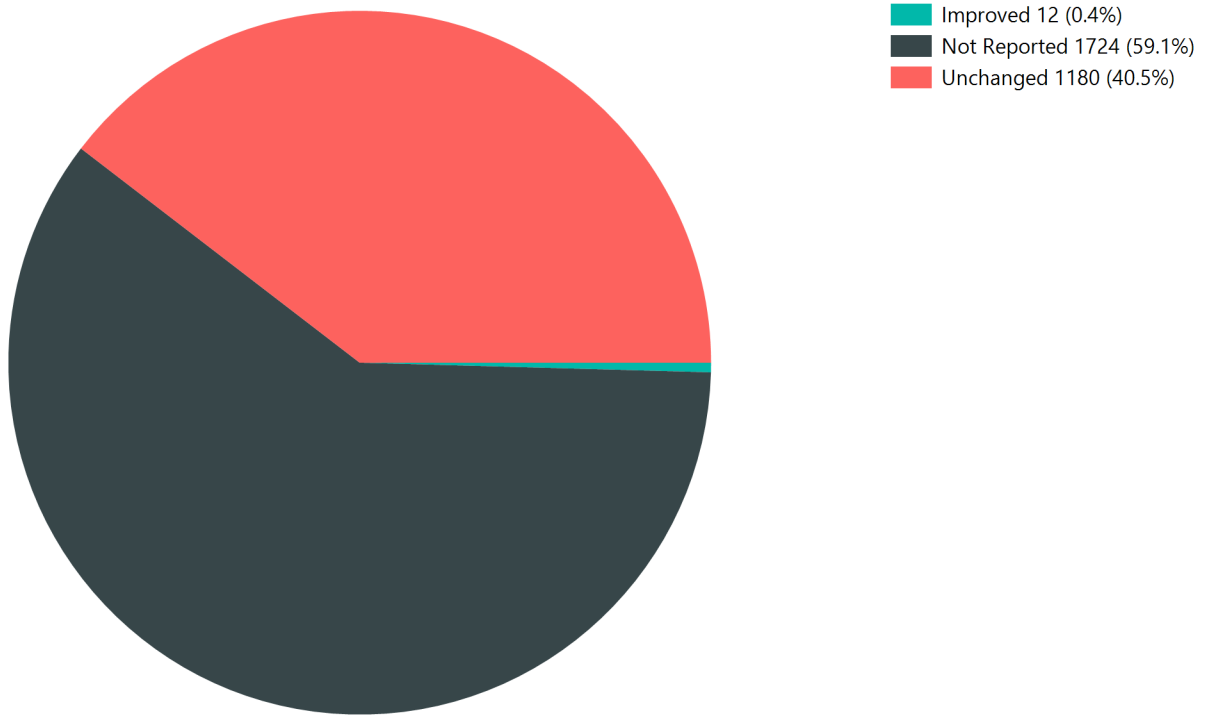


Procedure Performed Description	Count	Successful	Unsuccessful	Patient Improved	Patient Unchange d	Patient Worse	Attempts
12 lead electrocardiogram	4	2	0	0	1	0	1
Asthma Education	5	7	0	0	7	0	
Blood Draw	170	167	7	3	160	0	168
Blood glucose Analysis	500	478	5	0	198	0	140
CHF Education	7	7	0	0	5	0	
COPD Education	4	4	0	0	3	0	
D/C IV Cath Access	0	0	0	0	0	0	
Diabetes Education	48	47	2	0	45	0	
Discharge Assessment	0	1	0	0	1	0	
Dressing Change/Wound Care	15	14	0	7	6	0	6
Electrocardiographic monitoring	1	0	0	0	0	0	
Fall Risk Assessment	1	0	0	0	0	0	
Follow-up	1060	1103	31	0	475	0	15
Health Assessment	5	7	0	0	7	0	1
Hypertension education	0	1	0	0	1	0	
Influenza Vaccination	4	4	0	0	3	0	4
Initial Assessment	40	51	3	0	41	0	2
Medication Reconciliation	914	889	10	0	250	0	29
Not Reported	5	1	0	0	1	0	2
Orthostatic Vital Signs	2	2	0	0	2	0	
Other	2	2	0	2	0	0	1
Peripheral Vein Access	5	4	1	0	4	0	4
Physical Assessment	4	3	0	0	2	0	
Primary Care Physician Contacted	101	93	12	0	43	0	5
Specimen collection for COVID- 19	2	1	0	0	1	0	1
Suctioning	2	2	0	2	0	0	2
Urine Collection	12	12	0	0	12	0	1
Vaccination Education	2	3	0	0	3	0	2
Wound Irrigation	1	0	0	0	0	0	1

### 2024 Procedure Success



### 2024 Response To Procedure



Medication	Count	Patient Improved	Patient Unchanged	Patient Worse
Albuterol	5	5	0	0
cefTRIAXone	11	0	11	0
Hydroxocobalamin	2	0	2	0
Lactated Ringer's Injectable Solution	0	1	0	0
Other	3	0	2	0
Other Medication	4	1	3	0

## Substance Use

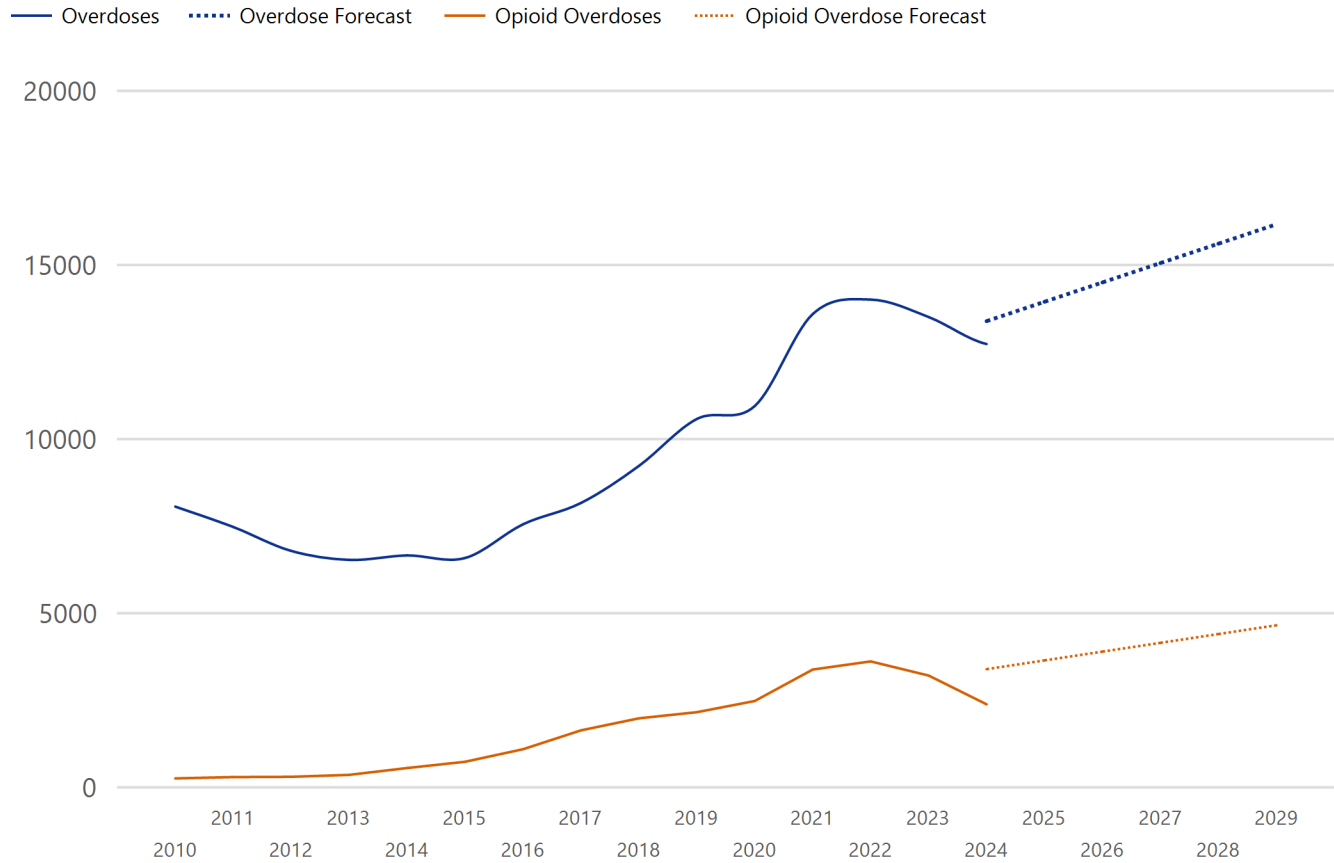
As frontline responders, EMS in Maine are involved in the majority of overdoses that occur. EMS Clinicians are trained to provide life-saving interventions for overdoses. Similar to overdoses in general, there has also been a noticeable increase in opioid overdoses encountered by EMS in Maine.

EMS activations for overdoses, opioid overdoses, and behavioral health are among the fastest-rising syndromes encountered by EMS. EMS is highly trained and skilled in providing life-saving interventions such as CPR, defibrillation, ventilation, medication administration, and trauma treatment. Regrettably, behavioral emergencies are an area that does not garner as much attention in the training and education received by clinicians.

