Annual Data Report 2023

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 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 this is so and why complete and accurate documentation of patient encounters with the patient care report (PCR) 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 office. 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)
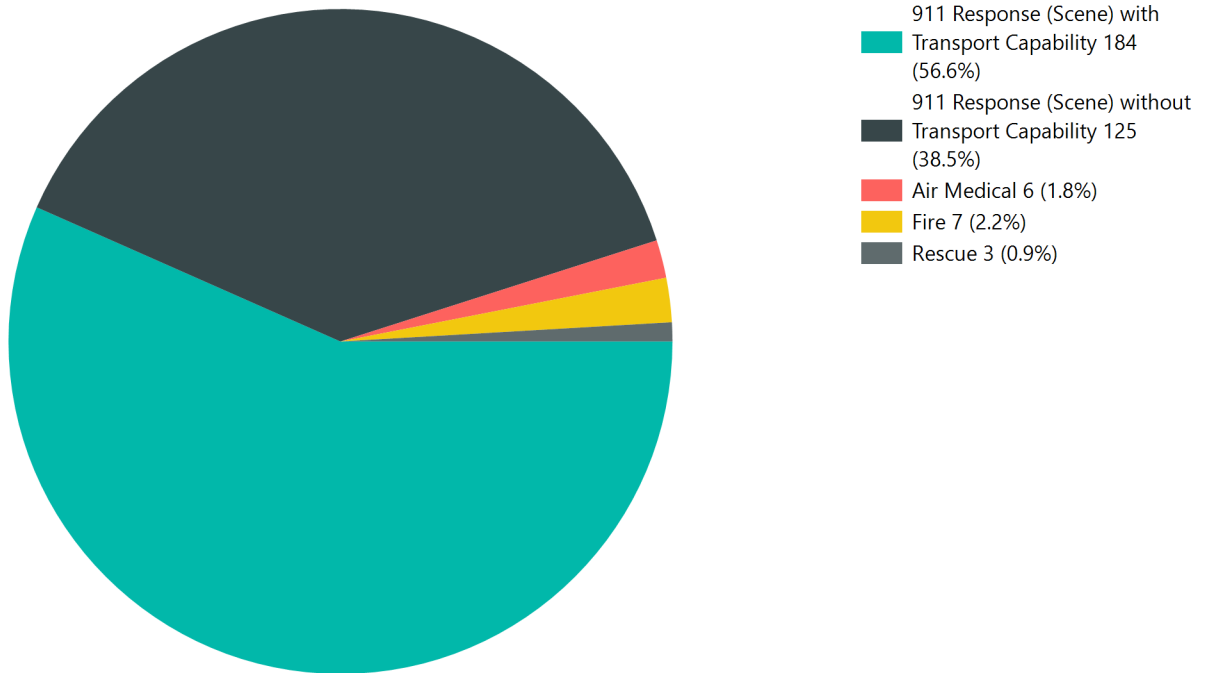- Medical Transport
- Rescue

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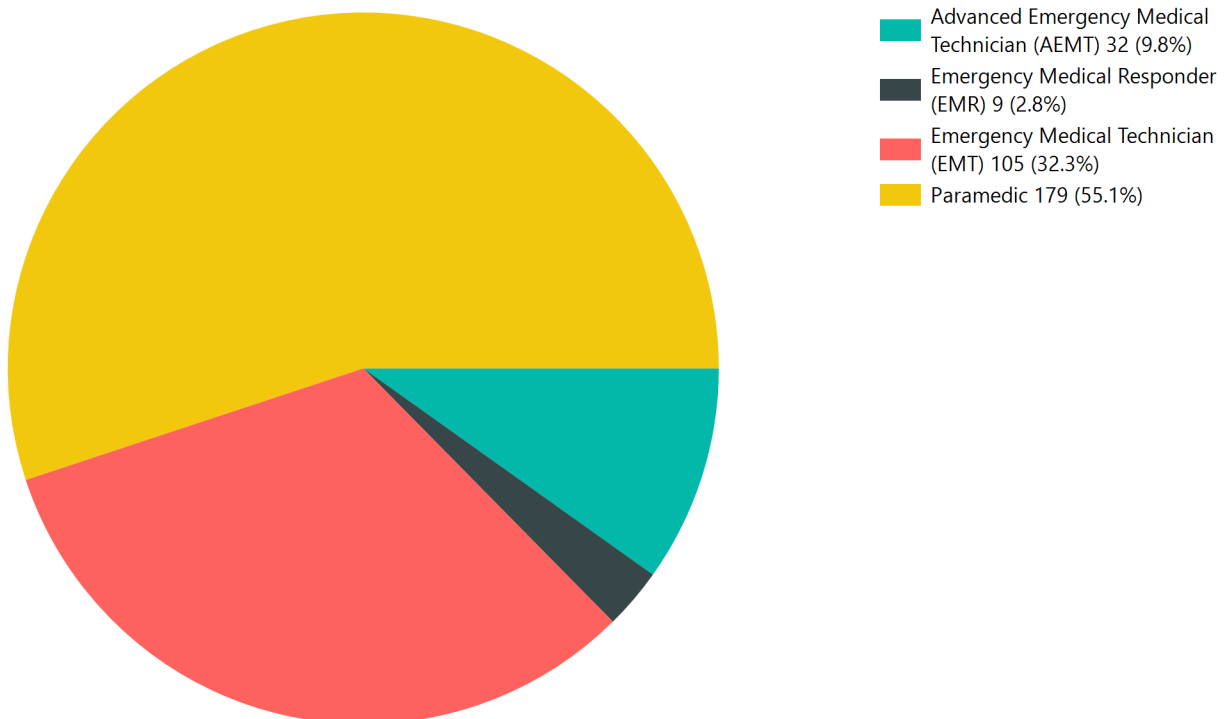
in the Primary Emergency Response Area(s) of another agency. This response area would be used for Types of Service Requested outside of the agency's primary jurisdiction of:

- *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 Agency

- 911 Response (Scene) with Transport Capability 184 (56.6%)
- 911 Response (Scene) without Transport Capability 125 (38.5%)
- Air Medical 6 (1.8%)
- Fire 7 (2.2%)
- Rescue 3 (0.9%)

Level of Agency

- Advanced Emergency Medical Technician (AEMT) 32 (9.8%)
- Emergency Medical Responder (EMR) 9 (2.8%)
- Emergency Medical Technician (EMT) 105 (32.3%)
- Paramedic 179 (55.1%)

Agency Status

- Mixed 144 (44.3%)
- Non-Volunteer 80 (24.6%)
- Not Reported 1 (0.3%)
- Volunteer 100 (30.8%)

Agency Type

- College/Educational Institution 3 (0.9%)
- Community, Non-Profit 41 (12.6%)
- Fire Department 209 (64.3%)
- Governmental, Non-Fire 41 (12.6%)
- Hospital 13 (4.0%)
- Private, Nonhospital 15 (4.6%)
- Public Safety Answering Point 1 (0.3%)
- Tribal 2 (0.6%)

Legend:
- For Profit 10 (3.1%)
- Not For Profit 91 (28.0%)
- Not Reported 3 (0.9%)
- Other (e.g., Government) 221 (68.0%)

	Top 20 Agencies By Emergency Responses				
	2019	**2020**	**2021**	**2022**	**2023**
1	Portland Fire Department - 13,370 (6.5%)	Portland Fire Department - 11,733 (6.1%)	Portland Fire Department - 12,676 (5.7%)	Portland Fire Department - 14,718 (6.3%)	Portland Fire Department - 14,824 (6.3%)
2	Delta Ambulance - 10,461 (5.1%)	United Ambulance Service - 9,815 (5.1%)	United Ambulance Service - 11,265 (5.1%)	United Ambulance Service - 11,551 (4.9%)	United Ambulance Service - 11,943 (5.1%)
3	United Ambulance Service - 10,261 (5.0%)	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%)
4	Northern Light Medical Transport - 8,925 (4.3%)	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%)
5	Bangor Fire Department - 6,236 (3.0%)	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%)
6	Augusta Fire Department - 5,157 (2.5%)	Augusta Fire Department - 4,981 (2.6%)	Augusta Fire Department - 5,849 (2.6%)	NorthStar - 6,010 (2.6%)	NorthStar - 6,048 (2.6%)
7	NorthStar - 4,844 (2.4%)	NorthStar - 4,885 (2.5%)	NorthStar - 5,739 (2.6%)	Augusta Fire Department - 5,878 (2.5%)	Auburn Fire Department - 5,119 (2.2%)
8	Auburn Fire Department - 4,077 (2.0%)	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%)
9	South Portland Fire Rescue - 3,804 (1.9%)	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%)
10	Biddeford Ambulance Service - 3,773 (1.8%)	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%)
11	Northern Light Mayo Hospital - 3,692 (1.8%)	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%)
12	Brunswick Fire Department EMS - 3,282 (1.6%)	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%)
13	Northeast Mobile Health Services - 3,250 (1.6%)	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 (1.6%)
14	Waterville Fire Department - 3,172 (1.5%)	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%)

15	Westbrook Fire Rescue - 2,992 (1.5%)	Saco Fire Department - 2,756 (1.4%)	PACE Paramedic Service - 3,227 (1.5%)	PACE Paramedic Service - 3,518 (1.5%)	Gardiner Fire & Ambulance Department - 3,540 (1.5%)
16	Sanford Fire Dept Ambulance Service - 2,893 (1.4%)	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 - 3,465 (1.5%)
17	Gardiner Fire & Ambulance Department - 2,846 (1.4%)	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%)
18	Saco Fire Department - 2,816 (1.4%)	PACE Paramedic Service - 2,672 (1.4%)	Saco Fire Department - 3,154 (1.4%)	Saco Fire Department - 3,282 (1.4%)	PACE Paramedic Service - 3,413 (1.5%)
19	Redington Fairview EMS - 2,809 (1.4%)	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%)
20	Scarborough Fire Department - 2,791 (1.4%)	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 (1.3%)

Top 20 Agencies By Emergency Transports				
2019	**2020**	**2021**	**2022**	**2023**
1 Portland Fire Department - 8,770 (6.5%)	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%)
2 Delta Ambulance - 8,394 (6.2%)	Portland Fire Department - 7,120 (5.8%)	Portland Fire Department - 7,961 (5.7%)	United Ambulance Service - 8,209 (5.5%)	United Ambulance Service - 8,214 (5.5%)
3 United Ambulance Service - 7,907 (5.8%)	Delta Ambulance - 7,065 (5.8%)	Delta Ambulance - 7,215 (5.1%)	Northern Light Medical Transport - 6,215 (4.2%)	Northern Light Medical Transport - 6,416 (4.3%)
4 Northern Light Medical Transport - 6,271 (4.6%)	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%)
5 Bangor Fire Department - 5,234 (3.9%)	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%)
6 Augusta Fire Department - 3,767 (2.8%)	Augusta Fire Department - 3,452 (2.8%)	Augusta Fire Department - 3,995 (2.9%)	Augusta Fire Department - 4,102 (2.8%)	NorthStar - 4,061 (2.7%)
7 NorthStar - 3,360 (2.5%)	NorthStar - 3,136 (2.6%)	NorthStar - 3,724 (2.7%)	NorthStar - 3,991 (2.7%)	Delta Ambulance - 3,810 (2.5%)
8 Auburn Fire Department - 2,967 (2.2%)	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%)
9 Biddeford Ambulance Service - 2,893 (2.1%)	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%)
10 South Portland Fire Rescue - 2,631 (1.9%)	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%)
11 Northern Light Mayo Hospital - 2,508 (1.9%)	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%)
12 Brunswick Fire Department EMS - 2,488 (1.8%)	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%)
13 Northeast Mobile Health Services - 2,441 (1.8%)	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%)
14 Westbrook Fire Rescue - 2,338 (1.7%)	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%)
15 Redington Fairview EMS - 2,196 (1.6%)	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%)

16	Sanford Fire Dept Ambulance Service - 2,175 (1.6%)	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%)
17	Scarborough Fire Department - 2,138 (1.6%)	Saco Fire Department - 1,893 (1.5%)	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%)
18	Gardiner Fire & Ambulance Department - 1,955 (1.4%)	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%)
19	Saco Fire Department - 1,949 (1.4%)	Scarborough Fire Department - 1,826 (1.5%)	PACE Paramedic Service - 2,036 (1.5%)	Gardiner Fire & Ambulance Department - 2,339 (1.6%)	Presque Isle Fire Department - 2,311 (1.5%)
20	PACE Paramedic Service - 1,858 (1.4%)	PACE Paramedic Service - 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%)

Top 20 Agencies By Interfacility Transfers

	2019	2020	2021	2022	2023
1	Northeast Mobile Health Services - 18,104 (27.5%)	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%)
2	Delta Ambulance - 8,868 (13.5%)	Delta Ambulance - 7,145 (12.5%)	Delta Ambulance - 7,267 (12.5%)	Delta Ambulance - 6,141 (11.5%)	Northern Light Medical Transport - 6,342 (11.9%)
3	Northern Light Medical Transport - 8,399 (12.8%)	Northern Light Medical Transport - 6,957 (12.2%)	United Ambulance Service - 6,537 (11.2%)	Stewarts Ambulance Service Inc. - 5,970 (11.1%)	NorthStar - 6,048 (11.3%)
4	United Ambulance Service - 6,825 (10.4%)	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 - 5,524 (10.4%)
5	Stewarts Ambulance Service Inc. - 2,450 (3.7%)	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%)
6	Redington Fairview EMS - 1,644 (2.5%)	Redington Fairview EMS - 1,286 (2.3%)	NorthStar - 1,398 (2.4%)	NorthStar - 1,469 (2.7%)	Stewarts Ambulance Service Inc. - 3,943 (7.4%)
7	Northern Light Mayo Hospital - 1,444 (2.2%)	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%)
8	Central Maine Highlands Fire & EMS District No. 1 - 1,398 (2.1%)	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%)
9	NorthStar - 1,088 (1.7%)	NorthStar - 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%)
10	East Millinocket Fire Department - 1,029 (1.6%)	Crown Ambulance - 1,055 (1.8%)	Crown Ambulance - 1,139 (2.0%)	PACE Paramedic Service - 1,122 (2.1%)	PACE Paramedic Service - 1,110 (2.1%)
11	Med-Care Ambulance Service - 1,023 (1.6%)	PACE Paramedic Service - 952 (1.7%)	PACE Paramedic Service - 1,133 (1.9%)	American Medical Response FEMA - 1,098 (2.0%)	Northern Light Mayo Hospital - 1,027 (1.9%)
12	PACE Paramedic Service - 993 (1.5%)	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%)
13	Crown Ambulance - 920 (1.4%)	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%)

14	G & H Ambulance Service - 816 (1.2%)	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%)
15	WCEMSA dba Downeast EMS - 803 (1.2%)	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%)
16	Central Lincoln County Ambulance - 757 (1.2%)	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%)
17	Belfast Ambulance & Rescue Service - 719 (1.1%)	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%)
18	Caribou Fire - Ambulance - 670 (1.0%)	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%)
19	Sebasticook Valley Hospital Ambulance - 574 (0.9%)	Peninsula Ambulance Corps - 506 (0.9%)	Calais Fire-EMS - 418 (0.7%)	Ambulance Service Inc - 429 (0.8%)	Caribou Fire - Ambulance - 413 (0.8%)
20	Peninsula Ambulance Corps - 563 (0.9%)	Houlton Ambulance Service - 468 (0.8%)	Caribou Fire - Ambulance - 410 (0.7%)	Waterville Fire Department - 412 (0.8%)	Ambulance Service Inc - 398 (0.7%)

Agency Name	Level	Staff	Vehicle(s)	Location(s)	Activations	Transports	Transfers
(MD-3) Kennebec County EMA	Paramedic	40	1	2	10	7	2
Action Ambulance Service	Paramedic	50	4	3	0	0	0
Acton Fire - Rescue	Paramedic	69	7	1	254	158	0
Albion Fire - Rescue	Paramedic	76	11	1	110	37	10
Alexander VFD First Responder Unit	EMT	53	9	1	30	0	0
Alfred Rescue Squad	Paramedic	70	6	2	446	362	1
Alna Volunteer Fire Department	EMR	31	1	1	0	0	0
Ambulance Service Inc	Paramedic	63	6	1	1055	871	398
American Ambulance Service	Paramedic	128	16	3	0	0	0
American Medical Response	Paramedic	136	3	3	0	0	0
American Medical Response FEMA	EMT	66	9	10	0	0	0
Andover Fire Dept	EMT	53	8	1	104	0	0
Anson Madison Starks Ambulance Service	Paramedic	72	5	1	1896	1462	432
Aroostook Critical Care Transport	Paramedic	53	3	1	0	0	0
Arthur Jewell Health Center	Paramedic	36	2	1	0	0	0
Arundel Fire - Rescue	Paramedic	75	5	1	542	323	0
Ashland Ambulance Service	Paramedic	50	2	2	243	197	5
Auburn Fire Department	Paramedic	106	13	3	5132	3744	2
Augusta Fire Department	Paramedic	112	16	3	6670	4923	247
Aurora Volunteer Fire Dept.	EMT	50	7	1	25	0	0
Bangor Fire Department	Paramedic	130	30	3	8682	6324	28
Bar Harbor Airport Fire Dept	EMT	37	2	1	0	0	0
Bar Harbor Fire Dept	Paramedic	67	11	2	1011	680	108
Bates EMS	EMT	111	1	1	91	0	0
Bath Fire Department	Paramedic	66	13	1	2000	1308	4
Bath Iron Works Rescue	AEMT	50	2	1	499	351	11
Beech Ridge Speedway Ambulance	AEMT	39	0	1	0	0	0
Belfast Ambulance & Rescue Service	Paramedic	74	17	1	2342	1604	279
Belgrade Fire Department	Paramedic	76	10	2	344	0	0
Belmont Vol. Fire and Rescue	EMT	41	3	1	0	0	0
Berwick Fire Department	EMT	63	10	1	656	0	0
Bethel Ambulance Service	Paramedic	82	2	2	520	260	7
Biddeford Ambulance Service	Paramedic	96	16	1	4399	3114	79
Boothbay Region Ambulance	Paramedic	73	5	2	1240	968	211
Bowdoin First Responders	EMT	44	11	2	55	0	0
Bowdoinham Fire & Rescue	EMT	56	7	1	125	0	0

Bradford Fire Department	EMT	53	7	1	38	0	0
Bremen Fire Department	EMT	35	3	0	0	0	0
Bremen Rescue First Responders	EMT	41	1	2	54	1	0
Brewer Fire Department	AEMT	89	6	1	535	0	0
Bristol Fire and Rescue	EMT	60	13	1	322	2	0
Brooklin Volunteer Fire Dept Inc	EMT	61	5	1	40	0	0
Brooks Ambulance Inc.	Paramedic	70	2	1	309	256	31
Brownville Fire Department	Paramedic	63	12	2	297	0	0
Brunswick Fire Department EMS	Paramedic	79	9	2	3758	2821	82
Buckfield Rescue Dept.	Paramedic	66	2	2	434	280	17
Bucksport Fire Department	Paramedic	79	13	1	1087	503	0
Burlington Municipal Fire & Rescue Department	EMT	41	6	1	0	0	0
Buxton Fire & Rescue	Paramedic	83	5	3	907	590	0
Calais Fire-EMS	Paramedic	82	26	2	1325	1086	222
Camden Fire Department	Paramedic	57	6	2	221	0	0
Canaan Municipal Fire & Rescue	EMT	54	8	1	46	0	0
Cape Elizabeth Fire Rescue	Paramedic	130	35	2	811	593	2
CarePlus Ambulance Service dba North Conway Ambulance Service	EMT	40	2	3	0	0	0
Caribou Fire - Air Ambulance Service	Paramedic	58	2	1	0	0	0
Caribou Fire - Ambulance	Paramedic	69	12	1	2289	1773	413
Carmel Fire & Rescue	Paramedic	190	7	1	382	210	0
Carrabassett Valley Fire - Rescue	EMT	49	6	2	2	0	0
Casco Bay Ambulance Service Inc.	Paramedic	95	3	1	1444	1419	1436
Casco Fire & Rescue	Paramedic	70	8	2	456	332	9
Castine Fire and Rescue	AEMT	91	8	1	79	0	0
Central Aroostook Ambulance Service	Paramedic	56	2	2	396	313	9
Central Lincoln County Ambulance	Paramedic	77	11	1	2211	1773	616
Central Maine Highlands Fire & EMS District No. 1	Paramedic	64	14	1	1329	1134	609
Charles A Dean Ambulance Service	Paramedic	84	5	1	476	359	149
Charlotte Volunteer Fire Department	EMT	41	6	1	0	0	0
Chebeague Island Rescue	Paramedic	56	2	1	101	6	6
Cherryfield Ambulance Service	Paramedic	58	1	1	149	115	8
Chesterville Fire & EMS	EMT	52	5	1	0	0	0
China Rescue Squad	AEMT	46	1	1	181	0	0
Clinton Fire Dept Ambulance Service	Paramedic	94	8	1	626	444	17

Corinth Fire Department	Paramedic	73	10	1	36	2	0
County Ambulance Service Inc	Paramedic	40	7	1	0	0	0
County Regional Emergency Services Unit	EMT	38	0	1	0	0	0
Cranberry Isles Rescue	EMT	46	2	2	11	0	0
Crown Ambulance	Paramedic	84	7	7	967	954	959
Cumberland County Regional Communications Center	EMT	68	0	0	16	0	0
Cumberland Fire Department	Paramedic	110	5	2	582	364	0
Cundy's Harbor Fire Dept	Paramedic	96	48	2	167	87	0
Cushing Rescue Squad	Paramedic	60	3	1	123	87	0
Cutler Fire Dept NCTAMS LANT Detachment Cutler	EMT	51	2	1	31	0	0
Dedham Fire Department	AEMT	48	9	2	99	0	0
Delta Ambulance	Paramedic	123	17	4	10643	9135	5368
Denmark Fire Rescue Department	EMT	44	6	1	2	0	0
Denny River Volunteer Fire & Ambulance	EMT	52	9	1	160	136	8
Detroit Fire & Rescue	EMT	44	4	1	34	0	0
Dixmont Fire Rescue	EMT	47	6	2	99	0	0
Dover-Foxcroft Fire Department	EMT	87	14	1	96	0	0
Durham Fire & Rescue	Paramedic	84	16	1	247	173	1
Eagle Lake Fire Department	EMR	44	5	0	0	0	0
East Millinocket Fire Department	Paramedic	80	12	1	1060	725	105
Eastbrook First Responder	EMT	38	0	1	18	0	0
Easton Fire Department	EMR	42	7	1	0	0	0
Eddington Fire Dept	Paramedic	75	9	1	345	0	0
Edgecomb Fire Department	EMT	52	9	4	31	0	0
Effingham Fire & Rescue	EMT	33	0	1	0	0	0
Ellsworth Fire Department	AEMT	58	9	1	1417	36	0
Etna Volunteer Fire and Rescue	EMT	58	6	1	10	0	0
Eustis Fire Department	EMT	51	10	1	44	0	0
Fairfield Fire Rescue	Paramedic	60	6	1	1356	0	0
Falmouth Fire - EMS	Paramedic	98	3	6	1521	1013	0
Farmington Fire Rescue	EMT	45	7	1	19	0	0
Fort Fairfield Fire Department	EMT	38	12	1	3	0	0
Fort Fairfield Fire Rescue	Paramedic	72	11	1	621	474	21
Freeport Fire Department	Paramedic	101	14	1	1476	1018	12
Frenchville Fire Department	EMR	53	5	1	0	0	0

Frye Island Rescue Service	EMT	45	1	2	29	0	0
Fryeburg Rescue	Paramedic	73	5	1	1040	529	2
G & H Ambulance Service	Paramedic	56	3	2	1594	1523	1380
Gardiner Fire & Ambulance Department	Paramedic	64	13	1	3549	2417	7
Georgetown Fire Department & Ambulance	Paramedic	68	9	1	113	69	0
Glenburn Fire Department	EMT	57	10	1	265	0	0
Gorham Fire Department	EMT	142	10	0	0	0	0
Gorham Fire Department	Paramedic	113	17	1	2133	1466	4
Gouldsboro Fire Department	Paramedic	54	11	1	310	228	1
Gray Fire - Rescue	Paramedic	73	5	1	1014	636	2
Greenbush Fire Dept	EMT	47	4	1	67	0	0
Greene Fire Dept Rescue	EMT	51	7	1	62	0	0
Greenville Fire & Rescue	EMR	52	11	1	0	0	0
Greenwood First Responders	EMT	44	7	1	51	0	0
Guilford Fire First Responders	EMT	40	2	1	0	0	0
Hampden Fire Department	Paramedic	66	29	2	838	560	0
Hancock Vol Fire Department	EMT	38	4	1	185	0	0
Harmony Regional Ambulance Service	Paramedic	44	1	1	207	147	0
Harpswell Neck Fire & Rescue	Paramedic	107	55	1	272	135	1
Harrison Fire - Rescue First Responder Service	AEMT	42	5	1	85	0	0
Hermon Fire Department	AEMT	69	26	1	365	0	0
Hermon Volunteer Rescue	Paramedic	54	8	1	572	388	187
Holden Fire Rescue	AEMT	69	10	1	470	0	0
Hollis Fire - Rescue	Paramedic	68	6	2	538	348	0
Houlton Ambulance Service	Paramedic	52	4	1	1666	1443	300
Hudson Fire Department	Paramedic	55	8	2	35	0	0
Industry Fire Department	EMT	47	3	1	17	0	0
Island Falls Ambulance Service	Paramedic	77	2	1	210	154	55
Isle au Haut Rescue	EMT	38	0	1	0	0	0
Islesboro Ambulance Service	Paramedic	62	2	1	96	42	1
Jackman-Moose River Fire & Rescue Department	EMT	52	8	1	197	52	9
Jay Fire and Rescue	EMT	47	3	1	34	0	0
Jefferson Fire and Rescue	EMT	63	10	1	153	0	0
Kenduskeag Fire - Rescue	EMT	47	12	2	32	1	0

Kennebunk Fire Rescue	Paramedic	91	18	1	2516	1694	12
Kennebunkport EMS	Paramedic	79	1	1	418	242	0
Kingfield Fire - Rescue	EMT	51	8	1	9	0	0
Kittery Fire Department	EMT	35	0	1	0	0	0
Lebanon Fire-EMS	Paramedic	70	16	1	577	339	2
Lee Fire Rescue	AEMT	64	3	1	144	64	6
Levant Fire Department	Paramedic	68	12	1	165	32	0
Liberty Fire & Rescue	Paramedic	76	3	1	447	278	0
LifeFlight of Maine	Paramedic	151	29	4	213	207	208
LifeFlight of Maine Ground	Paramedic	46	4	1	0	0	0
Limerick Rescue	Paramedic	63	8	1	385	292	0
Limington Fire and EMS	Paramedic	65	10	3	548	329	0
Lincoln Fire Department	Paramedic	65	8	1	1393	1017	199
Lisbon Emergency Inc.	Paramedic	85	5	1	1646	1215	192
Litchfield Fire & Rescue	EMT	58	17	2	90	0	0
Livermore Falls Fire Dept.	EMT	44	10	1	0	0	0
Livermore Fire Rescue	EMT	47	5	1	5	0	0
Long Island Volunteer Rescue	EMT	45	8	1	23	2	1
Lowell Fire and Rescue Department	AEMT	38	7	1	0	0	0
Machias Ambulance Service	Paramedic	65	3	1	1198	933	294
Machias Volunteer Fire Department	EMT	56	6	1	0	0	0
Madawaska Ambulance Service	Paramedic	58	3	1	1225	952	107
Maine General Medical Center DBA Jackman Area Volunteer Ambulance	EMT	34	0	1	0	0	0
Maine Medical Center	EMT	81	4	2	313	310	313
Maine State Police Medical Unit	Paramedic	40	0	2	2	0	0
Manchester Fire Department	EMR	33	0	1	0	0	0
Mariaville Volunteer Fire Department	EMT	47	5	1	65	0	0
Mechanic Falls Fire Department	AEMT	42	3	1	75	0	0
Med-Care Ambulance Service	Paramedic	97	12	1	4207	2971	991
Meddybemps Volunteer Fire Department	EMT	34	4	1	0	0	0
Medway Fire Department	AEMT	54	8	1	0	0	0
Memorial Ambulance Corps	Paramedic	89	2	1	1468	252	1
Meridian Mobile Health LLC dba Capital Ambulance	Paramedic	50	4	5	0	0	0
Mid Coast Hospital Interceptor	Paramedic	55	3	1	703	94	1
Milford Fire Department	Paramedic	77	9	1	430	317	0

Millinocket Fire Department Ambulance Service	Paramedic	58	9	1	835	615	140
Milo Fire Department	EMT	56	9	1	107	0	0
Minot Fire Department	EMT	63	9	1	1	0	0
Monson Fire Dept First Responders	AEMT	46	5	1	15	0	0
Moosabec Ambulance	Paramedic	53	2	1	244	184	18
Mount Desert Fire-Rescue Department	Paramedic	60	4	2	443	213	19
Mount Vernon Fire Department	EMR	36	7	1	0	0	0
Mount Vernon Rescue	EMT	45	2	1	245	0	0
Naples Fire Department	Paramedic	80	6	1	500	357	5
New Gloucester Fire & Rescue	Paramedic	75	3	2	410	253	0
New Portland Fire - Rescue	EMT	41	0	2	0	0	0
New Sharon Fire Rescue	EMT	46	5	1	143	0	0
Newburgh Fire Department	EMT	37	4	0	0	0	0
Newburgh Rescue	EMT	43	3	1	134	0	0
Newfield Rescue Squad	Paramedic	64	9	2	297	153	0
Newport Fire Department	Paramedic	90	12	1	797	479	1
Nobleboro Fire Rescue	EMT	57	8	2	87	0	0
Norridgewock Fire Department	EMT	59	8	1	3	0	0
North Berwick Rescue Squad Inc	Paramedic	66	6	1	555	331	0
North Haven EMS	AEMT	64	2	1	34	20	9
North Haven RRAAS	AEMT	57	0	1	2	1	0
North Yarmouth Fire Rescue	Paramedic	71	7	1	262	166	2
Northeast Harbor Ambulance Service, Inc.	Paramedic	50	3	3	0	0	0
Northeast Mobile Health Services	Paramedic	130	21	3	10628	9027	7977
Northern Light Mayo Hospital	Paramedic	115	12	3	5595	3896	1027
Northern Light Medical Transport	Paramedic	197	23	0	16244	12563	6335
Northport First Responders	EMT	47	2	2	86	0	0
NorthStar	Paramedic	239	31	8	12228	10054	6048
Oakfield Fire Department	EMT	44	8	1	0	0	0
Oakland Fire - Rescue	EMT	77	15	2	706	0	0
Ogunquit Fire Rescue	Paramedic	66	8	1	576	330	0
Old Orchard Beach EMS	Paramedic	103	16	1	2009	1281	0
Old Town Fire Dept	Paramedic	70	12	1	1955	1252	0
Old Town Fire Dept RRAAS	Paramedic	44	1	1	0	0	0
Orono Fire - Rescue	Paramedic	77	12	1	1579	919	6

Orrington Fire Dept.	Paramedic	59	10	1	461	281	0
Orrs/Bailey Island Fire Department	Paramedic	98	50	2	163	104	0
Osborn Municipal Vol Fire Dept	EMR	44	4	1	4	0	0
Otisfield Fire Department	EMT	45	6	3	25	0	0
Oxford Fire Rescue	Paramedic	67	9	1	909	546	0
PACE Paramedic Service	Paramedic	91	8	2	4588	3266	1110
Palermo Rescue	EMT	38	0	1	0	0	0
Palermo Volunteer Fire Department Inc.	EMT	52	4	1	150	0	0
Paris Fire Department	EMT	41	5	1	0	0	0
Passamaquoddy Fire & Rescue	Paramedic	63	4	1	366	270	0
Patten Ambulance Service	Paramedic	53	4	1	444	417	215
Peninsula Ambulance Corps	Paramedic	66	3	1	1603	1185	575
Petit Manan Ambulance	AEMT	55	1	2	84	75	20
Phippsburg Fire & Rescue Department	Paramedic	79	10	2	342	316	110
Pleasant River Ambulance Service	Paramedic	55	5	1	628	461	19
Plymouth Fire Department	EMT	56	10	2	80	1	0
Poland Fire Rescue	Paramedic	71	8	1	808	568	1
Portland Fire Department	Paramedic	285	105	14	15999	9659	80
Pownal Fire Dept First Responders	EMT	43	1	1	74	0	0
Presque Isle Fire Department	Paramedic	93	14	1	3055	2391	86
Raymond Rescue	Paramedic	77	12	2	532	394	0
Redington Fairview EMS	Paramedic	84	8	1	4900	4043	1428
Richmond Fire Department	AEMT	59	9	1	117	0	0
Rockland Fire & EMS	Paramedic	76	18	1	1876	1270	0
Rockport Fire Department	EMT	44	3	1	0	0	0
Rockwood Fire - EMS	AEMT	54	7	1	30	0	0
Rome Fire & Rescue	EMT	60	11	1	78	0	0
Rumford Fire Department	EMT	48	9	1	315	1	1
Sabattus Fire Rescue	EMT	70	10	1	147	0	0
Saco Fire Department	Paramedic	90	17	1	3394	2319	18
Sacopee Rescue Inc	Paramedic	68	3	1	952	580	2
Sanford Fire Dept Ambulance Service	Paramedic	99	22	2	3176	2541	5
Scarborough Downs EMS	EMT	39	1	1	0	0	0
Scarborough Fire Department	Paramedic	194	39	6	3473	2572	4
Searsmont Rescue	AEMT	53	2	1	81	38	1
Searsport Ambulance Service	Paramedic	69	4	1	490	336	17

