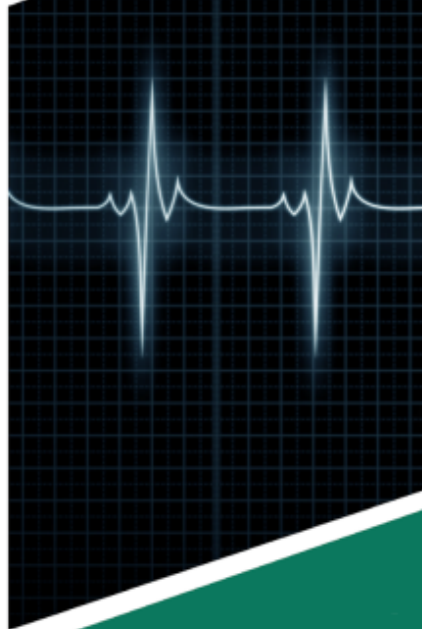




Annual Data Report 2025



Foreward

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

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

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

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

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

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

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

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

EMS Data

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

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

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

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

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

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

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

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

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

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

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

Definitions

Types of Services

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

Non-Transporting – A first response service that provides care on scene but does not have transport capabilities. Utilizes a partnership with a transporting service during response and care.

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

Dispatch Acuity

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

E = ECHO-level: Closest Available Unit Hot

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

C = CHARLIE-level: Closest ALS Unit Cold

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

A = ALPHA-level: Closest BLS unit cold

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

Levels of Care

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

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

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

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

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

License Levels

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

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

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

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

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

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

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

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

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

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

Agencies

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

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

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

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

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

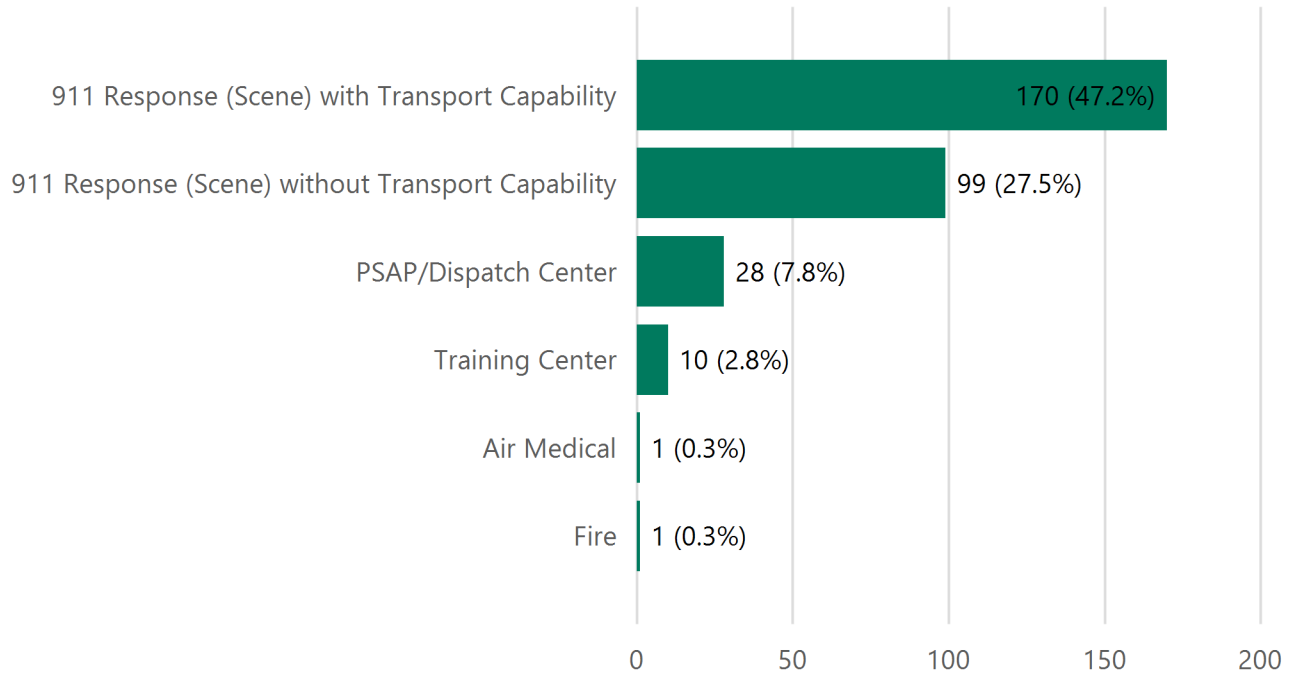
EMS Agencies are also asked to provide the service are for several types of responses

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

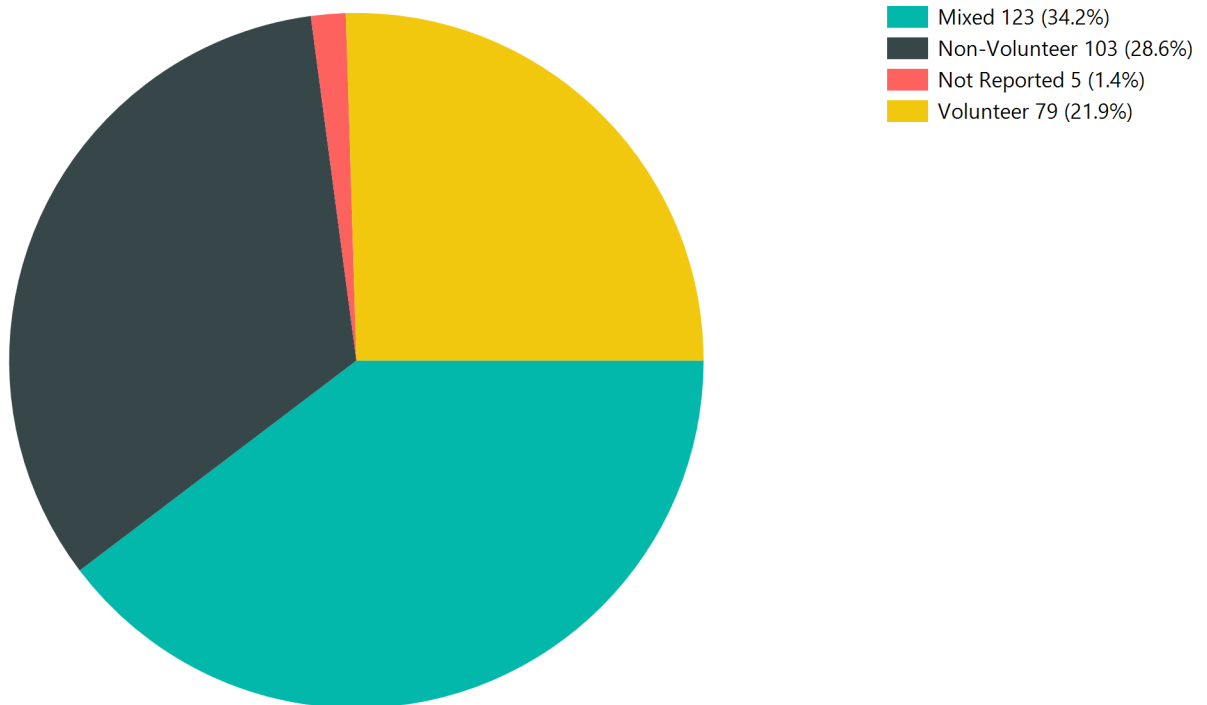
in the Primary Emergency Response Area(s) of another agency. This response area would be used for Types of Service Requested outside of the agency's primary jurisdiction of:

- *EMERGENCY RESPONSE (MUTUAL AID)*: Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.
 - *PUBLIC ASSISTANCE*: The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
 - *STANDBY*: Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
 - *SUPPORT SERVICES*: The unit responded to provide support not otherwise specified.
 - *NON-PATIENT CARE RESCUE/EXTRICATION*: The unit responded to provide rescue and/or extrication service, personnel or equipment.
 - *CREW TRANSPORT ONLY*: The unit responded to transport crew only.
 - *TRANSPORT OF ORGANS OR BODY PARTS*: *This includes tissues, biological samples, organs, and body parts.*
 - *MORTUARY SERVICES*: *The unit responded to provide service or assistance in the event of a deceased patient.*
 - *ADMINISTRATIVE OPERATIONS*: *The unit provided EMS coordination, oversight and/or supervision of services.*
3. **Intercept Response Area**: *The area(s) where the agency provides response for a higher level of care to augment the ongoing care provided by other another agency. This response area would be used for Types of Service Requested of:*
- *EMERGENCY RESPONSE (INTERCEPT)*: *When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.*
4. **Interfacility Transfer Service Area**: *The area(s) where the agency provides transfer services for Hospital-to-Hospital Transfers, Hospital to Non-Hospital Facility Transfers, Non-Hospital Facility to Non-Hospital Facility Transfers, Non-Hospital Facility to Hospital Transfers, Other Routine Medical Transports to or from a facility. This response area would be used for Types of Service Requested of:*
- *HOSPITAL-TO-HOSPITAL TRANSFER*: *Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).*
 - *HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER*: *Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center.*
 - *NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER*: *Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic.*
 - *NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER*: *Any transfer from a non-hospital facility to a hospital. An example of this is a transfer from a dialysis center to a hospital.*
 - *OTHER ROUTINE MEDICAL TRANSPORT*: *Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).*
5. **Mobile Integrated Health Care Service Area**: *The area(s) where the agency provides Mobile Integrated Health Services. This response area would be used for Types of Service Requested of:*
- *MOBILE INTEGRATED HEALTH CARE ENCOUNTER*: *The responding unit provided mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits.*