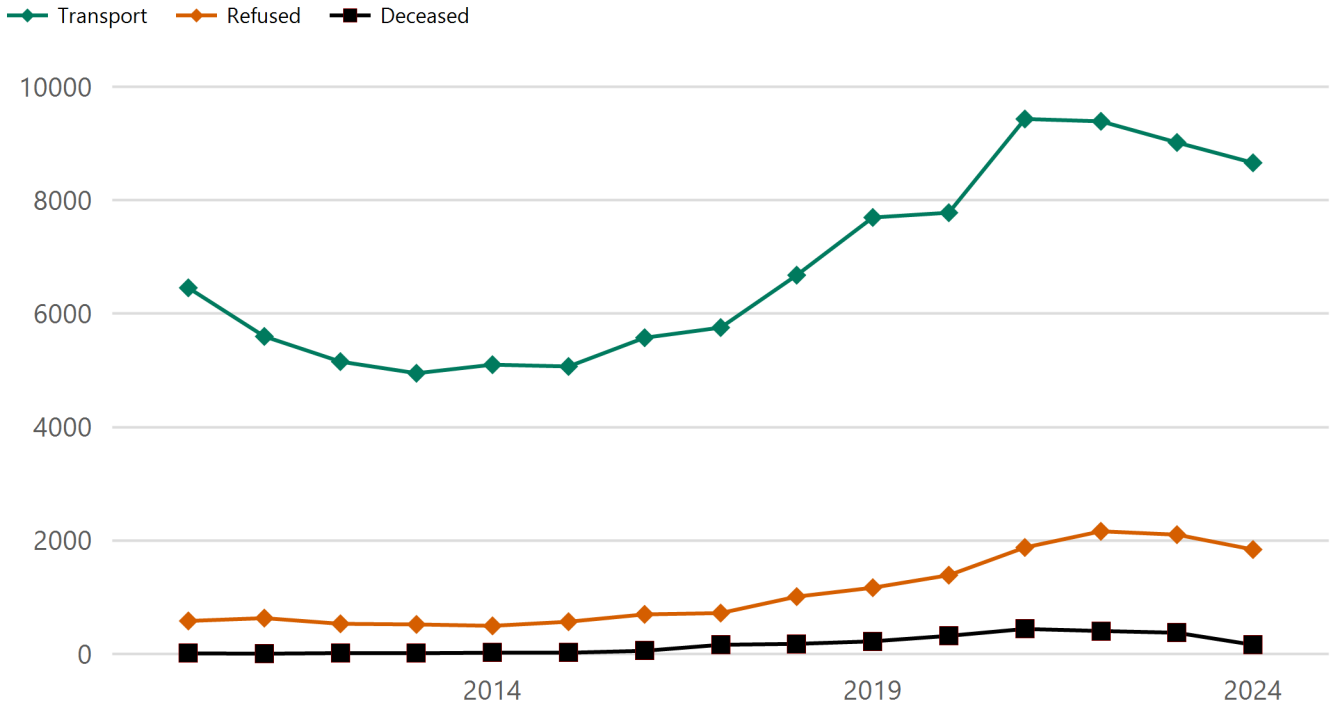
With the support of grant funding and in collaboration with the Maine Center for Disease Control and Office of Behavioral Health Maine EMS has implemented several programs to help address substance use in Maine:

- **Enhancing Data and Analytics:** efforts were taken to improve the access to and quality of EMS data. Numerous reports and dashboards were developed for use on the Maine Drug Data hub (<https://mainedrugdata.org/>), for public consumption and in support of agencies throughout the state in their grant reporting.
- **ODMap:** applications were developed to geocode and upload overdose EMS Activations to ODMap, a national overdose reporting and alerting tool.
- **Naloxone Dispensation (aka Naloxone Leave Behind):** A program that provides for EMS clinicians leaving a naloxone kit with an overdose patient as a life-saving measure in the event of a subsequent overdose.
- **Ambassadors Program:** An effort to assist EMS agencies in onboarding with the substance use programming.
- **OPTIONS Referrals:** An automated workflow that allows clinicians to refer, with patient consent, the patient to an OPTIONS Liaison.
- **Out-of-Hospital Medication for Opioid Use Disorder (MOUD):** A program still in development that would allow EMS clinicians to immediately begin treatment with Buprenorphine while on scene for an opioid overdose.

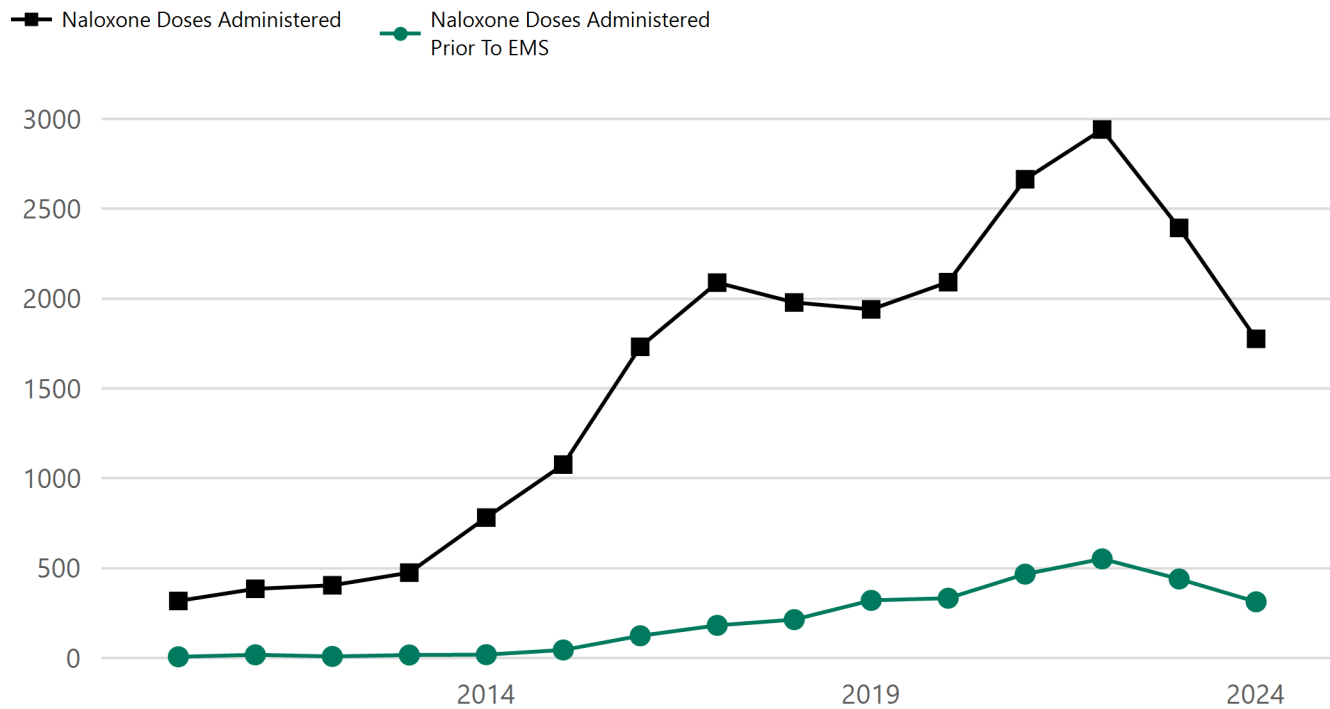
## Overdose Trends and Forecast



### Outcomes for Overdose Activations



### Naloxone Administrations



## Naloxone Dispensation

The Naloxone Dispensation program allows EMS clinicians to leave a Naloxone kit with a patient experiencing a suspected narcotic overdose and who refuses transport to an emergency department. The kit may be left with the patient, a member of the patient's family, or a friend. It is important to note that the kits are designed for use by laypersons and differ from naloxone packaging intended for administration by EMS clinicians.

Maine law provides for the dispensing of naloxone by emergency medical services persons (Title 32, section 88 B, subsection 1, paragraph A and Title 22, section 2353, subsection 2-A). EMS agencies wishing to participate in the naloxone dispensation program should enroll, order naloxone kits, and reorder naloxone kits at <https://getmainenalexone.org/public-safety/>.

The Maine EMS protocols, effective December 1, 2021, provide criteria for the dispensing of naloxone by Maine licensed EMR's, EMTs, AEMTs, and Paramedics (Yellow #4 – Naloxone Dispensation). This protocol section states:

It is important to note that EMS clinicians MUST complete the online, MEMSEd training entitled, "Maine EMS Naloxone 'Leave Behind' Dispensation Training" before dispensing naloxone leave-behind kits to the patient, their family member, or friend. The Naloxone Leave Behind Program and Dispensation Training does not impact EMS clinicians' authorization to administer naloxone for the clinical management of a patient suspected of experiencing an opioid overdose. Naloxone leave behind kits must not be used by EMS clinicians in the clinical management of the patient and are only to be utilized for distribution to survivors of opioid overdose, their friends or family.

Maine EMS, in collaboration with the Maine Department of Health and Human Services, is providing nasal naloxone kits and required printed materials for distribution by clinicians responding with EMS transporting agencies. EMS transporting agencies wishing to participate in the Naloxone Leave Behind Program must request naloxone leave behind kits from the state by going to <https://getmainenalexone.org/ems/>.

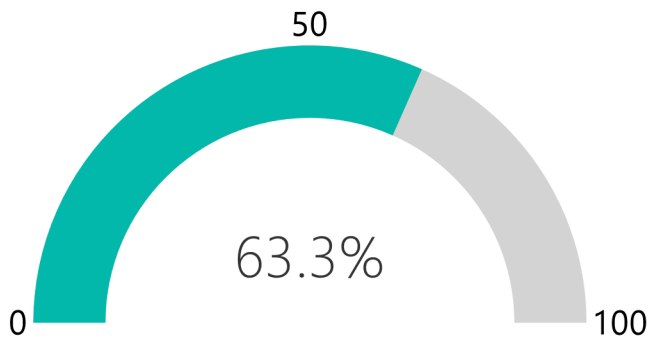
These kits are specifically designed to be left behind and include additional educational materials. There is no charge to agencies for leave behind kits. Colleagues at the University of Maine Orono have put together a YouTube Video to assist EMS agencies with requesting naloxone from the state's supply for this program.

Effective December 1, 2023, the Maine EMS protocol indicated that leaving a naloxone kit is the standard of care. When an EMS activation is documented as a suspected opioid overdose a required question will become visible asking "Did you leave behind a naloxone kit."

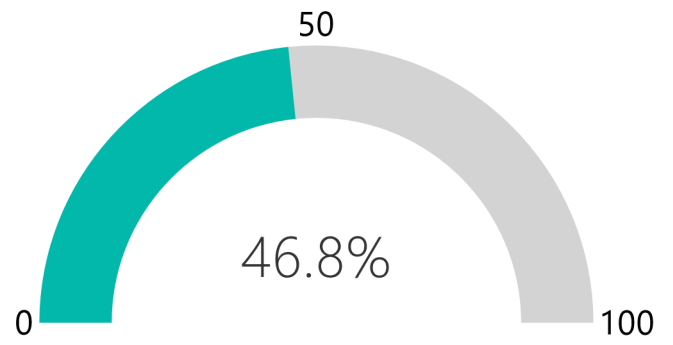
If the answer is "YES" then the clinician will be asked:

- To whom and provide additional information about who they left the kit with.
- Did you perform point of care training for the use of an approved naloxone kit
- Has the recipient ever administered naloxone before?
- If the clinician answers "NO" then they will be asked for any reason(s) why they did not leave a kit behind.