Sebago Fire EMS	Paramedic	54	1	1	289	147	2
Sebasticook Valley Hospital Ambulance	Paramedic	81	3	2	1957	1491	482
Shapleigh Fire Department	Paramedic	52	6	1	0	0	0
Shapleigh Rescue Squad	Paramedic	66	1	1	327	164	1
Sidney Fire Department	EMT	46	11	4	0	0	0
Sidney Rescue	EMT	45	6	2	223	1	0
Sipayik Ambulance Corps	Paramedic	63	2	1	0	0	0
Skowhegan Fire Department	EMT	64	13	1	638	0	0
Smithfield Fire Department	EMT	47	6	1	189	0	0
Sorrento Rescue	Paramedic	44	5	2	0	0	0
South Bristol Volunteer Fire Department	AEMT	43	9	1	44	0	0
South Portland Fire Rescue	Paramedic	118	20	3	4290	2813	74
South Thomaston Ambulance Service	Paramedic	64	3	1	259	168	2
Southern Aroostook EMS	Paramedic	58	4	1	867	688	236
Southwest Harbor / Tremont Ambulance Service Inc	Paramedic	68	4	2	482	314	13
Southwest Harbor Fire Dept	EMT	56	8	3	12	0	0
St George Ambulance	Paramedic	74	3	1	443	186	2
Standish Fire - EMS	Paramedic	115	19	1	1368	811	1
Stetson Fire Rescue	EMT	41	4	1	0	0	0
Stewarts Ambulance Service Inc.	Paramedic	127	45	3	6401	5420	3942
Stockton Springs Ambulance Service	Paramedic	73	5	1	452	294	35
Stoneham Rescue Service	Paramedic	82	2	2	223	105	0
Sullivan Fire Rescue	AEMT	51	7	1	55	14	0
Swan's Island Ambulance	EMT	55	1	2	51	8	1
Thomaston Ambulance	Paramedic	78	5	1	470	288	0
Three Rivers Ambulance Service	Paramedic	60	2	1	627	396	0
Topsham Fire - EMS	Paramedic	91	15	1	1423	950	2
Town of Dayton DBA / Goodwins Mills Fire-Rescue	Paramedic	78	6	1	654	477	1
Town of Lisbon Fire Service	EMT	48	9	1	67	0	0
Town of Mercer Rescue	EMT	41	0	1	13	0	0
Town of Milbridge DBA Bold Coast EMS	Paramedic	55	2	2	377	313	43
Town of Springfield	AEMT	49	5	3	0	0	0
Tri-Town Ambulance Service	Paramedic	34	3	1	0	0	0
Turner Rescue	Paramedic	71	3	1	1208	685	11

Agency	Level						
U.S. Border Patrol Medical Response Team	Paramedic	52	1	8	21	0	0
Union Fire-Rescue	Paramedic	85	8	1	612	381	1
United Ambulance- Bridgton	Paramedic	71	6	1	0	0	0
United Ambulance Service	Paramedic	139	25	2	18733	13570	5524
Unity Volunteer Ambulance Corps	Paramedic	73	3	1	546	354	44
University of New England	EMT	51	0	1	74	0	0
University Volunteer Ambulance Corps	Paramedic	136	4	1	475	131	1
Upper Kennebec Valley Ambulance	Paramedic	64	2	1	388	271	14
Van Buren Ambulance Service	Paramedic	64	4	1	648	508	18
Vassalboro First Responders	EMT	49	2	1	230	0	0
Veazie Fire Department	AEMT	47	9	1	195	0	0
Vinalhaven Ambulance	AEMT	54	3	1	165	59	26
Vinalhaven RRAAS	AEMT	49	1	1	34	11	9
Waldo Volunteer Fire Department	Paramedic	40	7	1	0	0	0
Waldoboro Emergency Medical Services	Paramedic	84	6	2	1768	1231	393
Wales Rescue	EMT	43	2	1	58	0	0
Waltham Municipal Vol Fire Dept	EMT	39	0	1	7	0	0
Warren Rescue	Paramedic	62	1	1	452	298	1
Waterboro Fire Dept Rescue	Paramedic	74	5	1	668	491	0
Waterville Fire Department	Paramedic	104	30	1	4872	3444	179
WCEMSA dba Downeast EMS	Paramedic	69	11	3	1591	1249	325
Weld Volunteer Fire & EMS	EMT	38	4	1	0	0	0
Wells Emergency Medical Services	Paramedic	104	7	1	2194	1321	180
Wells Fire Department Rescue	Paramedic	57	9	1	622	0	0
West Bath Fire Dept	AEMT	46	8	1	6	0	0
West Forks Volunteer Fire Department	AEMT	44	4	2	1	0	0
Westbrook Fire Rescue	Paramedic	97	11	2	3887	2762	3
Westport Volunteer Fire Dept First Responders	EMT	38	6	2	17	0	0
Whitefield Fire Department Rescue	EMT	52	6	2	122	0	0
Wilsons Mills Fire Department	EMT	41	2	1	6	0	0
Wilton Fire and Rescue	EMT	41	6	1	3	0	0
Windham Fire Rescue	Paramedic	115	16	3	2341	1618	4
Windsor Fire & Rescue	AEMT	47	7	2	182	0	0
Winslow Fire Department Rescue	Paramedic	68	10	1	962	707	4

Winter Harbor Fire Department	EMT	36	6	1	0	0	0
Winterport Volunteer Ambulance Service	Paramedic	57	2	1	405	270	2
Winthrop Ambulance Service	Paramedic	86	5	1	2244	1484	43
Wiscasset Ambulance Service	Paramedic	68	3	1	788	558	35
Wiscasset Fire Department	EMR	38	31	1	0	0	0
Woodstock First Responders	EMT	48	10	1	0	0	0
Woolwich Fire Department	Paramedic	75	9	3	363	225	32
Yarmouth Fire Rescue	Paramedic	91	15	1	1180	720	0
York Ambulance Association Inc	Paramedic	89	7	2	2427	1543	49
York Beach Volunteer Fire Department	AEMT	64	10	1	421	0	0
York Village Fire Department	AEMT	67	13	1	571	0	0

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
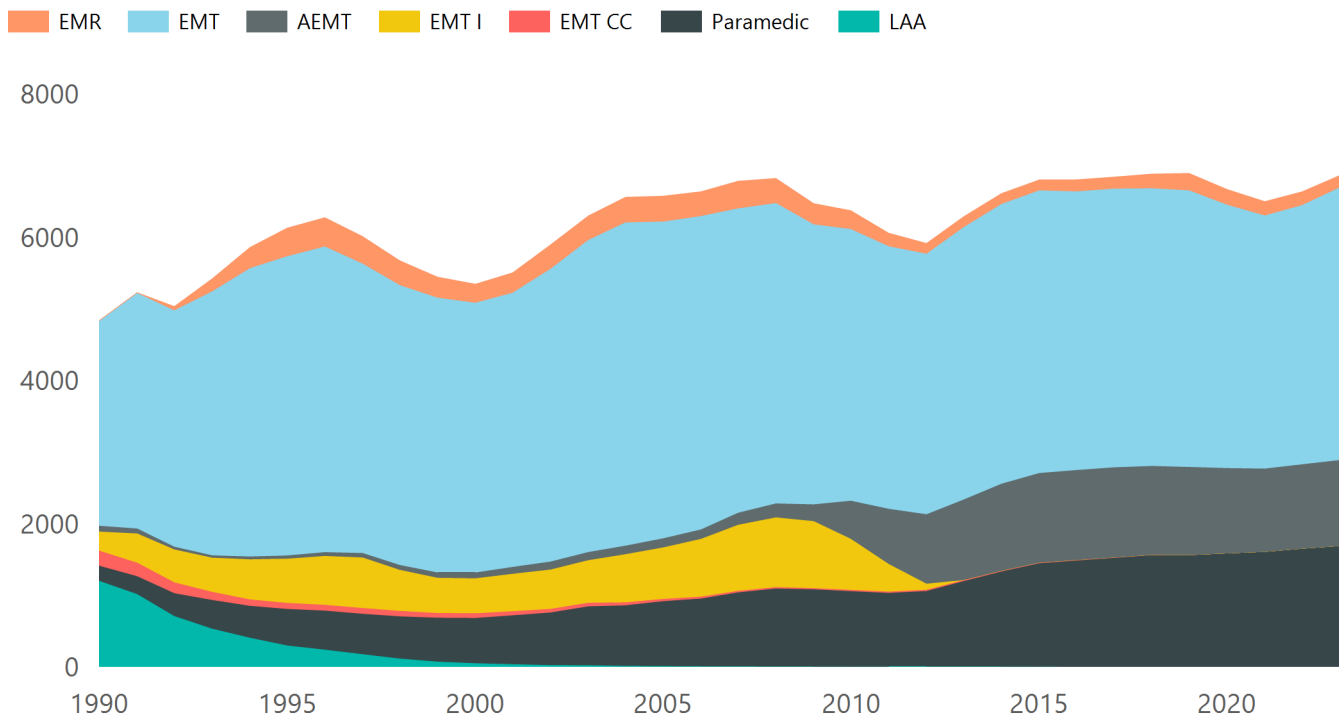
Licensure Duration

Count of Licensees By the Number of Years Holding an EMS License
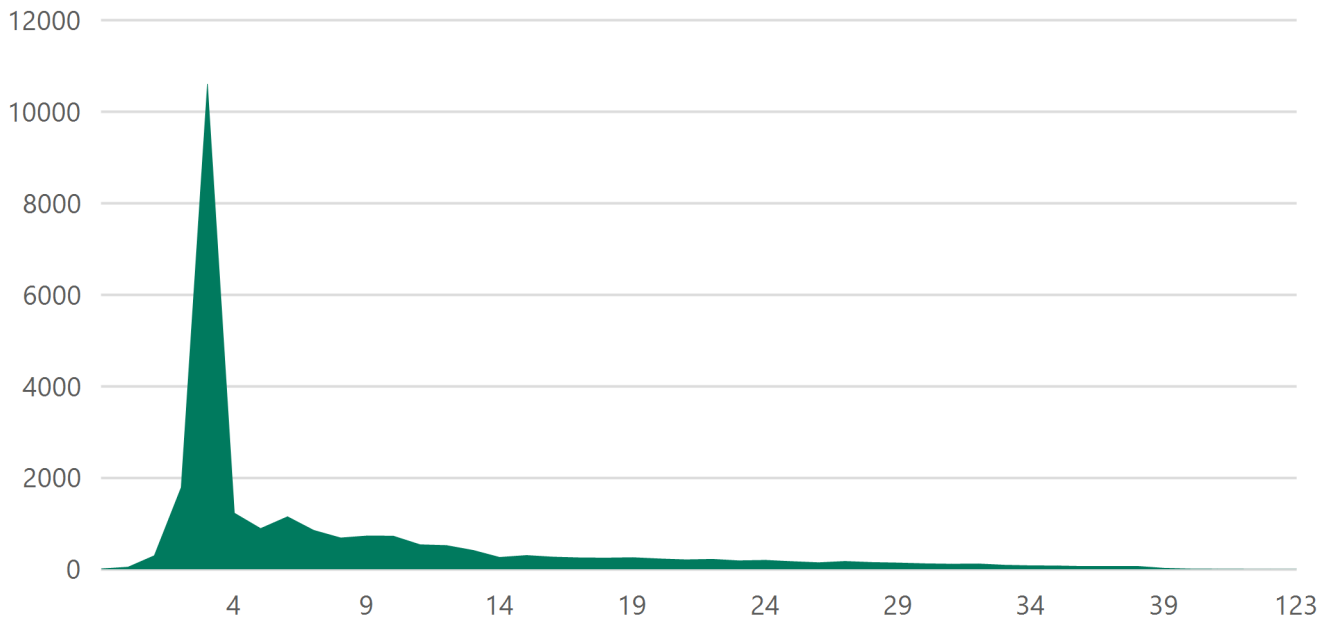
Licensed Clinician Age and Rurality

— Rural — Super Rural — Urban

EMR - 162 (2.4%)   EMT - 3805 (55.5%)   AEMT - 1200 (17.5%)   Paramedic - 1694 (24.7%)
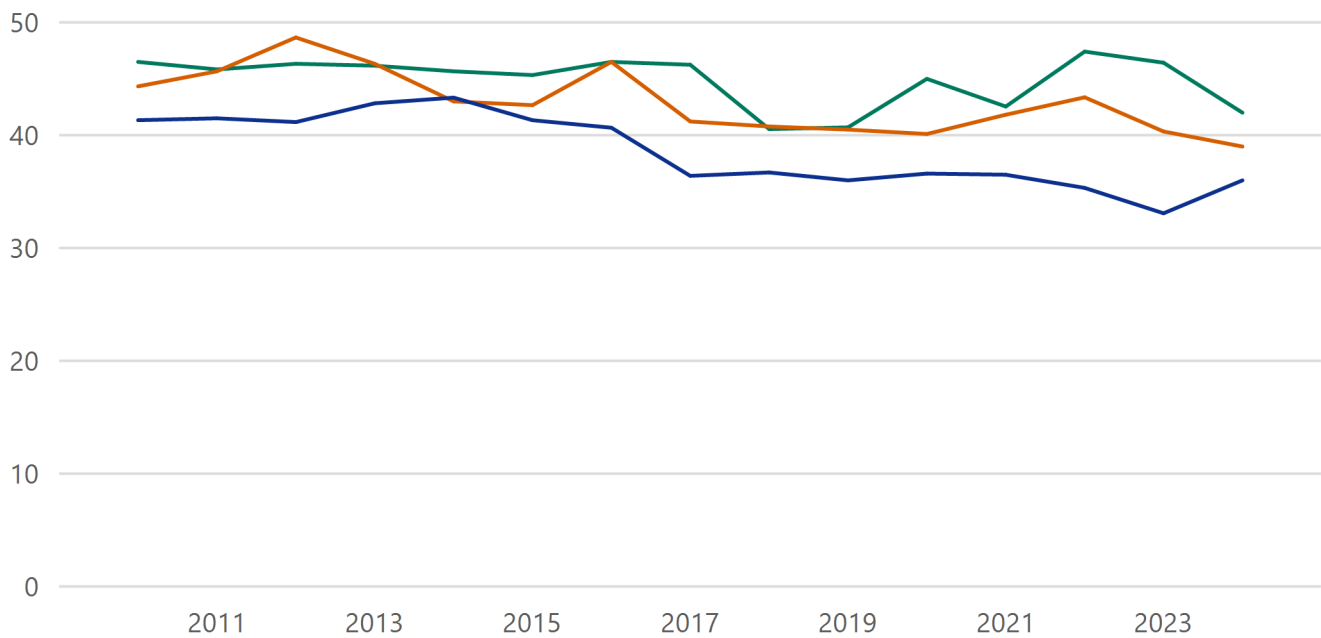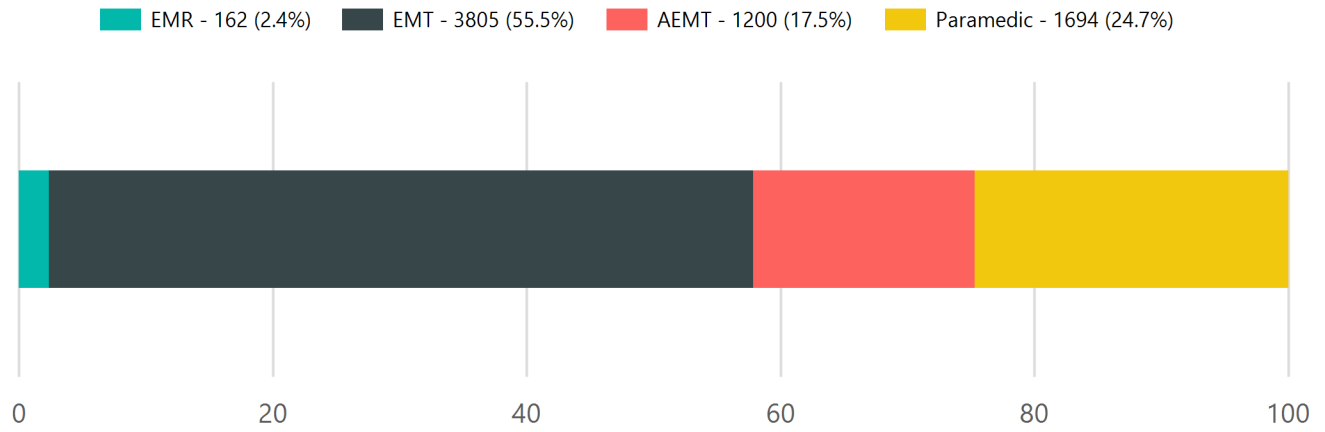
EMS activations in Maine refers to each call for service received by a licensed EMS agency, or for each patient encountered by a licensed EMS agency when more than one patient exists for the call for service.

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, 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.
- **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.
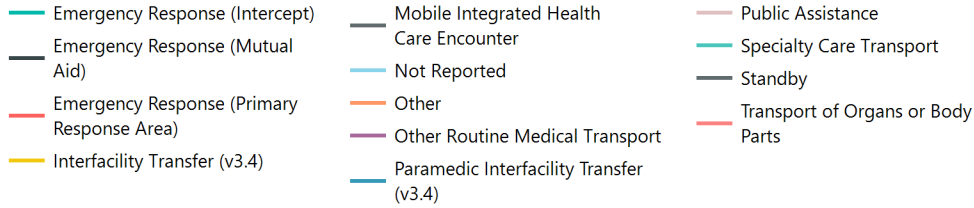
EMS Activations
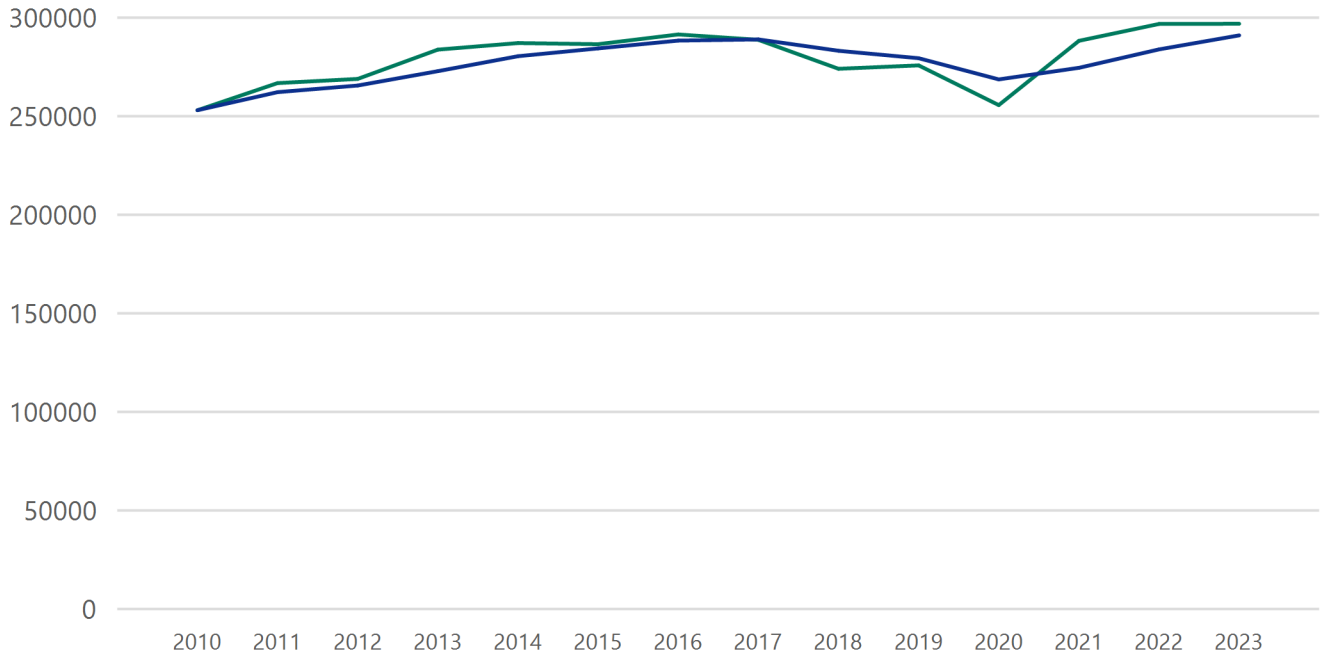
	2018	2019	2020	2021	2022	2023
All EMS Activations	274112	275786	255584	288048	296494	296621

EMS Activations By Type Of Service

Service Type	2018	2019	2020	2021	2022	2023
Emergency Response (Intercept)	2473	2237	1993	2292	2753	2935
Emergency Response (Mutual Aid)	1653	1476	1420	2000	2102	1986
Emergency Response (Primary Response Area)	193631	199283	188108	214266	225987	226828
Interfacility Transfer (v3.4)	47065	43331	37781	41593	41590	39915
Mobile Integrated Health Care Encounter	1885	2234	2295	2803	2856	3286
Not Reported	318	755	404	883	913	786
Other	93					
Other Routine Medical Transport	18564	17753	15754	14811	10247	10733
Paramedic Interfacility Transfer (v3.4)	3401	3483	3112	3094	3329	3537
Public Assistance	2091	2194	2197	3215	3434	3176
Specialty Care Transport	1012	1247	1218	1303	1258	1349
Standby	1926	1793	1302	1788	2025	2090

EMS Activations By Disposition

Transports — Refusals — Deceased
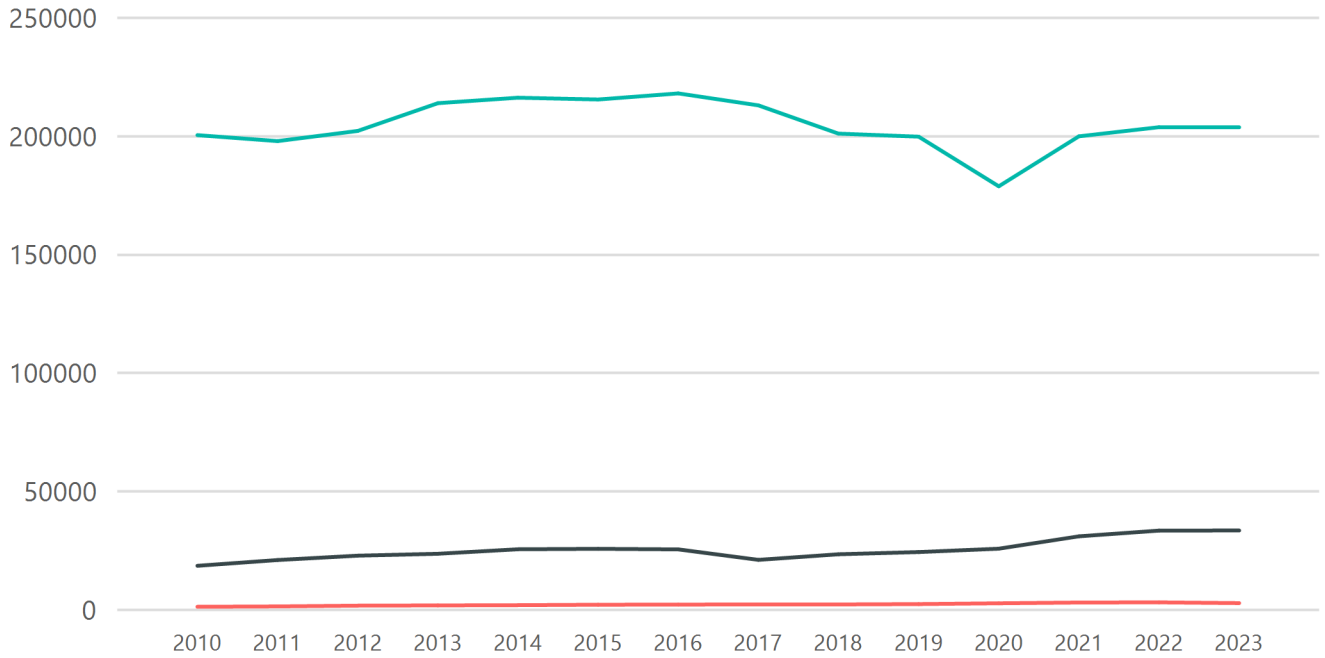
	2018	2019	2020	2021	2022	2023
Transports	201223	199942	178967	200090	203944	203907
Refusals	23503	24426	25850	31077	33495	33545
Deceased	2303	2447	2789	3103	3183	2854

EMS Activations By Rurality

Legend: Not Reported · Rural · Super Rural · Urban
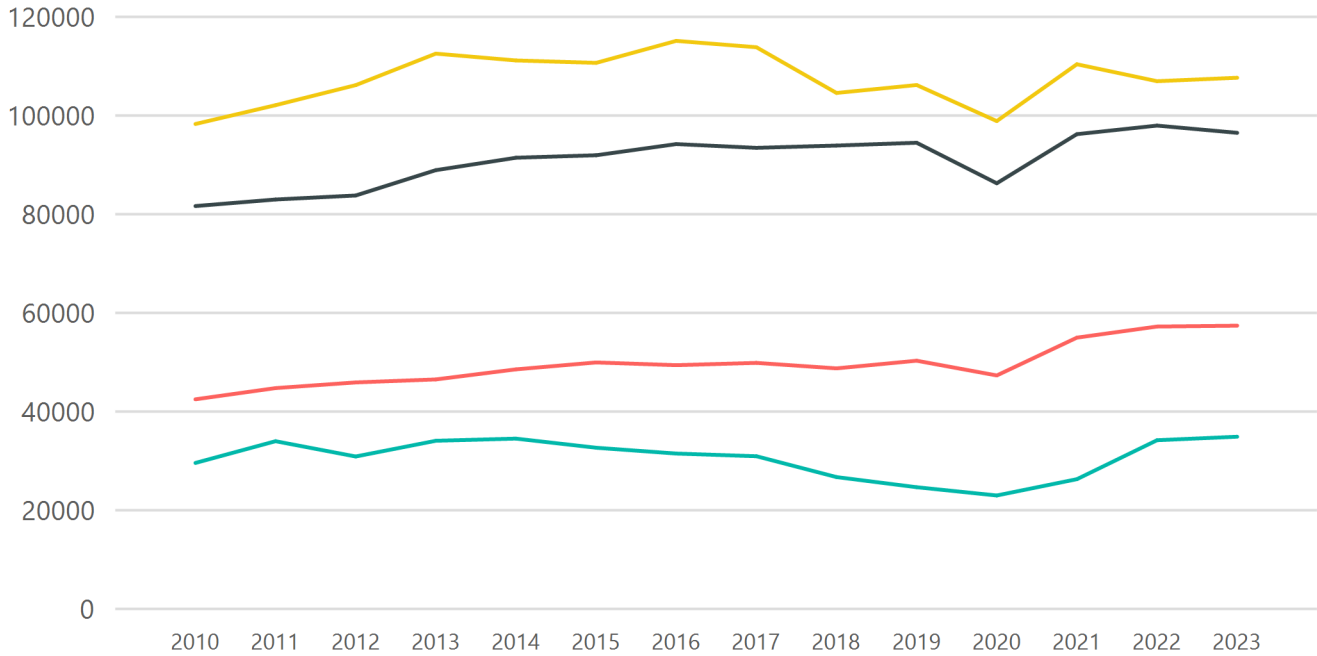
Scene Rurality	2018	2019	2020	2021	2022	2023
Not Reported	26731	24676	22997	26304	34206	34917
Rural	93970	94534	86313	96278	98015	96547
Super Rural	48778	50332	47343	55009	57257	57438
Urban	104633	106244	98931	110457	107016	107719

EMS Activations By CMS Service Level

Legend: Series1, BLS, Emergency, Not Applicable, Rotary Wing (Helicopter), ALS, Level 1 Emergency, BLS, Inter-Facility, Not Recorded, Specialty Care Transport, ALS, Level 1 Inter-Facility, Critical Care Transport Ground, Paramedic Intercept, Treatment without Transport, ALS, Level 2, Fixed Wing (Airplane), PIFT
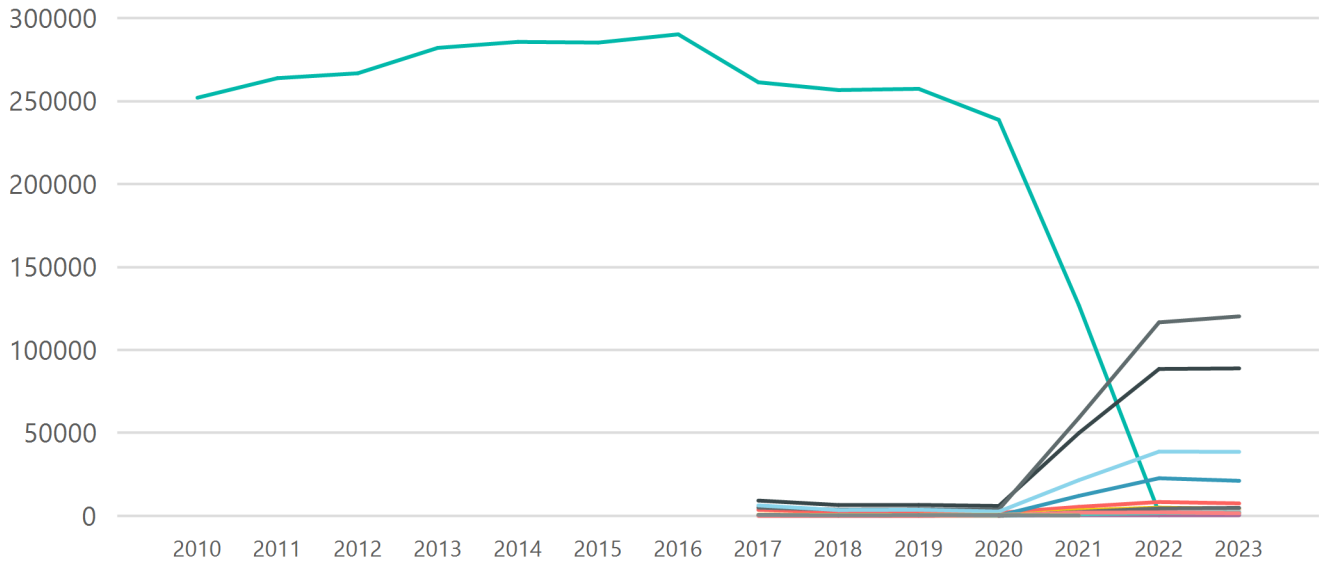
CMS Service Level	2018	2019	2020	2021	2022	2023
ALS, Level 1 Emergency	6538	6606	5970	49978	88585	88930
ALS, Level 1 Inter-Facility	2029	2072	1804	5443	8373	7521
ALS, Level 2	154	122	125	3405	4987	4211
BLS, Emergency	3761	3939	3814	59154	116710	120301
BLS, Inter-Facility	3481	3678	2551	21560	38746	38608
Critical Care Transport Ground				1022	1714	2045
Fixed Wing (Airplane)	8	16	126	361	351	415
Not Applicable	228	151	130	12065	22694	21146
Not Recorded	88	341	396	2222	4156	3292
Not Reported	256770	257523	238794	126959	1862	1689
Paramedic Intercept	212	232	183	897	1692	2048
PIFT				1	2366	4503	4826
Rotary Wing (Helicopter)	1	4	477	1997	2121	1588
Specialty Care Transport	519	617	707	394		
Treatment without Transport	323	485	506	225		1

Staff Activation Hours

Legend: Staff Hours
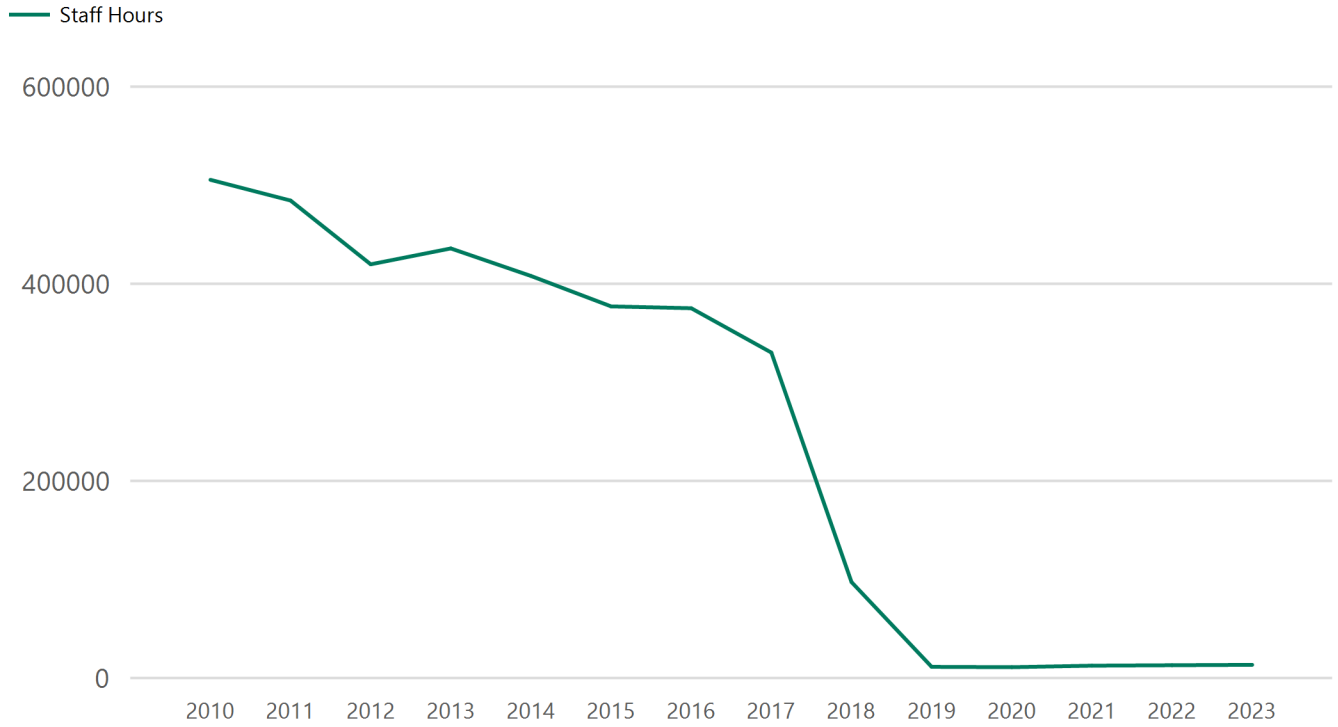
	2018	2019	2020	2021	2022	2023
Staff Hours On EMS Activations	5842760	679629	656798	750672	776647	800365