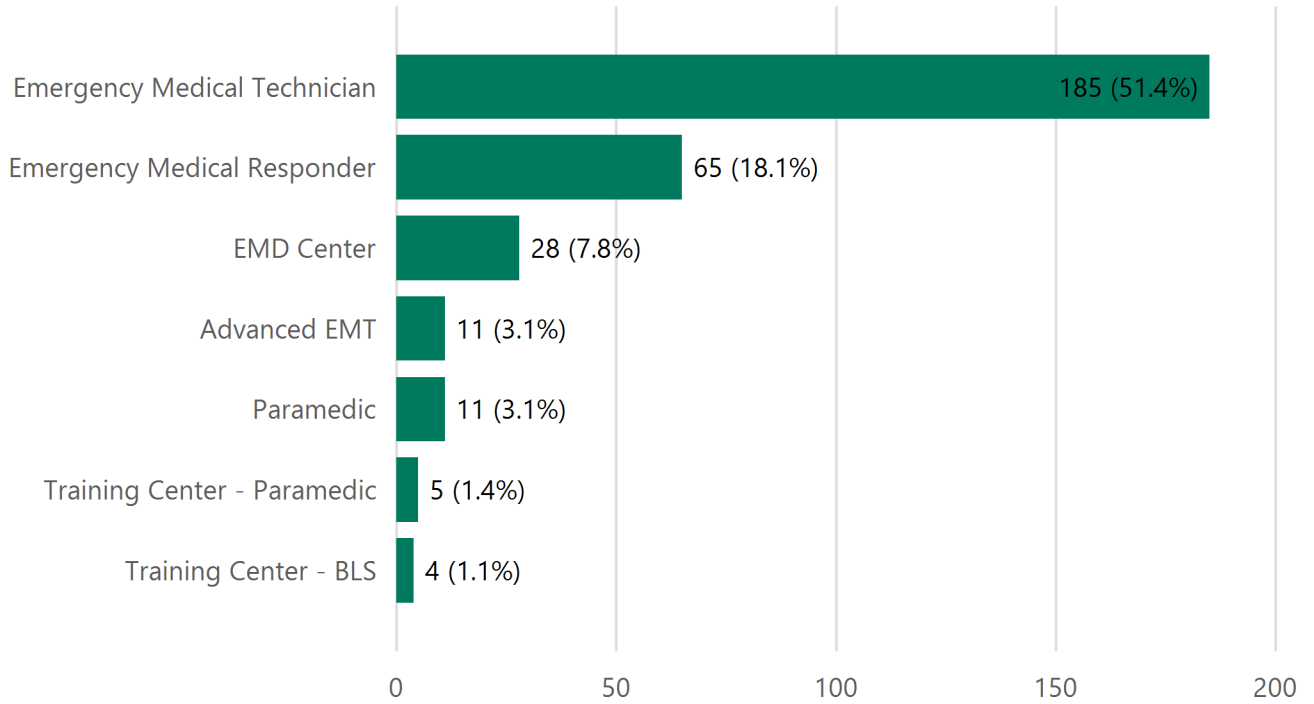
Primary Type Of Service Of Licensed Agencies 2025



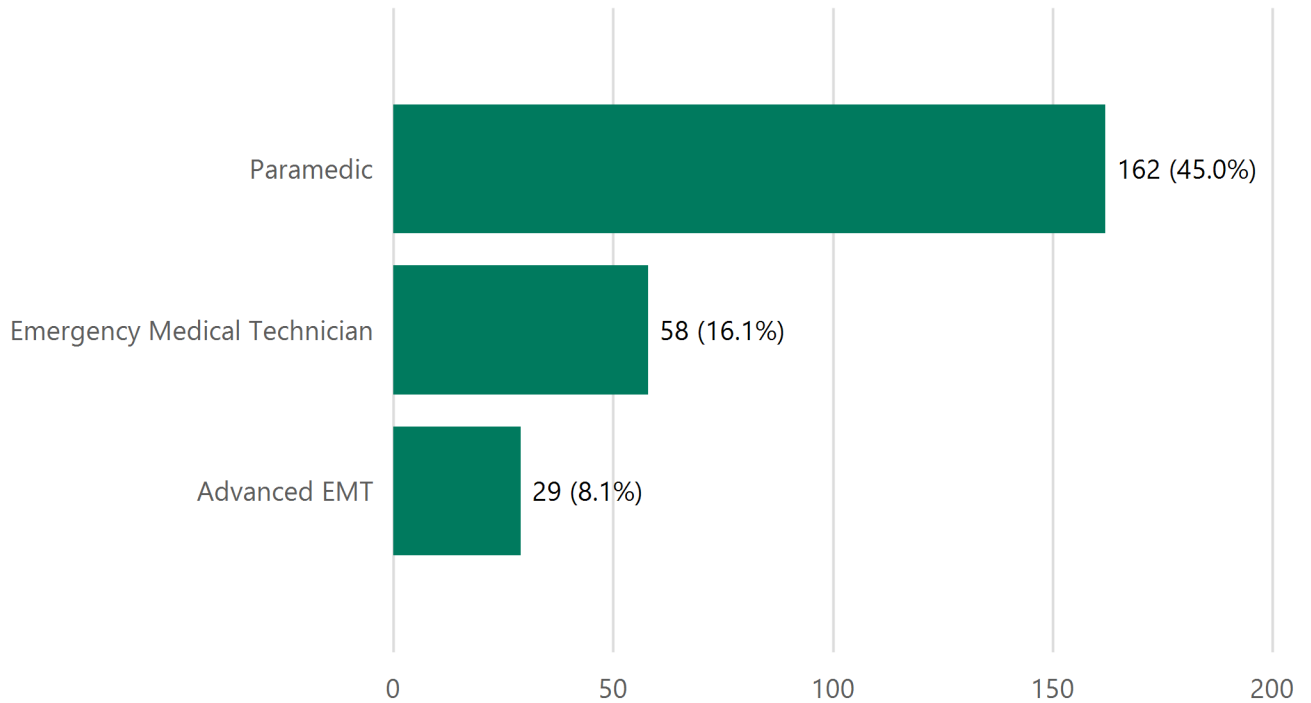
Workforce Type Of Licensed Agencies 2025