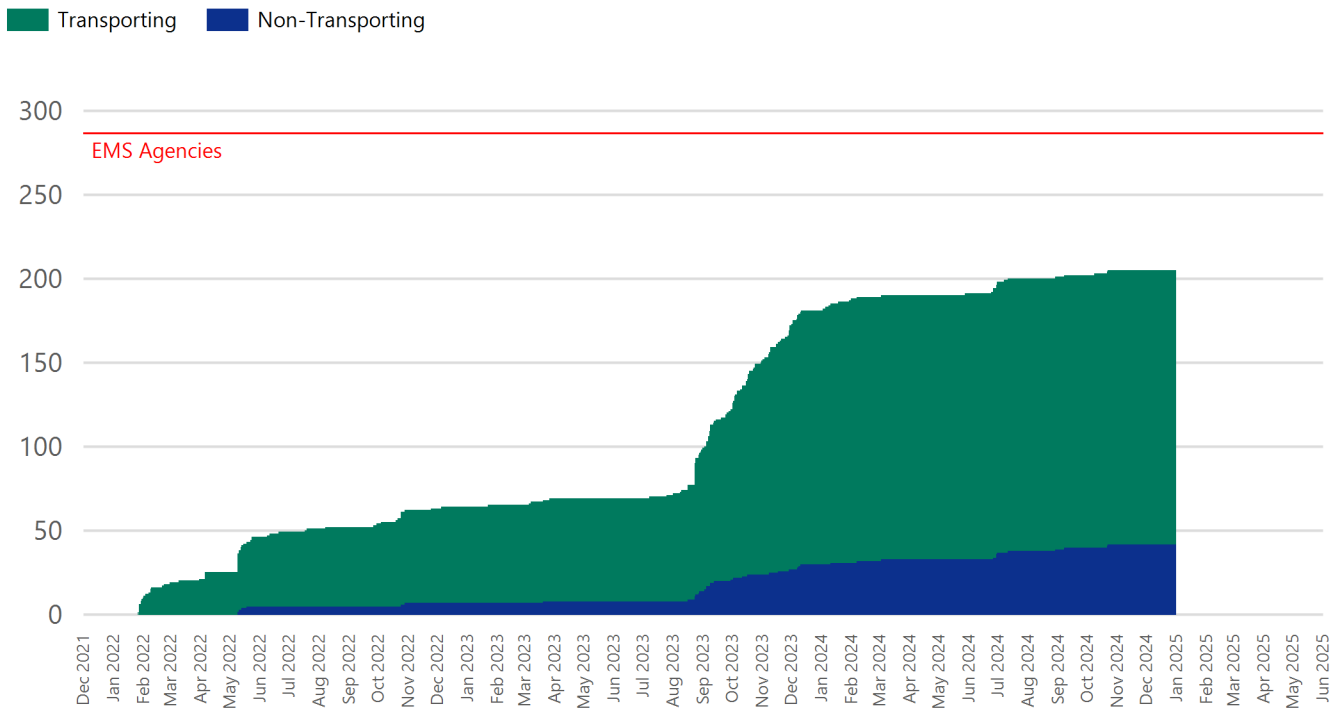
Percentage of Attempts to Dispense Naloxone



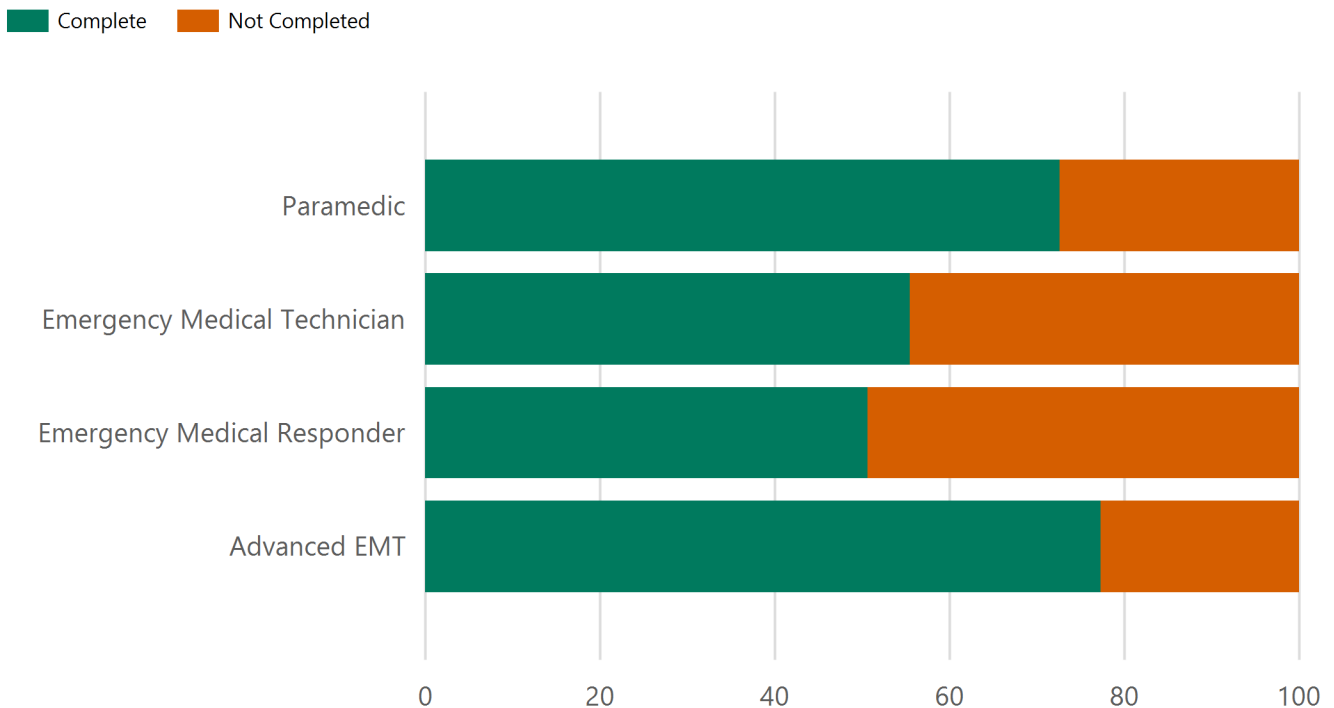
Percentage of Successful Dispensations



## Running Count of Agencies Participating In The Naloxone Leave Behind Program



## EMS Clinician Naloxone Dispensation Training Status



## OPTIONS Referrals

The OPTIONS Referral program provides a pathway to recovery by providing EMS clinicians with the education and tools to refer substance use-involved patients to local harm prevention and recovery resources.

Maine EMS has produced an OPTIONS Program Training module in MEMSEd to prepare clinicians for conversations with patients for referrals. Once trained EMS clinicians who encounter a patient with substance use involvement should discuss with the patient the availability of additional help through the OPTIONS program. The primary focus is on patients who refuse transport as patients who are transported should have other opportunities offering harm prevention and recovery pathways.

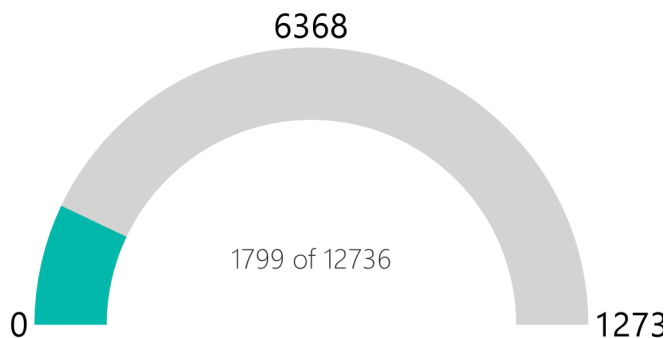
When an EMS clinician encounters a patient experiencing an issue with substance use, a new section will be available in the MEFIRS report named Substance Use Programs. This section will be a section named OPTIONS Referral having a question of Did you Attempt to refer the patient to the OPTIONS program? The responses available for this field are "Yes, Patient Accepts Referral", "Yes, Patient Declined Referral", and "No". When the clinician selects "Yes, Patient Accepts Referral" then they will be required to have a signature with a signature type of "OPTIONS Referral".

After a clinician documents "Yes, Patient Accepts Referral" AND records a signature of "OPTIONS Referral" the automated referral process begins. It is important to note that the report must be saved and if the report had been entered into Elite Field, then the incident must be posted.

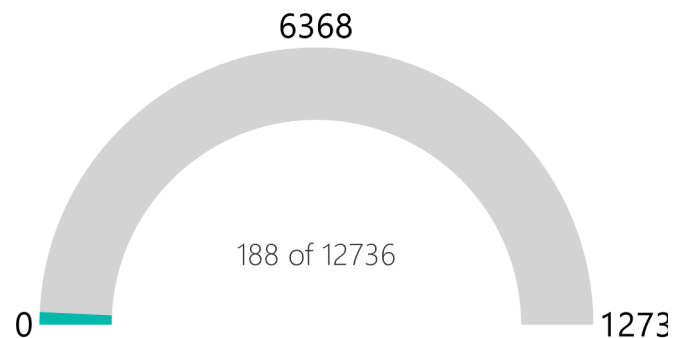
Once saved or posted file is generated containing the contact information and placed into a secure repository. An email is also sent to the OPTIONS Liaison notifying them that they have a new referral. The OPTIONS Liaison will then access the file and acknowledge receipt of the information. Maine EMS will monitor notifications to ensure they are acknowledged.

OPTIONS Liaisons will attempt to contact the patient within 48 hours once the referral has been submitted and work with the patient to find pathways to recovery and other resources which the patient may need.