Type of Service Requested 2023

- Emergency Response (Primary Response Area) 226811 (76.5%)
- Interfacility Transfer (v3.4) 39911 (13.5%)
- Other Routine Medical Transport 10730 (3.6%)
- Paramedic Interfacility Transfer (v3.4) 3537 (1.2%)
- Mobile Integrated Health Care Encounter 3285 (1.1%)
- Public Assistance 3175 (1.1%)
- Emergency Response (Intercept) 2935 (1.0%)
- Standby 2090 (0.7%)
- Emergency Response (Mutual Aid) 1986 (0.7%)
- Specialty Care Transport 1349 (0.5%)
- Not Reported 772 (0.3%)

CMS Service Level 2023

- ALS, Level 1 Emergency 88927 (30.0%)
- ALS, Level 1 Inter-Facility 7521 (2.5%)
- ALS, Level 2 4211 (1.4%)
- BLS, Emergency 120299 (40.6%)
- BLS, Inter-Facility 38607 (13.0%)
- Critical Care Transport Ground 2044 (0.7%)
- Fixed Wing (Airplane) 415 (0.1%)
- Not Applicable 21146 (7.1%)
- Not Recorded 4950 (1.7%)
- Paramedic Intercept 2048 (0.7%)
- PIFT 4826 (1.6%)
- Rotary Wing (Helicopter) 1586 (0.5%)
- Treatment without Transport 1 (0.0%)

Not Reported 34903 (11.8%)
Rural 96533 (32.5%)
Super Rural 57431 (19.4%)
Urban 107714 (36.3%)

Impression	Impression Count
Medical - Weakness (R53.1)	22187
Adult - No findings or Complaints (Z00.00)	20529
Cardiac - Chest pain (R07.9)	8612
Behavioral - Anxiety (F41.1)	8377
Pain - Abdominal (R10.84)	7725
Medical - Altered mental status (R41.82)	6781
Injury - Head (S09.90)	5872
Pain - Back (M54.9)	5729
Medical - Syncope (R55)	5346
Behavioral - Psychiatric Episode (R45.89)	4943
Medical - Malaise (R53.81)	4724
Cardiac - Arrhythmia (I49.9)	4242
GI - Nausea and Vomiting (R11)	4211
Resp - COPD Exacerbation (J44.1)	3984
Resp - Dyspnea (R06.0)	3899
Pain - Chest-Non Cardiac (R07.89)	3136
Neuro - Seizures - Other (G40.89)	3069
Tox - Alcohol use - with intoxication (F10.92)	2881
Medical - Urinary tract infection (N39.0)	2504
Neuro - Stroke/CVA (I63.9)	2414

Syndrome Or Detail	2018	2019	2020	2021	2022	2023
Activations	274678	278992	256797	318283	297054	296658
Assault	2375	2351	2168	2565	2534	2622
Behavioral	25668	27672	26430	24362	21262	21013
Cardiac Arrest	3136	3355	3600	3939	4027	3609
Chest Pain	14743	15127	13442	13434	12928	12831
Childbirth	385	400	368	309	212	182
Distinct Patients	120415	122194	112861	142904	129629	129578
Fire Or Explosion	175	192	184	221	198	199
Firearm	46	43	32	76	52	53
Infection	2427	2568	2017	1944	1742	1795
Infectious Disease	7265	7728	6026	5801	6952	5923
Injury	42971	41640	36535	42829	42457	41468
Open Wound	3618	4007	4782	8355	10774	11215
Opioid Overdose	2080	2158	2458	3369	3613	3188
Overdose	9202	10548	10820	13481	13923	13414
Pain	78854	83895	74881	81808	82602	84427
Pregnancy	1831	2065	1736	1876	1655	1694
Respiratory Arrest	2262	2265	2442	2807	3099	2874
Respiratory Distress	9593	10825	10019	12328	12203	13240
SelfHarm	3167	2743	2551	2596	2431	2554
Slip, Trip, or Fall	28246	27669	26221	31870	32480	32115
Stroke	5086	5190	4447	4207	3730	3714
Trauma	8683	5881	4761	4859	4303	3942
Vehicle Accident	9817	9794	8082	9557	9238	8912

Fastest Growing Syndromes

Legend:
- Behavioral (Forecast)
- Behavioral - Actual
- Infectious Disease (Forecast)
- Infectious Disease - Actual
- Open Wound (Forecast)
- Open Wound - Actual
- Overdoses (Forecast)
- Overdoses - Actual
- Pain (Forecast)
- Pain - Actual
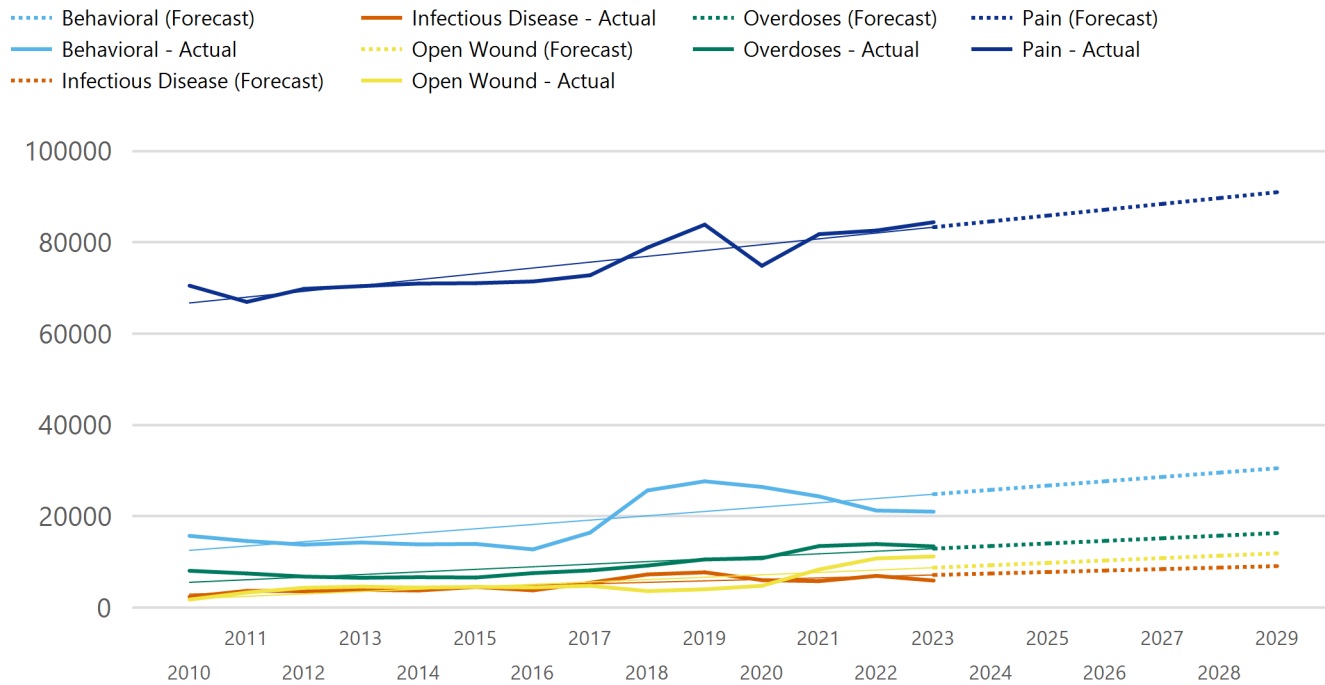
Slowing or Decreasing Syndromes

Legend:
- Chest Pain (Forecast)
- Chest Pain
- Injury (Forecast)
- Injury
- Respiratory Distress
- Respiratory Distress (Forecast)
- Self Harm
- Self Harm (Forecast)
- Trauma
- Trauma (Forecast)
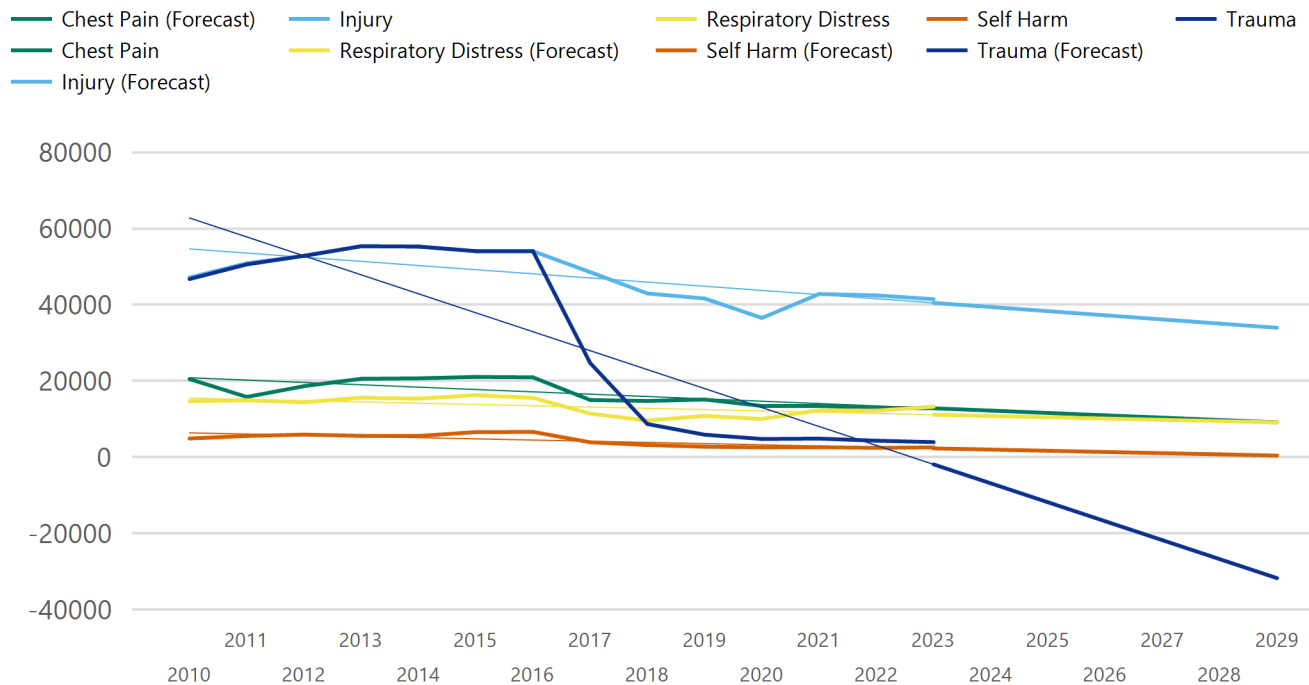
Emergency Activation Scene Location Type

	2019	2020	2021	2022	2023
1	Private Residence - 91,365 (44.5%)	Private Residence - 94,368 (48.7%)	Private Residence - 105,078 (47.4%)	Private Residence - 108,533 (46.4%)	Private Residence - 108,565 (46.2%)
2	Apartment - 12,378 (6.0%)	Apartment - 13,502 (7.0%)	Apartment - 14,543 (6.6%)	Apartment - 15,406 (6.6%)	Apartment - 13,908 (5.9%)
3	Nursing Home - 9,416 (4.6%)	Roadways - Local - 8,157 (4.2%)	Not Reported - 9,400 (4.2%)	Roadways - Local - 9,562 (4.1%)	Healthcare - Assisted living Facility - 10,058 (4.3%)
4	Roadways - Local - 8,542 (4.2%)	Not Reported - 6,962 (3.6%)	Roadways - Local - 9,211 (4.2%)	Not Reported - 9,530 (4.1%)	Not Reported - 9,877 (4.2%)
5	Not Reported - 7,205 (3.5%)	Nursing Home - 6,946 (3.6%)	Nursing Home - 7,562 (3.4%)	Nursing Home - 8,308 (3.6%)	Roadways - Local - 9,539 (4.1%)
6	Healthcare - Assisted living Facility - 7,000 (3.4%)	Healthcare - Assisted living Facility - 6,167 (3.2%)	Healthcare - Assisted living Facility - 7,314 (3.3%)	Healthcare - Assisted living Facility - 8,299 (3.5%)	Nursing Home - 9,107 (3.9%)
7	Roadways - Local residential or business street - 6,667 (3.2%)	Roadways - Local residential or business street - 5,396 (2.8%)	Private Residence - Bedroom - 6,317 (2.9%)	Private Residence - Bedroom - 7,238 (3.1%)	Private Residence - Bedroom - 7,231 (3.1%)
8	Private Residence - Bedroom - 5,482 (2.7%)	Private Residence - Bedroom - 5,127 (2.6%)	Roadways - Local residential or business street - 5,535 (2.5%)	Roadways - Parking lot - 3,866 (1.7%)	Street and highway - 4,449 (1.9%)
9	Healthcare - Health care provider office - 4,597 (2.2%)	Healthcare - Health care provider office - 2,961 (1.5%)	Roadways - Parking lot - 3,786 (1.7%)	Roadways - Local residential or business street - 3,733 (1.6%)	Healthcare - Health care provider office - 3,909 (1.7%)
10	Roadways - Parking lot - 2,661 (1.3%)	Roadways - Parking lot - 2,843 (1.5%)	Healthcare - Health care provider office - 3,562 (1.6%)	Healthcare - Health care provider office - 3,733 (1.6%)	Roadways - Parking lot - 3,845 (1.6%)

Emergency Activation Destinations

	2019	2020	2021	2022	2023
1	MAINE MEDICAL CENTER - 21,393 (15.8%)	MAINE MEDICAL CENTER - 18,593 (15.2%)	MAINE MEDICAL CENTER - 21,038 (15.0%)	MAINE MEDICAL CENTER - 23,309 (15.7%)	MAINE MEDICAL CENTER - 24,790 (16.6%)
2	EASTERN MAINE MEDICAL CENTER - 10,113 (7.5%)	EASTERN MAINE MEDICAL CENTER - 9,475 (7.8%)	EASTERN MAINE MEDICAL CENTER - 10,288 (7.3%)	MAINE GENERAL MEDICAL CENTER - ALFOND CENTER FOR HEALTH - 9,848 (6.6%)	MAINE GENERAL MEDICAL CENTER - ALFOND CENTER FOR HEALTH - 10,147 (6.8%)
3	MAINE GENERAL MEDICAL CENTER - ALFOND CENTER FOR HEALTH - 9,201 (6.8%)	MAINE GENERAL MEDICAL CENTER - ALFOND 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 - 9,829 (6.6%)
4	CENTRAL MAINE MEDICAL CENTER - 8,719 (6.4%)	CENTRAL MAINE MEDICAL CENTER - 8,175 (6.7%)	MAINE GENERAL MEDICAL CENTER - ALFOND CENTER FOR HEALTH - 9,237 (6.6%)	CENTRAL MAINE MEDICAL CENTER - 9,628 (6.5%)	CENTRAL MAINE MEDICAL CENTER - 9,791 (6.6%)
5	SMHC - BIDDEFORD MEDICAL CENTER - 7,680 (5.7%)	SMHC - BIDDEFORD MEDICAL CENTER - 7,300 (6.0%)	SMHC - BIDDEFORD MEDICAL CENTER - 7,659 (5.5%)	SMHC - BIDDEFORD MEDICAL CENTER - 7,995 (5.4%)	SMHC - BIDDEFORD MEDICAL CENTER - 8,444 (5.6%)
6	MID COAST HOSPITAL - 6,945 (5.1%)	MID COAST HOSPITAL - 6,100 (5.0%)	MID COAST HOSPITAL - 7,003 (5.0%)	MID COAST HOSPITAL - 7,202 (4.8%)	MID COAST HOSPITAL - 7,223 (4.8%)
7	MERCY HOSPITAL - 5,354 (4.0%)	SAINT MARYS REGIONAL MEDICAL CENTER - 4,557 (3.7%)	MERCY HOSPITAL - 5,321 (3.8%)	ST JOSEPH HOSPITAL - 6,508 (4.4%)	ST JOSEPH HOSPITAL - 6,605 (4.4%)
8	ST JOSEPH HOSPITAL - 5,185 (3.8%)	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%)
9	SAINT MARYS REGIONAL MEDICAL CENTER - 4,724 (3.5%)	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 - 4,876 (3.3%)
10	PEN BAY MEDICAL CENTER - 3,810 (2.8%)	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%)

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 emergenct 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 utlize 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.
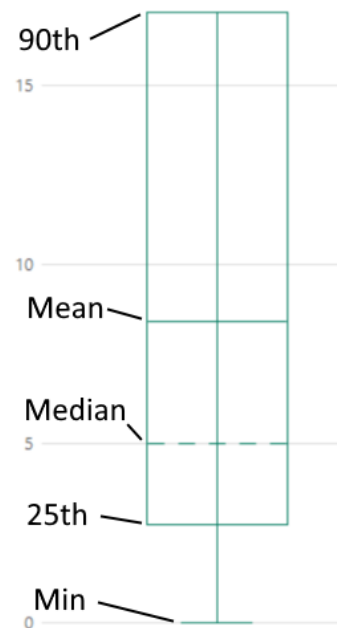
Event Duration: The time in minutes from the unit being dispatched until the unit is back in service.
Calculation Method: The event duraton was calculated using the Incident Date/Time, a calculated value from the earliest of the date/time values, or the Unit Notified by Dispatch Date/Time (eTimes.03) 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.
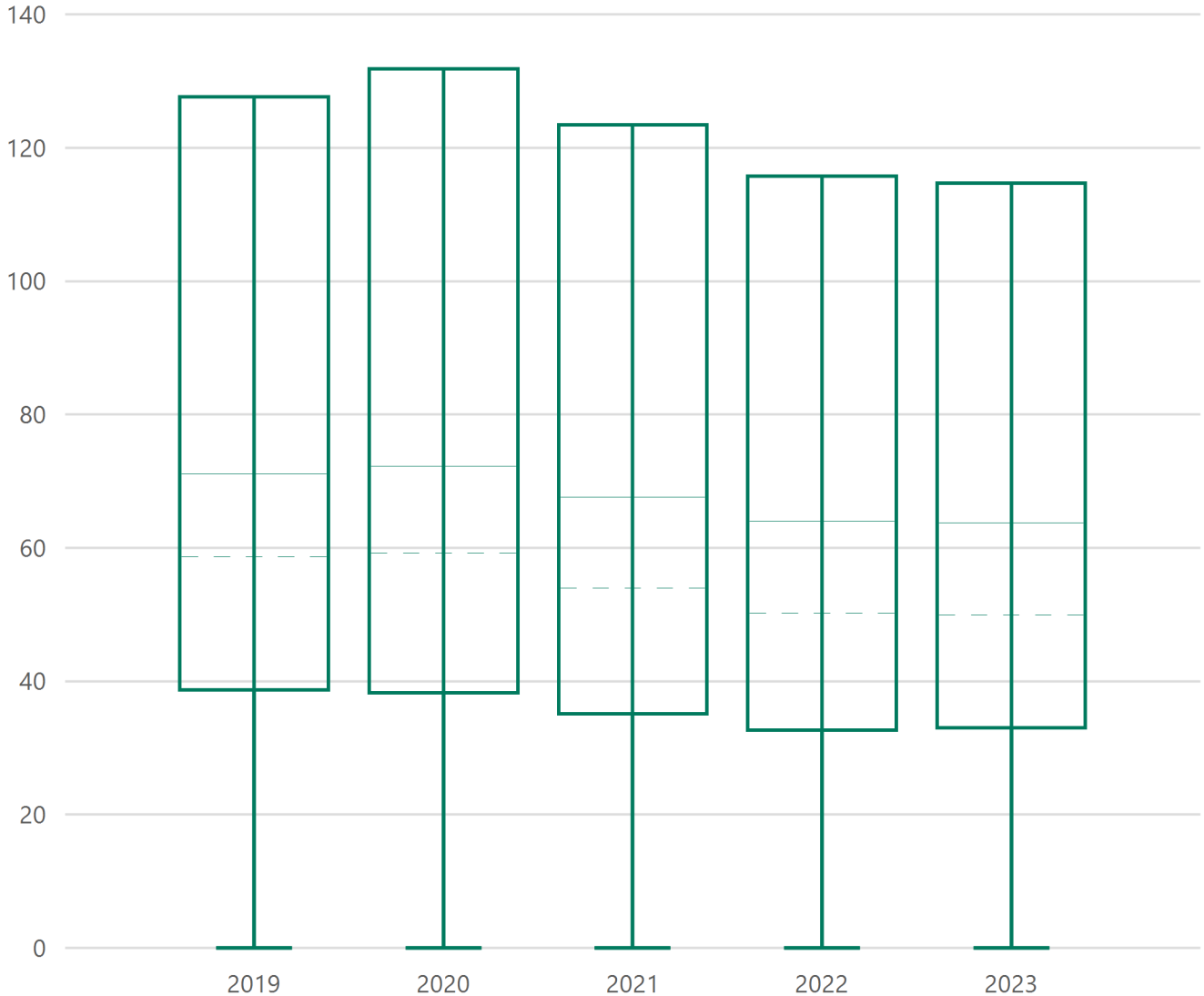
PSAP To Dispatch

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.

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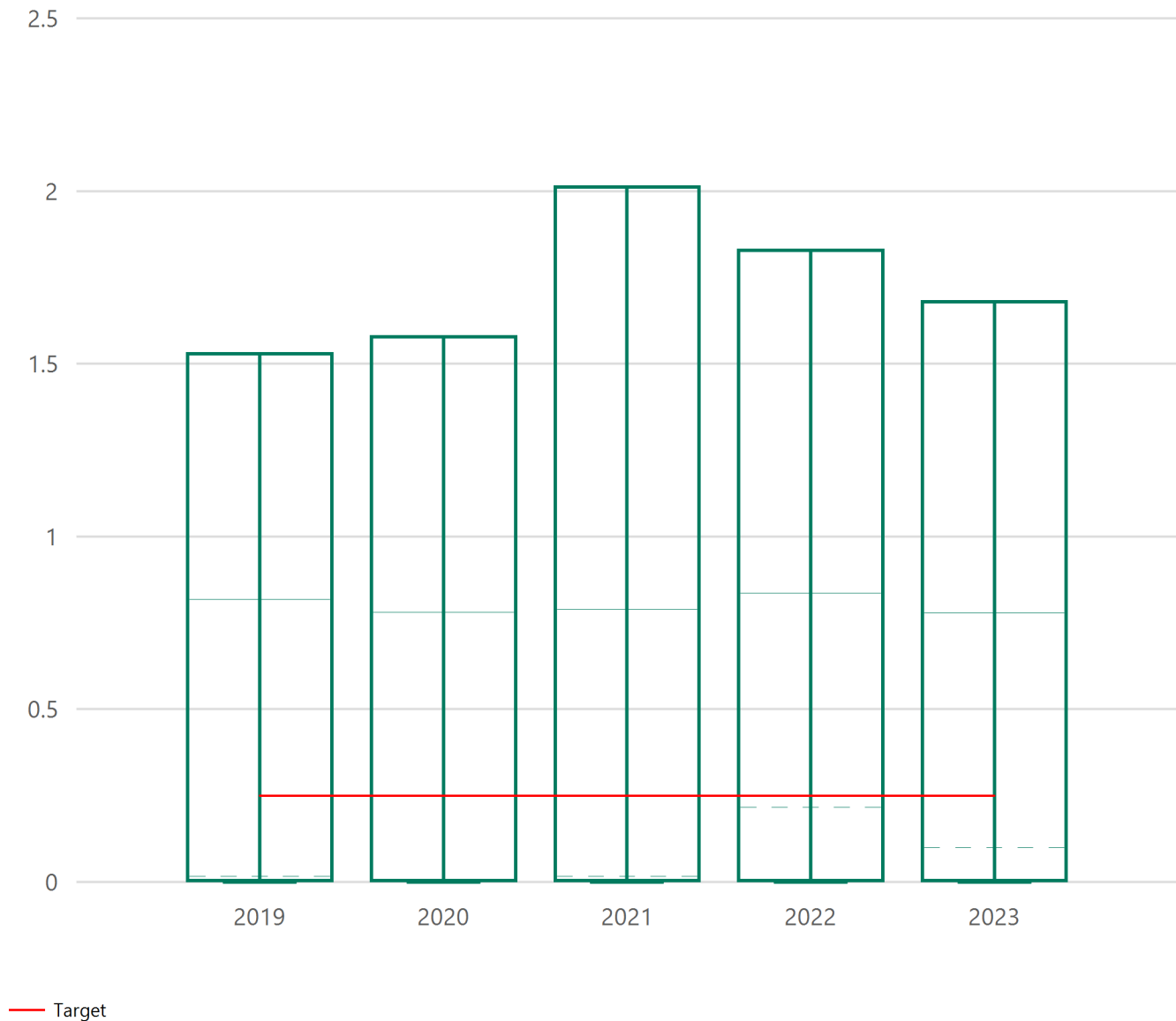
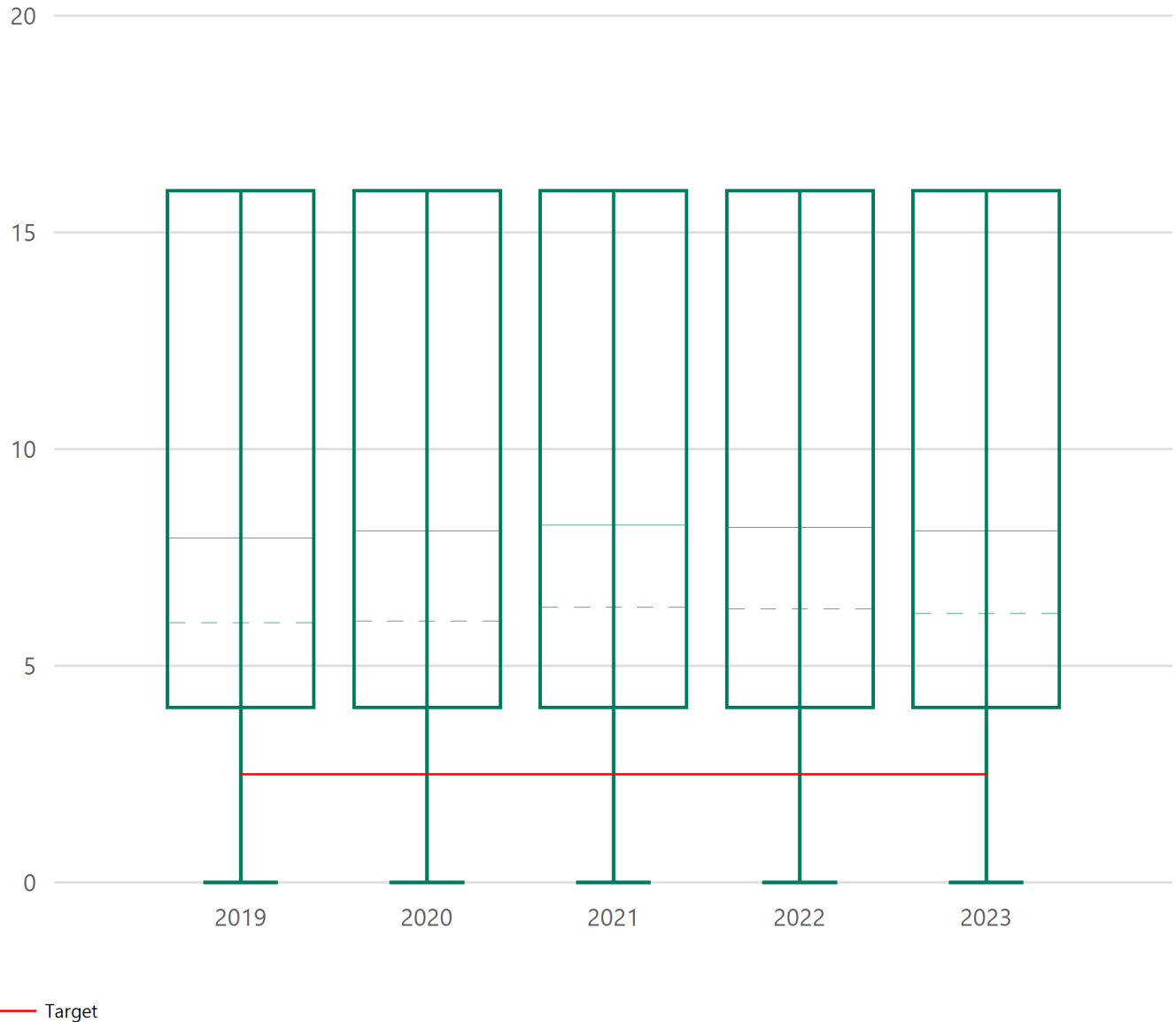**Dispatch To Unit Notified:** The time in minutes the call was received by dispatch until a unit is dispatched. This is often referred to as Call Processing time

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.
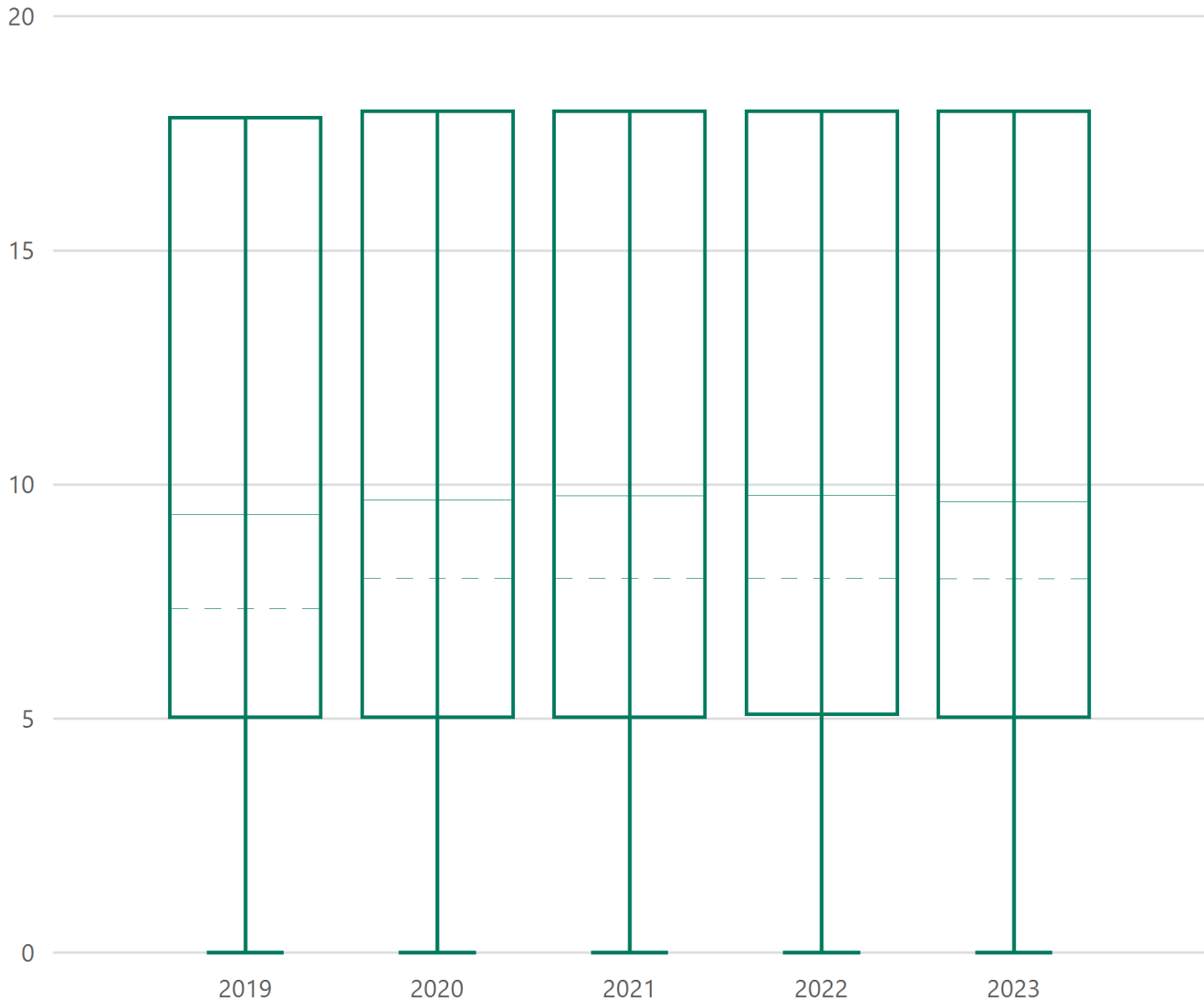

— Target
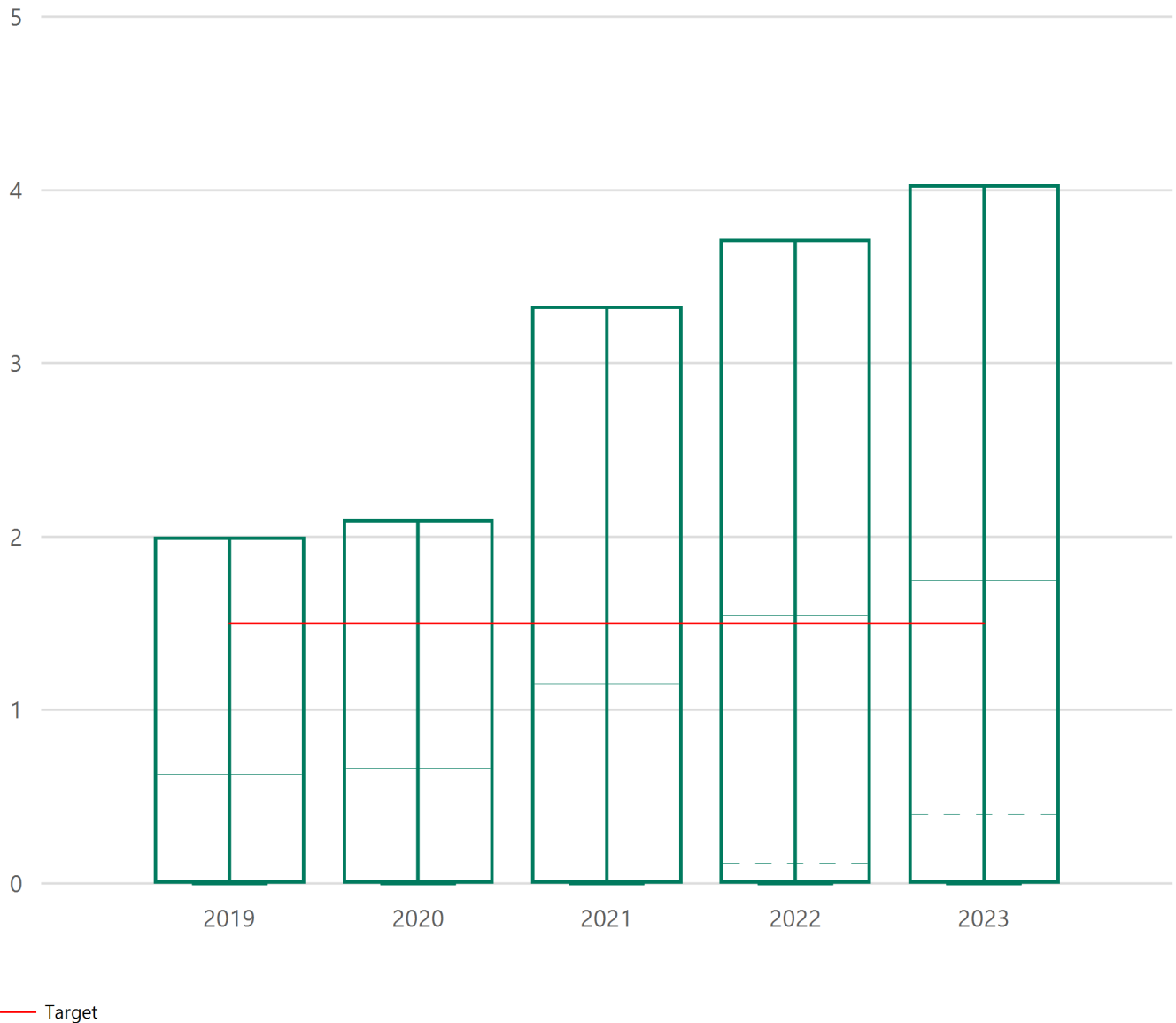
Dispatch To Enroute: The time in minutes from when the unit is dispatched until it goes enroute. This is often referred to as Turnout time. The national standard for this measure suggests that this measure should be 60 seconds or less at the 90th percentile.