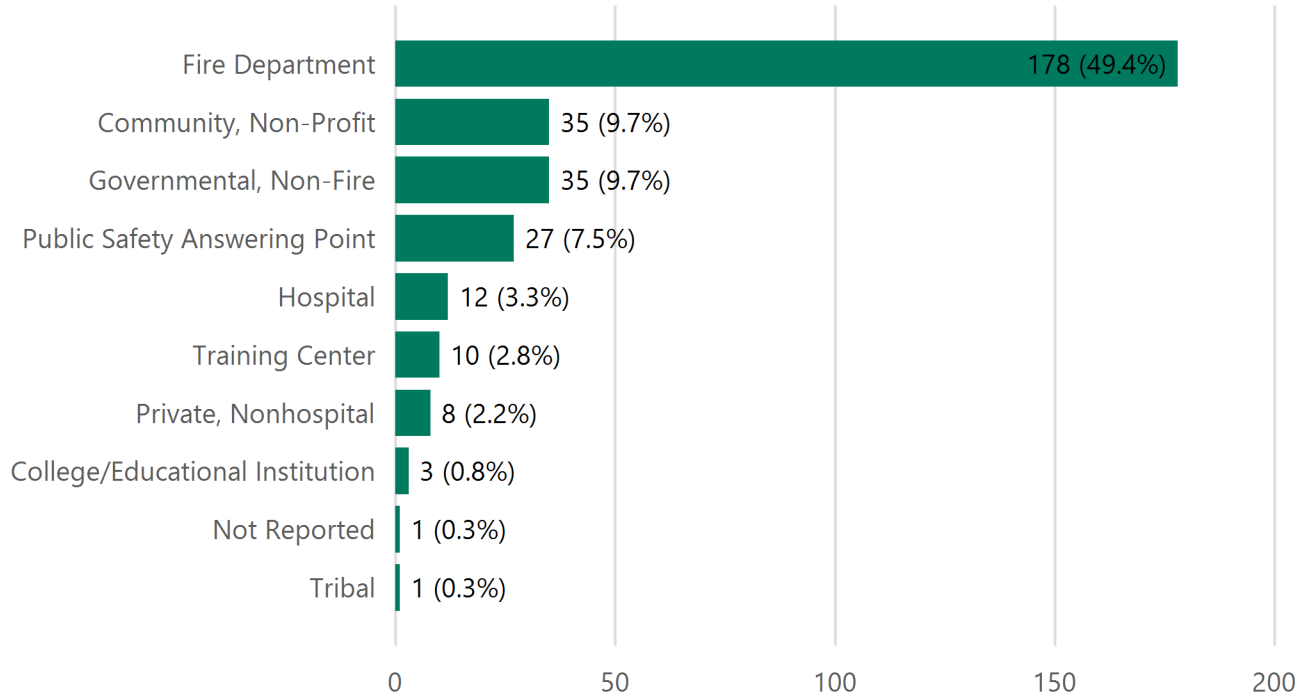
Agency Licensure Level



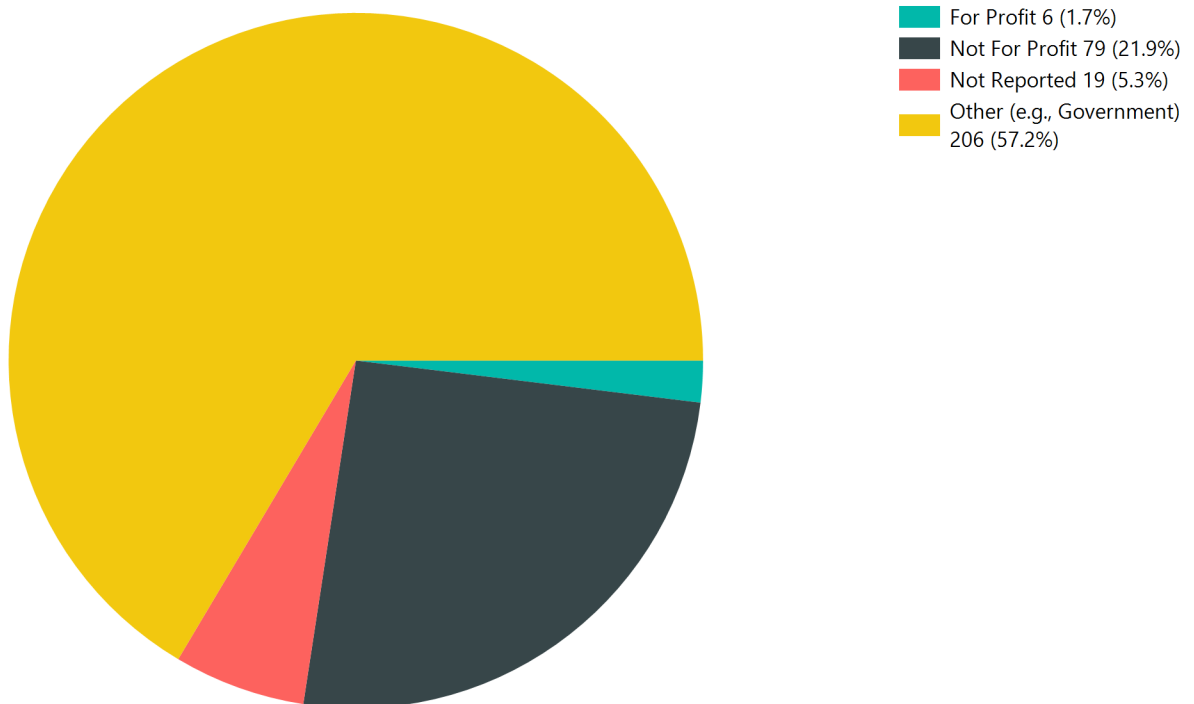
Agency Permit Level



Agency Type Of Licensed Agencies 2024 2025



Agency Tax Status



Top 20 Agencies By Emergency Responses

	2021	2022	2023	2024	2025
1	Portland Fire Department - 12,676 (5.7%)	Portland Fire Department - 14,718 (6.3%)	Portland Fire Department - 14,824 (6.3%)	Portland Fire Department - 16,030 (6.6%)	Portland Fire Department - 15,518 (6.2%)
2	United Ambulance Service - 11,265 (5.1%)	United Ambulance Service - 11,551 (4.9%)	United Ambulance Service - 11,948 (5.1%)	United Ambulance Service - 12,117 (5.0%)	United Ambulance Service - 11,818 (4.7%)
3	Delta Ambulance - 9,774 (4.4%)	Northern Light Medical Transport - 8,825 (3.8%)	Northern Light Medical Transport - 9,692 (4.1%)	Northern Light Medical Transport - 9,901 (4.1%)	Northern Light Medical Transport - 10,322 (4.1%)
4	Northern Light Medical Transport - 8,650 (3.9%)	Bangor Fire Department - 8,578 (3.7%)	Bangor Fire Department - 8,610 (3.7%)	Bangor Fire Department - 8,142 (3.4%)	Bangor Fire Department - 9,180 (3.7%)
5	Bangor Fire Department - 7,836 (3.5%)	Delta Ambulance - 7,768 (3.3%)	Augusta Fire Department - 6,408 (2.7%)	Augusta Fire Department - 6,298 (2.6%)	Augusta Fire Department - 6,659 (2.7%)
6	Augusta Fire Department - 5,849 (2.6%)	MaineHealth EMS - Franklin - 6,011 (2.6%)	MaineHealth EMS - Franklin - 6,049 (2.6%)	MaineHealth EMS - Franklin - 6,145 (2.5%)	MaineHealth EMS - Franklin - 6,303 (2.5%)
7	MaineHealth EMS - Franklin - 5,739 (2.6%)	Augusta Fire Department - 5,878 (2.5%)	Auburn Fire Department - 5,119 (2.2%)	Delta Ambulance - 4,992 (2.1%)	Auburn Fire Department - 5,240 (2.1%)
8	Auburn Fire Department - 4,833 (2.2%)	Auburn Fire Department - 5,075 (2.2%)	Delta Ambulance - 5,103 (2.2%)	Auburn Fire Department - 4,837 (2.0%)	Delta Ambulance - 4,775 (1.9%)
9	Biddeford Ambulance Service - 4,446 (2.0%)	South Portland Fire Rescue - 4,709 (2.0%)	Waterville Fire Department - 4,686 (2.0%)	Waterville Fire Department - 4,624 (1.9%)	Waterville Fire Department - 4,563 (1.8%)
10	South Portland Fire Rescue - 4,413 (2.0%)	Northern Light Mayo Hospital - 4,496 (1.9%)	Northern Light Mayo Hospital - 4,496 (1.9%)	South Portland Fire Rescue - 4,368 (1.8%)	Biddeford Ambulance Service - 4,503 (1.8%)
11	Northern Light Mayo Hospital - 4,169 (1.9%)	Biddeford Ambulance Service - 4,366 (1.9%)	Biddeford Ambulance Service - 4,311 (1.8%)	Biddeford Ambulance Service - 4,341 (1.8%)	South Portland Fire Rescue - 4,420 (1.8%)
12	Brunswick Fire Department EMS - 3,510 (1.6%)	Waterville Fire Department - 4,347 (1.9%)	South Portland Fire Rescue - 4,199 (1.8%)	Northern Light Mayo Hospital - 4,248 (1.8%)	MaineHealth EMS - Stephens - 4,124 (1.6%)
13	Med-Care Ambulance Service - 3,249 (1.5%)	Westbrook Fire Rescue - 3,735 (1.6%)	Westbrook Fire Rescue - 3,873 (1.6%)	Brunswick Fire Department EMS - 3,838 (1.6%)	Redington Fairview EMS - 3,992 (1.6%)
14	Westbrook Fire Rescue - 3,243 (1.5%)	Brunswick Fire Department EMS - 3,568 (1.5%)	Brunswick Fire Department EMS - 3,654 (1.6%)	Westbrook Fire Rescue - 3,820 (1.6%)	Westbrook Fire Rescue - 3,932 (1.6%)

15	MaineHealth EMS - Stephens - 3,227 (1.5%)	MaineHealth EMS - Stephens - 3,518 (1.5%)	Gardiner Fire & Ambulance Department - 3,540 (1.5%)	MaineHealth EMS - Stephens - 3,724 (1.5%)	Brunswick Fire Department EMS - 3,847 (1.5%)
16	Redington Fairview EMS - 3,186 (1.4%)	Redington Fairview EMS - 3,387 (1.4%)	Scarborough Fire Department - 3,466 (1.5%)	Redington Fairview EMS - 3,608 (1.5%)	Northern Light Mayo Hospital - 3,714 (1.5%)
17	Scarborough Fire Department - 3,171 (1.4%)	Gardiner Fire & Ambulance Department - 3,313 (1.4%)	Redington Fairview EMS - 3,445 (1.5%)	Saco Fire Department - 3,534 (1.5%)	Saco Fire Department - 3,595 (1.4%)
18	Saco Fire Department - 3,154 (1.4%)	Saco Fire Department - 3,282 (1.4%)	MaineHealth EMS - Stephens - 3,413 (1.5%)	Scarborough Fire Department - 3,522 (1.5%)	Scarborough Fire Department - 3,485 (1.4%)
19	Gardiner Fire & Ambulance Department - 3,060 (1.4%)	Scarborough Fire Department - 3,243 (1.4%)	Saco Fire Department - 3,370 (1.4%)	Gardiner Fire & Ambulance Department - 3,341 (1.4%)	Gardiner Fire & Ambulance Department - 3,459 (1.4%)
20	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%)	Sanford Fire Dept Ambulance Service - 3,264 (1.3%)	Med-Care Ambulance Service - 3,432 (1.4%)

Top 20 Agencies By Emergency Transports

	2021	2022	2023	2024	2025
1	United Ambulance Service - 8,421 (6.0%)	Portland Fire Department - 8,862 (6.0%)	Portland Fire Department - 9,580 (6.4%)	Portland Fire Department - 9,911 (6.4%)	Portland Fire Department - 10,274 (6.5%)
2	Portland Fire Department - 7,961 (5.7%)	United Ambulance Service - 8,209 (5.5%)	United Ambulance Service - 8,216 (5.5%)	United Ambulance Service - 8,363 (5.4%)	United Ambulance Service - 8,167 (5.2%)
3	Delta Ambulance - 7,215 (5.1%)	Northern Light Medical Transport - 6,215 (4.2%)	Northern Light Medical Transport - 6,423 (4.3%)	Northern Light Medical Transport - 6,600 (4.3%)	Northern Light Medical Transport - 6,814 (4.3%)
4	Northern Light Medical Transport - 6,133 (4.4%)	Bangor Fire Department - 6,048 (4.1%)	Bangor Fire Department - 6,299 (4.2%)	Bangor Fire Department - 6,027 (3.9%)	Bangor Fire Department - 6,714 (4.3%)
5	Bangor Fire Department - 5,461 (3.9%)	Delta Ambulance - 5,786 (3.9%)	Augusta Fire Department - 4,686 (3.1%)	Augusta Fire Department - 4,531 (2.9%)	Augusta Fire Department - 4,944 (3.1%)
6	Augusta Fire Department - 3,995 (2.9%)	Augusta Fire Department - 4,102 (2.8%)	MaineHealth EMS - Franklin - 4,061 (2.7%)	MaineHealth EMS - Franklin - 4,239 (2.8%)	MaineHealth EMS - Franklin - 4,228 (2.7%)
7	MaineHealth EMS - Franklin - 3,724 (2.7%)	MaineHealth EMS - Franklin - 3,992 (2.7%)	Delta Ambulance - 3,810 (2.5%)	Delta Ambulance - 3,754 (2.4%)	Auburn Fire Department - 3,922 (2.5%)
8	Auburn Fire Department - 3,402 (2.4%)	Auburn Fire Department - 3,625 (2.4%)	Auburn Fire Department - 3,743 (2.5%)	Auburn Fire Department - 3,548 (2.3%)	Delta Ambulance - 3,448 (2.2%)
9	Biddeford Ambulance Service - 3,076 (2.2%)	Waterville Fire Department - 3,047 (2.1%)	Waterville Fire Department - 3,265 (2.2%)	Waterville Fire Department - 3,221 (2.1%)	Biddeford Ambulance Service - 3,271 (2.1%)
10	South Portland Fire Rescue - 2,919 (2.1%)	Biddeford Ambulance Service - 3,010 (2.0%)	Biddeford Ambulance Service - 3,044 (2.0%)	Biddeford Ambulance Service - 3,089 (2.0%)	Waterville Fire Department - 3,179 (2.0%)
11	Northern Light Mayo Hospital - 2,682 (1.9%)	South Portland Fire Rescue - 3,007 (2.0%)	Northern Light Mayo Hospital - 2,894 (1.9%)	Brunswick Fire Department EMS - 2,969 (1.9%)	Redington Fairview EMS - 2,975 (1.9%)
12	Brunswick Fire Department EMS - 2,621 (1.9%)	Northern Light Mayo Hospital - 2,873 (1.9%)	South Portland Fire Rescue - 2,809 (1.9%)	South Portland Fire Rescue - 2,876 (1.9%)	Brunswick Fire Department EMS - 2,950 (1.9%)
13	Westbrook Fire Rescue - 2,532 (1.8%)	Brunswick Fire Department EMS - 2,701 (1.8%)	Westbrook Fire Rescue - 2,759 (1.8%)	Westbrook Fire Rescue - 2,790 (1.8%)	South Portland Fire Rescue - 2,918 (1.8%)
14	Redington Fairview EMS - 2,469 (1.8%)	Westbrook Fire Rescue - 2,668 (1.8%)	Brunswick Fire Department EMS - 2,743 (1.8%)	Northern Light Mayo Hospital - 2,725 (1.8%)	Westbrook Fire Rescue - 2,854 (1.8%)