Attempts to Refer and Overdose Patient to OPTIONS

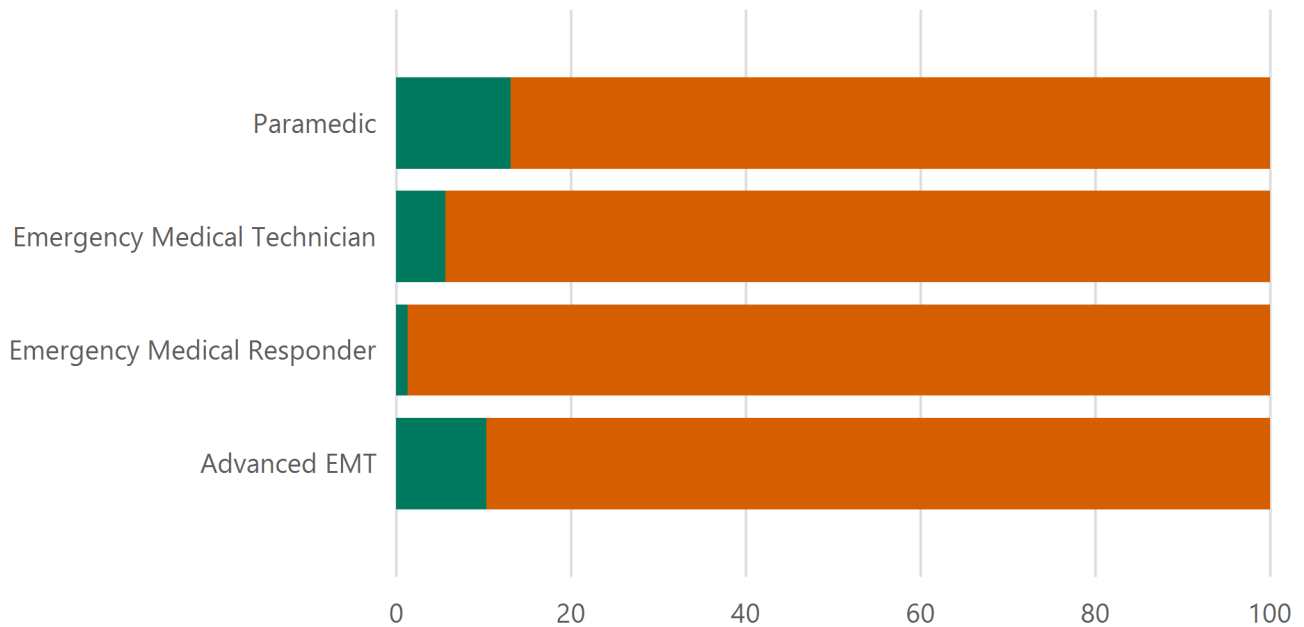


Successful Referrals of Overdose Patient to OPTIONS



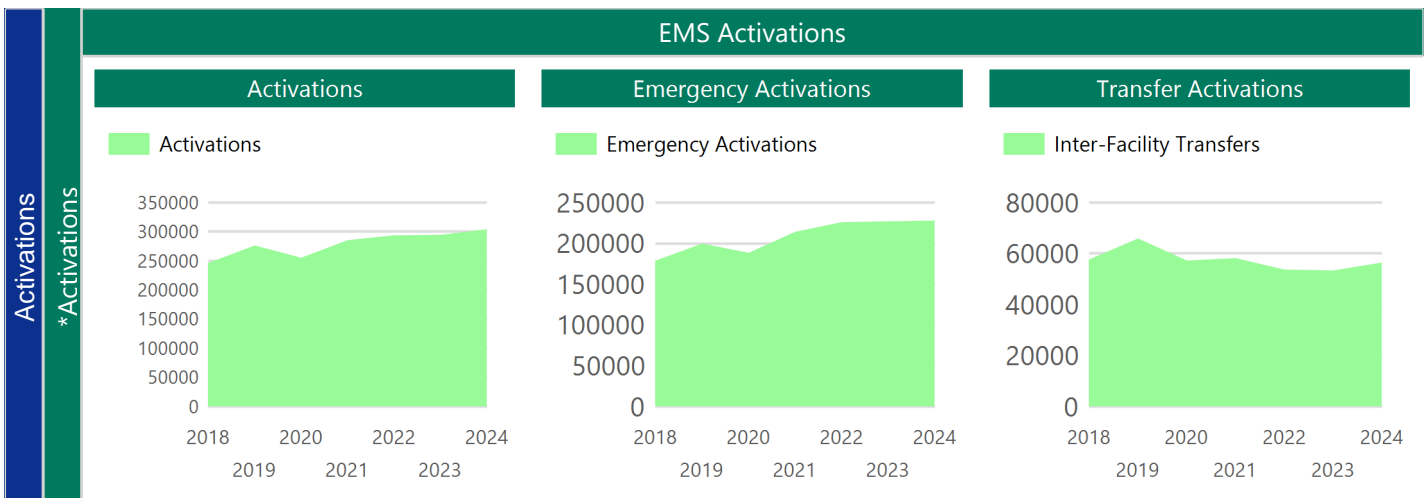
## EMS Clinician OPTIONS Referral Training Status

Complete Not Completed



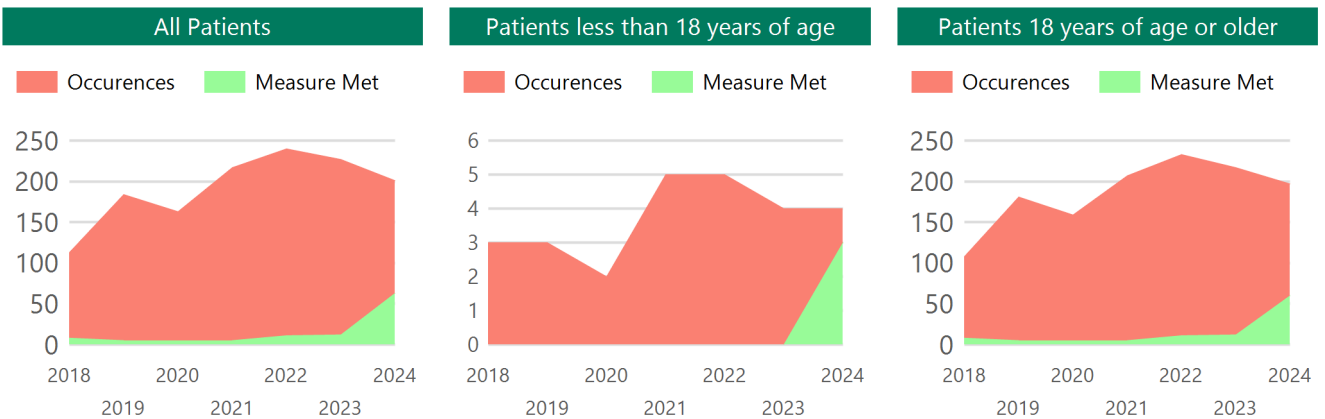
## Measures

The National EMS Quality Alliance (NEMSQA) measures provide for a means to assess clinical quality. Assessment of clinical quality is important to understand if the protocols in place are effective and the training, knowledge and skill of clinicians and the care they provide.



Percentage of endotracheal intubation attempts performed during an EMS response originating from a 911 request that are successful on first attempt with neither hypotension nor hypoxia documented during the peri-intubation period, without hypotension and hypoxia (Age Adjusted).

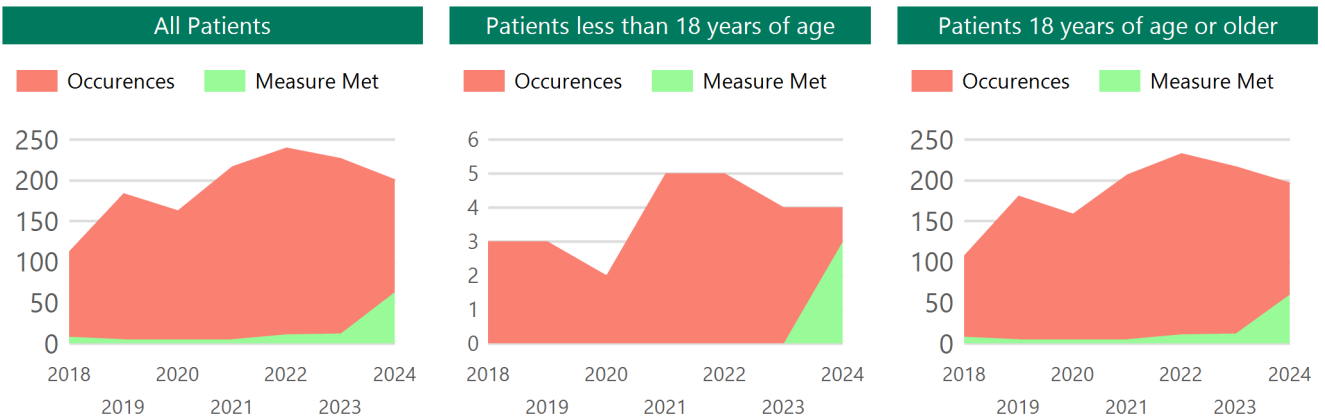
Airwav01 (Age Adjusted)



Percentage of endotracheal intubation attempts performed during an EMS response originating from a 911 request that are successful on first attempt with neither hypotension nor hypoxia documented during the peri-intubation period, without hypotension and hypoxia.