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.
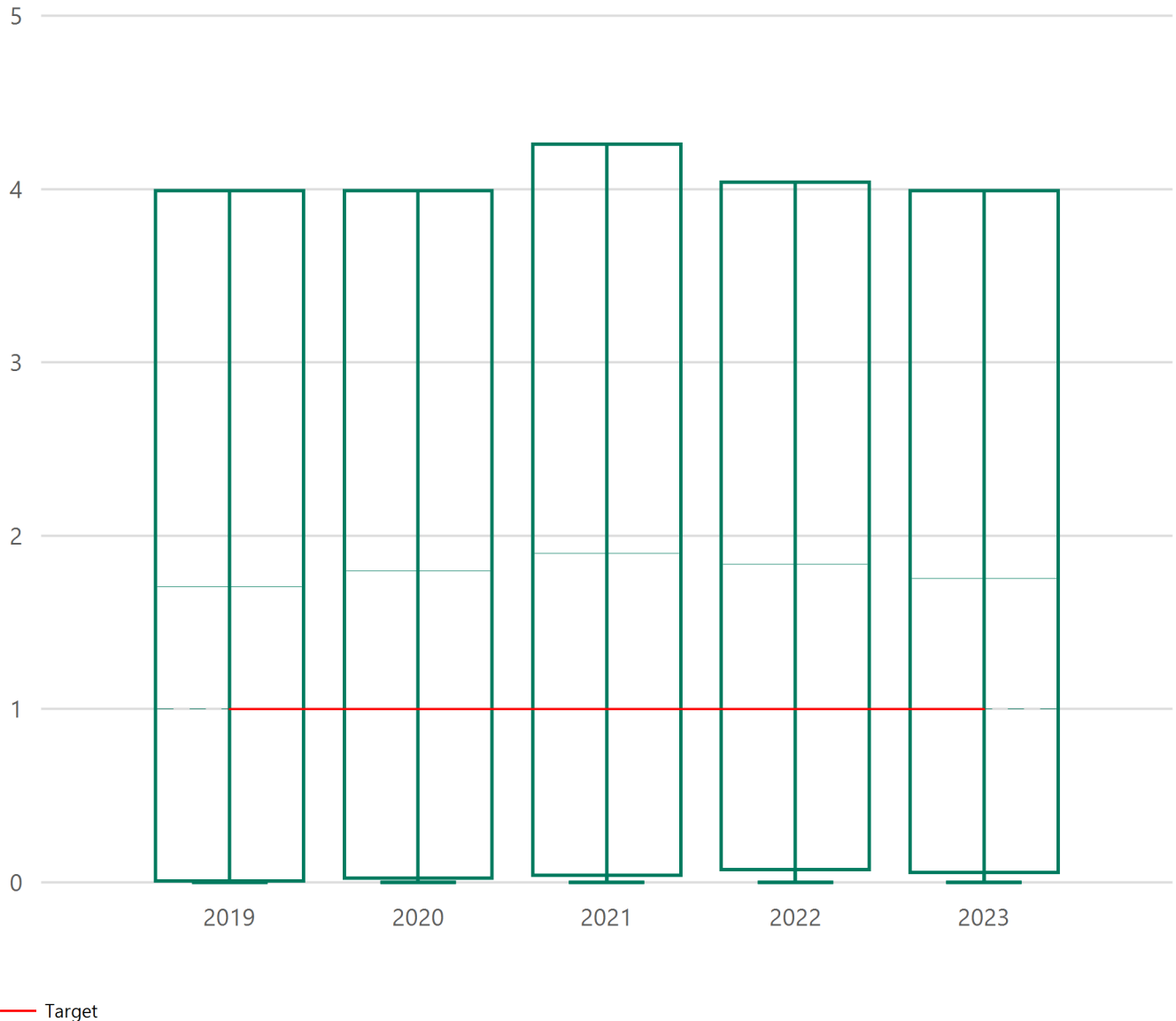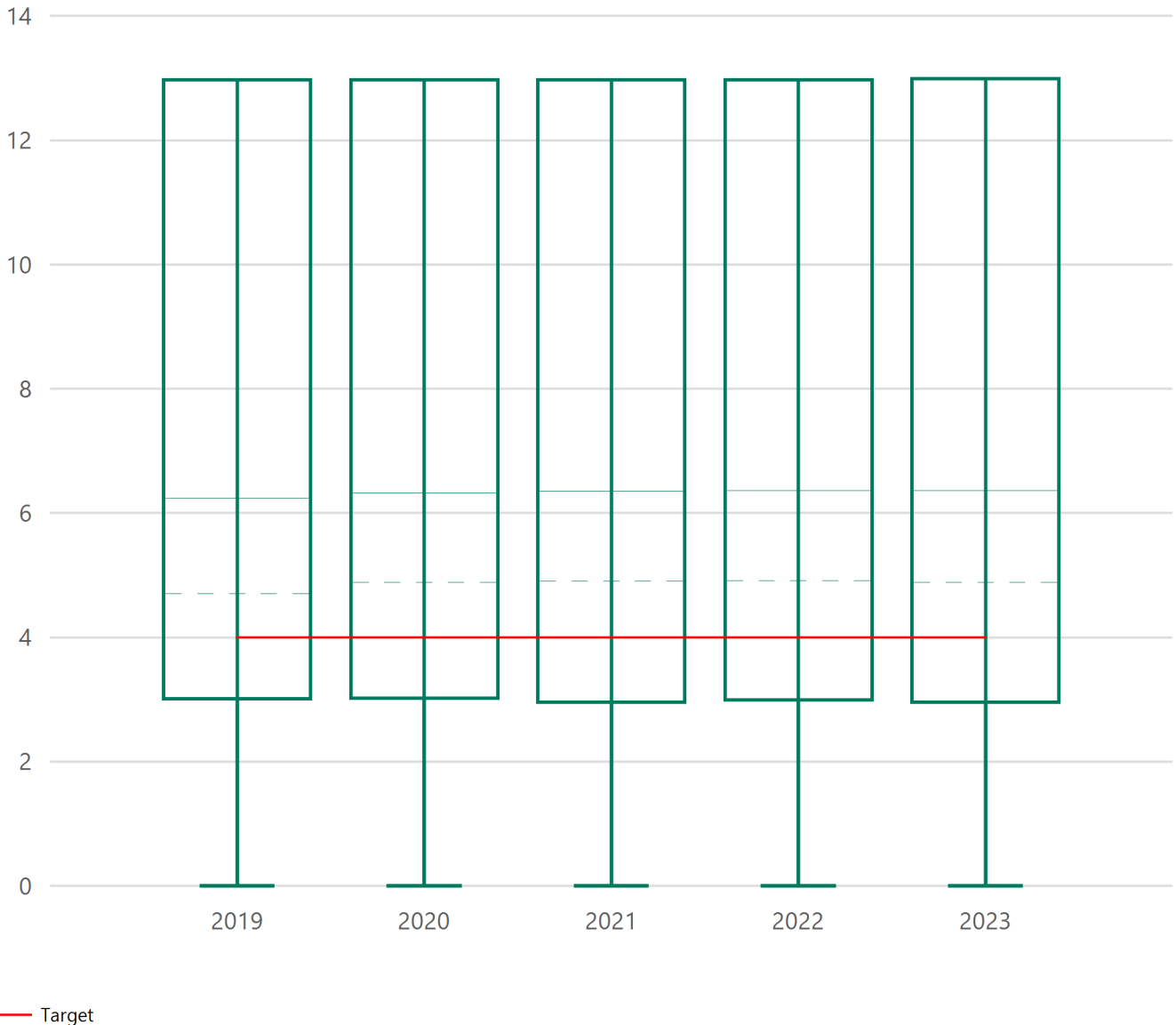
Dispatch To On Scene: The time in minutes from when the unit is dispatched until it arrives on scene.
Calculation Method: The Dispatch To On Scene value was calculated using the Unit Notified by Dispatch Date/Time (eTimes.03) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations 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.

— Target

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: 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 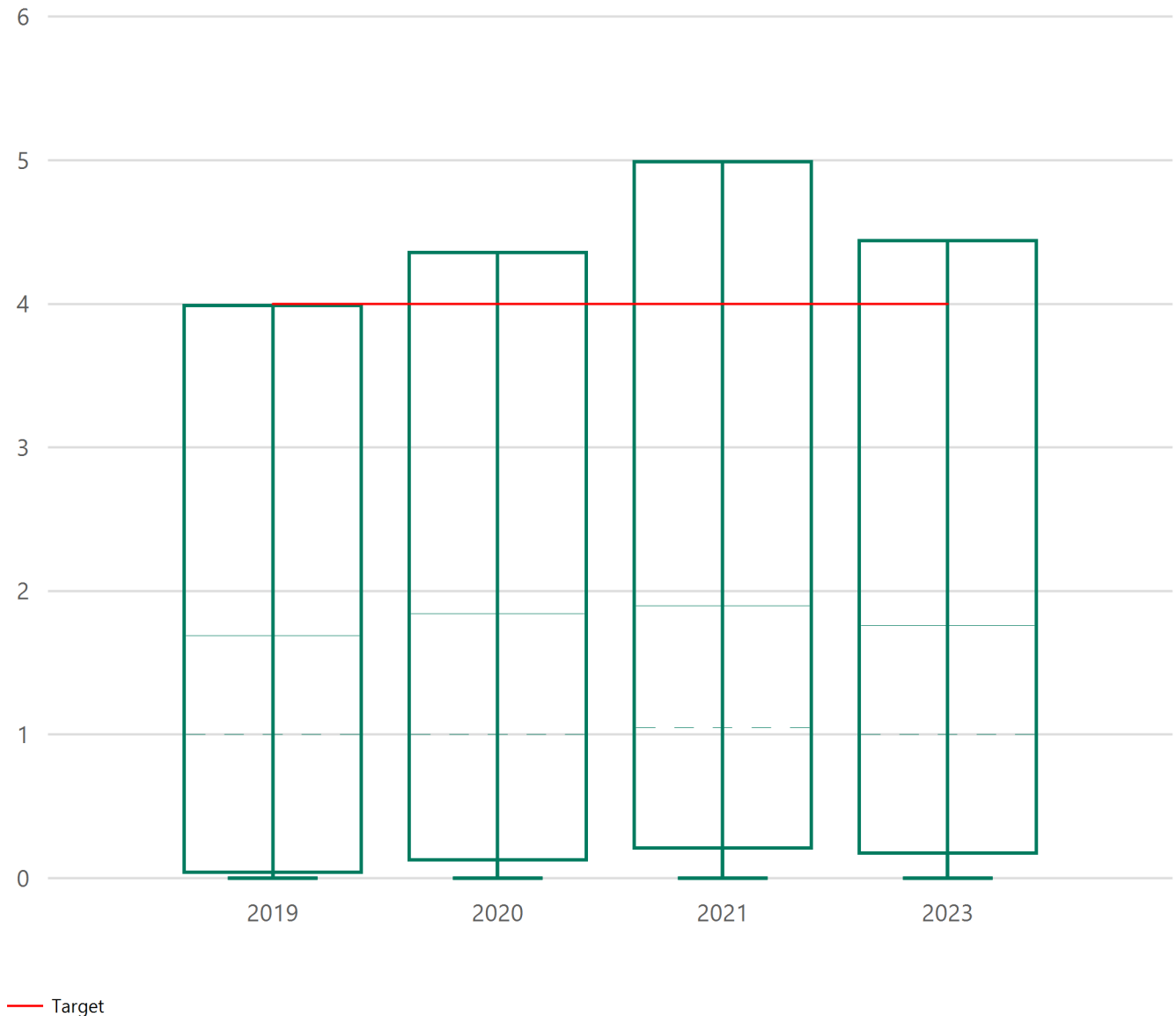and 8 minutes for a subsequent arrival of an ALS unit. *Calculation Method: The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than 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: 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.
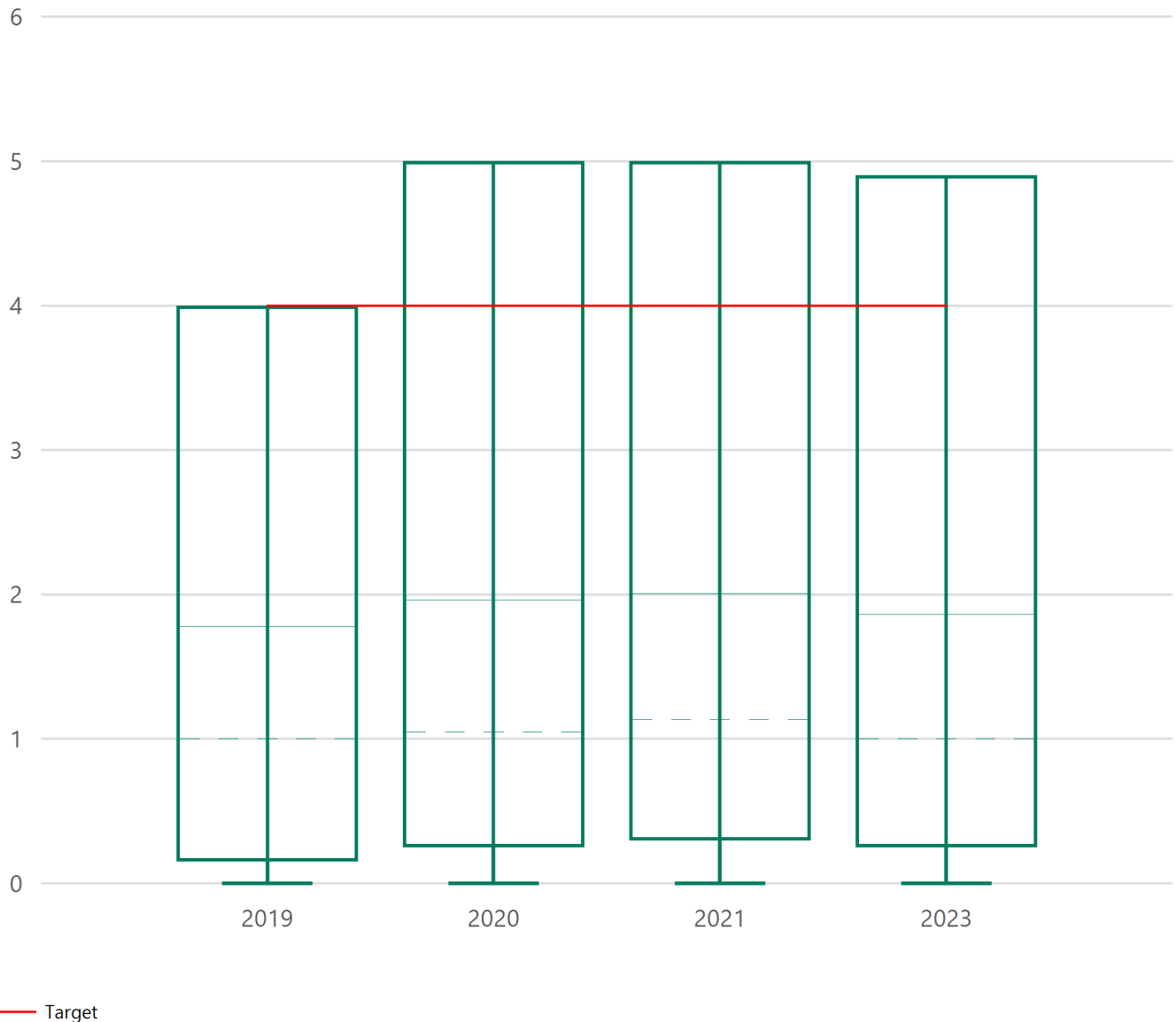*Calculation Method: The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are 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.*


Target

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.


Target

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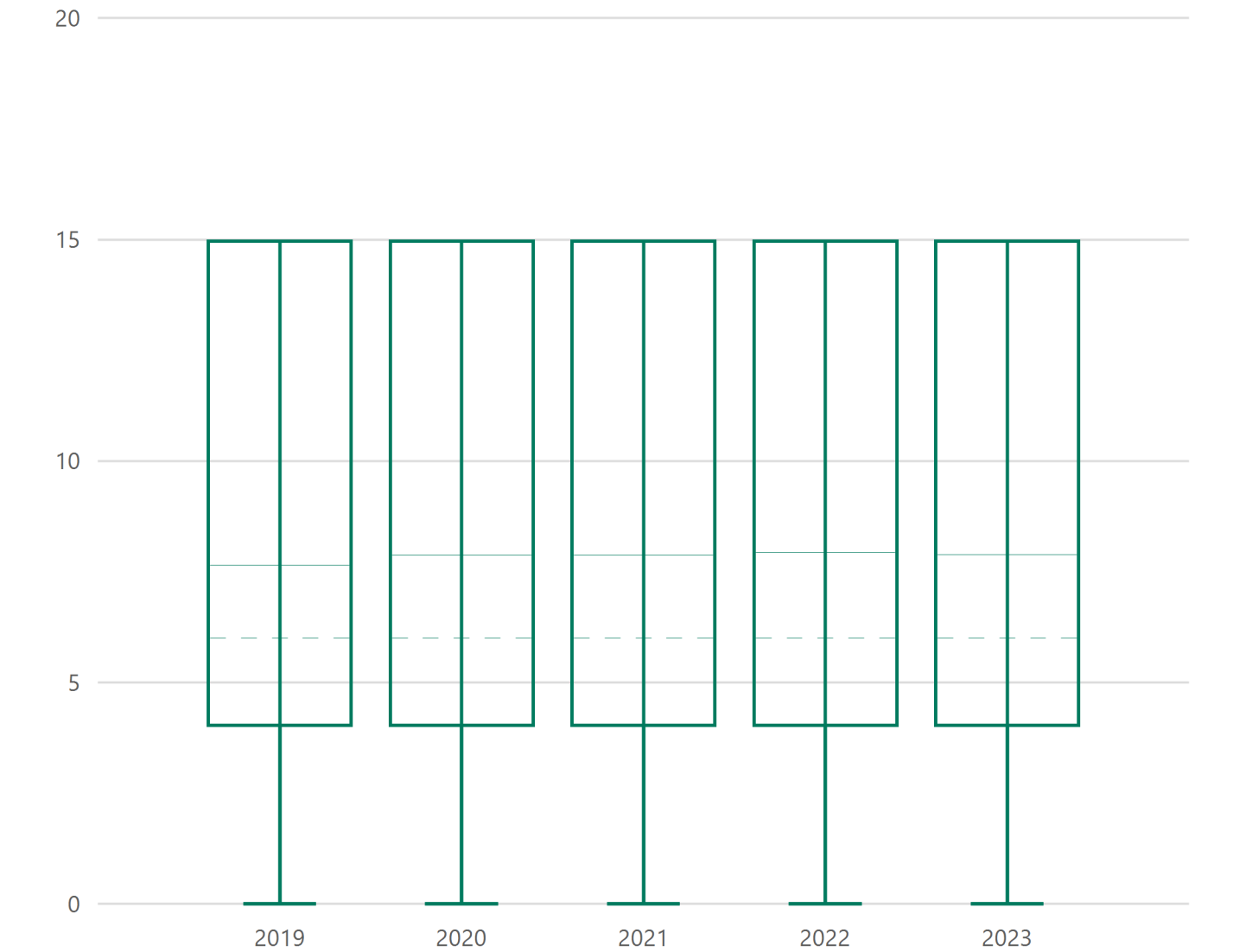
On Scene To Left Scene: The time in minutes from when the unit arrives on scene until it leaves the scene. This is often referred to as scene duration.

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.
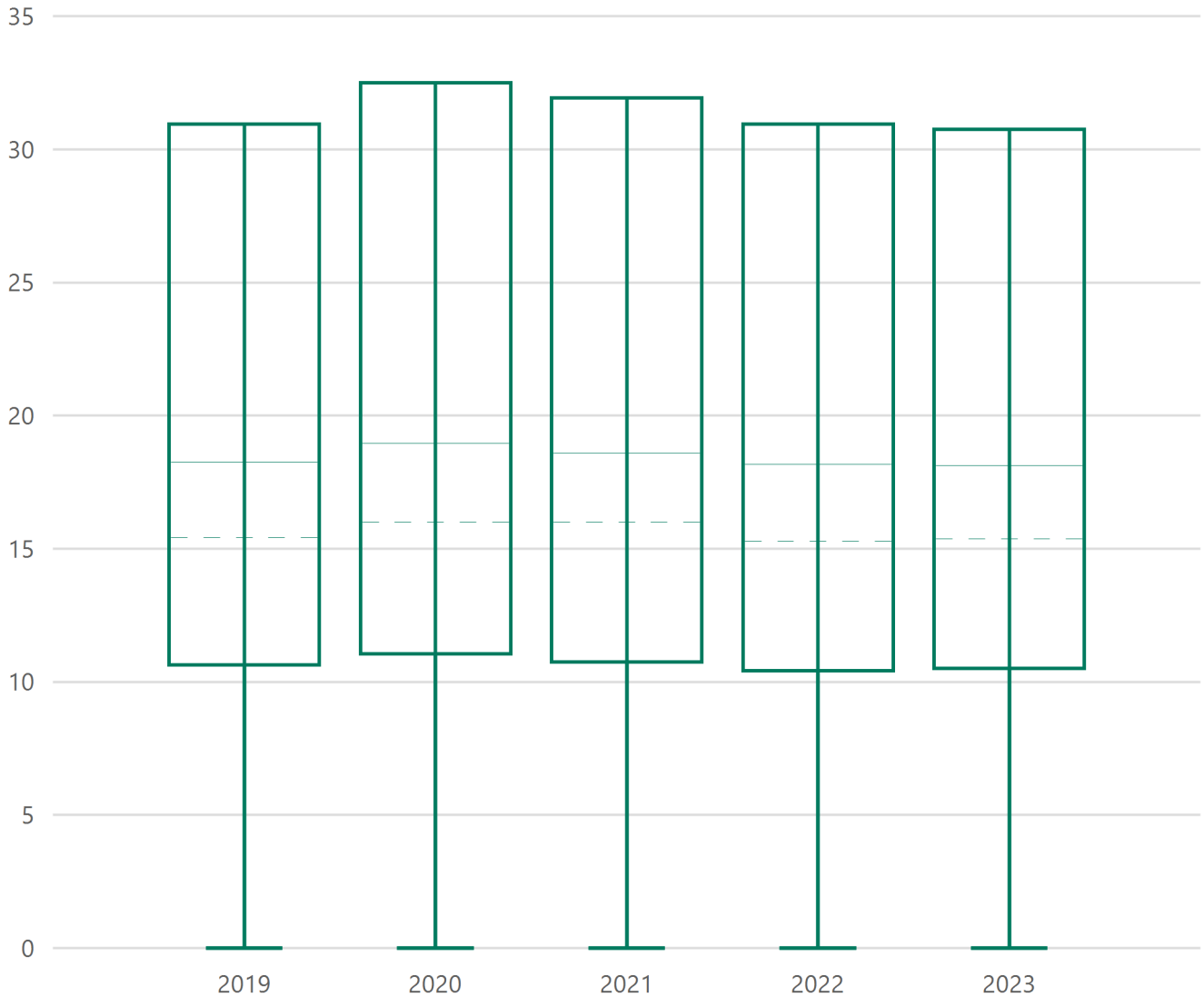
Onscene To Left Scene Minutes Time Sensitive Syndromes: The time in minutes from when the unit arrives on scene until it leaves the scene for EMS activations for syndromes requiring an urgent response (Stroke, Cardiac, Trauma, Etc). This is often referred to as scene duration.
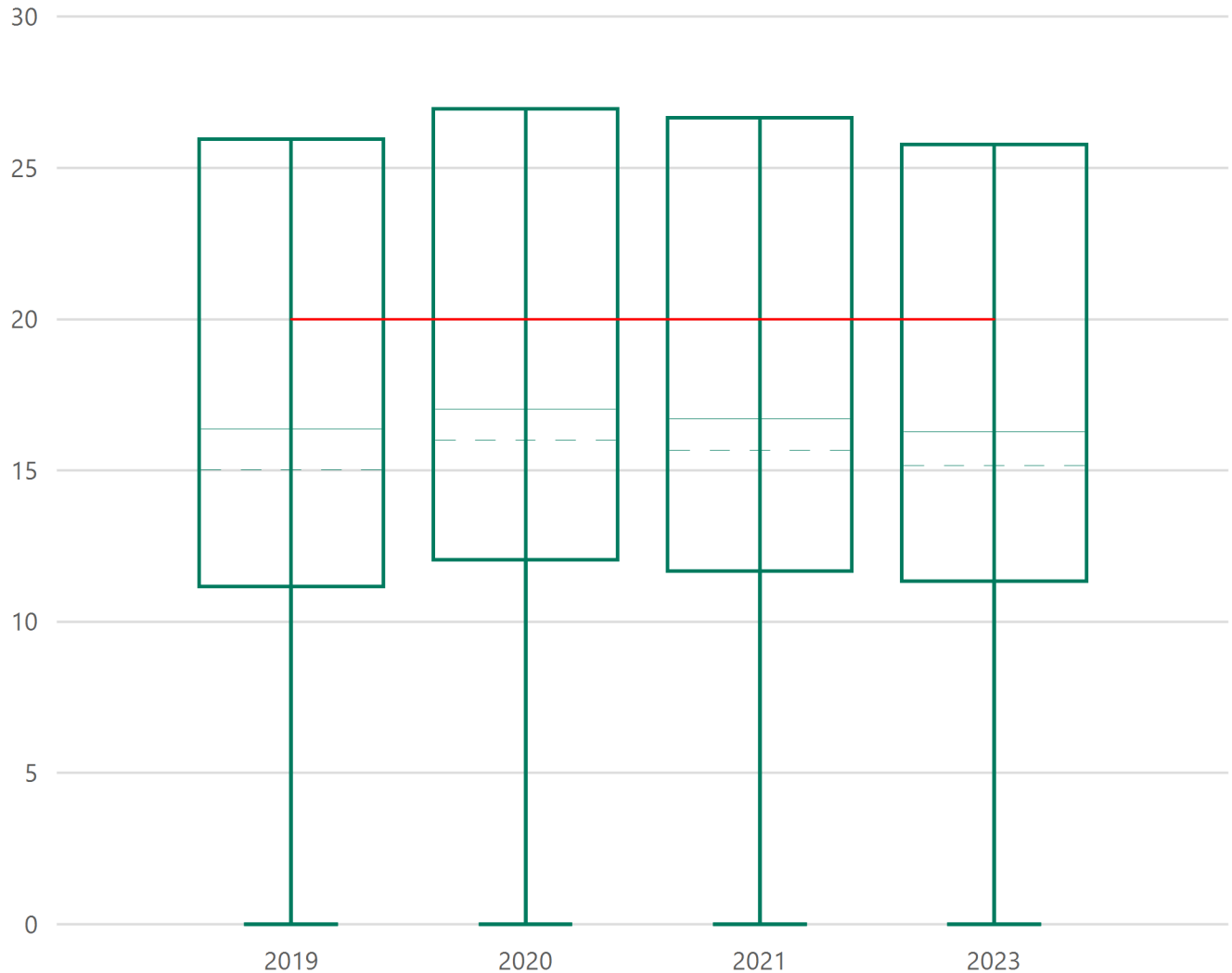
Calculation Method: The On Scene To Left Scene value was calculated using the Unit Arrived on Scene Date/Time (eTimes.06) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Unit Arrived on Scene Date/Time (eTimes.06) is greater than the Unit Left Scene Date/Time (eTimes.09) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.

— Target

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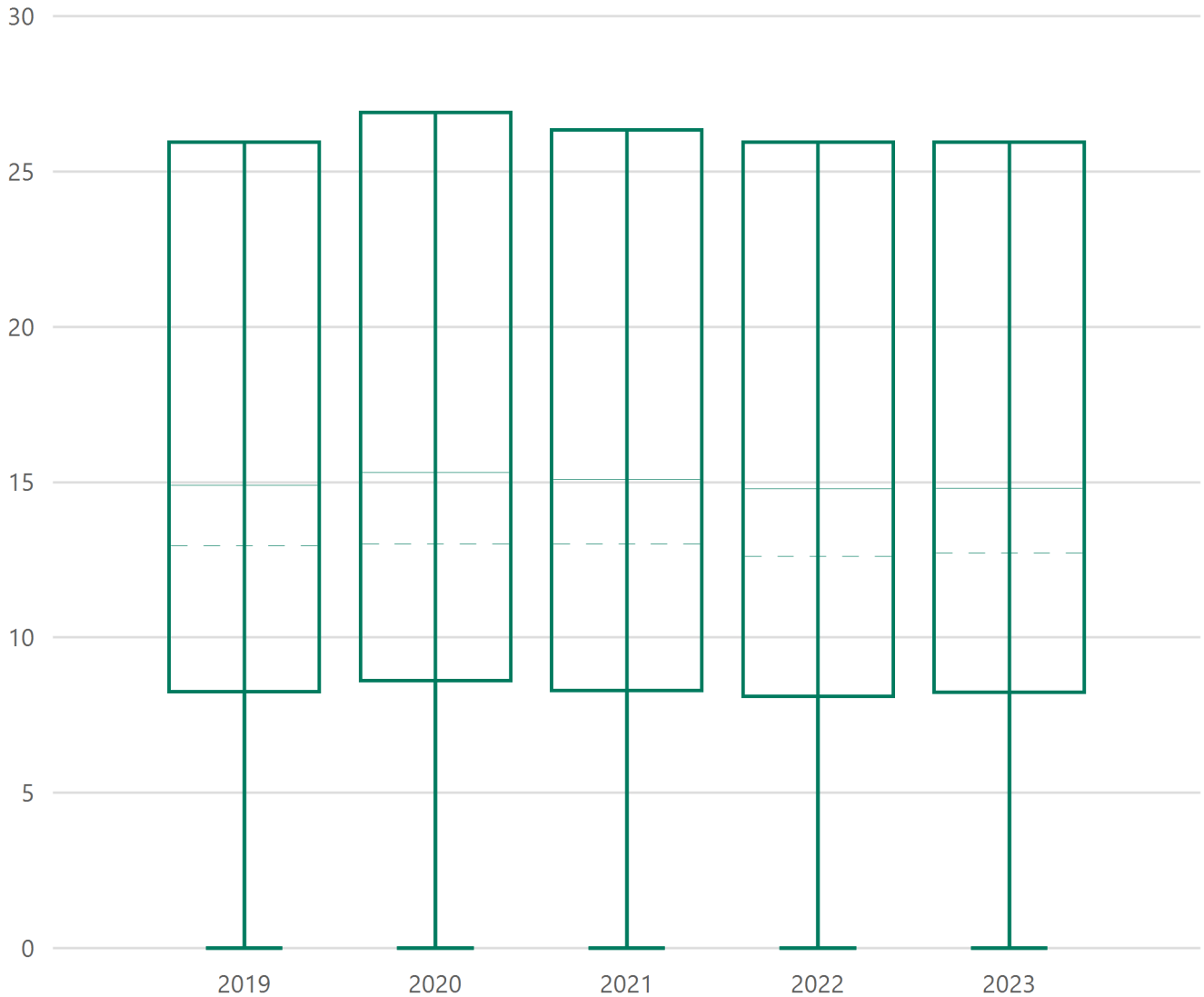Calculation Method: The At Patient To Left Scene value was calculated using the Arrived at Patient Date/Time (eTimes.07) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Arrived at Patient Date/Time (eTimes.07) is greater than the Unit Left Scene Date/Time (eTimes.09) are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

Left Scene To Arrive Destination: 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.
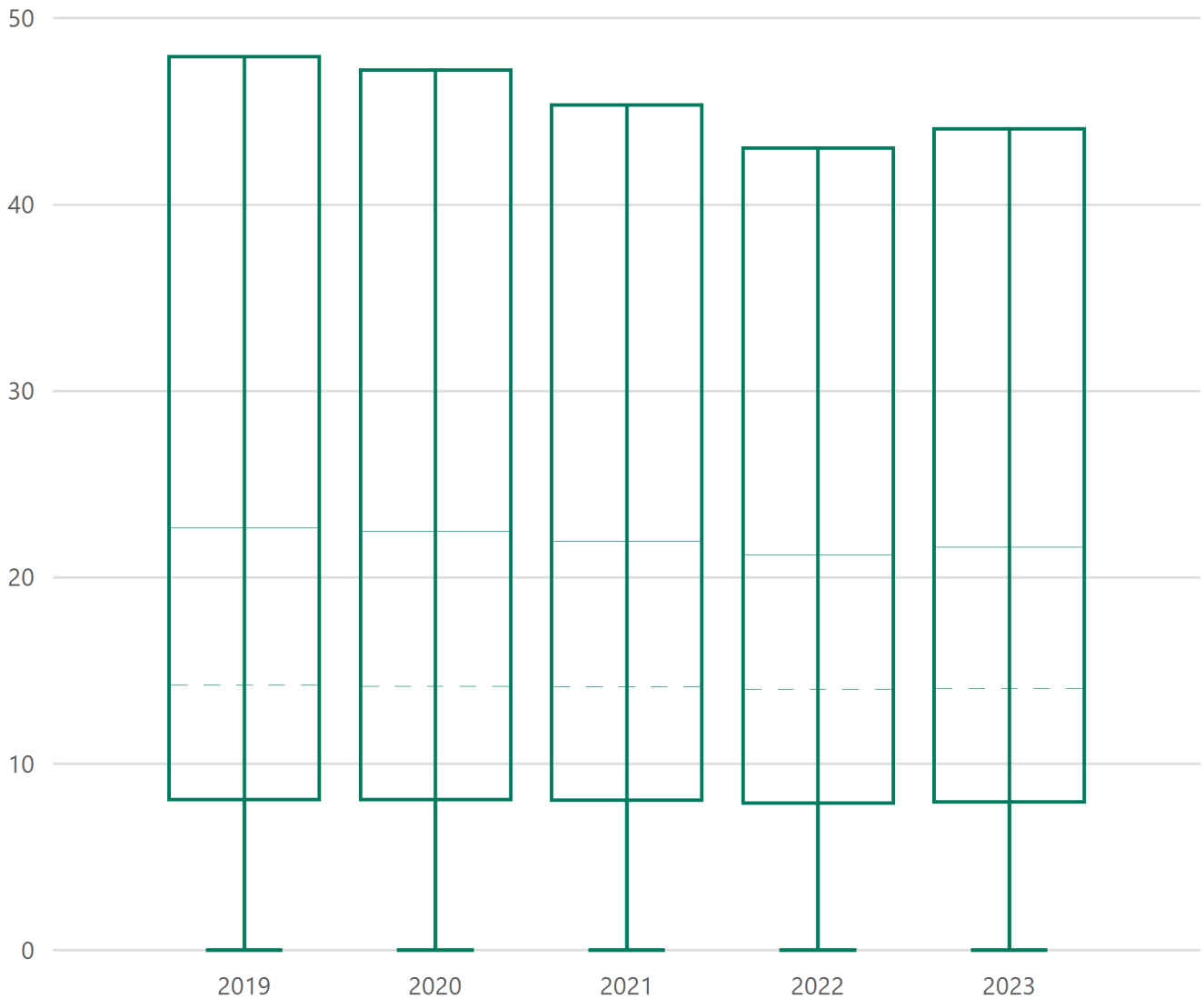
Arrive Destination To Back In Service: The time in minutes from when the unit arrives at its destination until it is back in service. This is often referred to as Turn Around time.