15	Scarborough Fire Department - 2,327 (1.7%)	Redington Fairview EMS - 2,662 (1.8%)	Redington Fairview EMS - 2,665 (1.8%)	Redington Fairview EMS - 2,671 (1.7%)	Sanford Fire Dept Ambulance Service - 2,653 (1.7%)
16	Sanford Fire Dept Ambulance Service - 2,265 (1.6%)	Sanford Fire Dept Ambulance Service - 2,518 (1.7%)	Scarborough Fire Department - 2,569 (1.7%)	Sanford Fire Dept Ambulance Service - 2,648 (1.7%)	Scarborough Fire Department - 2,593 (1.6%)
17	Gardiner Fire & Ambulance Department - 2,148 (1.5%)	Presque Isle Fire Department - 2,411 (1.6%)	Sanford Fire Dept Ambulance Service - 2,535 (1.7%)	Scarborough Fire Department - 2,645 (1.7%)	Saco Fire Department - 2,540 (1.6%)
18	Saco Fire Department - 2,109 (1.5%)	Scarborough Fire Department - 2,385 (1.6%)	Gardiner Fire & Ambulance Department - 2,411 (1.6%)	Gardiner Fire & Ambulance Department - 2,425 (1.6%)	Gardiner Fire & Ambulance Department - 2,498 (1.6%)
19	MaineHealth EMS - Stephens - 2,036 (1.5%)	Gardiner Fire & Ambulance Department - 2,339 (1.6%)	Presque Isle Fire Department - 2,311 (1.5%)	Saco Fire Department - 2,422 (1.6%)	MaineHealth EMS - Stephens - 2,399 (1.5%)
20	Med-Care Ambulance Service - 1,963 (1.4%)	Saco Fire Department - 2,270 (1.5%)	Saco Fire Department - 2,301 (1.5%)	MaineHealth EMS - Stephens - 2,312 (1.5%)	Northern Light Mayo Hospital - 2,359 (1.5%)

Top 20 Agencies By Interfacility Transfers

	2021	2022	2023	2024	2025
1	Northeast Mobile Health Services - 13,566 (23.3%)	Northeast Mobile Health Services - 10,723 (20.0%)	Northeast Mobile Health Services - 7,989 (15.0%)	MaineHealth EMS - Franklin - 9,884 (17.5%)	MaineHealth EMS - IFT - 9,335 (16.2%)
2	Delta Ambulance - 7,267 (12.5%)	Delta Ambulance - 6,140 (11.5%)	Northern Light Medical Transport - 6,345 (11.9%)	Northeast Mobile Health Services - 7,953 (14.0%)	Northeast Mobile Health Services - 7,377 (12.8%)
3	United Ambulance Service - 6,537 (11.2%)	Stewarts Ambulance Service Inc. - 5,970 (11.1%)	MaineHealth EMS - Franklin - 6,048 (11.3%)	Northern Light Medical Transport - 5,746 (10.1%)	Northern Light Medical Transport - 4,606 (8.0%)
4	Stewarts Ambulance Service Inc. - 5,839 (10.0%)	Northern Light Medical Transport - 5,806 (10.8%)	United Ambulance Service - 5,527 (10.4%)	United Ambulance Service - 5,171 (9.1%)	Delta Ambulance - 4,604 (8.0%)
5	Northern Light Medical Transport - 5,672 (9.8%)	United Ambulance Service - 5,767 (10.8%)	Delta Ambulance - 5,430 (10.2%)	Delta Ambulance - 4,325 (7.6%)	United Ambulance Service - 4,338 (7.5%)
6	MaineHealth EMS - Franklin - 1,398 (2.4%)	MaineHealth EMS - Franklin - 1,469 (2.7%)	Stewarts Ambulance Service Inc. - 3,943 (7.4%)	Casco Bay Ambulance Service Inc. - 3,111 (5.5%)	Casco Bay Ambulance Service Inc. - 3,924 (6.8%)
7	Redington Fairview EMS - 1,371 (2.4%)	Redington Fairview EMS - 1,339 (2.5%)	Casco Bay Ambulance Service Inc. - 1,436 (2.7%)	LifeFlight of Maine - 2,643 (4.7%)	LifeFlight of Maine - 3,081 (5.3%)
8	Med-Care Ambulance Service - 1,263 (2.2%)	G & H Ambulance Service - 1,299 (2.4%)	Redington Fairview EMS - 1,428 (2.7%)	G & H Ambulance Service - 1,611 (2.8%)	G & H Ambulance Service - 1,968 (3.4%)
9	G & H Ambulance Service - 1,233 (2.1%)	Northern Light Mayo Hospital - 1,125 (2.1%)	G & H Ambulance Service - 1,380 (2.6%)	Redington Fairview EMS - 1,340 (2.4%)	Redington Fairview EMS - 1,506 (2.6%)
10	Crown Ambulance - 1,139 (2.0%)	MaineHealth EMS - Stephens - 1,122 (2.1%)	MaineHealth EMS - Stephens - 1,110 (2.1%)	MaineHealth EMS - Stephens - 1,192 (2.1%)	MaineHealth EMS - Franklin - 1,469 (2.5%)
11	MaineHealth EMS - Stephens - 1,133 (1.9%)	American Medical Response FEMA - 1,098 (2.0%)	Northern Light Mayo Hospital - 1,027 (1.9%)	Northern Light Mayo Hospital - 1,014 (1.8%)	MaineHealth EMS - Stephens - 1,308 (2.3%)
12	Northern Light Mayo Hospital - 1,124 (1.9%)	Med-Care Ambulance Service - 1,025 (1.9%)	Med-Care Ambulance Service - 991 (1.9%)	Crown Ambulance - 983 (1.7%)	United Ambulance-Bridgton - 1,051 (1.8%)
13	Central Maine Highlands Fire & EMS District No. 1 - 1,034 (1.8%)	Crown Ambulance - 1,002 (1.9%)	Crown Ambulance - 959 (1.8%)	Med-Care Ambulance Service - 927 (1.6%)	Stewarts Ambulance Service Inc. - 961 (1.7%)
14	Central Lincoln County Ambulance - 725 (1.2%)	Central Maine Highlands Fire & EMS District No. 1 - 904 (1.7%)	Central Lincoln County Ambulance - 616 (1.2%)	Stewarts Ambulance Service Inc. - 773 (1.4%)	Med-Care Ambulance Service - 882 (1.5%)

15	WCEMSA dba Downeast EMS - 570 (1.0%)	Central Lincoln County Ambulance - 639 (1.2%)	Central Maine Highlands Fire & EMS District No. 1 - 609 (1.1%)	Peninsula Ambulance Corps - 681 (1.2%)	Crown Ambulance - 840 (1.5%)
16	Sebasticook Valley Hospital Ambulance - 544 (0.9%)	Peninsula Ambulance Corps - 551 (1.0%)	Peninsula Ambulance Corps - 575 (1.1%)	Central Maine Highlands Fire & EMS District No. 1 - 679 (1.2%)	Peninsula Ambulance Corps - 830 (1.4%)
17	Peninsula Ambulance Corps - 521 (0.9%)	Anson Madison Starks Ambulance Service - 472 (0.9%)	Sebasticook Valley Hospital Ambulance - 482 (0.9%)	Central Lincoln County Ambulance - 570 (1.0%)	Northern Light Mayo Hospital - 801 (1.4%)
18	Belfast Ambulance & Rescue Service - 471 (0.8%)	Caribou Fire - Ambulance - 429 (0.8%)	Anson Madison Starks Ambulance Service - 432 (0.8%)	Sebasticook Valley Hospital Ambulance - 563 (1.0%)	Central Maine Highlands Fire & EMS District No. 1 - 711 (1.2%)
19	Calais Fire-EMS - 418 (0.7%)	Ambulance Service Inc - 429 (0.8%)	Caribou Fire - Ambulance - 413 (0.8%)	Machias Ambulance Service - 513 (0.9%)	Machias Ambulance Service - 629 (1.1%)
20	Caribou Fire - Ambulance - 410 (0.7%)	Waterville Fire Department - 412 (0.8%)	Ambulance Service Inc - 398 (0.7%)	United Ambulance- Bridgton - 503 (0.9%)	Central Lincoln County Ambulance - 607 (1.1%)

Agency	Licensed Until	Current Level	Current Permit Level	Staff	Vehicle(s)	Location(s)
<i>New agency in 2025</i>						
<i>Agency license expiration during 2025</i>						
<i>Agency license expiration prior to 2025</i>						
(MD-3) Kennebec County EMA	11/2025	EMR	Paramedic	12	1	2
Action Ambulance Service	11/2025	EMT	Paramedic	10	4	3
Acton Fire - Rescue	11/2026	EMT	Paramedic	42	7	1
Albion Fire - Rescue	11/2026	EMT	Paramedic	45	11	1
Alexander VFD First Responder Unit	11/2025	EMR	EMT	20	9	1
Alfred Rescue Squad	11/2025	EMT	Paramedic	40	6	2
Ambulance Service Inc	11/2025	EMT	Paramedic	39	6	1
American Ambulance Service	03/2019			96	16	3
American Medical Response	11/2025	EMT	Paramedic	104	3	3
American Medical Response FEMA				35	9	10
Andover Fire Dept	11/2025	EMT	EMT	20	8	1
Androscoggin County Sheriff Department	11/2026	EMD Center		19	0	0
Anson Madison Starks Ambulance Service	11/2026	EMT	Paramedic	43	4	1
Aroostook Critical Care Transport				22	3	1
Aroostook Region 5 EMS Council, Inc	06/2025	Training Center - BLS		6	0	0
Arthur Jewell Health Center	01/2019			5	2	1
Arundel Fire - Rescue	11/2025	EMT	Paramedic	40	6	1
Ashland Ambulance Service	11/2026	EMT	Paramedic	18	4	2
Auburn Fire Department	11/2026	EMT	Paramedic	68	17	3
Augusta Fire Department	11/2025	Paramedic	Paramedic	80	26	5
Augusta Police Department	11/2018			14	0	0
Aurora Volunteer Fire Dept.	11/2026	EMT	EMT	17	7	1
Bangor Fire Department	11/2026	Paramedic		96	36	3
Bangor Police & Fire Dispatch	11/2018			12	0	0
Bar Harbor Fire Dept	11/2025	EMT	Paramedic	29	13	2
Bates EMS	11/2026	EMT		49	2	1
Bath Fire Department	11/2026	AEMT	Paramedic	32	11	1
Bath Iron Works Rescue	11/2026	EMT		18	4	1
Beech Ridge Speedway Ambulance	07/2022			7	0	1
Belfast Ambulance & Rescue Service	11/2025	EMT	Paramedic	38	20	1
Belgrade Fire Department	11/2025	EMT	Paramedic	38	11	4
Belmont Vol. Fire and Rescue	05/2018			9	3	1
Berwick Fire Department	11/2026	EMR	EMT	32	10	1