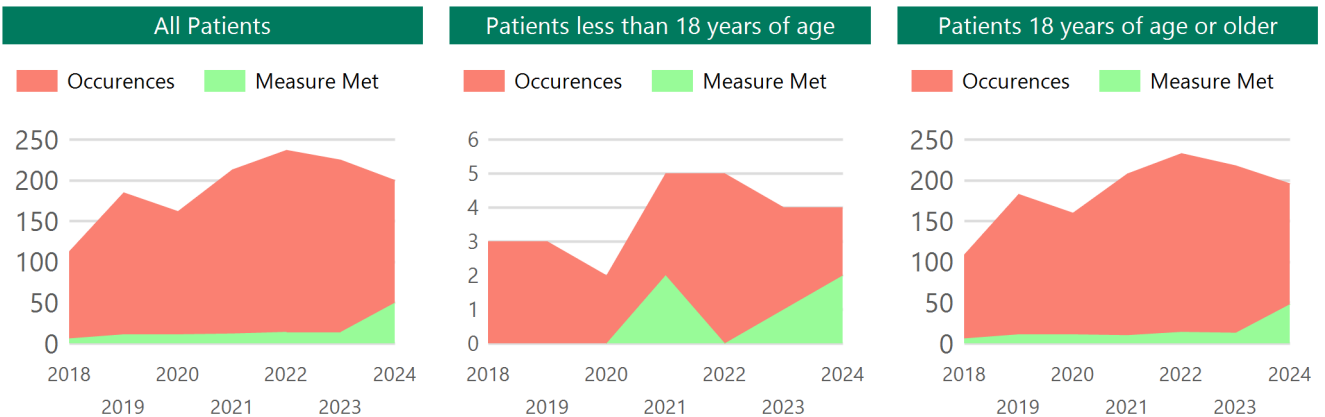
Airway

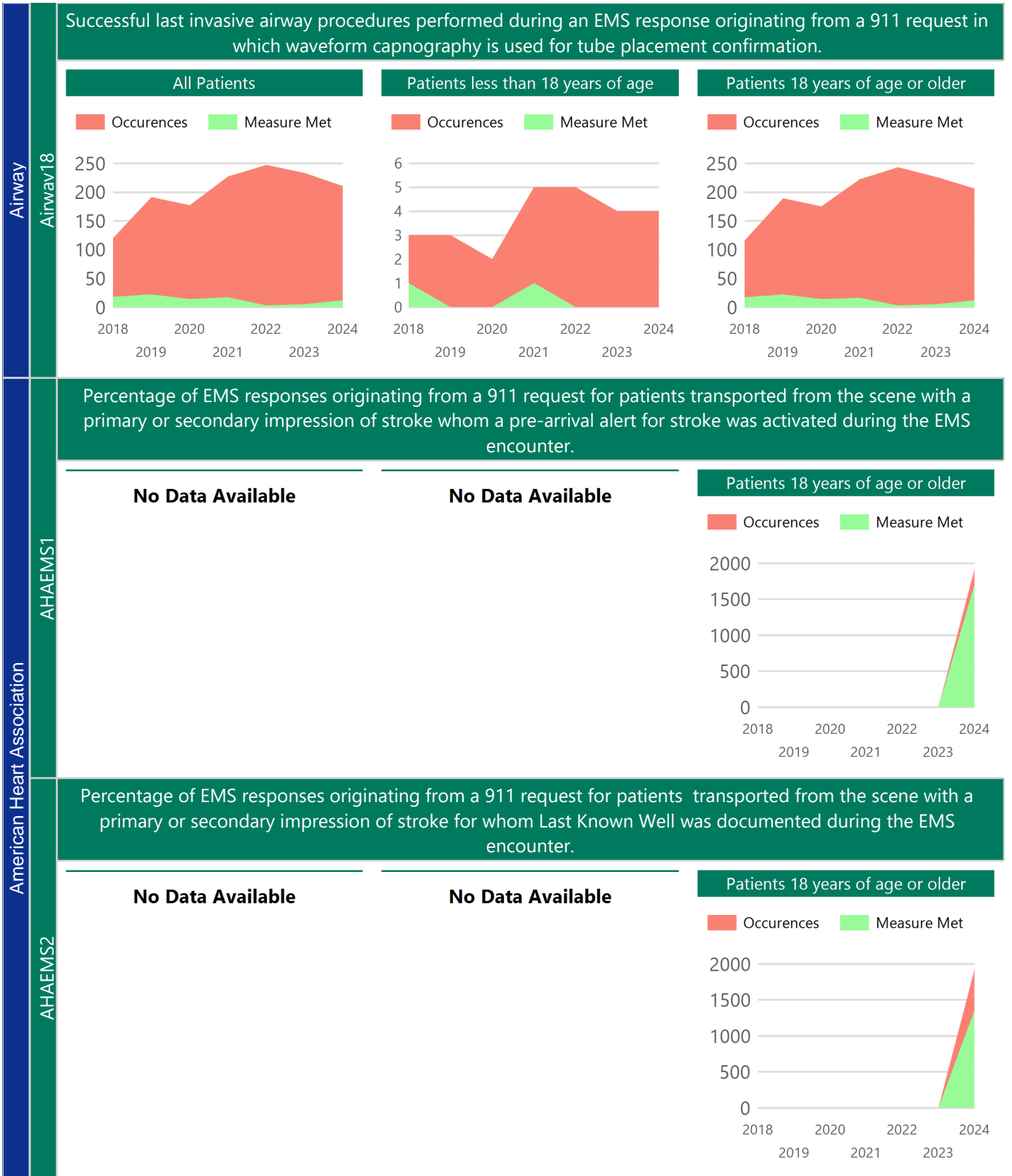
Airwav01



Percentage of endotracheal intubation attempts performed during an EMS response originating from a 911 request in which adequate patient oxygen levels were achieved prior to intubation attempt.