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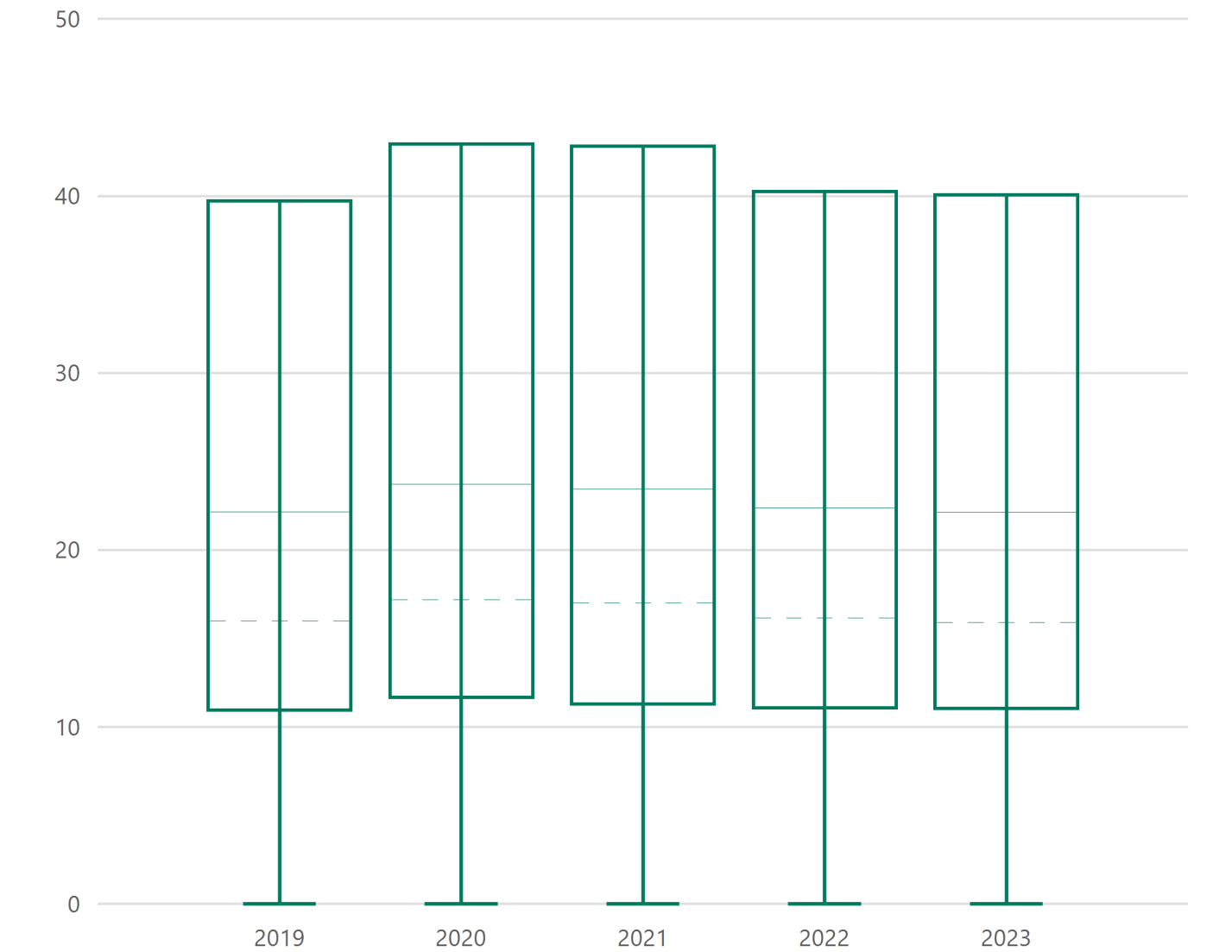
Patient Perceived Response Time: The time in minutes between the earliest time documented in the patient care report until the unit arrives on scene.

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 resul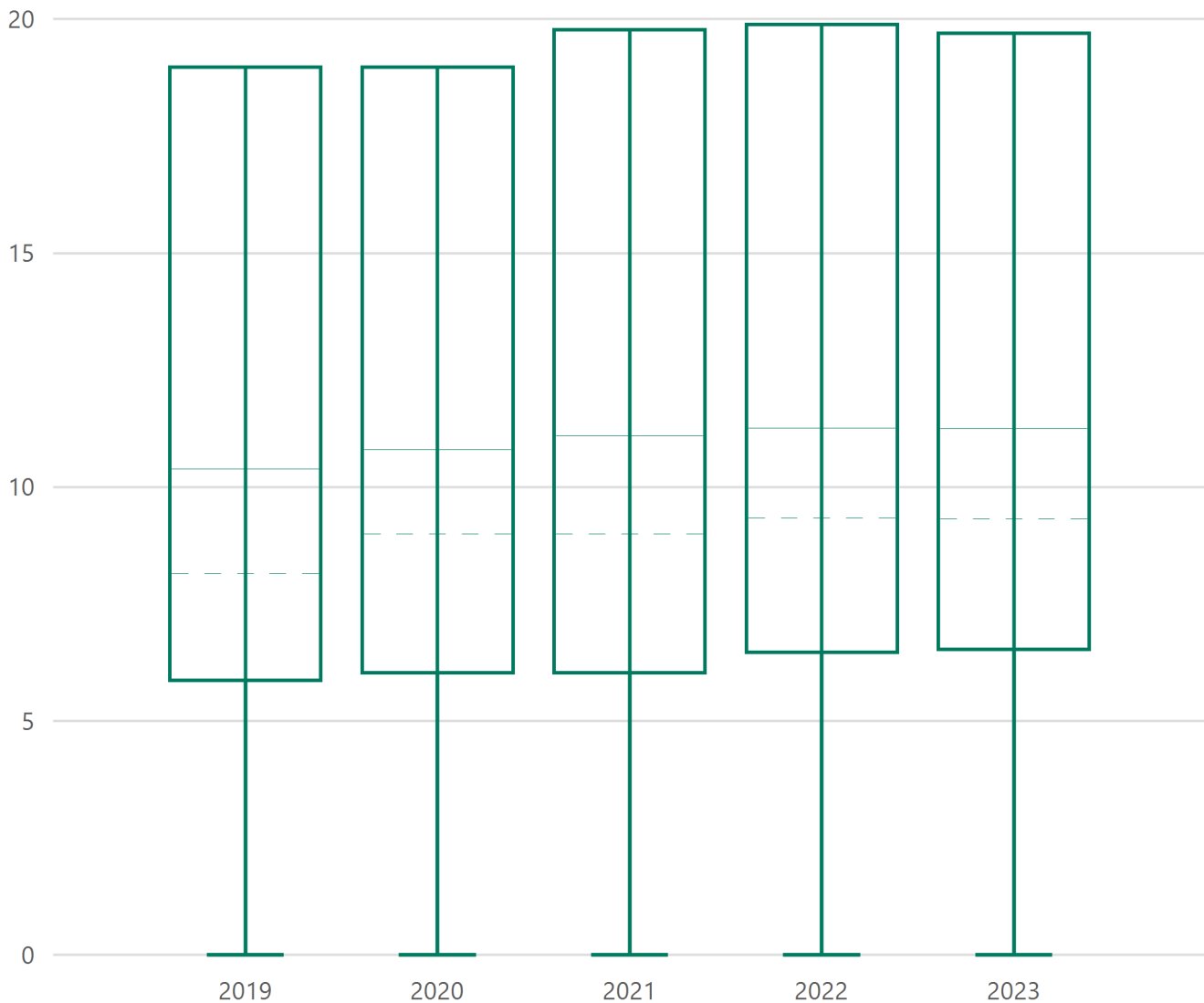ting in a value greater than or equal to 24 hours. This time measure includes Type of Service Requested (eResponse.05) of; Support Services, Non-Patient Care Rescue/Extrication, Emergency Response (Intercept), Emergency Response (Mutual Aid), Crew Transport Only, Emergency Response (Primary Response Area), Public Assistance.
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Response Delays

Legend: Weather, Staff Delay, Other, Diversion, Vehicle Failure, Safety, High Call Volume, Distance, Vehicle Crash, Route Obstruction (e.g., Train), HazMat, Directions/Unable to Locate, Unit Unavailable, Flight Planning, Crowd, Traffic, Rendezvous Transport Unavailable
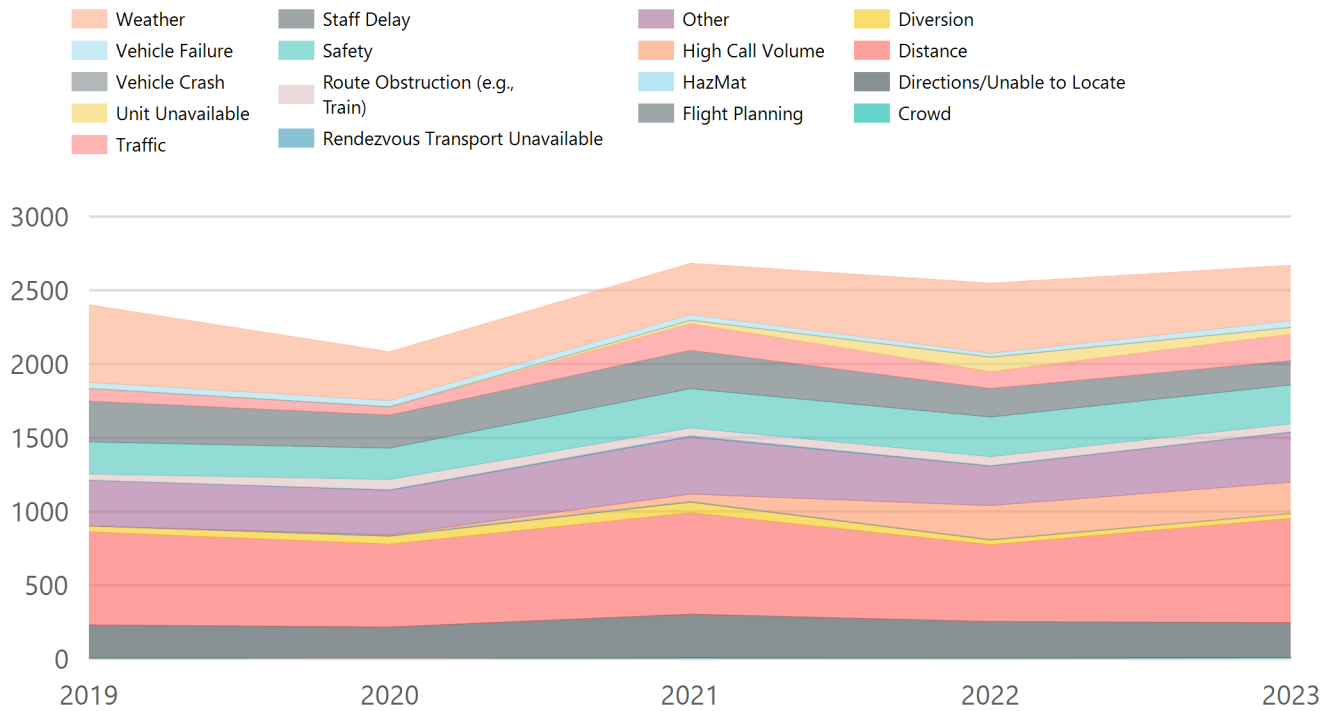
Activations Having Response Delays, 2023

Legend: No Delay, Crowd, Directions/Unable to Locate, Distance, Diversion, Flight Planning, HazMat, High Call Volume, Other, Rendezvous Transport Unavailable, Route Obstruction (e.g., Train), Safety, Staff Delay, Traffic, Unit Unavailable, Vehicle Crash, Vehicle Failure, Weather

Scene Delays

Legend:
- Weather
- Vehicle Failure
- Vehicle Crash
- Triage/Multiple Patients
- Traffic
- Sending Facility Paperwork
- Safety
- Patient indecisiveness
- Patient Access
- Other
- On-Scene Treatment > 20 min
- On-Scene Treatment > 20 min (30 Min IFT)
- Non-EMS Staff Delay
- Law Enforcement
- Language Barrier
- HazMat
- Extrication
- Directions/Unable to Locate
- Crowd
- Awaiting Transporting EMS Agency Arrival
- Awaiting Air Unit

Activations Having Scene Delays, 2023

Legend:
- No Delay
- Awaiting Air Unit
- Awaiting Transporting EMS Agency Arrival
- Crowd
- Directions/Unable to Locate
- Extrication
- HazMat
- Language Barrier
- Law Enforcement
- Non-EMS Staff Delay
- On-Scene Treatment > 20 min (30 Min IFT)
- On-Scene Treatment > 20 min
- Other
- Patient Access
- Patient indecisiveness
- Safety
- Sending Facility Paperwork
- Traffic
- Triage/Multiple Patients
- Vehicle Crash
- Vehicle Failure
- Weather

Procedures

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

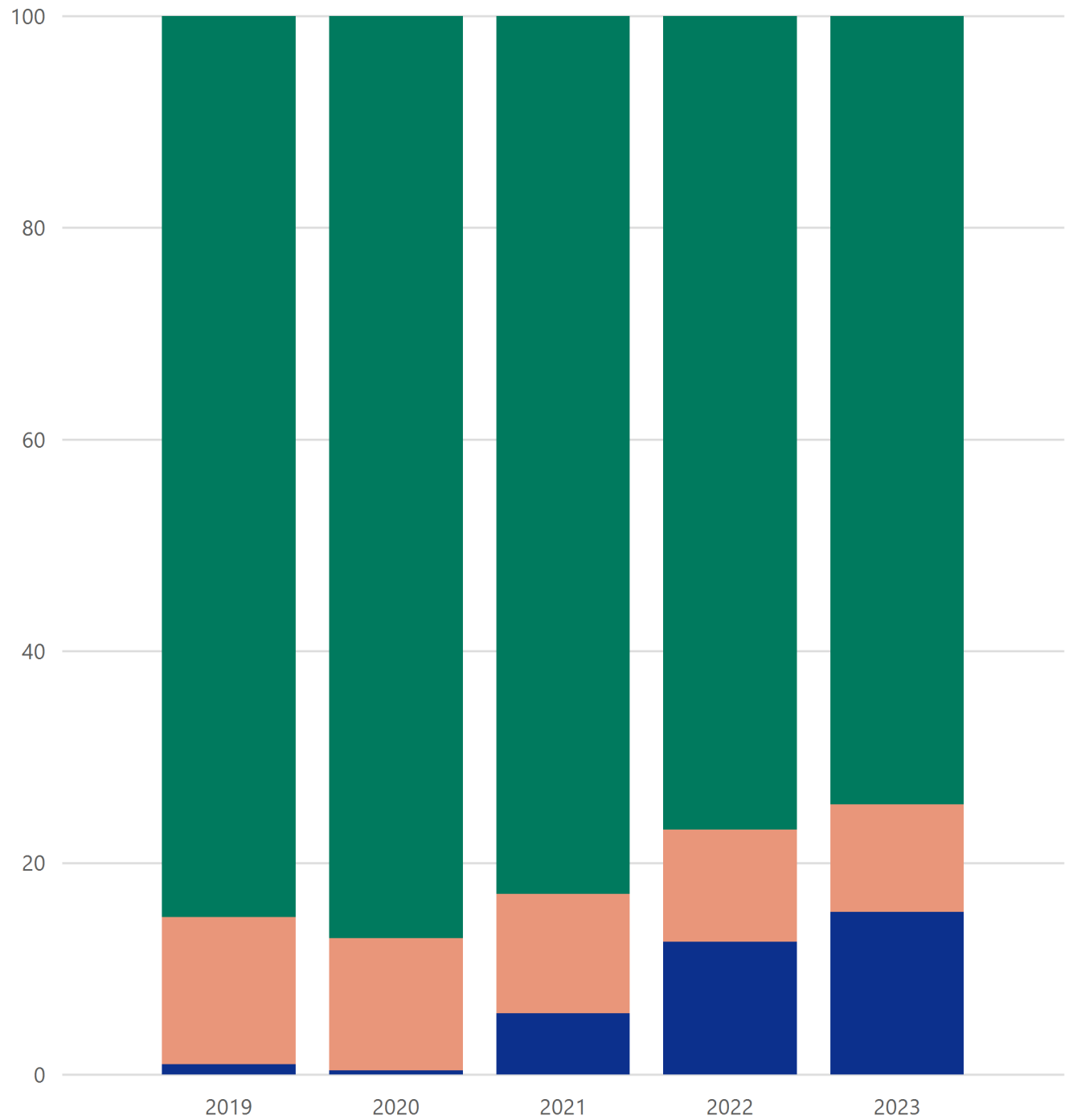| Top	2019	2020	2021	2022	2023
1	Vasc/Acc - Peripheral Vein (68135)	Vasc/Acc - Peripheral Vein (58035)	Vasc/Acc - Peripheral Vein (65544)	Vasc/Acc - Peripheral Vein (69459)	Vasc/Acc - Peripheral Vein (71196)
2	Assess - Blood glucose Analysis (27053)	Assess - Blood glucose Analysis (26835)	Assess - Blood glucose Analysis (29221)	12 lead electrocardiogram (32114)	12 lead electrocardiogram (41375)
3	Electrocardiographic monitoring (14149)	Electrocardiographic monitoring (16202)	Electrocardiographic monitoring (22615)	Electrocardiographic monitoring (31053)	Electrocardiographic monitoring (41085)
4	12 lead electrocardiogram (11827)	12 lead electrocardiogram (12845)	12 lead electrocardiogram (21130)	Assess - Blood glucose Analysis (28279)	Assess - Blood glucose Analysis (29502)
5	Vasc/Acc - D/C IV Cath (3015)	Surgical face mask applied (7329)	Surgical face mask applied (14946)	Surgical face mask applied (8760)	Assess - Monitoring of patient (4052)
6	Spinal - Cervical Collar Application (2929)	Spinal - Cervical Collar Application (2714)	Informing doctor (3385)	Informing doctor (3474)	Assess - Physical Assessment (3783)
7	Assess A/W - ETCo2 Monitoring (2322)	Assess A/W - ETCo2 Monitoring (2712)	Spinal - Cervical Collar Application (3178)	Assess - Physical Assessment (3464)	Assess A/W - ETCo2 Monitoring (3089)
8	Assess - Physical Assessment (1920)	Vasc/Acc - D/C IV Cath (2069)	Assess A/W - ETCo2 Monitoring (3122)	Assess A/W - ETCo2 Monitoring (3038)	Spinal - Cervical Collar Application (3047)
9	Vasc/Acc - Blood Draw (1917)	Assess - Physical Assessment (1817)	Vasc/Acc - D/C IV Cath (2788)	Spinal - Cervical Collar Application (2882)	Informing doctor (2958)
10	Not Reported (1534)	Vasc/Acc - Blood Draw (1688)	Assess - Physical Assessment (2461)	Assess - Monitoring of patient (1965)	Ventilator care and adjustment (regime/therapy) (2895)

Procedure Success Rates

Legend: ■ Successful ■ Unsuccessful ■ Not Reported

Procedure Complications

Legend: 2019, 2020, 2021, 2022, 2023
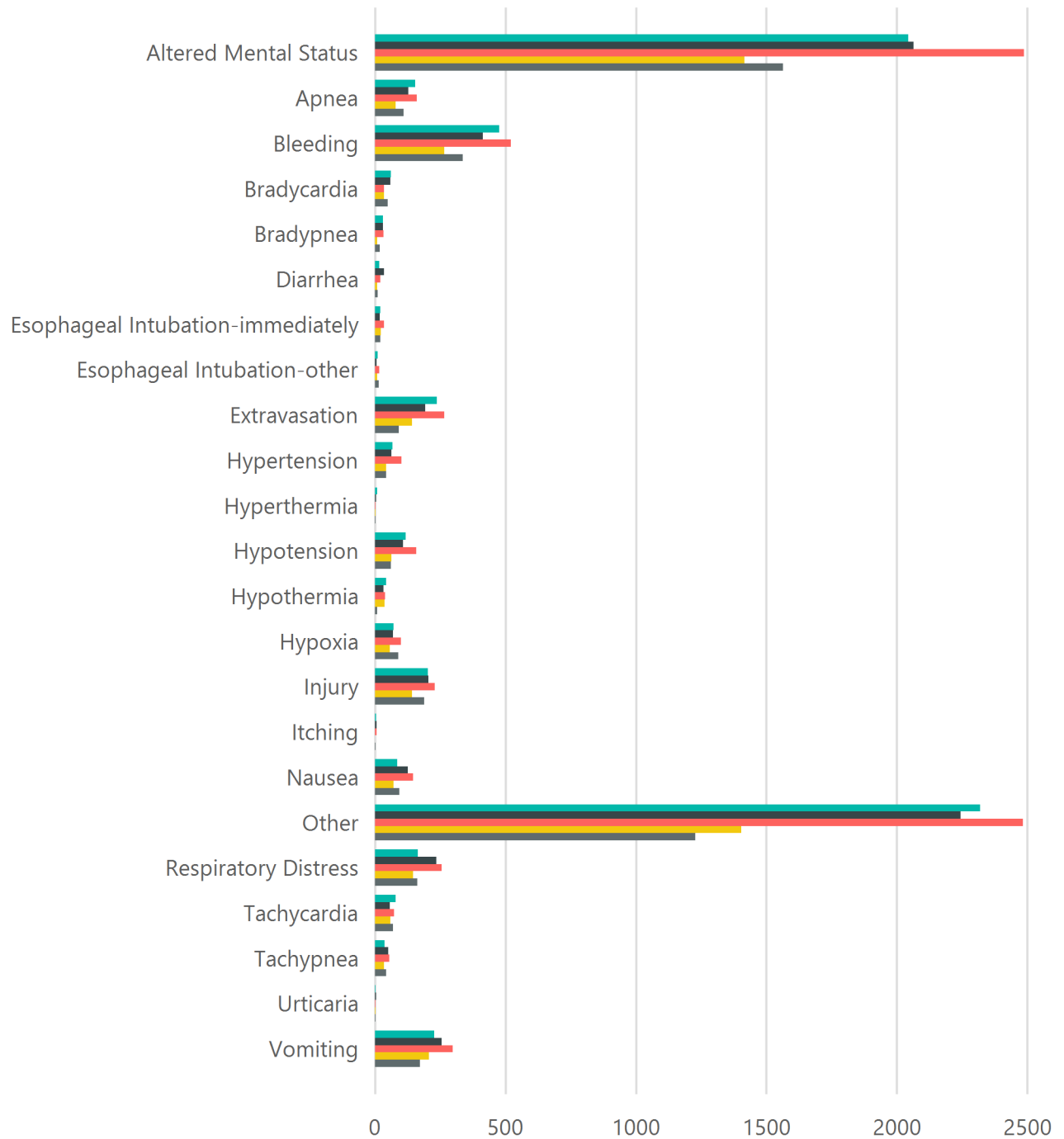
Procedure Performed Description	Successful	Unsuccessful	Patient Improved	Patient Unchanged	Patient Worse	Prior To EMS Care	Attempts
12 lead electrocardiogram	587	97	62	605	2	79	40293
A/W Adv - Combitube	1	0	0	1	0	0	1
A/W Adv - CPAP	167	39	99	81	22	30	276
A/W Adv - Cricoid pressure	5	0	4	1	0	0	5
A/W Adv - Cricothyroidotomy Surgical	5	1	2	4	0	0	13
A/W Adv - Direct laryngoscopy	32	13	17	26	1	2	96
A/W Adv - i-gel	34	6	14	26	0	1	61
A/W Adv - King Tube	92	22	44	67	1	16	309
A/W Adv - LMA Insertion	26	3	11	18	0	5	51
A/W Adv - Nasotracheal intubation	3	3	3	3	0	1	6
A/W Adv - Needle Decompression	29	6	18	16	1	2	74
A/W Adv - Oral Intubation	78	29	41	63	3	11	536
A/W Adv - Orogastric tube - Insertion	13	1	4	10	0	2	8
A/W Adv - Video Laryngoscopy	99	17	74	34	3	0	241
A/W Basic - Airway, Manual	71	5	40	36	0	9	112
A/W Basic - Assist Ventilation BVM	319	36	171	181	0	93	307
A/W Basic - Double Lumen Supraglottic airway	3	0	0	3	0	0	2
A/W Basic - Foreign Body Removal	4	0	4	0	0	0	4
A/W Basic - Heimlich maneuver	3	3	3	3	0	3	8
A/W Basic - Mouth to Mask	3	0	1	2	0	2	3
A/W Basic - NPA Insertion (Nasal)	171	33	91	111	1	32	674
A/W Basic - Occlusive dressing	12	3	2	13	0	1	9
A/W Basic - OPA Insertion (oral)	174	28	65	135	2	36	641
A/W Basic - Suctioning	263	20	150	130	1	36	1106
Administration of anesthesia AND/OR sedation	1	0	1	0	0	1	0
Airway procedure	163	15	84	79	3	15	590
Application of personal protective equipment	9	0	0	9	0	0	10
Arrest - CPR Start	231	72	77	225	1	144	176

Arrest - CPR Stop	102	30	28	100	3	10	89
Arrest - Defibrillation	88	41	35	89	6	19	1116
Arrest - Mechanically Assisted CPR Start	113	14	49	78	0	14	100
Arterial catheter care	37	0	9	28	0	0	77
Arterial puncture for withdrawal of blood for diagnosis	0	1	0	1	0	0	0
Assess - Blood glucose Analysis	736	131	114	743	6	218	14492
Assess - Monitoring of patient	455	37	104	375	5	90	1338
Assess - Physical Assessment	280	47	65	257	3	50	1038
Assess A/W - ETCo2 Monitoring	214	26	49	179	0	43	1171
Assessment of baseline neurological status (regime/therapy)	2	0	0	2	0	0	2
Assesss - Orthostatic Vital Signs	31	2	1	30	2	2	23
Blood Product, unspecified	29	0	18	11	0	0	43
Cardiac - Cardioversion (Sync)	32	6	24	16	1	0	104
Cardiac - LVAD Care	11	0	4	7	0	1	36
Cardiac - Pacing	89	20	46	35	3	8	178
Cardiac - Vagal Maneuver	19	23	12	27	3	5	131
Cardiac monitoring (regime/therapy)	71	0	3	66	0	7	212
Care of central venous catheter (regime/therapy)	6	0	0	6	0	0	7
Catheterization of umbilical vein	5	0	1	3	0	0	7
Catheterization of urinary bladder	17	0	9	8	0	0	19
Catheterization of vein	102	46	37	103	0	2	307
Central venous pressure monitoring (regime/therapy)	1	0	0	1	0	0	1
Closed reduction of dislocation AND application of splint	1	0	1	0	0	0	0
Commercially Available Soft Restraints Applied	74	2	11	54	0	4	75
Consultation via video conference	1	0	0	1	0	0	1
CP - Asthma Education Provided	1	0	0	1	0	0	0
CP - CHF Education Provided	2	0	1	1	0	0	0

CP - COPD Education Provided	1	0	0	1	0	0	0
CP - Diabetes Education Provided	3	0	0	3	0	0	4
CP - Discharge Assessment	1	0	0	1	0	0	0
CP - Dressing Change/Wound Care Case Management	10	0	1	9	0	0	0
CP - Follow-up	10	4	1	13	0	1	24
CP - Health Assessment	2	1	0	3	0	0	3
CP - Home Safety Assessment	3	1	0	4	0	0	1
CP - Influenza Vaccination	4	0	0	4	0	0	1
CP - Initial Assessment	4	1	0	5	0	0	0
CP - Medication Reconciliation	12	2	0	13	0	1	47
CP - Urine Collection	5	1	0	6	0	0	1
CP - Vaccination Education Provided	1	0	0	1	0	0	0
CP - Wound Care Management	7	1	2	6	0	0	2
CP Cholesterol measurement	1	0	0	1	0	0	0
CP Hemoglobin A1c measurement	1	0	0	1	0	0	0
CP- Primary Care Physician Contacted	6	1	0	7	0	1	4
Decreased general body function (finding)	1	0	0	1	0	0	1
Defibrillation, AED	19	0	1	17	0	0	22
Diagnostic ultrasonography	7	0	0	6	0	0	8
Dressing of wound	3	0	2	1	0	0	3
Dual pressure spontaneous ventilation support (regime/therapy)	3	0	3	0	0	0	3
Electrocardiographic monitoring	639	179	132	683	5	266	41064
Epistaxis control	19	1	12	8	0	6	9
Evaluation procedure	2	0	1	1	0	0	3
Extracorporeal membrane oxygenation	4	0	0	4	0	0	7
General - ALS Requested	79	18	28	66	1	24	129
General - Decontamination	9	0	2	7	0	0	4
General - Irrigation of eye	26	1	19	8	0	2	23
General - Patient Cooling	73	7	42	38	1	9	139
General - Patient Warming	115	3	80	38	0	9	331

General - Pharmaceutical Restraint	11	1	8	4	0	1	3
General - Physical Restraint	44	1	15	30	0	8	18
Informing doctor	327	15	56	182	3	43	2985
Insertion of catheter into artery	26	27	9	42	0	0	81
Insertion of pleural tube drain	6	0	3	3	0	0	6
Intraaortic balloon pump maintenance	11	0	1	9	0	0	50
Moving a patient to a stretcher	139	0	8	92	2	3	720
Nasogastric tube insertion	10	0	2	8	0	2	10
Not Reported	109	87	10	168	1	23	346
OB/GYN - Birth/Delivery	14	1	4	11	0	2	12
OLMC Consultation	122	19	22	118	0	7	85
Open insertion of central venous catheter	2	0	0	2	0	2	0
Orogastric tube - Insertion	88	13	35	64	1	0	154
Ortho - Splinting General	274	18	151	138	4	43	487
Ortho - Splinting Traction	33	1	25	8	1	1	25
Pediatric continuous physical assessment	14	0	0	14	0	1	26
Phlebotomy	2	0	1	1	0	0	2
Physical examination maneuver related to cervical spine	17	0	5	12	0	0	19
PIFT - Bladder Irrigation	15	1	2	15	0	15	4
PIFT - Chest Tube Maintenance	34	0	6	29	0	28	7
PIFT - Nasogastric Tube Maintenance	40	1	6	36	0	25	6
Safety precautions	148	0	26	81	1	7	1093
Specimen collection for COVID-19	1	1	0	2	0	0	3
Spinal - Cervical Collar Application	395	75	98	356	17	139	1319
Spinal - Immobilization - Lying	104	4	18	89	1	16	98
Spinal - Immobilization - Seated	25	0	4	20	0	3	11
Spinal - Immobilization using long board	1	0	1	0	0	0	1
Spinal - Long Board Application	129	2	24	105	1	16	132
Surgical face mask applied	253	30	9	266	8	72	1676
Tracheostomy care	12	1	7	6	0	0	4