Bethel Ambulance Service	11/2025	EMT	Paramedic	39	2	2
Biddeford Ambulance Service	11/2026	AEMT	Paramedic	76	20	1
Biddeford Public Safety Communications Center	11/2026	EMD Center		20	0	0
Boothbay Region Ambulance	11/2026	EMT	Paramedic	38	5	2
Bowdoin First Responders	11/2026	EMR	EMT	13	11	2
Bowdoinham Fire & Rescue	11/2025	EMR	EMT	24	7	1
Bradford Fire Department	11/2026	EMT		12	9	1
Bremen Rescue First Responders	11/2025	EMT	EMT	6	1	2
Brewer Fire Department	11/2025	EMT		41	6	1
Bristol Fire and Rescue	11/2026	EMR	EMT	28	13	1
Brooklin Volunteer Fire Dept Inc	11/2025	EMR	EMT	25	6	1
Brooks Ambulance Inc.	11/2026	EMT	Paramedic	37	2	1
Brownville Fire Department	11/2026	EMR	Paramedic	32	13	2
Brunswick Fire Department EMS	11/2025	AEMT	Paramedic	50	11	2
Brunswick Police Department Communications Division	11/2026	EMD Center		17	0	0
Buckfield Rescue Dept.	11/2026	EMT	Paramedic	45	3	2
Bucksport Fire Department	11/2026	EMT	Paramedic	45	14	1
Burlington Municipal Fire & Rescue Department	07/2020			6	6	1
Buxton Fire & Rescue	11/2025	EMT	Paramedic	48	5	3
Calais Fire-EMS	11/2026	EMT	Paramedic	60	24	3
Camden Fire Department	11/2025	EMR	Paramedic	40	7	2
Canaan Municipal Fire & Rescue	11/2026	EMR	EMT	16	8	1
Cape Elizabeth Fire Rescue	11/2026	EMT	Paramedic	103	37	3
CarePlus Ambulance Service dba North Conway Ambulance Service	10/2020			9	2	3
Caribou Fire - Air Ambulance Service	09/2018			28	2	1
Caribou Fire - Ambulance	11/2026	AEMT	Paramedic	47	12	1
Carmel Fire & Rescue	11/2026	EMT	Paramedic	157	7	1
Carrabassett Valley Fire - Rescue	11/2026	EMR	EMT	31	6	2
Casco Bay Ambulance Service Inc.	11/2026	EMT	Paramedic	67	6	1
Casco Fire & Rescue	11/2025	EMT	Paramedic	34	8	2
Castine Fire and Rescue	11/2025	EMR		73	8	1
Central Aroostook Ambulance Service	11/2026	EMT	Paramedic	24	3	2
Central Lincoln County Ambulance	11/2026	EMT	Paramedic	41	11	1
Central Maine Consolidated Emerg Comm Bureau	11/2026	EMD Center		30	0	1

Central Maine Highlands Fire & EMS District No. 1	11/2026	EMT	Paramedic	27	17	1
Charles A Dean Ambulance Service	11/2025	EMT	Paramedic	43	5	1
Charlotte Volunteer Fire Department	11/2025	EMT	EMT	8	6	1
Chebeague Island Rescue	11/2026	EMT	Paramedic	24	6	1
Cherryfield Ambulance Service	11/2023			25	1	1
Chesterville Fire & EMS	08/2019			21	5	1
China Rescue Squad	11/2025	EMR		11	2	1
Clinton Fire Dept Ambulance Service	11/2026	EMT	Paramedic	55	16	1
Corinth Fire Department	11/2025	EMT	Paramedic	28	11	1
County Ambulance Service Inc	01/2019			7	7	1
County Regional Emergency Services Unit	11/2021			7	0	1
Cranberry Isles Rescue	11/2026	EMT		14	2	2
Crown Ambulance	11/2025	EMT	Paramedic	53	7	7
Crown Ambulance Limestone				4	1	1
Cumberland County Regional Communications Center	11/2026	EMD Center		37	0	0
Cumberland Fire Department	11/2025	EMT	Paramedic	65	5	2
Cundy's Harbor Fire Dept	11/2025	EMT	Paramedic	61	48	1
Cushing Rescue Squad	11/2025	EMT	Paramedic	24	3	1
Cutler Fire Dept NCTAMS LANT Detachment Cutler	11/2023			16	2	1
Dedham Fire Department	11/2026	EMR		17	10	2
Delta Ambulance	11/2025	Paramedic		119	21	2
Delta Education Training Center	11/2025	Training Center - BLS		30	0	0
Denmark Fire Rescue Department	11/2025	EMR	EMT	10	6	1
Denny River Volunteer Fire & Ambulance	11/2026	EMT		16	10	1
Dept of Public Safety - Bangor	11/2026	EMD Center		28	0	0
Dept of Public Safety - Gray	11/2018			17	0	0
Detroit Fire & Rescue	11/2025	EMR	EMT	9	4	1
Dixmont Fire Rescue	11/2026	EMT	EMT	14	8	2
Dover-Foxcroft Fire Department	11/2026	EMT	Paramedic	53	20	1
Durham Fire & Rescue	11/2025	EMT	Paramedic	49	11	1
East Millinocket Fire Department	11/2026	EMT	Paramedic	43	12	1
Eastbrook First Responder	11/2025	EMT		6	4	1
Eastern Maine Community College	11/2029	Training Center - Paramedic		340	1	1

Eddington Fire Dept	11/2026	EMT	Paramedic	39	9	1
Edgecomb Fire Department	11/2026	EMR	EMT	17	10	1
Effingham Fire & Rescue-NH	01/2020			2	0	1
Ellsworth Fire Department	11/2025	EMT		32	9	1
Etna Volunteer Fire and Rescue	11/2026	EMR	EMT	18	6	1
Eustis Fire Department	11/2025	EMR	EMT	20	11	1
Fairfield Fire Rescue	11/2026	EMT	Paramedic	27	9	1
Falmouth Fire - EMS	11/2025	EMT	Paramedic	69	3	6
Farmington Fire Rescue	11/2025	EMR	EMT	14	7	1
Fort Fairfield Fire Rescue	11/2026	EMT	Paramedic	39	10	1
Franklin County Regional Communications Center	11/2026	EMD Center		19	0	0
Freeport Fire Department	11/2026	EMT	Paramedic	61	13	1
Frye Island Rescue Service	11/2025	EMT		16	1	1
Fryeburg Rescue	11/2026	EMT	Paramedic	43	6	1
G & H Ambulance Service	11/2026	EMT	Paramedic	24	3	2
Gardiner Fire & Ambulance Department	11/2025	Paramedic		33	13	1
Georgetown Fire Department & Ambulance	11/2026	EMT	Paramedic	36	9	1
Glenburn Fire Department	11/2025	EMT	Paramedic	43	12	1
Gorham Fire Department	11/2026	EMT	Paramedic	93	17	1
Gouldsboro Fire Department	11/2025	EMT	Paramedic	25	13	3
Gray Fire - Rescue	11/2026	EMT	Paramedic	46	5	1
Greenbush Fire Dept	11/2025	EMR	EMT	12	4	2
Greene Fire Dept Rescue	11/2026	EMT		18	7	1
Greenville Fire & Rescue	11/2025	EMR	EMT	23	11	1
Greenwood First Responders	11/2026	EMR	EMT	11	11	1
Guilford Fire First Responders	11/2025	EMR	EMT	5	2	1
Hampden Fire Department	11/2026	EMT	Paramedic	34	31	2
Hancock County RCC / 9-1-1	11/2026	EMD Center		17	0	0
Hancock Vol Fire Department	11/2026	EMR	EMT	4	7	1
Harmony Regional Ambulance Service	11/2026	EMT	Paramedic	14	2	1
Harpswell Neck Fire & Rescue	11/2026	Paramedic	Paramedic	96	56	1
Harrison Fire - Rescue First Responder Service	11/2025	EMR		11	4	1
Hermon Fire Department	11/2026	EMT	Paramedic	31	29	1
Hermon Volunteer Rescue	11/2025	EMT	Paramedic	19	8	1
Holden Fire Rescue	11/2025	EMR		32	11	1