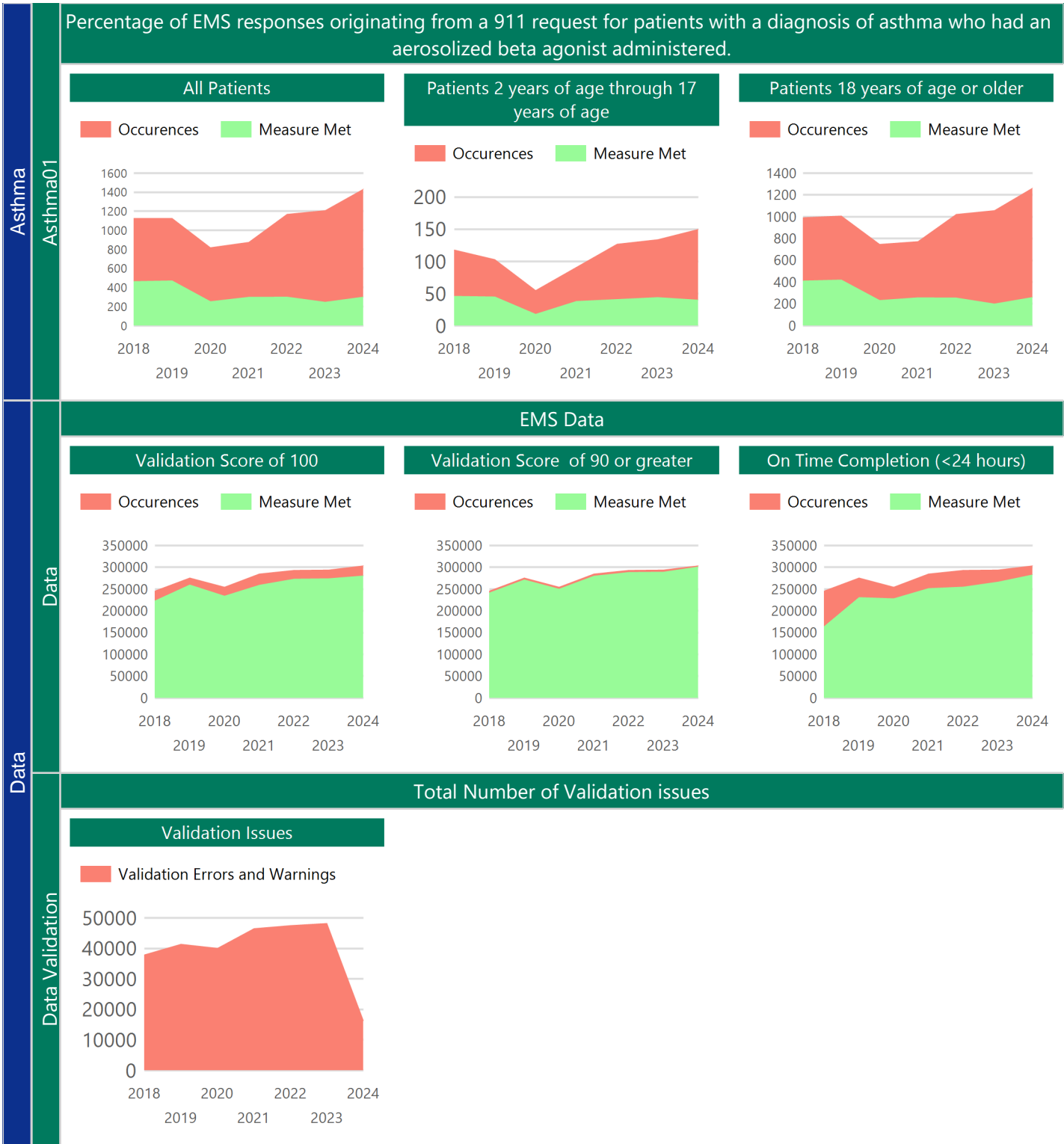
Airwav05

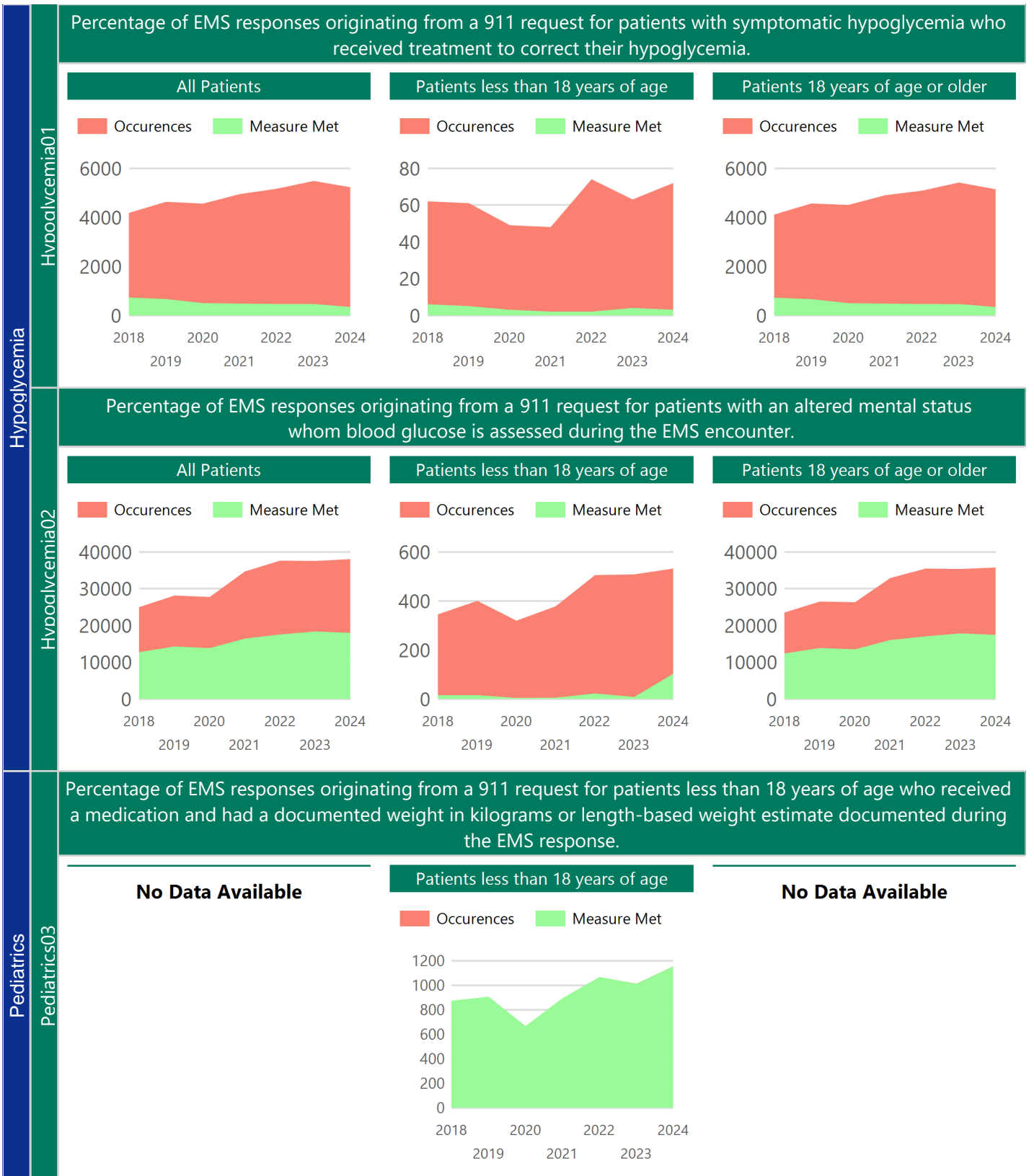


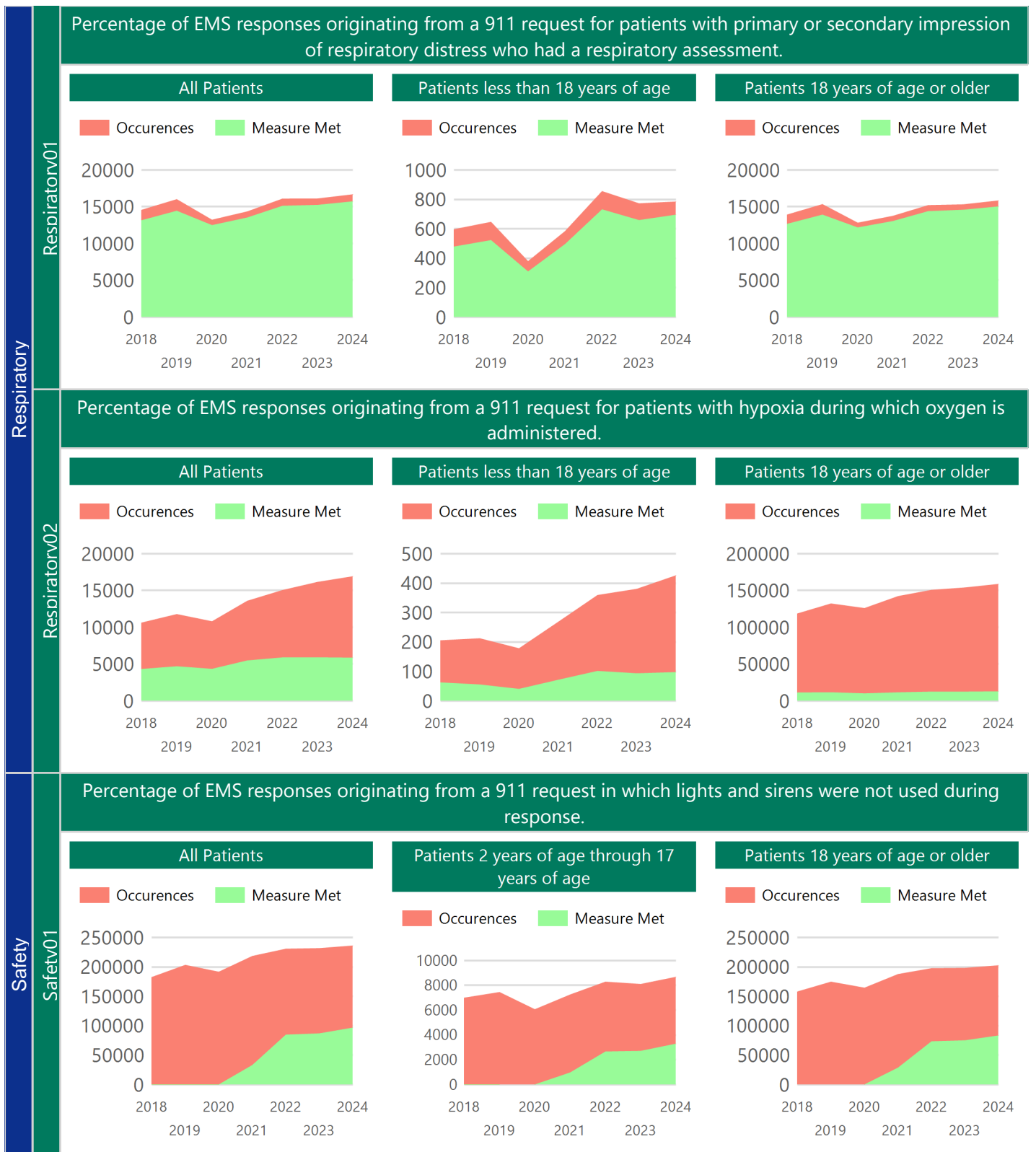


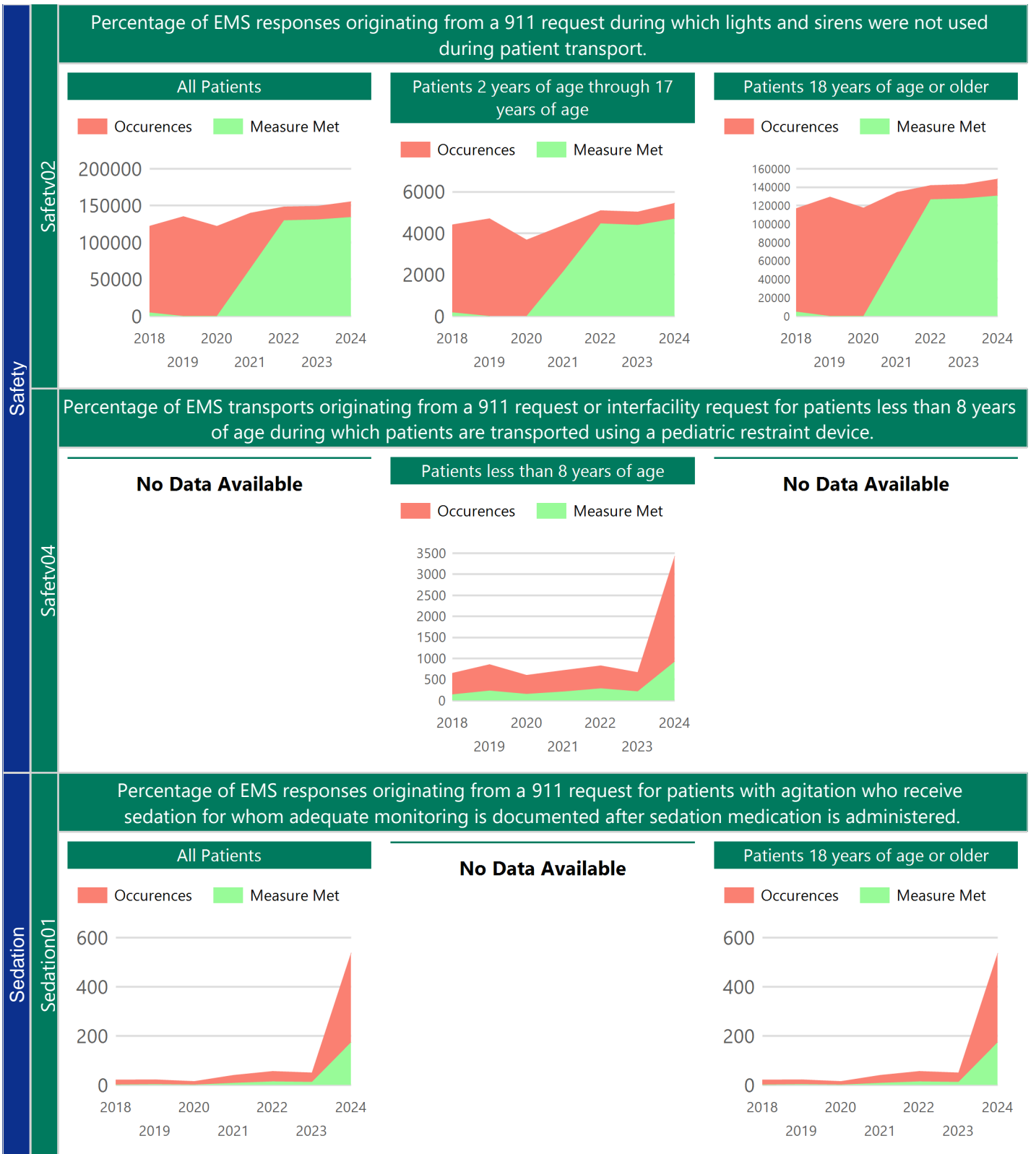
American Heart Association	AHAEMS3	Percentage of EMS responses originating from a 911 request for patients transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter.		<div>No Data Available</div> <div>No Data Available</div> <div> <div>Patients 18 years of age or older</div> <div> <div>Occurrences</div> <div>Measure Met</div> </div> </div>
	AHAEMS4	Percentage of EMS responses originating from a 911 request for patients transported from the scene with a suspected stroke for whom a stroke screen was performed and severity documented during the EMS encounter.		<div>No Data Available</div> <div>No Data Available</div> <div> <div>Patients 18 years of age or older</div> <div> <div>Occurrences</div> <div>Measure Met</div> </div> </div>
	AHAEMS5	Percentage of EMS responses originating from a 911 request for patients transported from the scene with a primary impression chest pain or a suspected MI for whom a 12-Lead ECG was performed within 10 minutes of first medical contact.		<div>No Data Available</div> <div>No Data Available</div> <div> <div>Patients 18 years of age or older</div> <div> <div>Occurrences</div> <div>Measure Met</div> </div> </div>