Trauma - Burn care	18	0	6	12	0	1	9
Trauma - Cold Pack Application	215	23	118	116	4	34	193
Trauma - Extrication procedure	29	0	8	19	1	0	8
Trauma - Hemostatic Agents	51	9	39	20	0	4	29
Trauma - Pressure Dressing	100	11	68	42	1	16	66
Trauma - Rapid extrication	10	0	1	9	0	0	5
Trauma - Tourniquet Application	55	4	46	10	1	17	38
Trauma - Wound Care General	319	27	171	174	1	75	484
Trauma - Wound Irrigation	78	2	39	41	0	6	27
Ultrasound studies by site	1	0	0	1	0	0	1
Vasc/Acc - Blood Draw	109	26	16	117	1	16	539
Vasc/Acc - D/C IV Cath	53	22	8	65	2	4	262
Vasc/Acc - External Jugular Access	8	2	0	11	0	2	10
Vasc/Acc - Intraosseous	136	32	31	136	0	18	500
Vasc/Acc - Peripheral Vein	674	319	86	917	14	294	13338
Ventilator care and adjustment (regime/therapy)	358	59	148	163	15	50	2934

Advanced Emergency Medical Technician (AEMT) 2626 (19.2%)
Emergency Medical Responder (EMR) 38 (0.3%)
Emergency Medical Technician (EMT) 2083 (15.2%)
Not Reported 974 (7.1%)
Other Healthcare 1319 (9.6%)
Other Responder 94 (0.7%)
Paramedic 6303 (46.0%)
Patient/Lay Person 257 (1.9%)
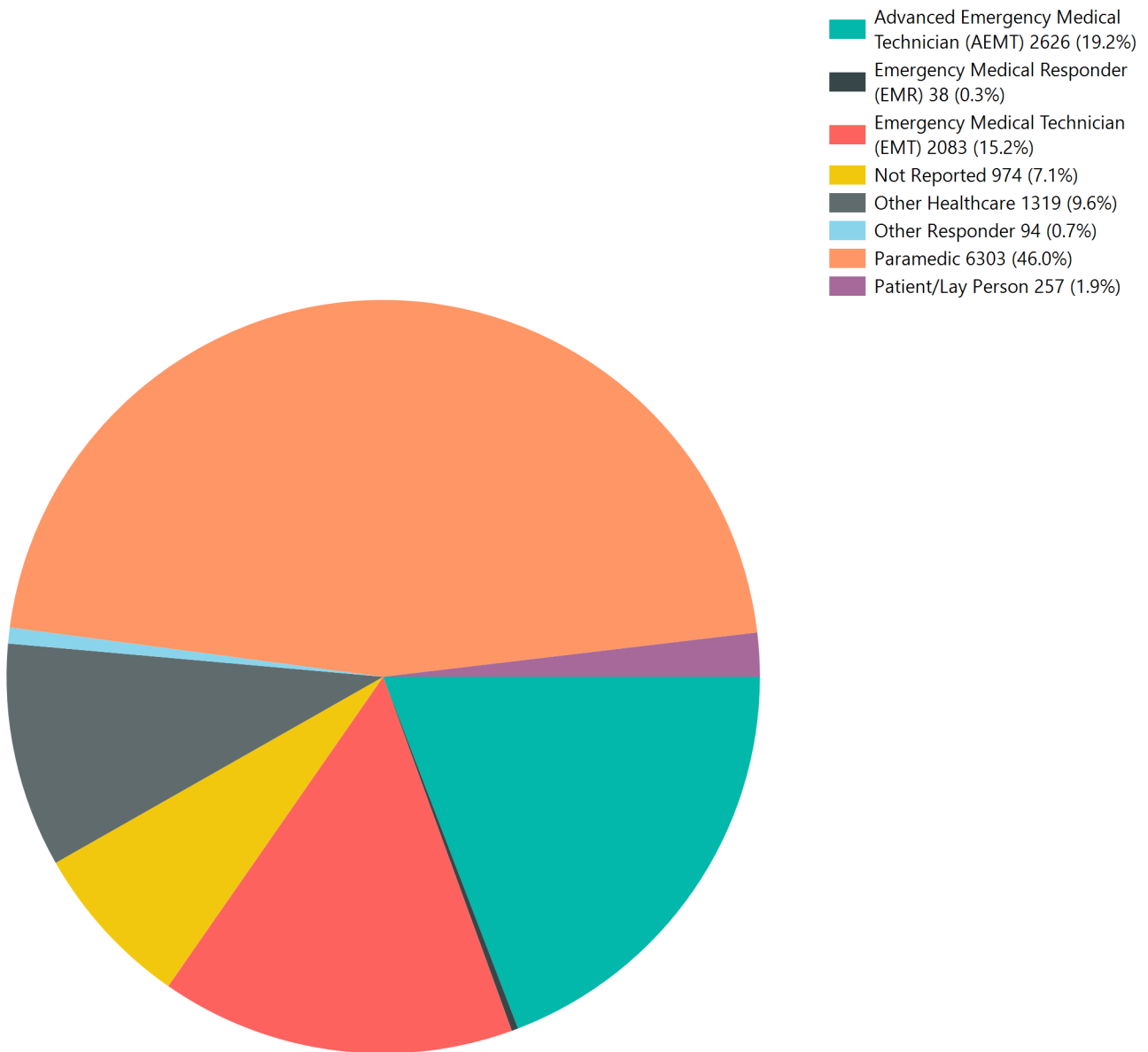
Medications

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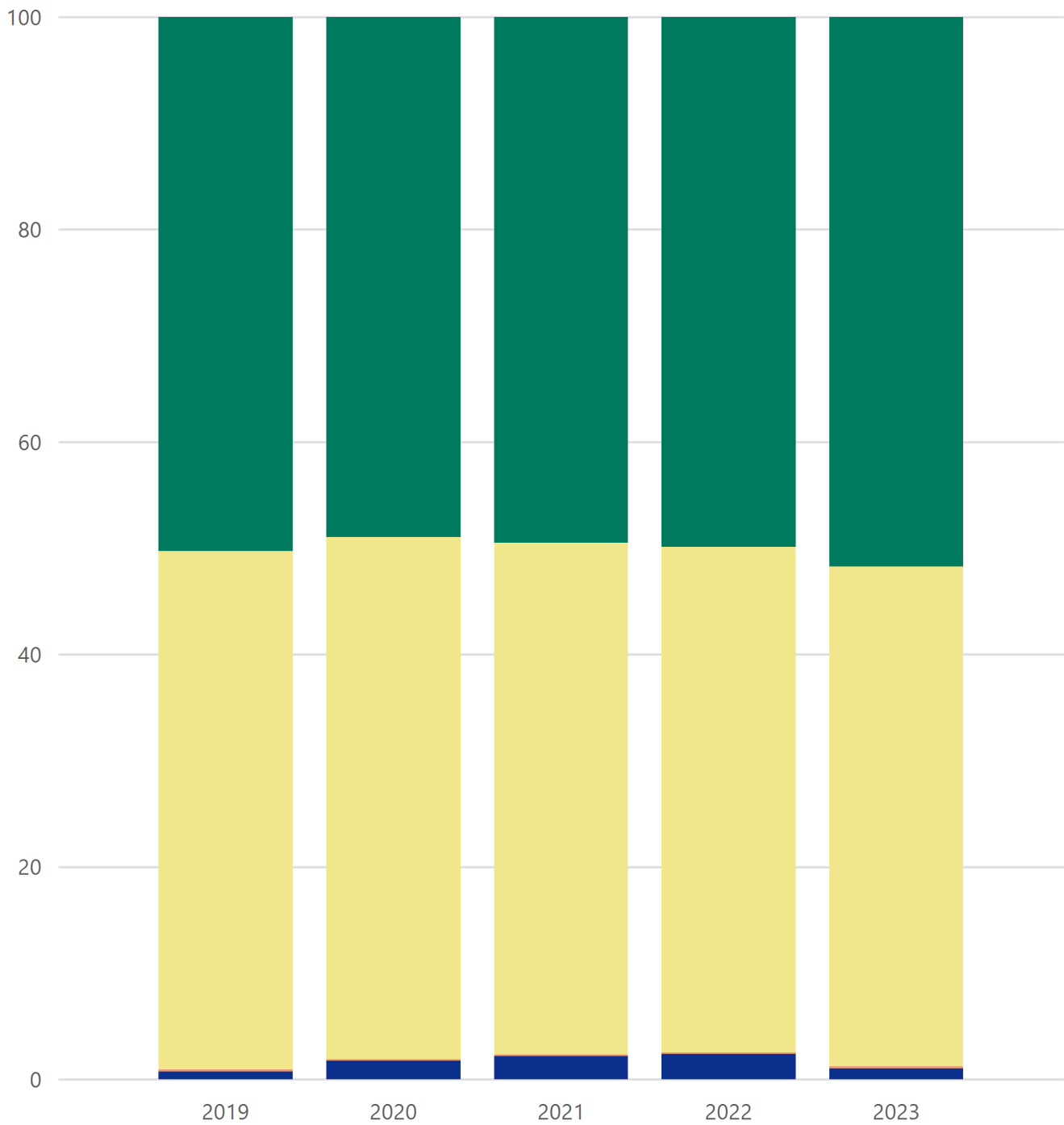
- Right Patient: Confirm the patient's identity.
- Right Medication: Ensure you're administering the correct drug.
- Right Dose: Verify the appropriate dosage.
- Right Route: Administer the medication via the correct route (e.g., oral, intravenous).
- Right Time: Administer the medication at the right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

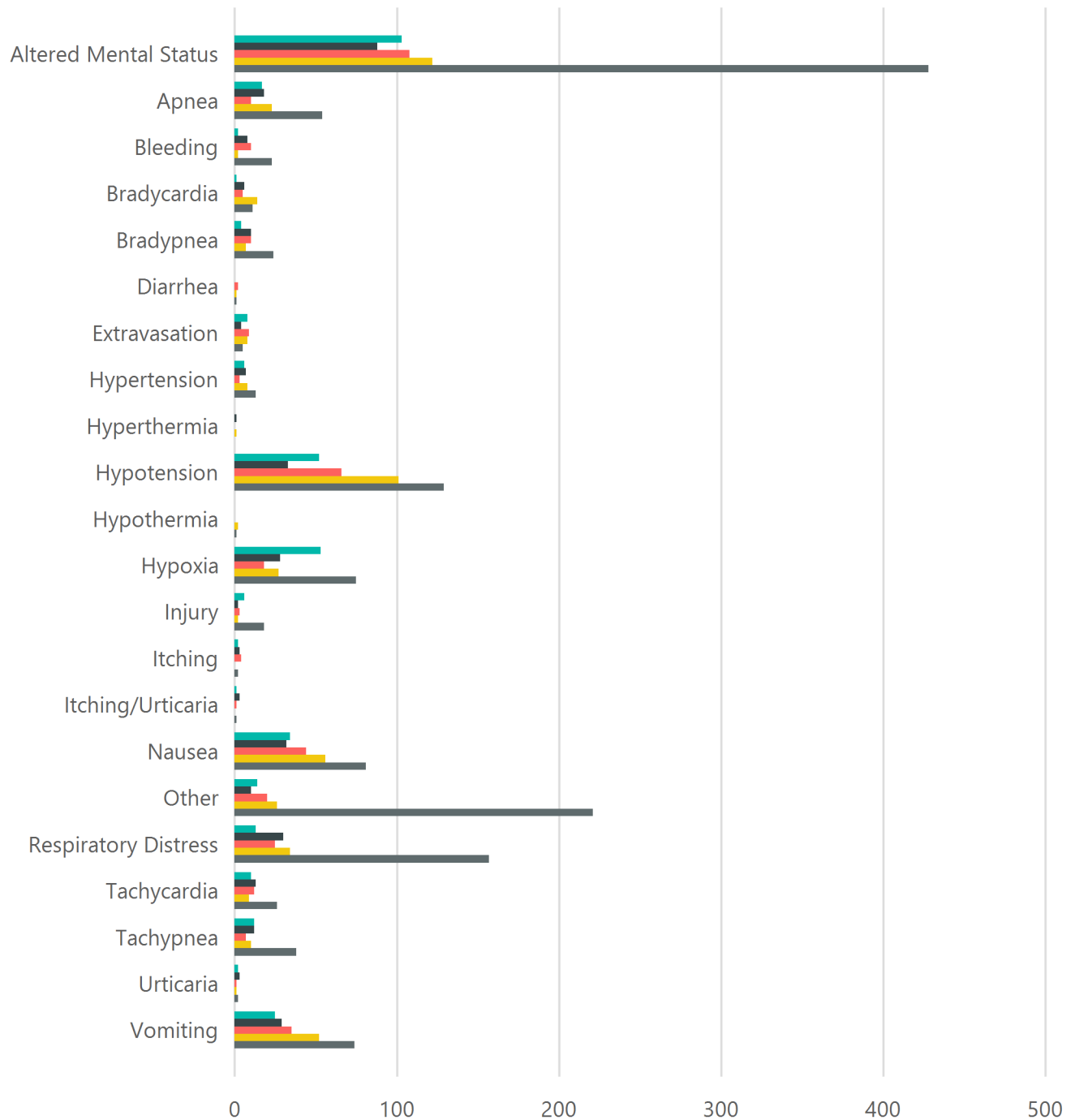| Top	2019	2020	2021	2022	2023
1	Oxygen (20822)	Oxygen (18032)	Oxygen (21001)	Oxygen (22800)	Oxygen (22344)
2	Normal Saline (19111)	Normal Saline (16975)	Normal Saline (20724)	Normal Saline (20029)	Normal Saline (19699)
3	Fentanyl (11463)	Fentanyl (11115)	Fentanyl (14070)	Fentanyl (11927)	Fentanyl (11334)
4	Ondansetron (9274)	Ondansetron (8581)	Ondansetron (9305)	Ondansetron (10234)	Ondansetron (10828)
5	Nitroglycerin (7610)	Nitroglycerin (6312)	Nitroglycerin (6708)	Nitroglycerin (6956)	Aspirin (6849)
6	Not Recorded (6419)	Aspirin (5447)	Aspirin (5933)	Aspirin (6559)	Nitroglycerin (6733)
7	Aspirin (6361)	EPINEPHrine 1MG/10ML (4941)	EPINEPHrine 1MG/10ML (5430)	EPINEPHrine 1MG/10ML (5258)	DuoNeb (5958)
8	DuoNeb (4564)	Not Recorded (3476)	Midazolam (2874)	DuoNeb (4950)	EPINEPHrine 1MG/10ML (4816)
9	EPINEPHrine 1MG/10ML (4207)	DuoNeb (2291)	Naloxone (2652)	Naloxone (2936)	Lactated Ringers (3323)
10	Albuterol (3831)	Albuterol (2196)	Heparin (2489)	Midazolam (2831)	Midazolam (2866)

Medication Response

Legend: Improved · Unchanged · Worse · Not Reported

Medication Complications

Legend: 2019, 2020, 2021, 2022, 2023

Categories: Altered Mental Status, Apnea, Bleeding, Bradycardia, Bradypnea, Diarrhea, Extravasation, Hypertension, Hyperthermia, Hypotension, Hypothermia, Hypoxia, Injury, Itching, Itching/Urticaria, Nausea, Other, Respiratory Distress, Tachycardia, Tachypnea, Urticaria, Vomiting

Medication Given Description	Patient Improved	Patient Unchanged	Patient Worse	Prior To EMS Care	Attempts
Acetadote	1	2	0	2	3
Acetaminophen	201	157	3	36	2040
Acetaminophen (IV)	4	3	0	0	8
Acetaminophen Chewable Tablet	94	106	2	18	544
Acetylcysteine/Mucomyst	5	22	0	11	30
Activated Charcoal	1	6	0	0	8
Acyclovir	0	2	0	0	2
Adenosine	30	33	0	1	444
Aggrastat	0	1	0	0	1
Albumin Human, USP	0	3	0	0	4
Albuterol	223	100	3	58	1814
Alteplase	2	6	0	2	9
Aminosyn II 8.5 % with Electrolytes, Sulfite-Free	2	6	0	0	9
Amiodarone	78	165	0	58	591
Ampicillin	8	36	0	11	66
Aspirin	192	360	2	272	6849
Ativan	17	7	0	15	26
Atropine	48	36	1	2	389
Azithromycin	3	21	0	17	28
Blood Products	37	28	0	39	74
Bumetanide	4	8	0	9	14
Caffeine	0	1	0	0	1
Calcium Chloride	4	4	0	0	12
Calcium Chloride / Lactate / Potassium Chloride / Sodium Chloride	23	27	0	2	70
Calcium Gluconate	27	48	0	9	106
Cardizem	12	16	0	14	29
Cefazolin	3	10	0	2	17
cefepime	4	13	0	8	17
cefTRIAXone	1	0	0	0	1
Ceftriaxone/Rocephin	13	61	0	17	139
Cipro	0	13	0	8	15
Clindamycin	2	8	0	5	10
Clonidine	0	1	0	1	1
clopidogrel/Plavix	0	7	0	7	8

Cortef	1	0	0	0	1
Curosurf	2	3	0	0	6
D5W (Dextrose 5% in Water)	26	75	0	44	130
Dexamethasone	95	94	0	5	1624
Dexmedetomidine	4	21	0	0	40
dextrose 10 % / NaCL 0.45 % Injection	14	3	1	1	21
Dextrose 10% (D10)	88	88	1	21	895
Dextrose 5 % / NaCL 0.45 % Injection	11	33	0	20	52
dextrose 5 % / NaCL 0.9 % Injection	5	25	0	14	34
Dextrose 50% (D50)	38	21	0	4	191
dextrose 500 MG/ML Injectable Solution	2	1	0	0	3
Diazepam	5	1	1	6	8
Dilaudid	1	0	0	0	2
Diltiazem	36	54	1	43	131
Dinoprostone	0	1	0	0	1
Diphenhydramine	66	37	0	32	398
Dobutamine	14	33	0	13	59
Dopamine	11	21	0	12	37
Droperidol	1	0	0	1	1
DuoNeb	333	157	12	95	5958
Eliquis	1	0	0	1	1
Epinephrine	1	1	0	0	2
EPINEPHrine - Infusion	4	8	0	3	17
Epinephrine - Push Dose	36	42	0	1	119
epinephrine (as epinephrine bitartrate) 1:100,000 / lidocaine hydrochloride 2 % Injectable Solution	3	3	0	0	8
EPINEPHrine 0.1 MG/ML	5	6	0	0	20
EPINEPHrine 1 MG/1ML	125	46	1	51	564
EPINEPHrine 1MG/10ML	62	131	0	12	4816
Eptifibatide	1	0	0	1	1
Erythromycin	0	5	0	0	8
Esmolol HCl	10	14	0	6	33
Etomidate	47	27	0	2	107
Famotidine	5	0	0	5	5
Fentanyl	456	271	11	80	11334
Flagyl	3	37	0	28	56

fosphenytoin	2	2	0	0	4
Furosemide	7	6	0	5	13
Gentamicin	2	19	0	0	38
Glucagon	40	18	2	5	205
Glucose (Oral)	123	82	10	17	853
Haloperidol	1	0	0	1	1
Heparin	161	296	2	252	2727
Hydralazine	2	0	0	0	2
Hydrocortisone	2	0	0	1	2
HYDROmorphone	48	22	0	28	106
Hydroxyzine	0	1	0	0	1
Ibuprofen	9	5	0	10	17
Insulin	50	80	1	58	196
Ipratropium	23	8	1	1	56
Kcentra	2	5	0	2	7
Keppra	5	10	0	0	15
Ketamine	90	46	2	5	299
Ketorolac	8	3	0	5	12
Labetalol	15	8	0	5	26
Lactated Ringers	129	269	3	152	3323
Lactated Ringer's Solution	2	8	0	0	12
Levalbuterol	1	0	0	0	1
Levaquin	2	5	0	6	7
Levofloxacin	1	12	0	7	13
Lidocaine	15	30	1	8	55
Lopressor	1	0	0	0	1
Lorazepam	46	14	0	5	144
Magnesium Sulfate	68	115	2	64	376
Mannitol	7	10	0	3	17
Metaclopramide	1	0	0	0	1
Methylprednisolone	9	4	0	6	14
Metoprolol	39	28	3	9	291
Midazolam	255	169	5	43	2866
Milrinone	1	6	0	0	10
Morphine	66	22	0	45	138
Multivitamin	0	2	0	1	3
Nalbuphine	1	0	0	1	1
Naloxone	354	268	3	232	2388

Nicardipine	56	59	0	42	173
Nimbex	2	9	0	0	12
Nitro Paste	66	64	4	61	344
Nitroglycerin	360	349	25	273	6733
Nitroprusside	1	4	0	1	5
Nitrous Oxide	15	5	0	0	84
NOREPinephrine	163	178	6	91	1019
Normal Saline	366	610	13	306	19699
Not Recorded	70	156	0	71	1406
Octreotide	15	65	0	37	133
Ondansetron	523	333	9	80	10828
oxyCODONE	7	4	0	8	13
Oxygen	1465	1389	40	1064	22344
Oxymetazoline	0	1	0	0	1
Oxytocin	2	1	0	2	3
pantoprazole	5	11	0	0	16
Phenobarbital	2	1	0	0	4
Phenylephrine HCl	38	29	0	2	119
plasma protein fraction	1	3	0	3	4
Plavix	1	3	0	0	4
Potassium Chloride	42	119	0	65	264
Precedex	6	16	0	15	22
Prednisone	3	1	0	3	4
Prochlorperazine	1	0	0	0	1
Promethazine	1	0	0	0	1
Propofol	103	121	1	44	847
Protonix/Pantoprazole	14	33	0	29	63
Racemic Epinephrine	17	3	0	0	33
Rocephin	4	22	0	1	33
Rocuronium	61	31	1	1	164
Sodium bicarbonate	47	137	0	40	447
Sodium Chloride	22	22	0	0	58
sodium chloride 3 % Injectable Solution	5	17	0	0	28
Sodium Chloride Inhalant Solution	5	4	0	2	9
Sodium Chloride Irrigation Solution	35	36	0	2	147
Succinylcholine	5	5	1	1	13
Tenecteplase	3	1	0	3	4

Terbutaline	1	0	0	0	1
Tetracaine	12	3	0	0	23
Thiamine	0	3	0	3	3
Tranexamic Acid	23	49	0	6	122
Valium	0	1	0	0	1
Vancomycin	22	112	1	65	244
Vasopressin	38	56	0	8	156
Vecuronium	1	3	0	0	4
Verapamil	0	1	0	1	1
Vitamin K	0	7	0	0	11
ziprasidone	1	0	0	1	1
Zosyn	24	94	0	71	201

Advanced Emergency Medical
Technician (AEMT) 2020 (12.0%)

Emergency Medical Responder
(EMR) 41 (0.2%)

Emergency Medical Technician
(EMT) 1294 (7.7%)

Not Reported 1190 (7.0%)

Other Healthcare 2726 (16.1%)

Other Responder 58 (0.3%)

Paramedic 9122 (54.0%)

Patient/Lay Person 442 (2.6%)
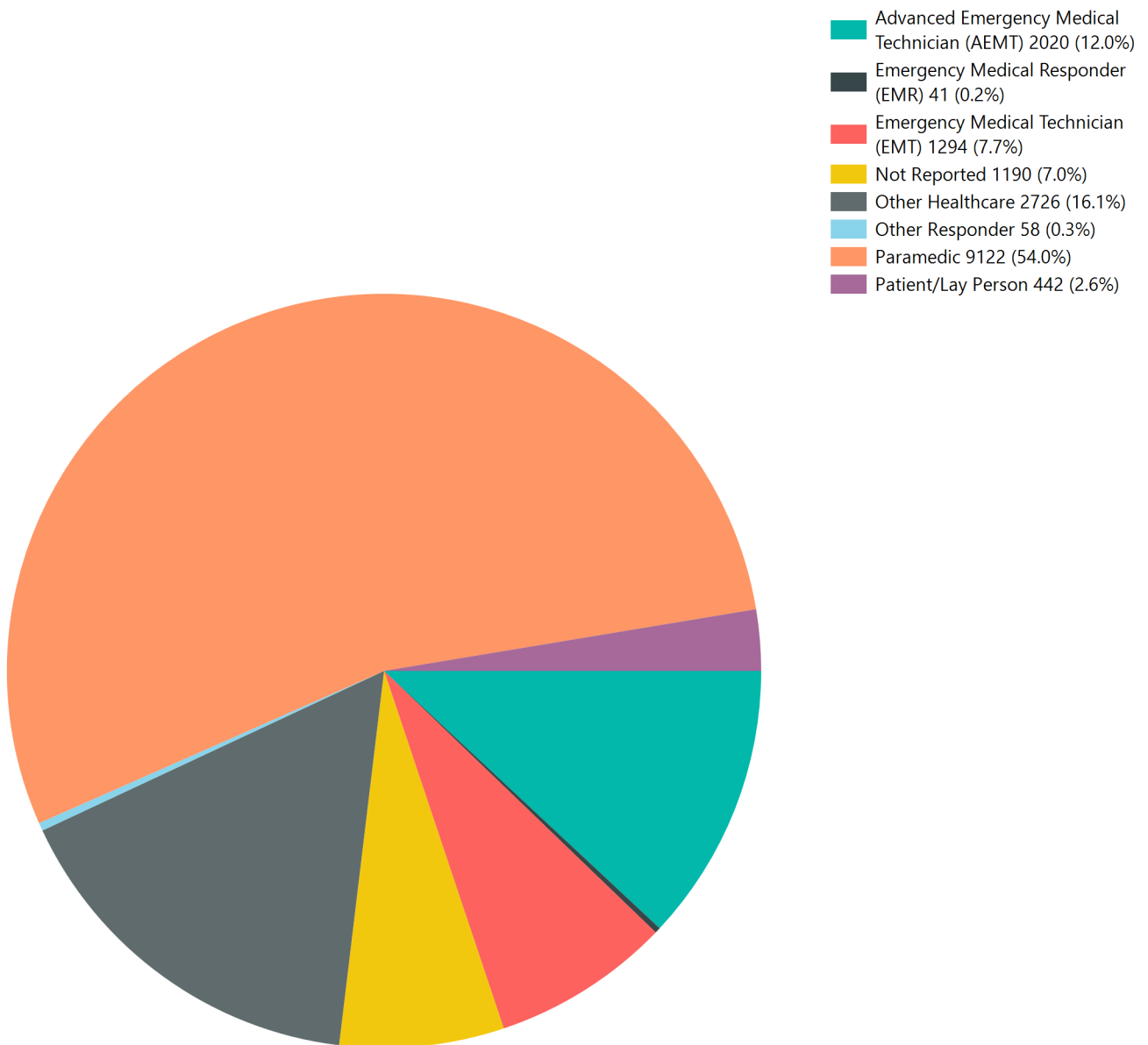
Interfacility transfers in the context of Emergency Medical Services (EMS) refer to the safe movement of patients from one healthcare facility or other type of facility to another. There are a number of reasons for transferring a patient from one facility to another:

- **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 practices1.

Interfacility Transfers

- Hospital to Non-Hospital Facility Transfer 13914 (1.5%)
- Hospital-to-Hospital Transfer 21759 (2.3%)
- Medical Transport 10740 (1.2%)
- Non-Hospital Facility to Hospital Transfer 1384 (0.1%)
- Non-Hospital Facility to Non-Hospital Facility Transfer 999 (0.1%)
- Not Reported 1925 (0.2%)
- PIFT (Paramedic Interfacility Transfer) 3538 (0.4%)
- Specialty Care Transport 1351 (0.1%)
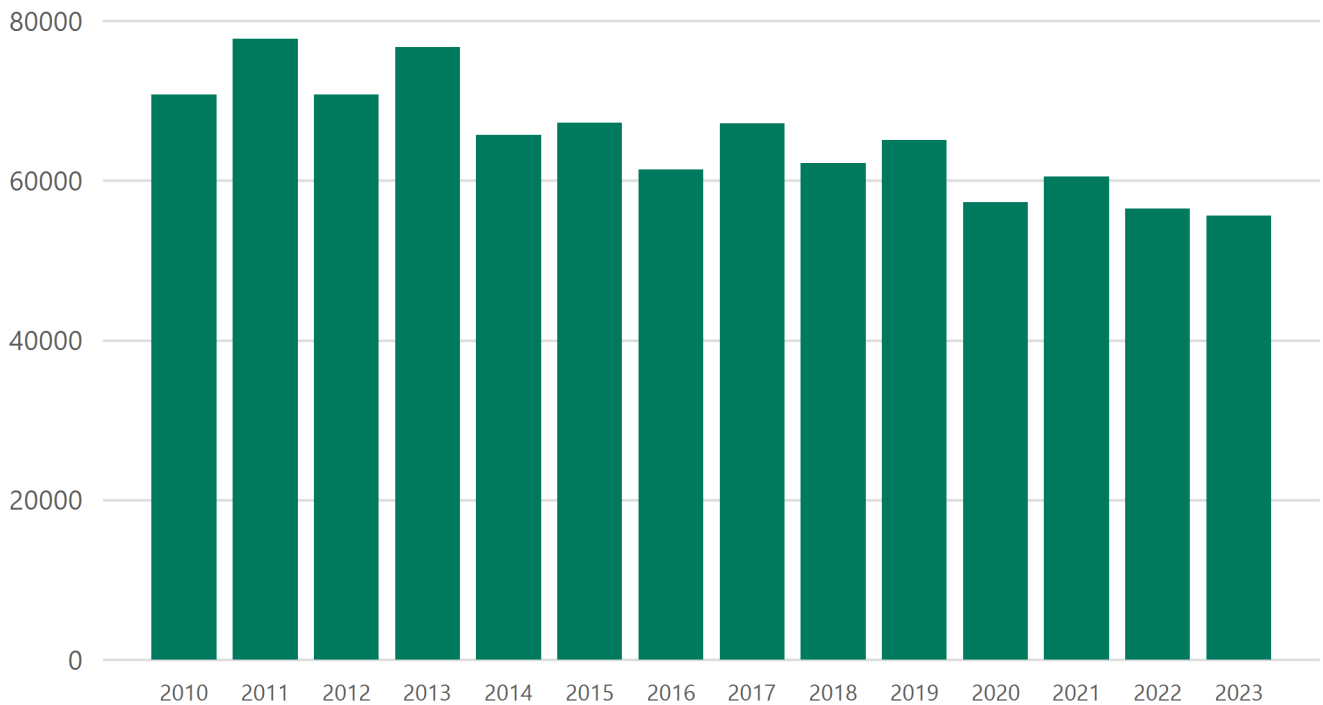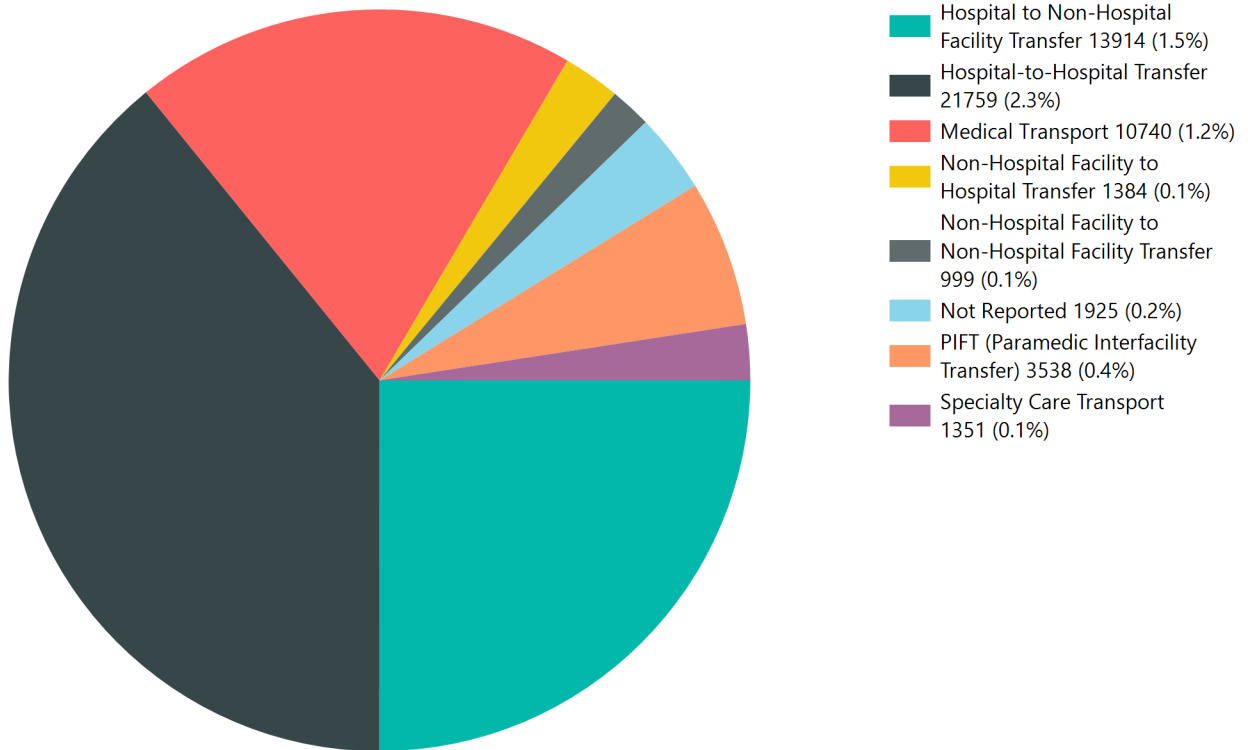
Top 20 Originating Facility Types 2023	Transfers
Hospital	48965
Nursing Home	2016
Clinic	489
Other	469
Dialysis Center	439
Residence	133
Rehabilitation Facility	113
Assisted Living Facility	95
Urgent Care	51
Mental Health Facility	33
Healthcare	11
Roadways	2
Not Reported	2
Transit Hub	1
Mobile Home	1
Correctional	1