Hollis Fire - Rescue	11/2026	EMT	Paramedic	39	6	2
Houlton Ambulance Service	11/2025	EMT	Paramedic	24	4	1
Houlton Regional Communications Center	11/2026	EMD Center		23	0	1
Hudson Fire Department	11/2026	EMR	Paramedic	16	8	2
Industry Fire Department	11/2025	EMR	EMT	11	3	1
Island Falls Ambulance Service	11/2026	EMT	Paramedic	52	2	1
Isle au Haut Rescue	11/2021			4	0	1
Islesboro Ambulance Service	11/2025	EMT	Paramedic	28	2	1
Jackman-Moose River Fire & Rescue Department	11/2026	EMT	EMT	17	10	1
Jay Fire and Rescue	11/2025	EMR	EMT	40	6	1
Jefferson Fire and Rescue	11/2026	EMR	EMT	23	7	1
Kenduskeag Fire - Rescue	11/2025	EMR		22	13	1
Kennebec Valley Community College	11/2029	Training Center - Paramedic		384	0	1
Kennebunk Fire Rescue	11/2025	EMT	Paramedic	64	21	1
Kennebunkport Communications Dept.	11/2018			7	0	0
Kennebunkport EMS	11/2025	EMT	Paramedic	43	1	1
Kingfield Fire - Rescue	11/2025	EMR	EMT	19	8	1
Kittery Police Department	11/2026	EMD Center		9	0	0
Knox Regional Communications Center	11/2026	EMD Center		18	0	0
Lebanon Fire-EMS	11/2025	EMT	Paramedic	39	17	1
Lee Fire Rescue	11/2025	EMT	Paramedic	27	5	1
Levant Fire Department	11/2025	EMT	Paramedic	39	14	1
Lewiston/Auburn 9-1-1	11/2026	EMD Center		23	0	1
Liberty Fire & Rescue	11/2026	EMT	Paramedic	40	3	1
LifeFlight of Maine	11/2025	Paramedic		127	34	5
LifeFlight of Maine Ground	11/2023			14	4	1
Limerick Rescue	11/2025	EMT	Paramedic	41	8	1
Limington Fire and EMS	11/2025	EMT	Paramedic	41	11	3
Lincoln County 9-1-1	10/2026	EMD Center		20	0	0
Lincoln Fire Department	11/2025	EMT	Paramedic	43	9	1
Lisbon Emergency Inc.	11/2025	EMT	Paramedic	51	5	1
Litchfield Fire & Rescue	11/2025	EMT	EMT	16	17	2
Livermore Falls Fire Dept.	11/2022			10	13	1
Livermore Fire Rescue	11/2026	EMR	EMT	13	5	1
Long Island Volunteer Rescue	11/2025	EMT	EMT	14	8	1

Lowell Fire and Rescue Department	11/2022			3	6	1
Machias Ambulance Service	11/2025	EMT	Paramedic	37	5	1
Madawaska Ambulance Service	11/2025	EMT	Paramedic	31	3	1
Maine General Medical Center DBA Jackman Area Volunteer Ambulance	04/2018			4	0	1
Maine Medical Center	11/2025	EMT	EMT	78	5	1
Maine State Police Medical Unit	11/2025	EMT	Paramedic	6	0	2
MaineHealth EMS - Franklin	11/2025	EMT	Paramedic	168	16	5
MaineHealth EMS - IFT	11/2025	EMT	Paramedic	218	20	3
MaineHealth EMS - Stephens	11/2025	Paramedic		83	9	2
Mariaville Volunteer Fire Department	11/2025	EMR	EMT	15	5	1
Mechanic Falls Fire Department	11/2026	EMT		10	3	1
Med-Care Ambulance Service	11/2026	AEMT	Paramedic	74	11	1
Medway Fire Department	11/2026	EMT		27	8	1
Memorial Ambulance Corps	11/2026	EMT	Paramedic	66	3	1
Meridian Mobile Health LLC dba Capital Ambulance	03/2019			17	4	5
Mid Coast Hospital Interceptor	11/2026	Paramedic		28	4	1
Milford Fire Department	11/2026	EMT	Paramedic	39	10	1
Millinocket Fire Department Ambulance Service	11/2026	EMT	Paramedic	17	10	1
Milo Fire Department	11/2026	EMR	EMT	24	11	1
Minot Fire Department	11/2026	EMT		29	10	3
Monson Fire Dept First Responders	11/2025	EMR		16	5	1
Moosabec Ambulance	11/2025	EMT	Paramedic	21	2	1
Mount Desert Fire-Rescue Department	11/2025	EMT	Paramedic	31	3	3
Mount Vernon Rescue	11/2026	EMT		8	2	1
MVR #4 UTC EMS Training Center	09/2028	Training Center - BLS		21	0	0
Naples Fire Department	11/2026	EMT	Paramedic	52	6	1
National EMS Institute (NEI)	10/2025			11	0	1
New Gloucester Fire & Rescue	11/2025	EMT	Paramedic	39	3	2
New Portland Fire - Rescue	11/2021			7	0	2
New Sharon Fire Rescue	11/2026	EMR	EMT	14	5	1
Newburgh Rescue	11/2026	EMR	EMT	7	3	1
Newfield Rescue Squad	11/2026	EMT	Paramedic	33	8	2
Newport Fire Department	11/2026	EMT	Paramedic	45	11	1
Nobleboro Fire Rescue	11/2025	EMT	EMT	30	8	2
Norridgewock Fire Department	06/2024			25	8	1

North Berwick Rescue Squad Inc	11/2026	EMT	Paramedic	30	6	1
North Haven EMS	11/2026	EMT		23	2	1
North Haven RRAAS	11/2024			24	0	1
North Yarmouth Fire Rescue	11/2026	EMT	Paramedic	41	9	1
Northeast Harbor Ambulance Service, Inc.	11/2022			4	3	3
Northeast Mobile Health Services	11/2026	AEMT	Paramedic	130	20	3
Northern Light Mayo Hospital	11/2025	EMT	Paramedic	67	13	3
Northern Light Medical Transport	11/2025	EMT	Paramedic	125	27	7
Northern Maine Community College	12/2029	Training Center - Paramedic		157	2	1
Northport First Responders	11/2026	EMR	EMT	9	2	2
Oakfield Fire Department	11/2025	EMR	EMT	11	10	1
Oakland Fire- Rescue	11/2025	EMT		41	16	2
Ogunquit Fire Rescue	11/2025	EMT	Paramedic	37	9	1
Old Orchard Beach EMS	11/2025	EMT	Paramedic	60	20	1
Old Town Fire Dept	11/2025	EMT	Paramedic	33	11	1
Old Town Fire Dept RRAAS	11/2023			11	1	1
Orono Fire - Rescue	11/2025	EMT	Paramedic	36	14	1
Orrington Fire Dept.	11/2026	EMT	Paramedic	26	9	1
Orrs/Bailey Island Fire Department	11/2025	EMT	Paramedic	60	50	2
Osborn Municipal Vol Fire Dept	11/2026	EMR		7	3	1
Otisfield Fire Department	11/2025	EMT		12	6	3
Oxford County Regional Communications Center	11/2026	EMD Center		26	0	0
Oxford Fire Rescue	11/2025	EMT	Paramedic	34	9	1
Palermo Rescue				5	0	1
Palermo Volunteer Fire Department Inc.	11/2025	EMR	EMT	18	5	1
Paris Fire Department	11/2026	EMR	EMT	8	5	1
Passadumkeag Volunteer Fire Dept	05/2017			3	1	1
Passamaquoddy Indian Township Fire & Rescue	11/2026	EMT	Paramedic	31	5	1
Patten Ambulance Service	11/2025	EMT	Paramedic	22	4	1
Peninsula Ambulance Corps	11/2026	EMT	Paramedic	32	3	1
Penobscot Regional Communications Center	11/2026	EMD Center		41	0	0
Petit Manan Ambulance	03/2023			22	1	2
Phippsburg Fire & Rescue Department	11/2026	EMT	Paramedic	46	10	2
Piscataquis County Sheriff's Dept.	11/2026	EMD Center		16	0	0

Pleasant River Ambulance Service	11/2026	EMT	Paramedic	24	6	1
Plymouth Fire Department	11/2026	EMT	EMT	26	11	2
Poland Fire Rescue	11/2025	EMT	Paramedic	45	7	1
Portland Fire Department	11/2025	Paramedic		268	113	18
Portland Regional Communications Center	11/2026	EMD Center		38	0	1
Pownal Fire Dept First Responders	11/2026	EMR	EMT	30	7	2
Presque Isle Fire Department	11/2025	AEMT	Paramedic	64	15	1
Rangeley Fire Rescue	11/2026	EMR	EMT	10	3	1
Raymond Rescue	11/2026	EMT	Paramedic	43	12	2
Redington Fairview EMS	11/2026	Paramedic		46	5	1
Richmond Fire Department	11/2026	EMR		28	8	1
Rockland Fire & EMS	11/2025	AEMT	Paramedic	39	18	1
Rockport Fire Department	11/2025	EMT	Paramedic	40	12	2
Rockwood Fire - EMS	11/2026	EMR		17	9	1
Rome Fire & Rescue	11/2025	EMR	EMT	14	13	1
Rumford Fire Department	11/2026	EMT	EMT	21	9	1
Sabattus Fire Rescue	11/2026	EMT		42	10	3
Saco Fire Department	11/2025	AEMT	Paramedic	65	18	1
Saco Police Department	11/2026	EMD Center		18	0	1
Sacopee Rescue Inc	11/2026	EMT	Paramedic	29	5	1
Sagadahoc County Communications	11/2026	EMD Center		23	0	0
Saint Albans Fire Department	11/2025	EMT		17	13	2
Sanford Fire Dept Ambulance Service	11/2025	AEMT	Paramedic	73	22	2
Sanford Regional Communications Center	11/2026	EMD Center		30	0	1
Scarborough Downs EMS	02/2021			6	1	1
Scarborough Fire Department	11/2025	EMT	Paramedic	181	34	6
Scarborough Public Safety Communications	11/2026	EMD Center		26	0	1
Searsmont Rescue	11/2025	EMT		16	2	2
Searsport Ambulance Service	11/2026	EMT	Paramedic	31	4	1
Sebago Fire EMS	11/2026	EMT	Paramedic	31	11	4
Sebasticook Valley Hospital Ambulance	11/2025	EMT	Paramedic	47	3	2
Shapleigh Rescue Squad	11/2026	EMT	Paramedic	43	1	1
Sidney Fire Department	11/2026	EMR	Paramedic	18	11	4
Sipayik Ambulance Corps	11/2022			30	2	1
Skowhegan Fire Department	11/2026	EMR	EMT	33	14	1
Smithfield Fire Department	11/2025	EMR	EMT	10	6	1
Somerset County Communications Center	11/2026	EMD Center		22	0	0