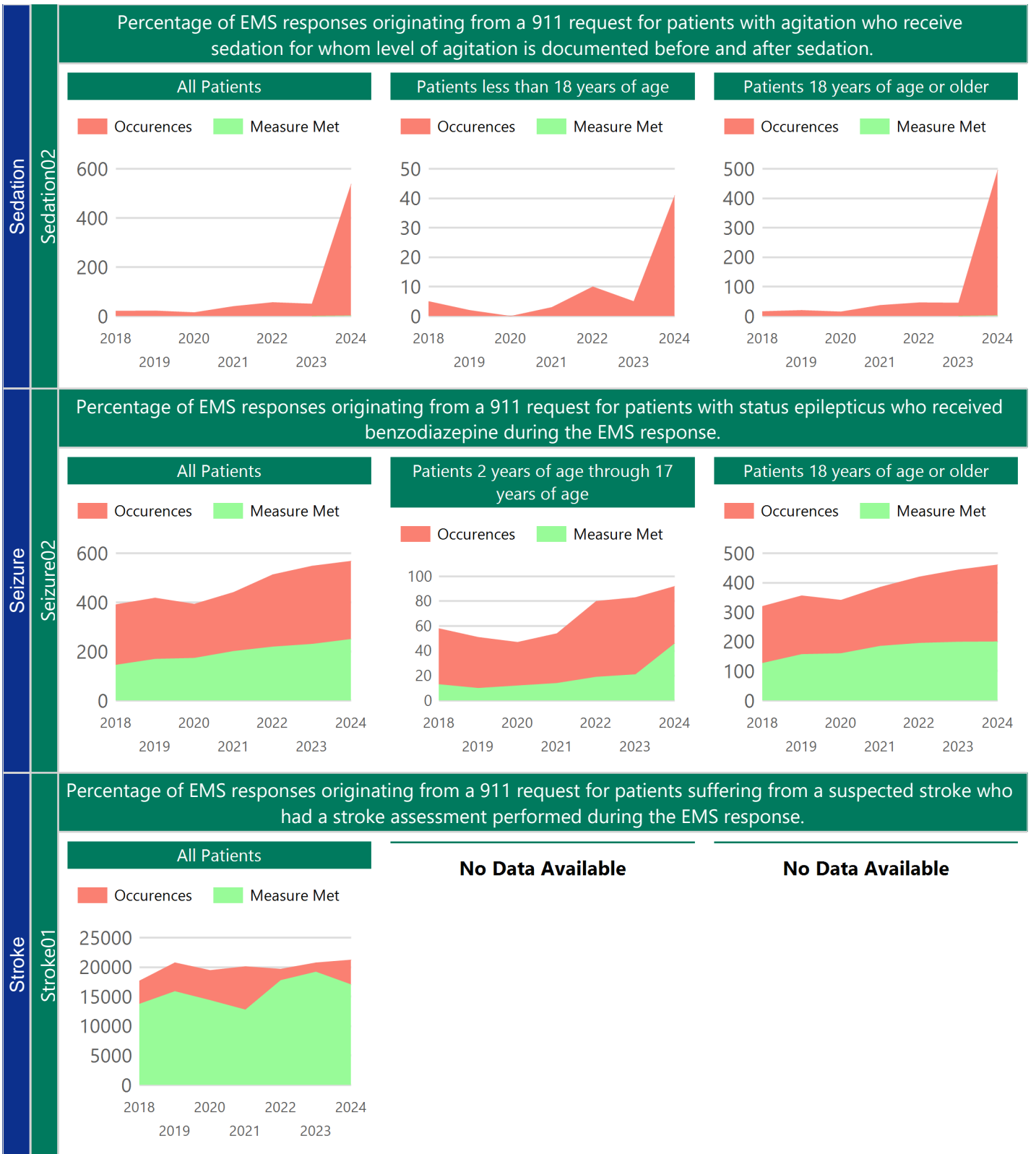
American Heart Association	AHAEMS6	Percentage of EMS responses originating from a 911 request for patients transported from the scene with a STEMI positive ECG who were administered aspirin.		<div>No Data Available</div> <div>No Data Available</div> <div>Patients 18 years of age or older</div> <div>OccurrencesMeasure Met</div> <table><caption>AHAEMS6 Data (Estimated)</caption><thead><tr><th>Year</th><th>Measure Met (%)</th><th>Occurrences (%)</th></tr></thead><tbody><tr><td>2018</td><td>0</td><td>0</td></tr><tr><td>2019</td><td>0</td><td>0</td></tr><tr><td>2020</td><td>0</td><td>0</td></tr><tr><td>2021</td><td>0</td><td>0</td></tr><tr><td>2022</td><td>0</td><td>0</td></tr><tr><td>2023</td><td>~10</td><td>~10</td></tr><tr><td>2024</td><td>~40</td><td>~45</td></tr></tbody></table>	Year	Measure Met (%)	Occurrences (%)	2018	0	0	2019	0	0	2020	0	0	2021	0	0	2022	0	0	2023	~10	~10	2024	~40	~45
	Year	Measure Met (%)	Occurrences (%)																									
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2024	~40	~45																										
AHAEMS6b	Percentage of EMS responses originating from a 911 request for patients transported from the scene with a primary impression of chest pain or a suspected heart attack who were administered aspirin.		<div>No Data Available</div> <div>No Data Available</div> <div>Patients 18 years of age or older</div> <div>OccurrencesMeasure Met</div> <table><caption>AHAEMS6b Data (Estimated)</caption><thead><tr><th>Year</th><th>Measure Met</th><th>Occurrences</th></tr></thead><tbody><tr><td>2018</td><td>0</td><td>0</td></tr><tr><td>2019</td><td>0</td><td>0</td></tr><tr><td>2020</td><td>0</td><td>0</td></tr><tr><td>2021</td><td>0</td><td>0</td></tr><tr><td>2022</td><td>0</td><td>0</td></tr><tr><td>2023</td><td>~1000</td><td>~1000</td></tr><tr><td>2024</td><td>~4000</td><td>~18000</td></tr></tbody></table>	Year	Measure Met	Occurrences	2018	0	0	2019	0	0	2020	0	0	2021	0	0	2022	0	0	2023	~1000	~1000	2024	~4000	~18000	
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2023	~1000	~1000																										
2024	~4000	~18000																										
AHAEMS7	Percentage of EMS responses originating from a 911 request for patients transported from the scene with a STEMI positive ECG for whom pre-arrival notification was activated within 10 minutes of positive ECG.		<div>No Data Available</div> <div>No Data Available</div> <div>Patients 18 years of age or older</div> <div>OccurrencesMeasure Met</div> <table><caption>AHAEMS7 Data (Estimated)</caption><thead><tr><th>Year</th><th>Measure Met</th><th>Occurrences</th></tr></thead><tbody><tr><td>2018</td><td>0</td><td>0</td></tr><tr><td>2019</td><td>0</td><td>0</td></tr><tr><td>2020</td><td>0</td><td>0</td></tr><tr><td>2021</td><td>0</td><td>0</td></tr><tr><td>2022</td><td>0</td><td>0</td></tr><tr><td>2023</td><td>~2</td><td>~3</td></tr><tr><td>2024</td><td>~8</td><td>~17</td></tr></tbody></table>	Year	Measure Met	Occurrences	2018	0	0	2019	0	0	2020	0	0	2021	0	0	2022	0	0	2023	~2	~3	2024	~8	~17	
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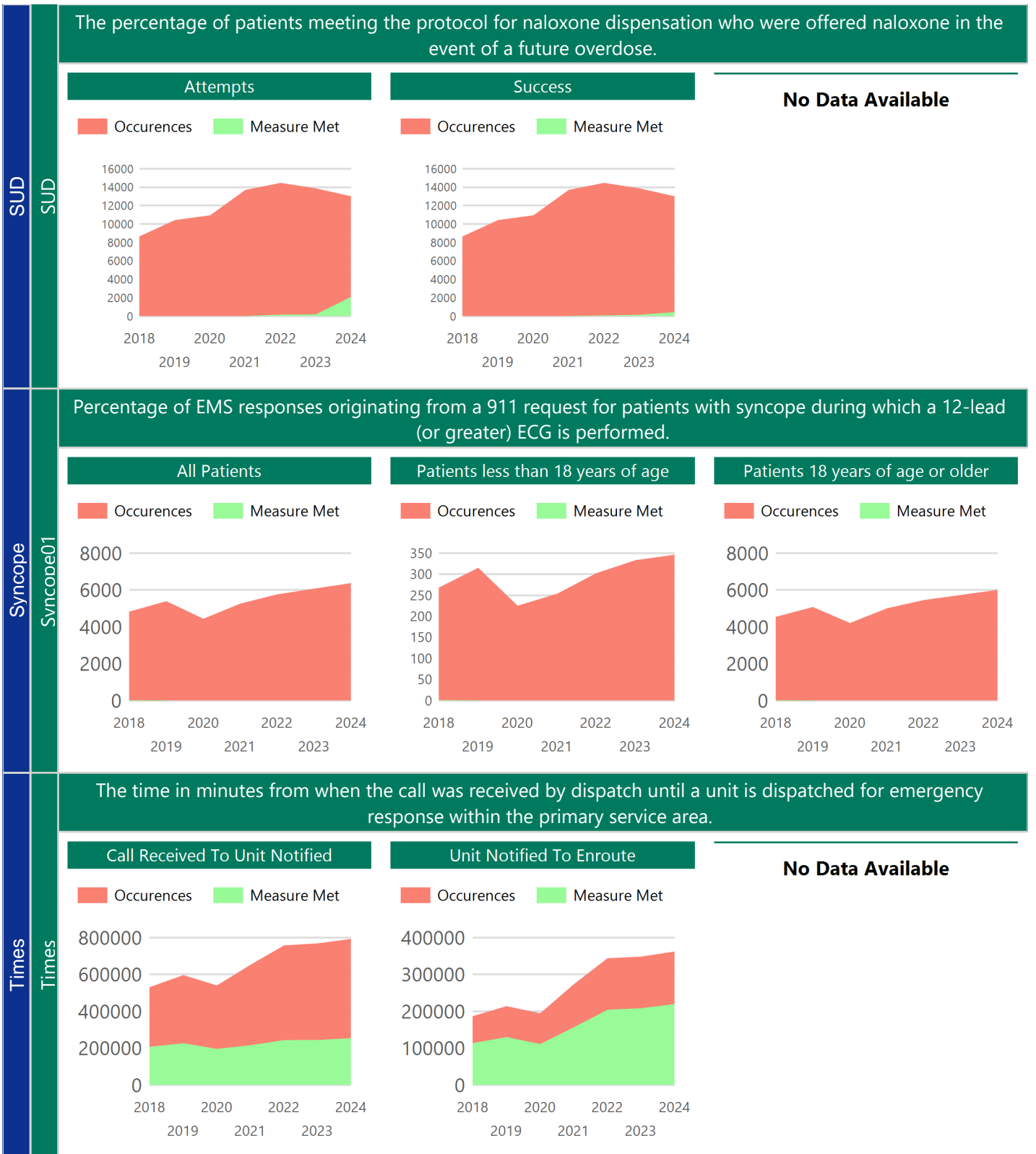