Top 20 Destination Facility Types 2023	Transfers
Maine Medical Center	29888
Graybirch Nursing And Rehab	14014
Other Healthcare Facility, Institution Or Location	2359
Hospice House - Auburn	1703
Acadia Hospital	1516
New England Rehabilitation Hospital Of Portland	1225
Boyd Dialysis	610
Lmp Family Care Center	608
Other Non-Healthcare Facility Or Location	199
Not Recorded	56
Lincoln County Health - St Andrews Campus	16
Patient Residence	4
Other Non-Healthcare Facility Or Location	2
Maine Coast Memorial Hospital	1

Top 15 Originating Facilities 2023	Transfers
Maine Medical Center	6648
Eastern Maine Medical Center	3349
Smhc - Biddeford Medical Center	2743
Smhc - Sanford Medical Center	2469
Maine General Medical Center - Alfond Center For Health	2396
Maine General Medical Center - Thayer Center For Health	2384
Central Maine Medical Center	2359
Redington Fairview General Hospital	1845
Mid Coast Hospital	1733
St Joseph Hospital	1706
Saint Marys Regional Medical Center	1512
Pen Bay Medical Center	1469
Mercy Hospital - Fore River	1267
Maine Coast Memorial Hospital	1239
Franklin Memorial Hospital	1193

Top 15 Destination Facilities 2023	Transfers
Maine Medical Center	7767
Eastern Maine Medical Center	5460
Central Maine Medical Center	2387
Maine General Medical Center - Alfond Center For Health	2158
Smhc - Biddeford Medical Center	2063
Acadia Hospital	1503
Other Non-Healthcare Facility Or Location	1410
Spring Harbor Hospital	1370
New England Rehabilitation Hospital Of Portland	1121
Other Healthcare Facility, Institution Or Location	1016
Gosnell Memorial Hospice	909
St Mary's D'youville Pavilion	727
Ross Manor	626
Va Healthcare System - Togus	528
Smhc - Sanford Medical Center	508

Level of Care of This Unit 2023

- Advanced EMT 7374 (0.8%)
- ALS Intercept 3 (0.0%)
- Community Paramedicine 3 (0.0%)
- Critical / Specialty Care 4195 (0.5%)
- EMR 11 (0.0%)
- EMT 13980 (1.5%)
- Not Reported 64 (0.0%)
- Paramedic 29980 (3.2%)
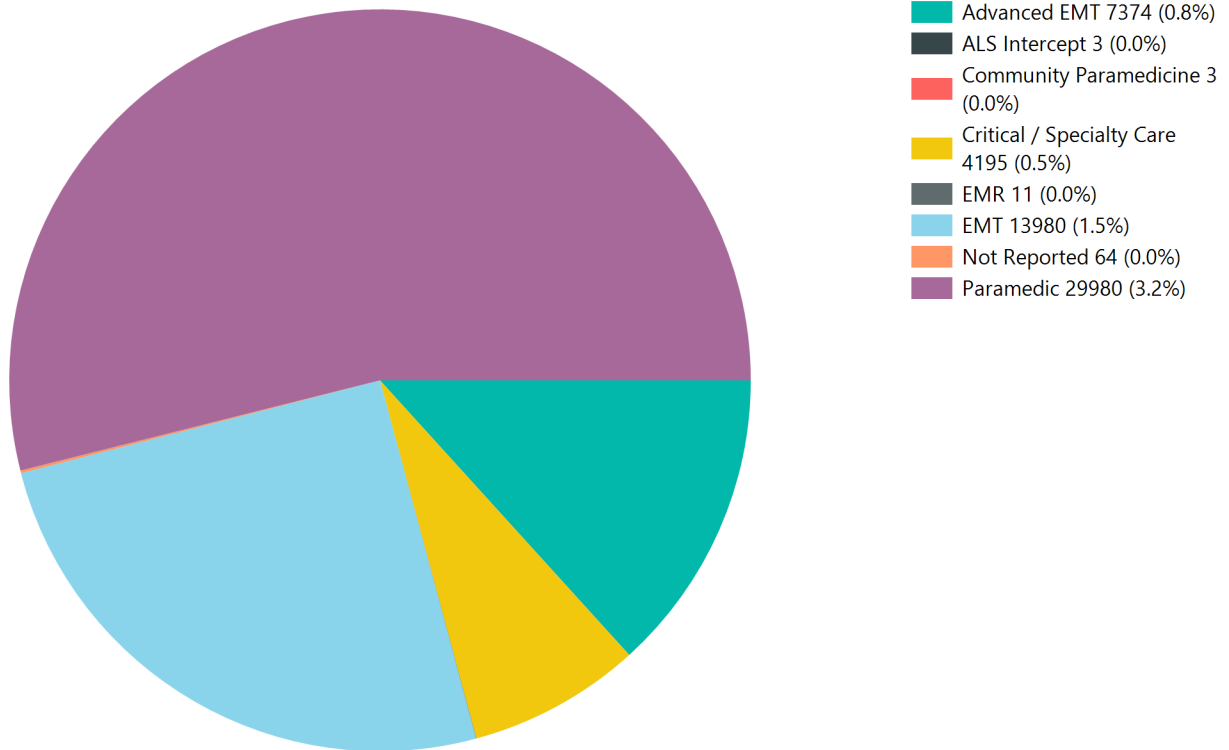
Level of Care Provided 2023

- Air 1806 (0.2%)
- ALS 12101 (1.3%)
- ALS 159 (0.0%)
- BLS 38360 (4.1%)
- Not Reported 1223 (0.1%)
- SCT 1961 (0.2%)

CMS Service Level 2023

- ALS, Level 1 Emergency 31 (0.0%)
- ALS, Level 1 Inter-Facility 7261 (0.8%)
- ALS, Level 2 159 (0.0%)
- BLS, Emergency 91 (0.0%)
- BLS, Inter-Facility 38269 (4.1%)
- Critical Care Transport Ground 1961 (0.2%)
- Fixed Wing (Airplane) 414 (0.0%)
- Not Applicable 753 (0.1%)
- Not Reported 470 (0.1%)
- Paramedic Intercept 1 (0.0%)
- PIFT 4808 (0.5%)
- Rotary Wing (Helicopter) 1392 (0.1%)
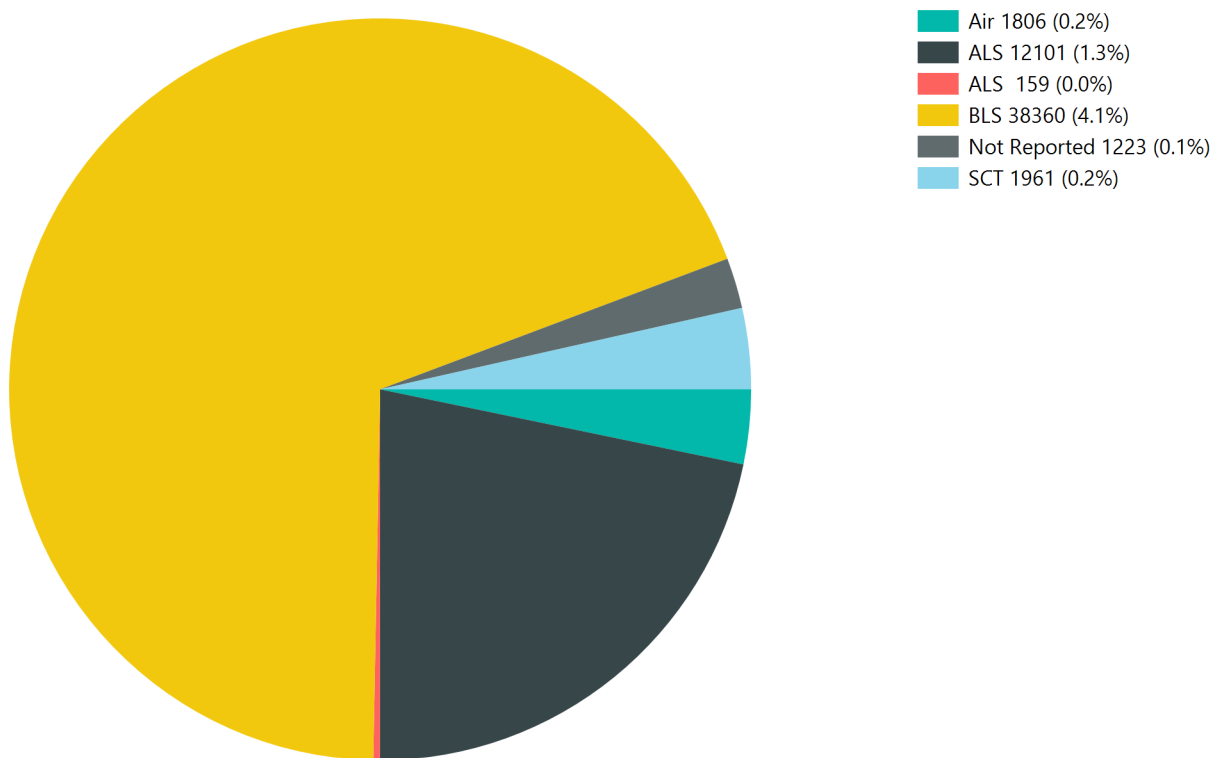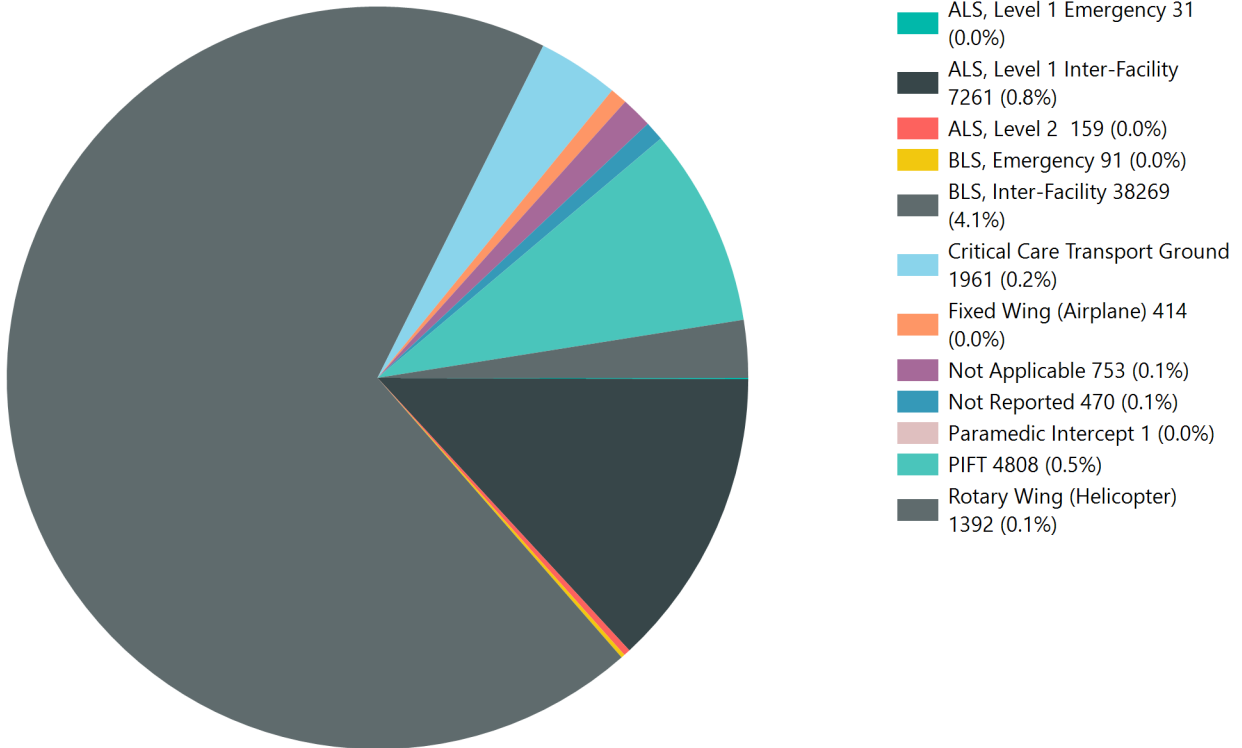
Transfer Reason Category 2023

- Cardiac Specialty 5389 (0.6%)
- Convenience Transfer (Patient Request) 656 (0.1%)
- Diagnostic Testing 1588 (0.2%)
- Dialysis 1083 (0.1%)
- Drug and/or Alcohol Rehabilitation Care 146 (0.0%)
- Extended Care 6181 (0.7%)
- Maternal/Neonatal 838 (0.1%)
- Medical Specialty Care (Other, Not Listed) 8930 (1.0%)
- Neurological Specialty Care 1421 (0.2%)
- Not Reported 532 (0.1%)
- Palliative/Hospice Care (Home or Facility) 4727 (0.5%)
- Pediatric Specialty Care 870 (0.1%)
- Physical Rehabilitation Care 5912 (0.6%)
- Psychiatric/Behavioral Care 4321 (0.5%)
- Return to Home/Residence 8219 (0.9%)
- Surgical Specialty Care (Other, Not Listed) 3268 (0.4%)
- Trauma / Orthopedic Specialty Care 1529 (0.2%)

Procedure Performed Description	Count
Electrocardiographic monitoring	3028
Ventilator care and adjustment (regime/therapy)	2777
Informing doctor	2723
Assess - Monitoring of patient	1525
12 lead electrocardiogram	1416
Vasc/Acc - Peripheral Vein	1074
Safety precautions	1003
Moving a patient to a stretcher	665
Assess - Physical Assessment	650
Surgical face mask applied	611
Airway procedure	552
Assess - Blood glucose Analysis	212
Cardiac monitoring (regime/therapy)	190
Catheterization of vein	179
A/W Basic - Suctioning	156
Orogastric tube - Insertion	118
A/W Adv - Video Laryngoscopy	82
Arterial catheter care	77
Assess A/W - ETCo2 Monitoring	77
Insertion of catheter into artery	70

Medications Administered	Count
Zosyn	200
Vasopressin	155
Vancomycin	240
Sodium bicarbonate	160
Propofol	843
Potassium Chloride	262
Oxygen	4894
Ondansetron	564
Normal Saline	1465
NOREPinephrine	938
Nitroglycerin	531
Nicardipine	172
Midazolam	1260
Magnesium Sulfate	191
Lactated Ringers	510
Insulin	192
Heparin	2711
Fentanyl	3434
Amiodarone	240
Albuterol	217

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

■ EMS Activations for MIH Patients — Mobile Integrated Healthcare Encounter
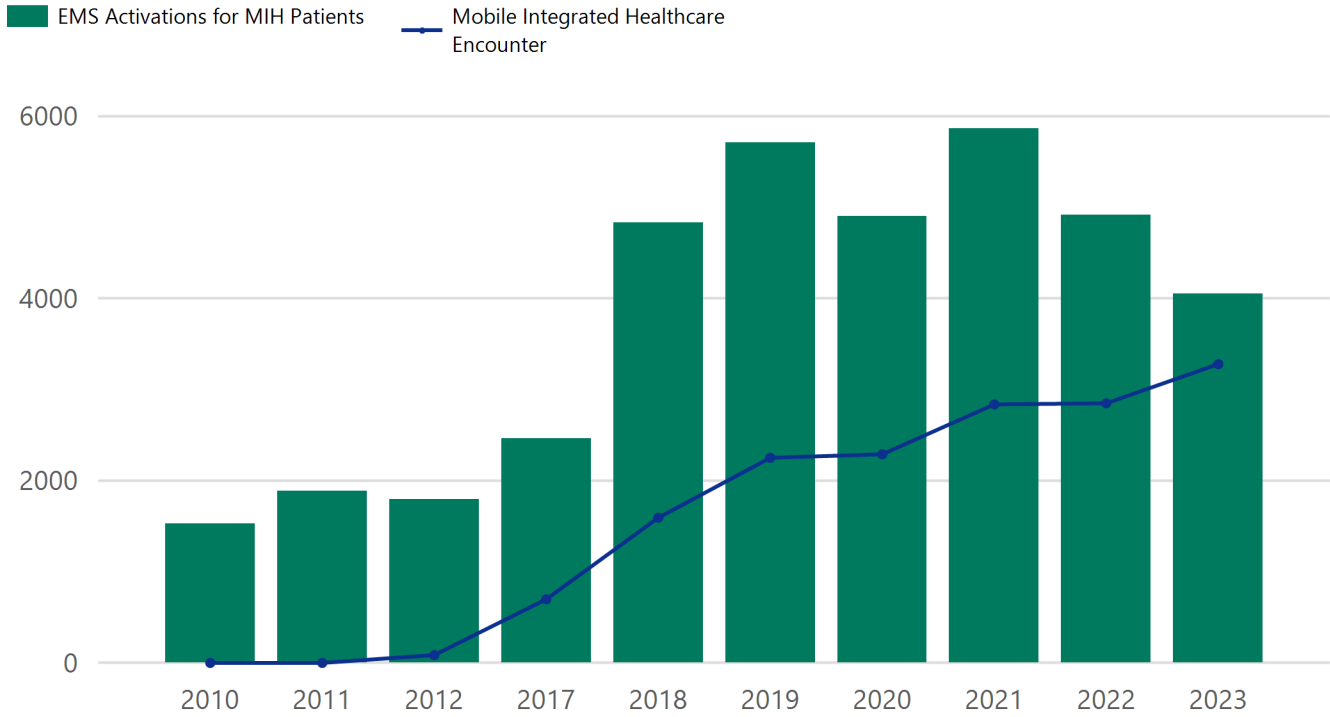
2023 Mobile Integrated Healthcare Encounters by County

County	Encounters
Hancock	3840
Androscoggin	3743
Cumberland	2385
Oxford	1304
Lincoln	1095
Franklin	835
Waldo	705
Kennebec	613
Knox	568
Other	387
Piscataquis	316
Penobscot	164
Somerset	137
Sagadahoc	39
York	18
Washington	5
Aroostook	2
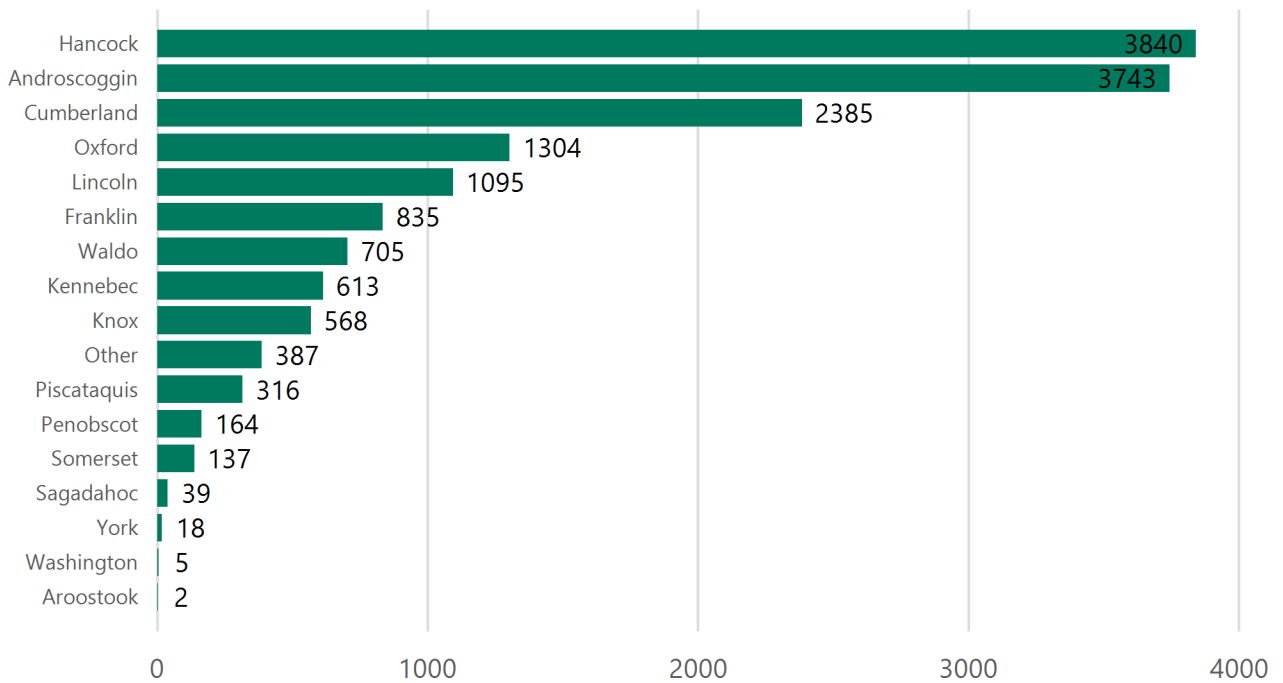
Procedure Performed Description	Count	Successful	Unsuccessful	Patient Improved	Patient Unchanged	Patient Worse	Attempts
12 lead electrocardiogram	2	0	0	0	0	0	2
Asthma Education	5	5	0	0	5	0	
Blood Draw	152	138	15	1	152	0	71
Blood glucose Analysis	464	460	7	0	467	0	92
CHF Education	7	7	0	1	6	0	
Cholesterol measurement	2	2	0	0	2	0	
COPD Education	11	11	0	0	11	0	
Diabetes Education	64	64	0	0	64	0	4
Discharge Assessment	1	1	0	0	1	0	
Dressing Change/Wound Care	29	28	1	5	24	0	2
Electrocardiographic monitoring	1	1	0	0	1	0	1
Follow-up	944	930	14	1	943	0	24
Health Assessment	28	27	1	0	28	0	3
Hemoglobin A1c measurement	0	1	0	0	1	0	
Home Safety Assessment	5	4	1	0	5	0	1
Influenza Vaccination	6	6	0	0	6	0	1
Initial Assessment	31	30	1	0	31	0	
Medication Reconciliation	882	878	5	0	882	0	47
Monitoring of patient	1	1	0	0	1	0	
Not Reported	2	1	0	0	1	0	
Orthostatic Vital Signs	1	1	0	0	1	0	
Peripheral Vein Access	13	8	5	0	13	0	1
Physical Assessment	3	3	0	0	3	0	
Primary Care Physician Contacted	96	93	3	0	96	0	4
Surgical face mask applied	2	2	0	0	2	0	2
Urine Collection	14	13	1	0	14	0	1
Vaccination Education	1	1	0	0	1	0	

2023 Procedure Success

- No 54 (2.0%)
- Not Reported 3 (0.1%)
- Yes 2710 (97.9%)
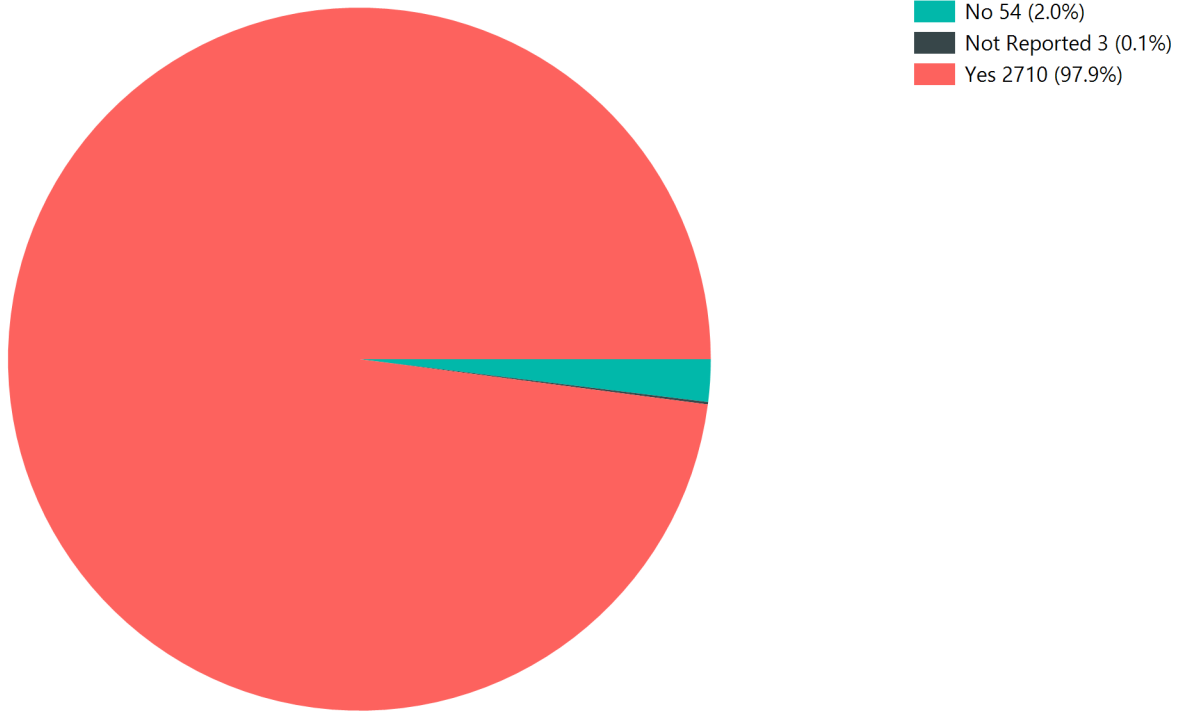
2023 Response To Procedure

- Improved 8 (0.3%)
- Not Reported 4 (0.1%)
- Unchanged 2755 (99.6%)
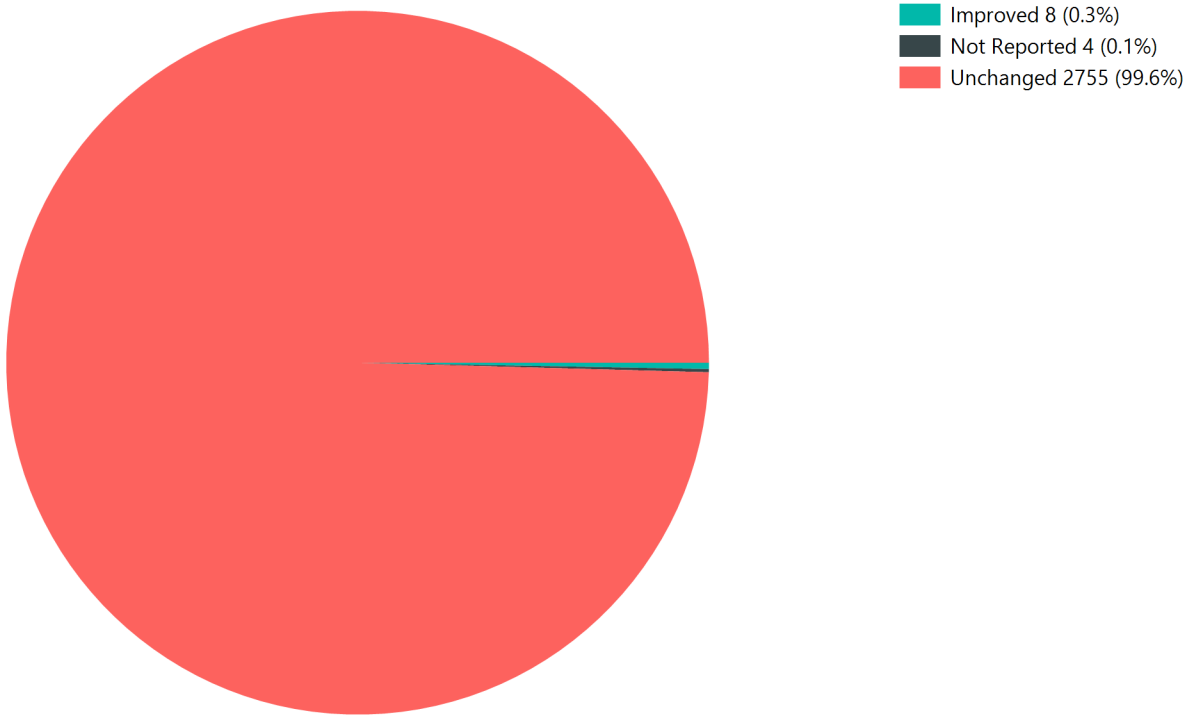
Medication	Count	Patient Improved	Patient Unchanged	Patient Worse
Acetaminophen	3	0	3	0
Acetaminophen Chewable Tablet	2	0	2	0
Ibuprofen	3	0	3	0
Ketorolac	1	1	0	0
Naloxone	1	1	0	0
Other	2	0	1	0

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 Progam:** An effort to assist EMS agencies in onboarding with the subtance 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

Legend: — Overdoses ⋯⋯ Overdose Forecast — Opioid Overdoses ⋯⋯ Opioid Overdose Forecast
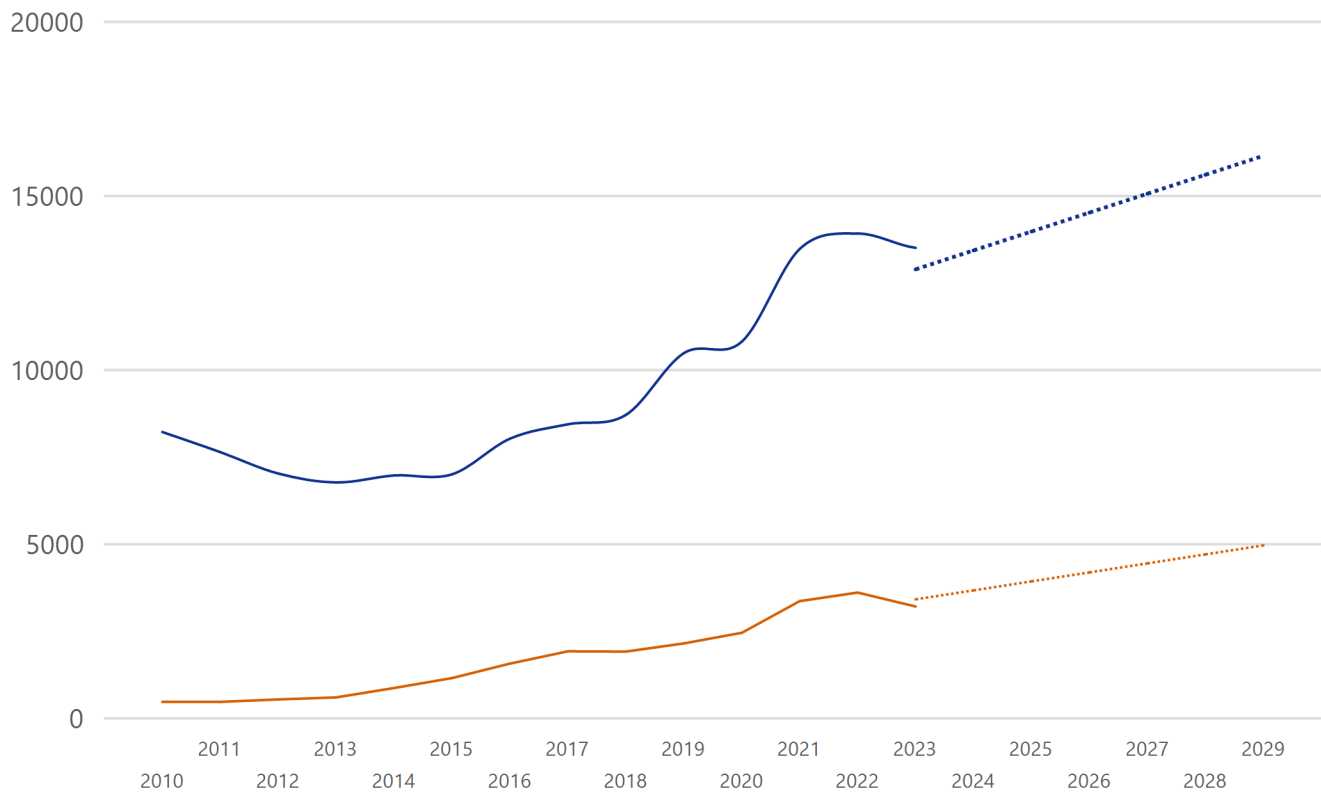
Outcomes for Overdose Activations

Legend: Transport | Refused | Deceased
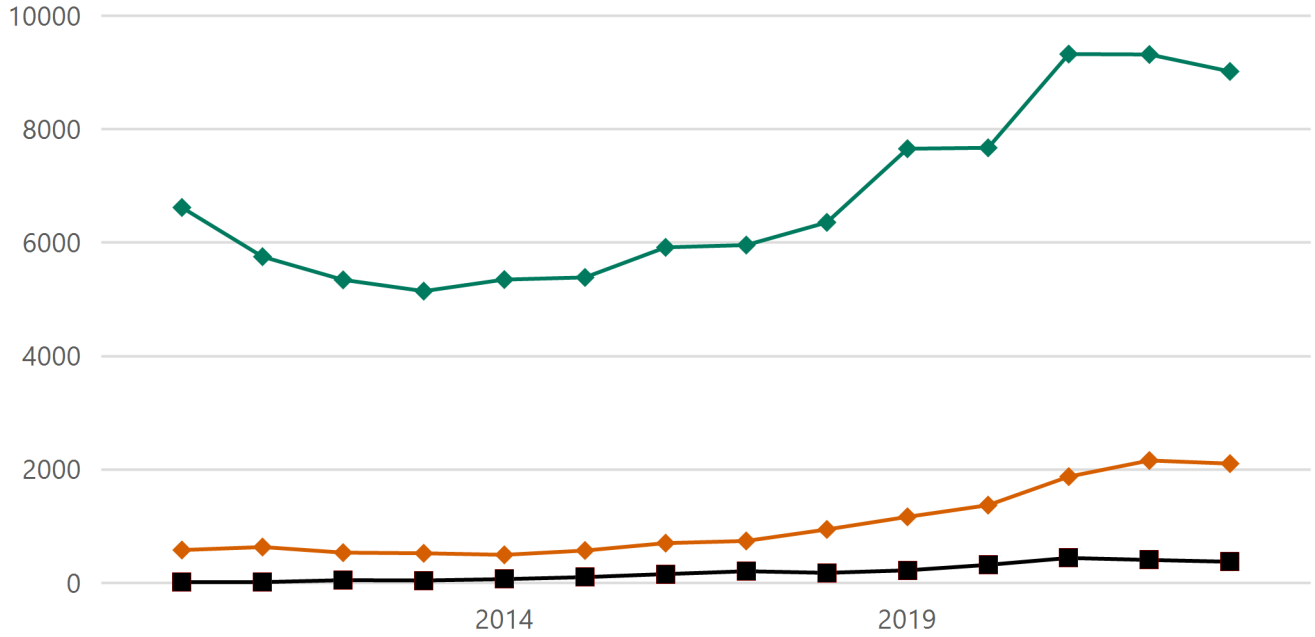
Naloxone Administrations