Sorrento Rescue	06/2020			9	5	2
South Berwick Emergency Dispatch	11/2018			1	0	1
South Berwick Fire Department				24	8	1
South Bristol Volunteer Fire Department	11/2025	EMR		14	9	2
South Portland Fire Rescue	11/2026	EMT	Paramedic	110	18	3
South Thomaston Ambulance Service	11/2026	EMT	Paramedic	29	3	1
Southern Aroostook EMS	11/2026	EMT	Paramedic	24	5	1
Southern Maine Community College	11/2029	Training Center - Paramedic		577	1	2
Southern Maine Emergency Medical Services	11/2019			3	0	0
Southwest Harbor / Tremont Ambulance Service Inc	11/2025	EMT	Paramedic	28	5	2
Southwest Harbor Fire Dept	11/2026	EMR	EMT	25	8	1
St George Ambulance	11/2025	EMT	Paramedic	29	3	1
Standish Fire - EMS	11/2025	EMT	Paramedic	91	19	1
Stetson Fire Rescue	07/2020			6	4	1
Stewarts Ambulance Service Inc.	11/2025	EMT	Paramedic	107	35	3
Stockton Springs Ambulance Service	11/2026	EMT	Paramedic	42	5	1
Stoneham Rescue Service	11/2026	EMT	Paramedic	46	2	2
Sullivan Fire Rescue	11/2025	EMT		16	9	1
Swan's Island Ambulance	11/2026	EMT		26	1	2
Testing Fire Department				0	0	0
Thomaston Fire and EMS	11/2026	EMT	Paramedic	31	12	1
Three Rivers Ambulance Service	11/2025	EMT	Paramedic	28	2	1
Topsham Fire - EMS	11/2026	EMT	Paramedic	49	16	1
Town of Dayton DBA / Goodwins Mills Fire-Rescue	11/2025	EMT	Paramedic	50	6	1
Town of Lisbon Fire Service	11/2026	EMR	EMT	18	13	1
Town of Mercer Rescue	11/2025	EMT	EMT	6	0	1
Town of Milbridge DBA Bold Coast EMS	11/2025	EMT		33	2	2
Town of Springfield	11/2021			15	5	3
Trackside Ambulance Service	11/2022			18	1	1
Tri-County Emergency Medical Services, Inc	12/2024			44	1	1
Tri-Town Ambulance Service	11/2018			1	3	1
Turner Rescue	11/2025	EMT	Paramedic	40	3	1
U.S. Border Patrol Medical Response Team	11/2025	EMT	Paramedic	2	1	8
Union Fire-Rescue	11/2025	EMT	Paramedic	60	7	1

United Ambulance- Bridgton	11/2026	EMT	Paramedic	45	11	1
United Ambulance Communications Center	12/2021			15	0	0
United Ambulance Service	11/2025	EMT	Paramedic	97	35	2
United Ambulance Training Center	08/2026	Training Center - Paramedic		569	1	0
Unity Ambulance Corps	11/2025	EMT	Paramedic	46	4	1
University of New England	11/2026	EMT		30	0	1
University Volunteer Ambulance Corps	11/2026	EMT	Paramedic	75	4	1
Upper Kennebec Valley Ambulance	11/2025	EMT	Paramedic	39	2	1
Van Buren Ambulance Service	11/2025	EMT	Paramedic	37	7	1
Vassalboro First Responders	11/2025	EMR		21	3	2
Veazie Fire Department	11/2025	EMR		13	10	1
Vinalhaven Ambulance	11/2026	EMT		22	3	1
Vinalhaven RRAAS	11/2024			16	1	1
Waldo County RCC	11/2026	EMD Center		20	0	0
Waldoboro Emergency Medical Services	11/2026	EMT	Paramedic	48	6	2
Wales Rescue	11/2025	EMR	EMT	13	2	1
Waltham Municipal Vol Fire Dept	11/2025	EMT		1	4	1
Warren Rescue	11/2025	EMT	Paramedic	32	2	1
Washington County Community College	03/2029	Training Center - BLS		40	0	0
Washington County Regional Communications Center	11/2026	EMD Center		27	0	0
Waterboro Fire Dept Rescue	11/2026	EMT	Paramedic	38	7	1
Waterville Fire Department	11/2025	EMT	Paramedic	63	34	1
Waterville Police Department	11/2026	EMD Center		17	0	0
WCEMSA dba Downeast EMS	11/2025	EMT	Paramedic	39	13	3
Weld Volunteer Fire & EMS	11/2026	EMR	EMT	5	4	1
Wells Emergency Medical Services	11/2025	AEMT	Paramedic	53	7	1
Wells Fire Department Rescue	11/2025	EMT	Paramedic	23	10	1
Wells Public Safety Dispatch	10/2026	EMD Center		19	0	0
West Bath Fire Dept	11/2025	EMT		16	8	1
West Forks Volunteer Fire Department	11/2025	EMR		14	4	2
Westbrook Communications	11/2026	EMD Center		17	0	0
Westbrook Fire Rescue	11/2025	Paramedic	Paramedic	70	11	2
Westbrook Medical Transport Service	09/2017			5	0	1
Westport Volunteer Fire Dept First Responders	11/2025	EMR	EMT	7	6	2

Whitefield Fire Department Rescue	11/2026	EMR	EMT	18	6	2
Wilson's Mills Fire Department	11/2025	EMR	EMT	15	4	1
Wilton Fire and Rescue	11/2025	EMR	EMT	5	6	1
Windham Fire Rescue	11/2026	EMT	Paramedic	72	18	3
Windsor Fire & Rescue	11/2026	EMR		16	7	1
Winslow Fire Department Rescue	11/2026	EMT	Paramedic	32	11	1
Winterport Volunteer Ambulance Service	11/2026	EMT	Paramedic	25	2	1
Winthrop Ambulance Service	11/2026	EMT	Paramedic	47	6	1
Wiscasset Ambulance Service	11/2026	EMT	Paramedic	39	3	1
Woodstock Fire Department	10/2021			19	10	1
Woolwich Fire Department	11/2026	EMT	Paramedic	47	11	2
Yarmouth Fire Rescue	11/2026	EMT	Paramedic	54	16	1
York Ambulance Association Inc	11/2025	EMT	Paramedic	62	7	2
York Beach Volunteer Fire Department	11/2025	EMT		31	11	1
York Police Department	11/2026	EMD Center		18	0	0
York Village Fire Department	11/2025	EMT		37	14	1

Clinicians and Workforce

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

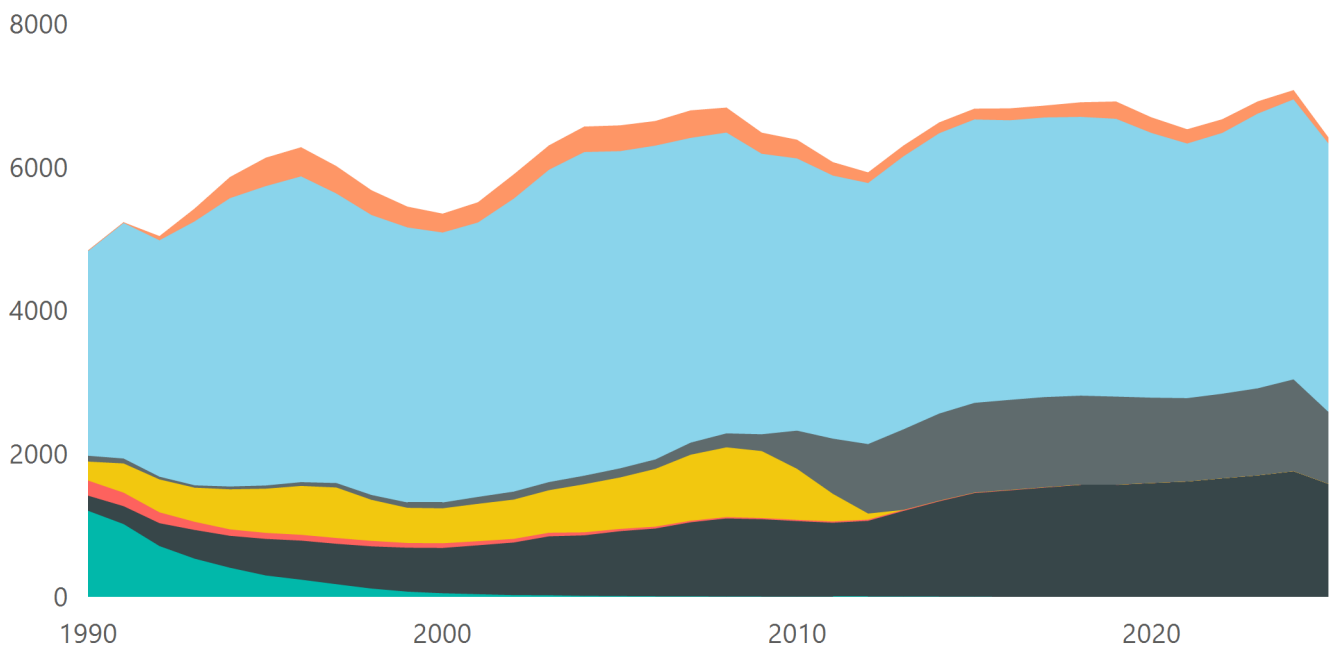
In 2023 Maine EMS kicked off a program to improve early exposure to EMS, the Maine EMS Explorer Program. Maine EMS is creating standardized Explorer trainings, which will be available for free to any interested person through the JMG Learning Management System (LMS). Trainings on the LMS will include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