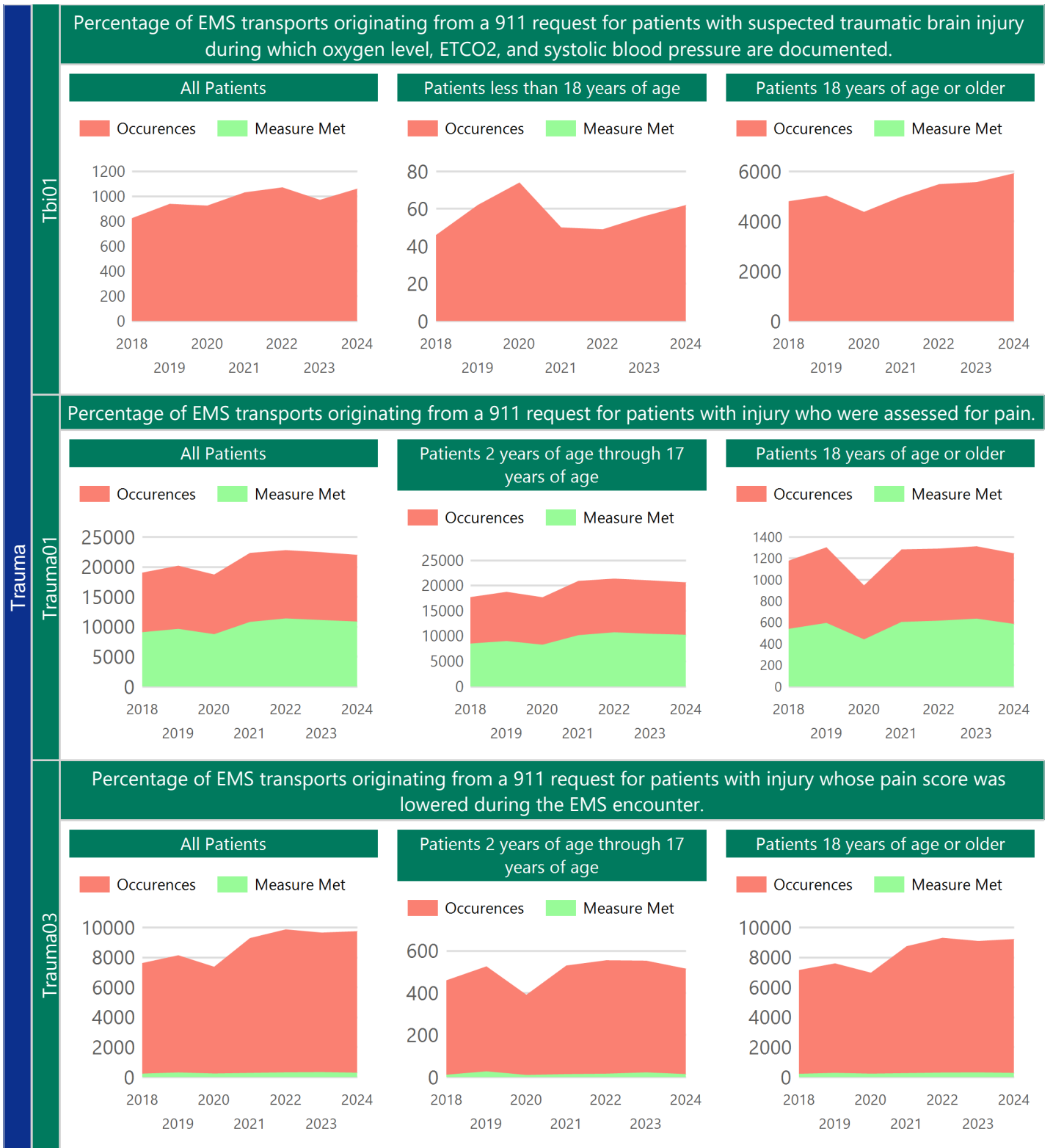


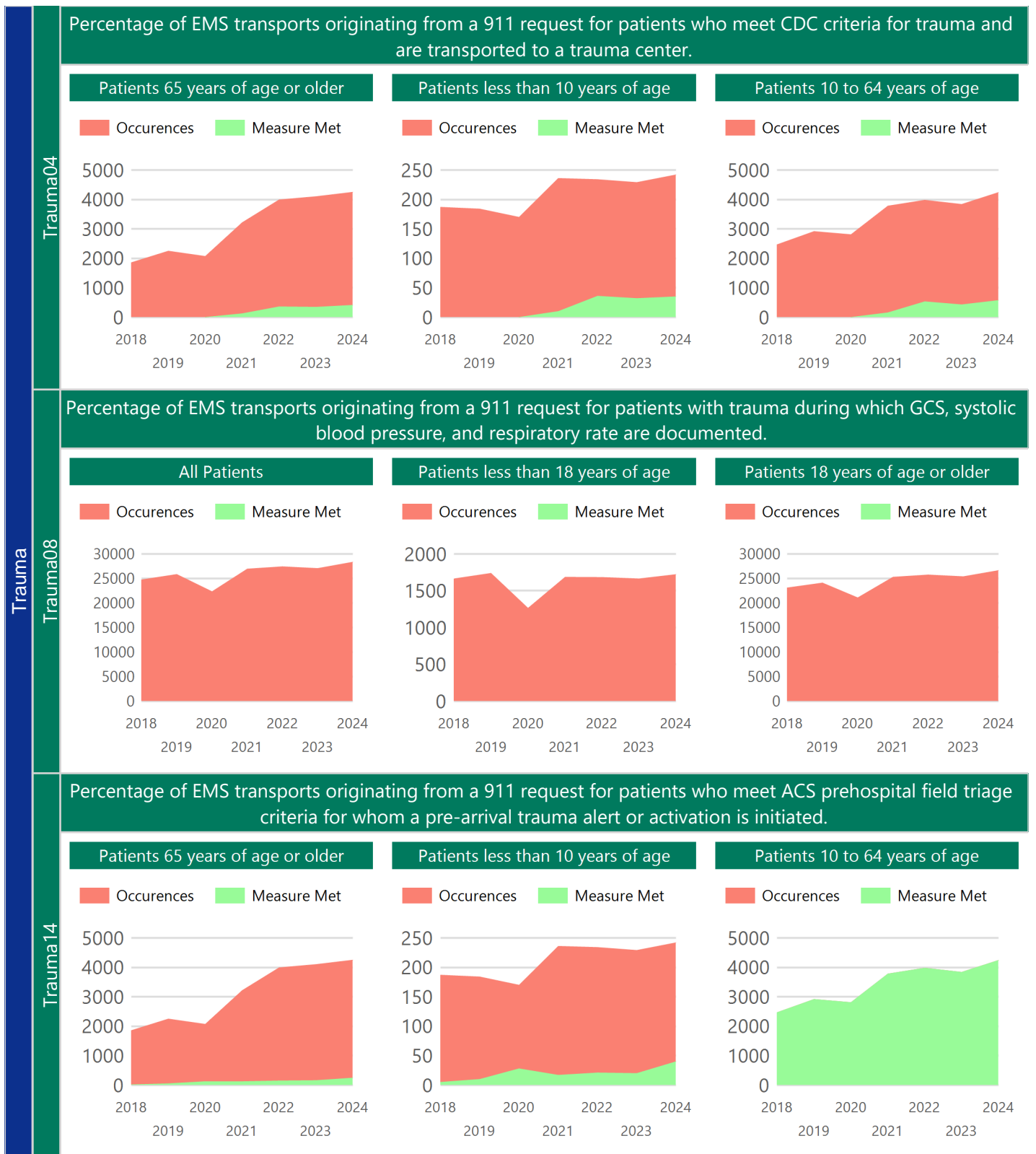






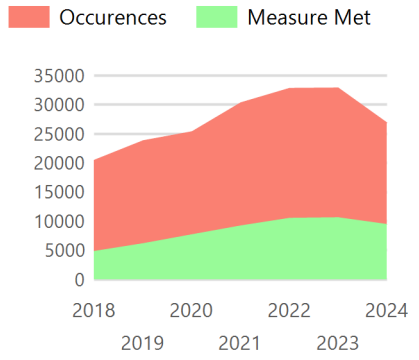




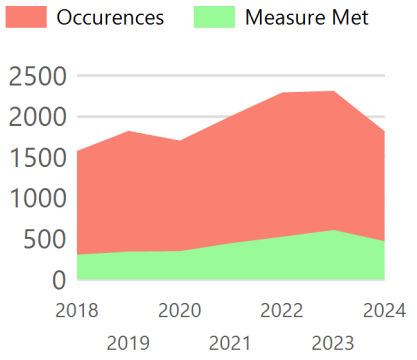


Percentage of EMS responses originating from a 911 request for patients not transported by EMS during which a basic set of vital signs is documented

All Patients



Patients less than 18 years of age



Patients 18 years of age or older