Legend: Naloxone Doses Administered | Naloxone Doses Administered Prior To EMS
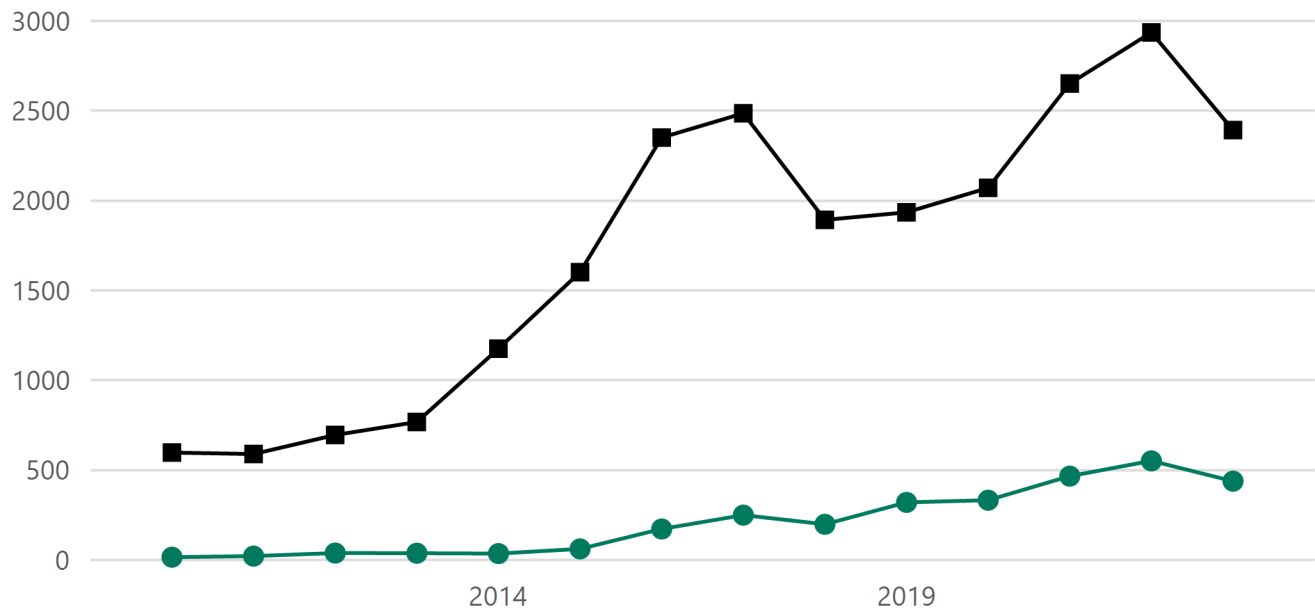
The Naloxone Dispensation program allows EMS clinicians to leave a Naloxone kit with a patient experiencing a suspected narcotic overdose and who refuses transport to an emergency department. The kit may be left with the patient, a member of the patient's family, or a friend. It is important to note 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://getmainenaloxone.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://getmainenaloxone.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?
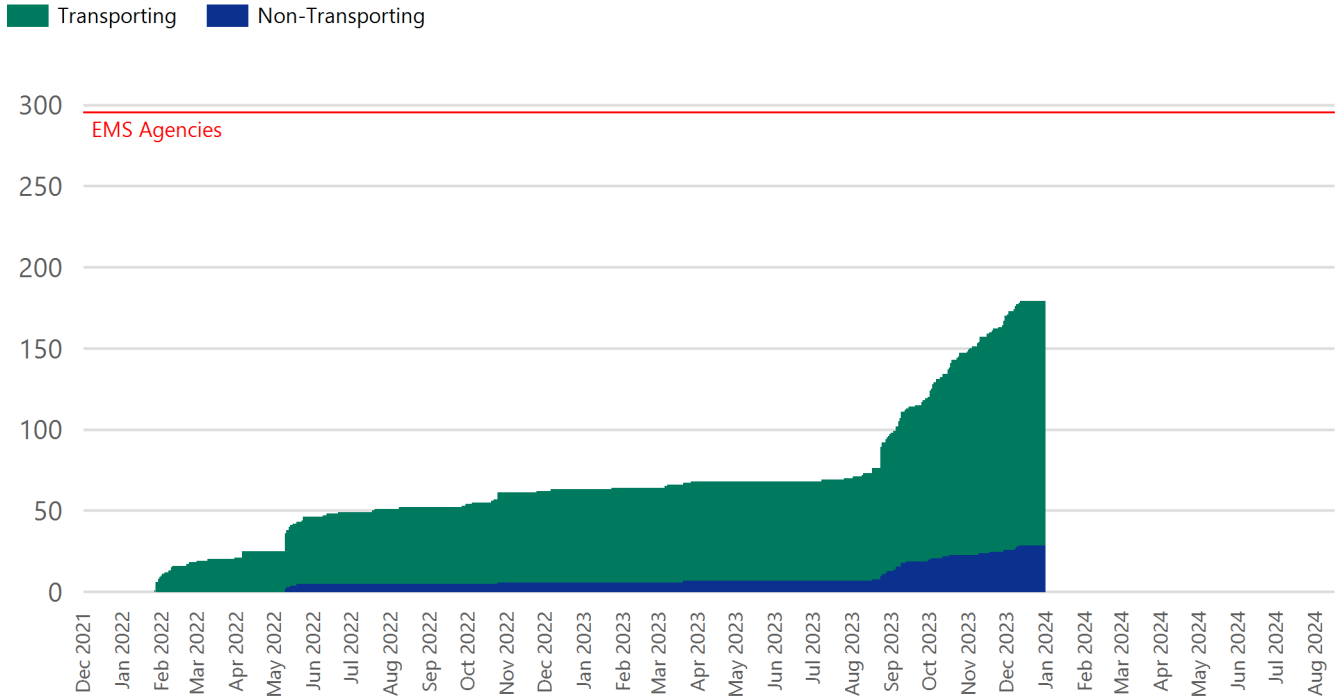- If the clinician answers "NO" then they will be asked for any reason(s) why they did not leave a kit behind.
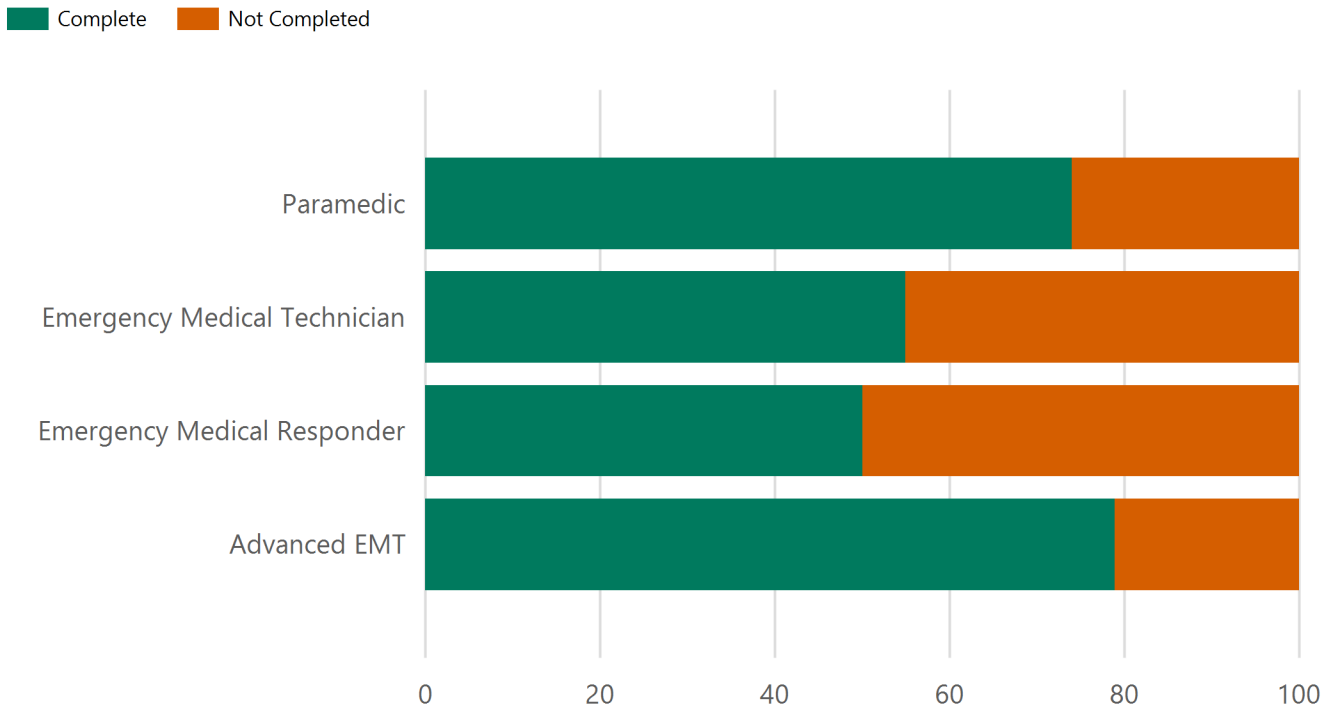
Percentage of Attempts to Dispense Naloxone

50

0

24.3%

100
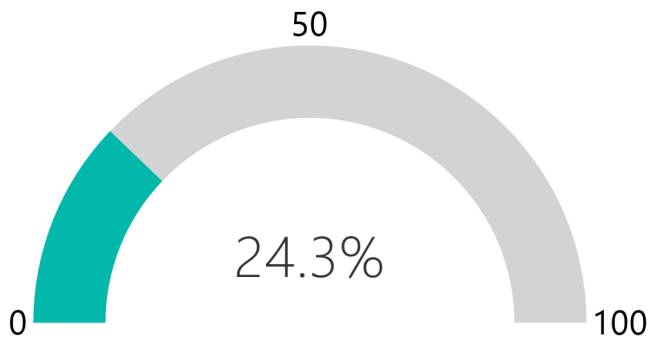
Percentage of Successful Dispensations

50

0

18.7%

100
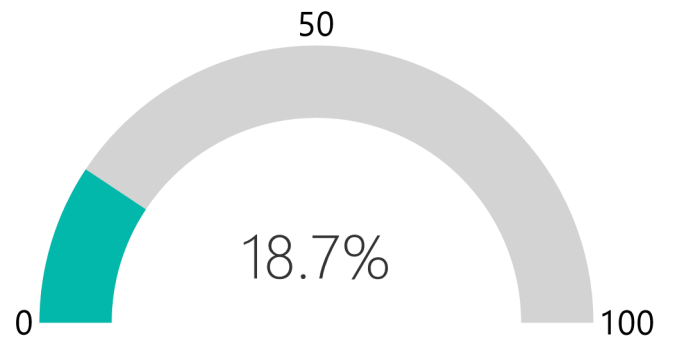
Running Count of Agencies Participating In The Naloxone Leave Behind Program

Legend: ■ Transporting ■ Non-Transporting

## EMS Clinician Naloxone Dispensation Training Status

Legend: ■ 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 EMS responses originating from a 911 request for patients with a diagnosis of asthma who had an aerosolized beta agonist administered.

All Patients	Patients 18 years of age or older	Patients 2 years of age through 17 years of age
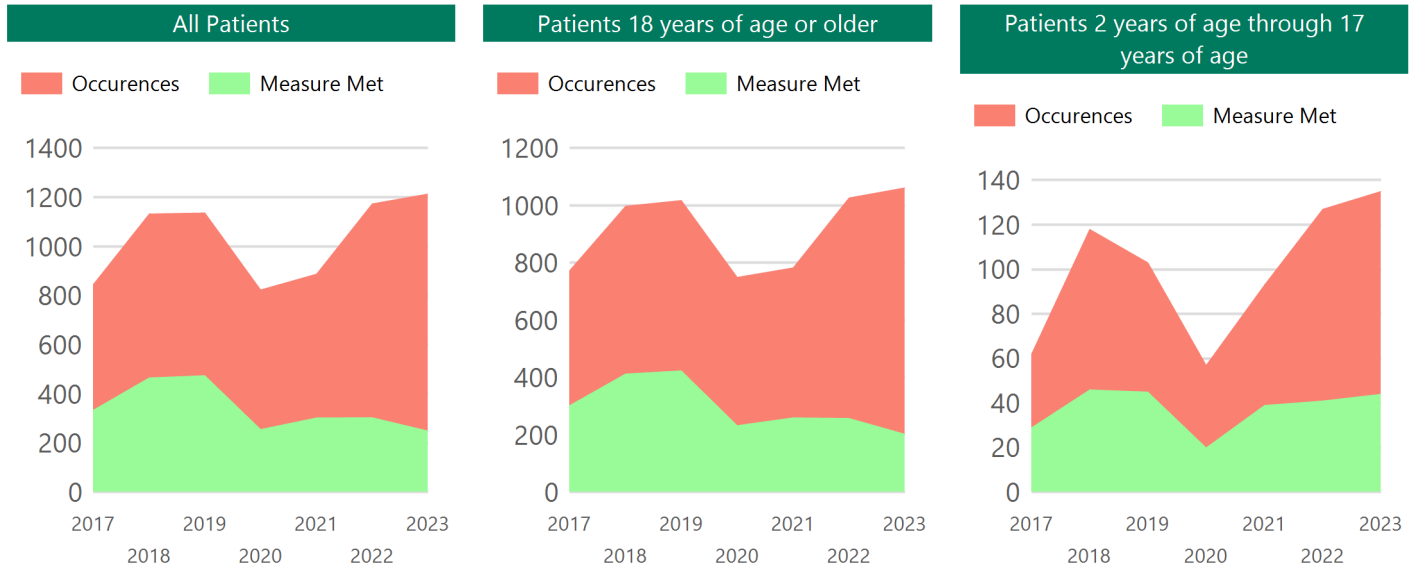
Percentage of EMS responses originating from a 911 request for patients with symptomatic hypoglycemia who received treatment to correct their hypoglycemia.

All Patients	Patients 18 years of age or older	Patients less than 18 years of age
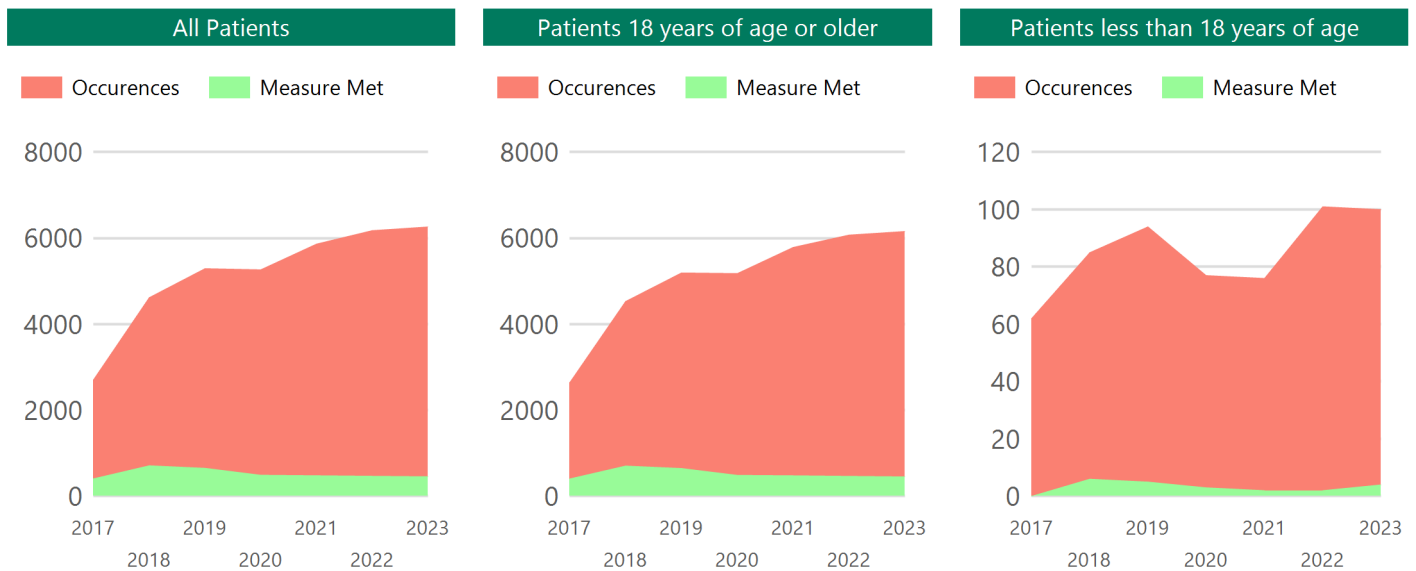
Percentage of EMS responses originating from a 911 request for patients less than 18 years of age who received a medication and had a documented weight in kilograms or length-based weight estimate documented during the EMS response.

Patients less than 18 years of age

■ Occurences ■ Measure Met

Percentage of EMS responses originating from a 911 request for patients with primary or secondary impression of respiratory distress who had a respiratory assessment.
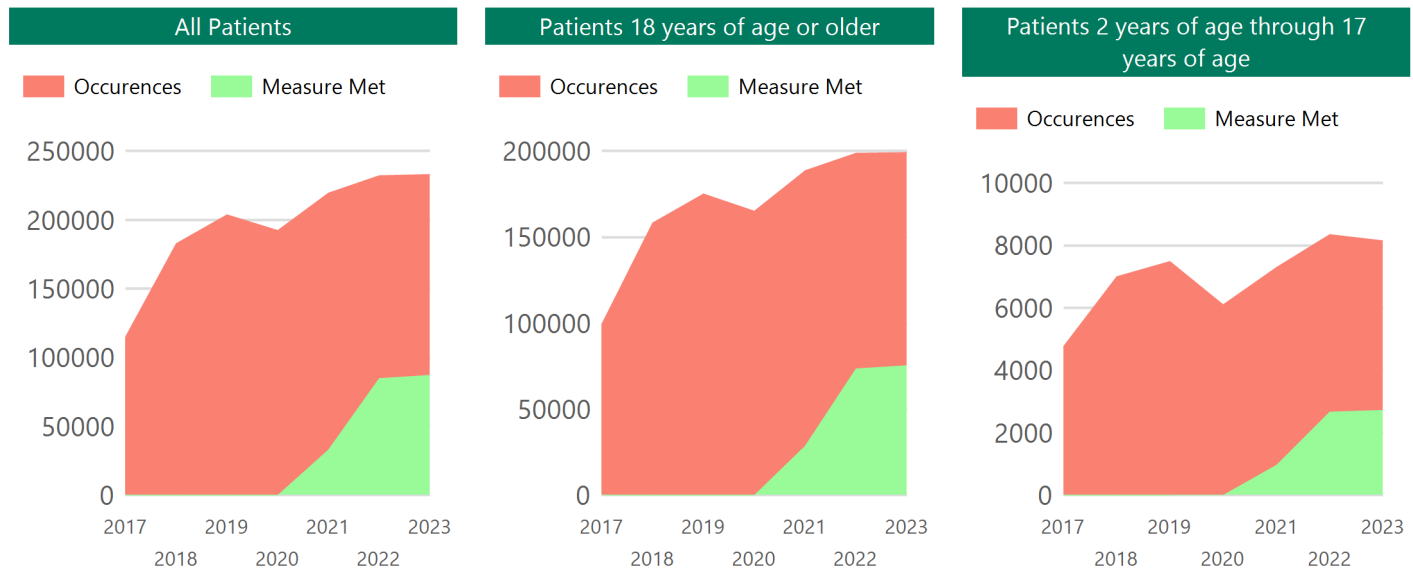
All Patients

■ Occurences ■ Measure Met
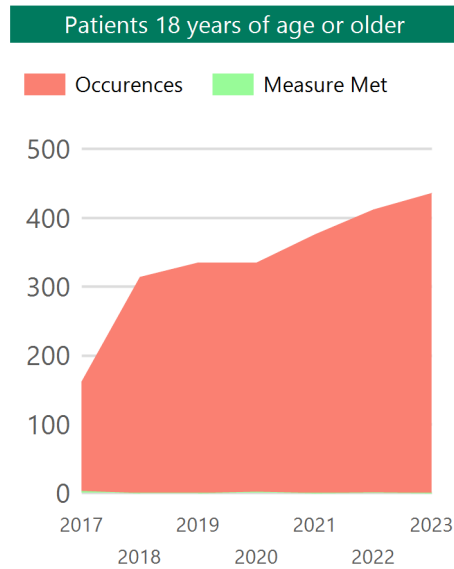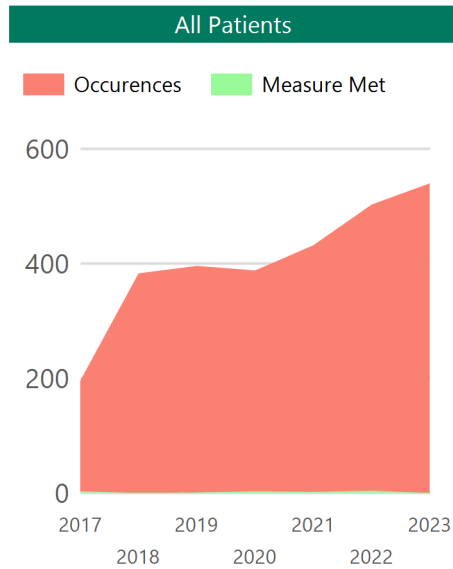

Patients 18 years of age or older

■ Occurences ■ Measure Met

Patients less than 18 years of age

■ Occurences ■ Measure Met

Percentage of EMS responses originating from a 911 request in which lights and sirens were not used during response.

All Patients

Patients 18 years of age or older

Patients 2 years of age through 17 years of age
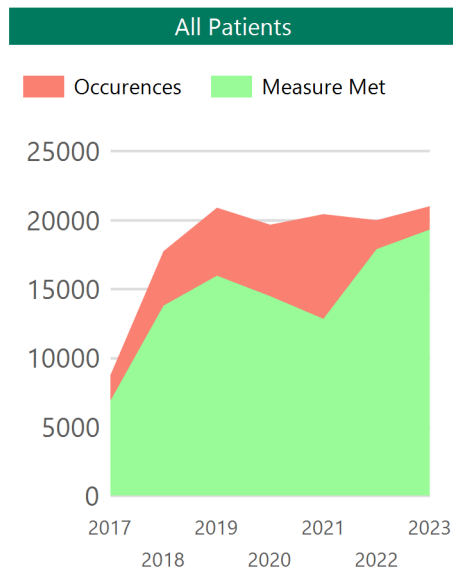

Percentage of EMS responses originating from a 911 request during which lights and sirens were not used during patient transport.

All Patients

Patients 18 years of age or older

Patients 2 years of age through 17 years of age
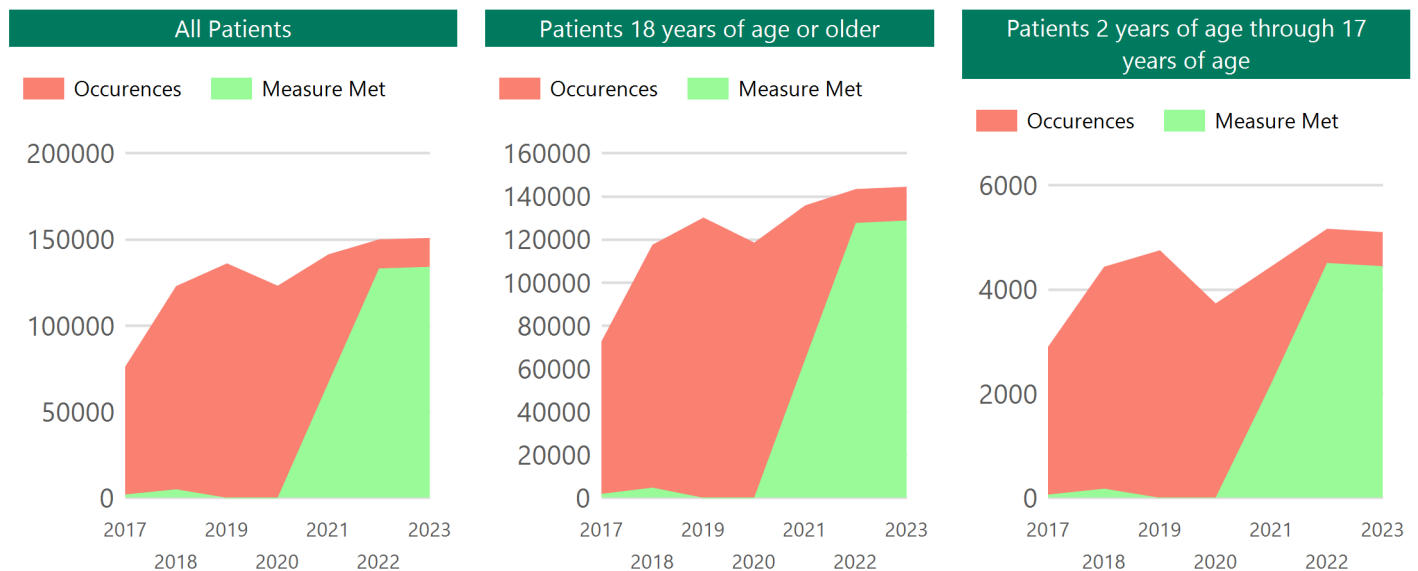
Percentage of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine during the EMS response.

All Patients

Legend: Occurences, Measure Met

Patients 18 years of age or older

Legend: Occurences, Measure Met

Patients 2 years of age through 17 years of age


Legend: Occurences, Measure Met
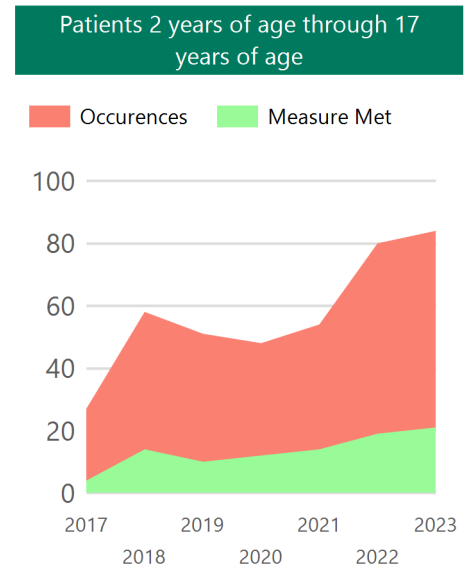
Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.
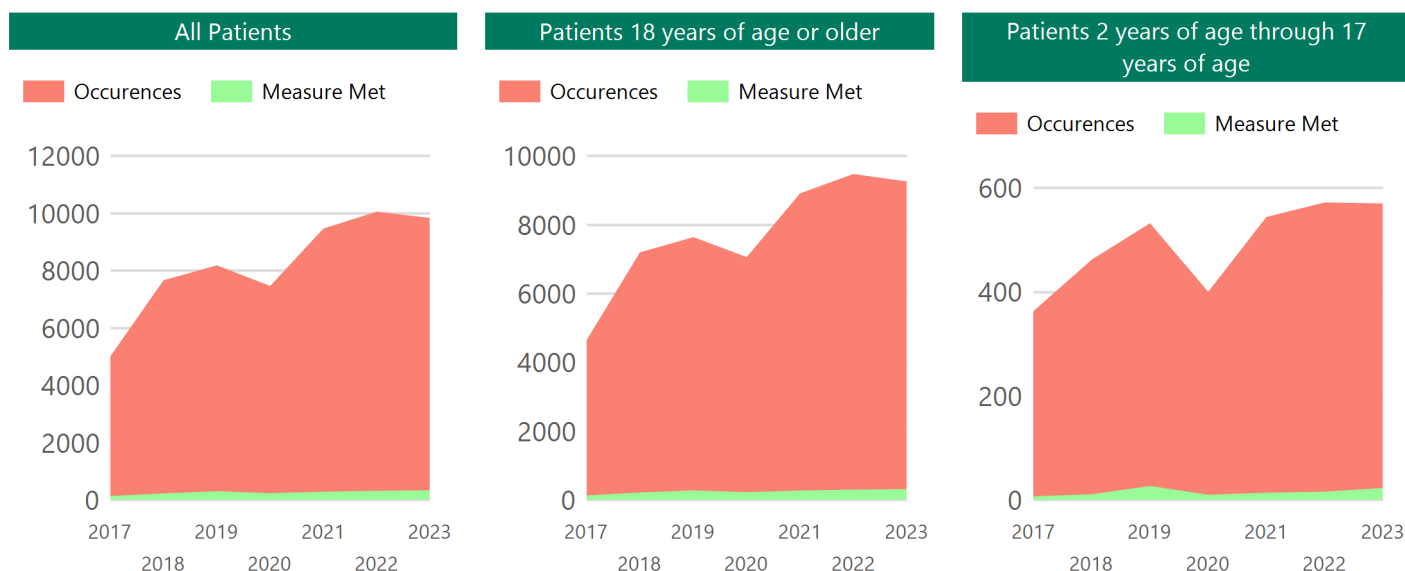
All Patients

Legend: Occurences, Measure Met

No Data Available

No Data Available

Percentage of EMS transports originating from a 911 request for patients with injury who were assessed for pain.

All Patients

Patients 18 years of age or older

Patients 2 years of age through 17 years of age
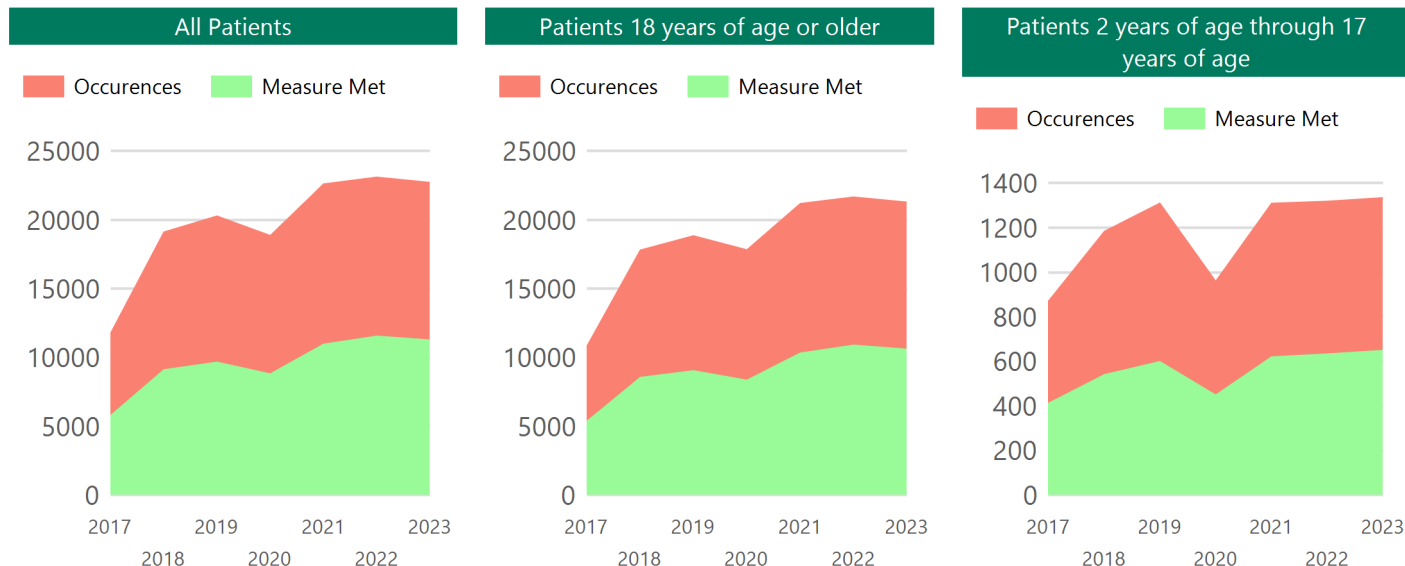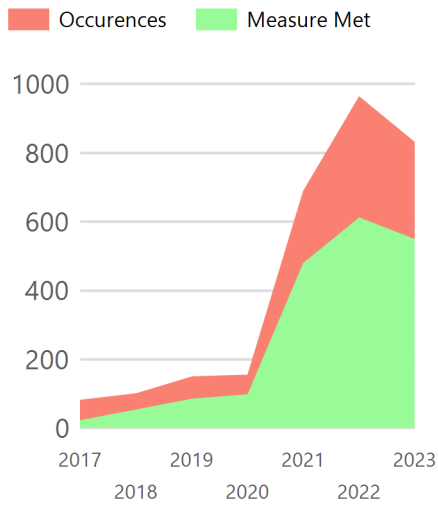

Percentage of EMS transports originating from a 911 request for patients with injury whose pain score was lowered during the EMS encounter.

All Patients

Patients 18 years of age or older
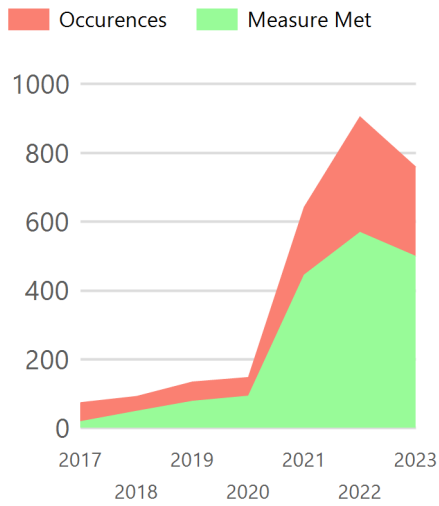

Patients 2 years of age through 17 years of age

Percentage of EMS transports originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center.

All Patients

Occurences   Measure Met

Patients 18 years of age or older

Occurences   Measure Met

Patients 2 years of age through 17 years of age

Occurences   Measure Met