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

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

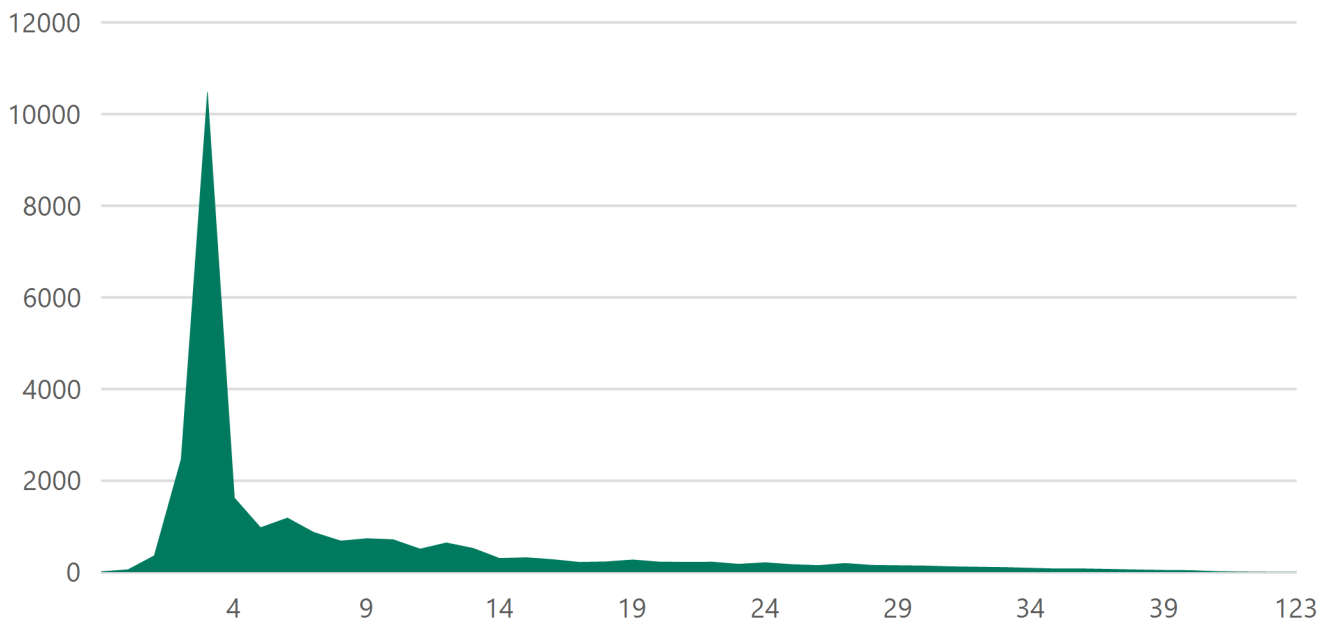
Licensed Clinicians

EMR EMT AEMT EMT I EMT CC Paramedic LAA



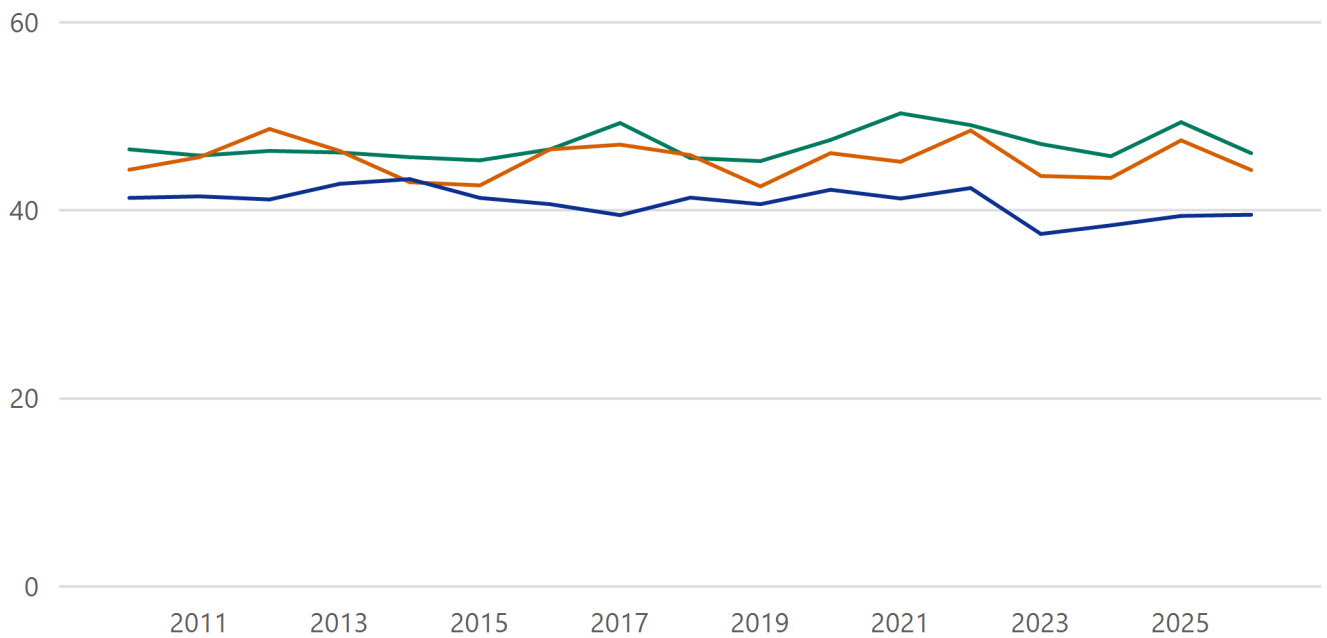
Licensure Duration

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

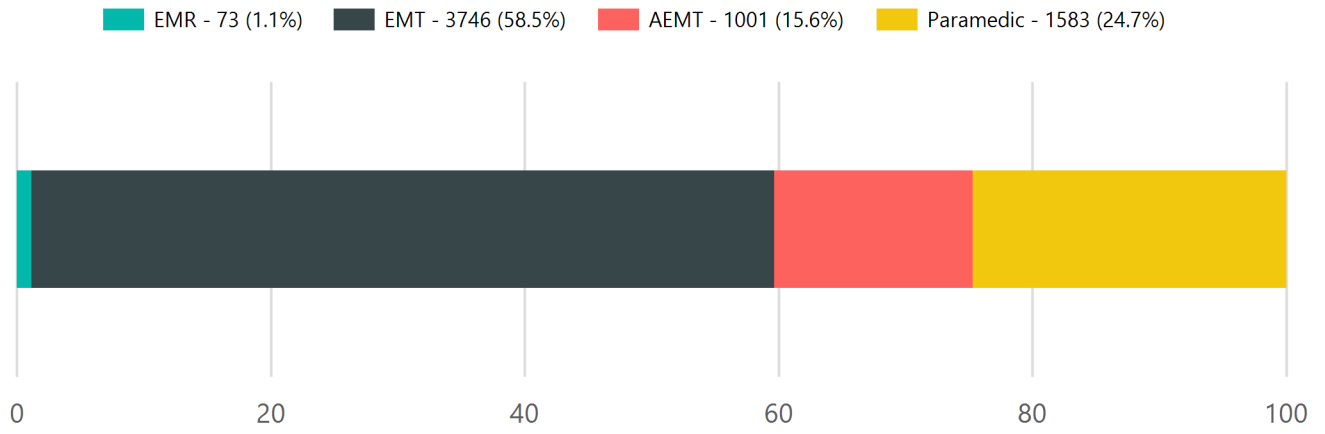


Licensed Clinician Average Age and Rurality

— Rural — Super Rural — Urban



Licensing Mix 2025



Emergency Medical Dispatch

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

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

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

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

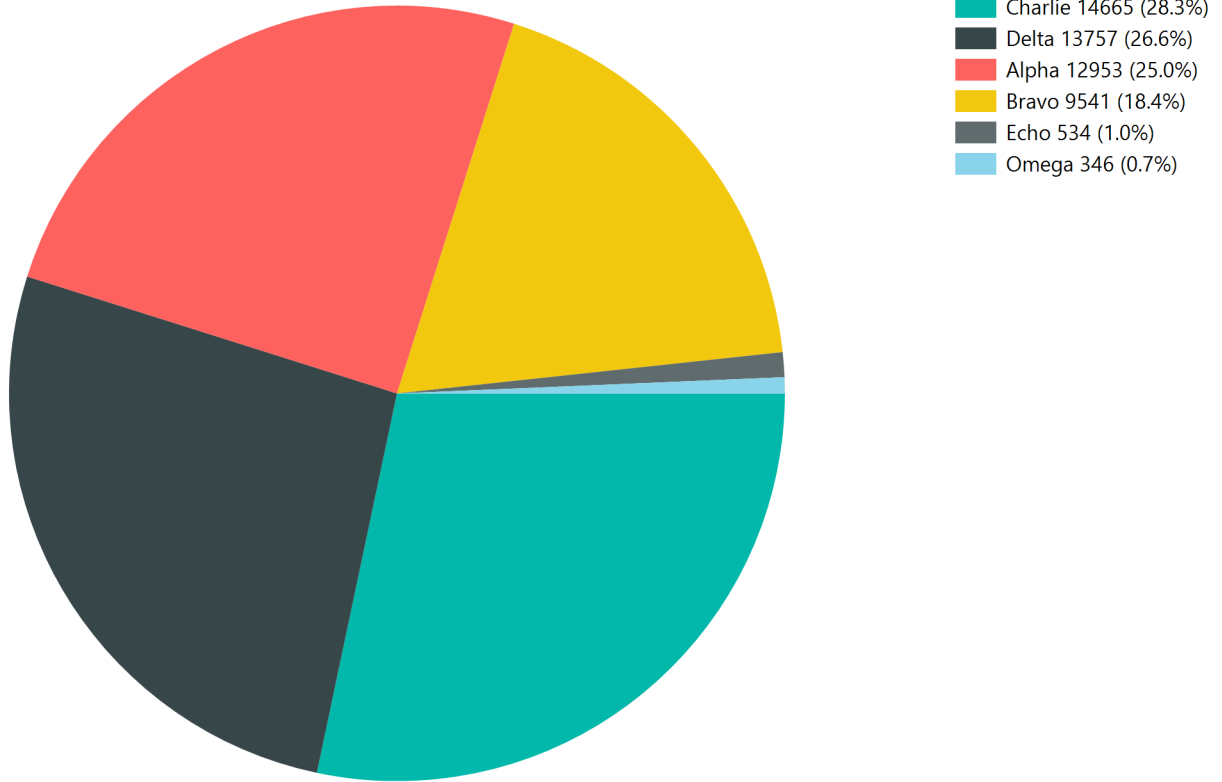
Communication Centers	Emergency Medical Dispatchers
Androscoggin County Sheriff Department (2000)	13
Biddeford Public Safety Communications Center (2010)	10
Brunswick Police Department Communications Division (2015)	13
Central Maine Consolidated Emerg Comm Bureau (2020)	24
Cumberland County Regional Communications Center (2025)	24
Dept of Public Safety - Bangor (2040)	18
Dept of Public Safety - Gray (2030)	0
Franklin County Regional Communications Center (2045)	12
Hancock County RCC / 9-1-1 (2050)	15
Houlton Regional Communications Center (2035)	17
Kittery Police Department (2056)	6
Knox Regional Communications Center (2055)	8
Lewiston/Auburn 9-1-1 (2060)	16
Lincoln County 9-1-1 (2065)	13
Oxford County Regional Communications Center (2070)	14
Penobscot Regional Communications Center (2075)	27
Piscataquis County Sheriff's Dept. (2080)	10
Portland Regional Communications Center (2085)	22
Saco Police Department (2091)	2
Sagadahoc County Communications (2090)	14
Sanford Regional Communications Center (2095)	21
Scarborough Public Safety Communications (2100)	15
Somerset County Communications Center (2105)	16
South Berwick Emergency Dispatch (2107)	0
United Ambulance Communications Center (2108)	0
Waldo County RCC (2110)	14
Washington County Regional Communications Center (2115)	19
Waterville Police Department (2116)	12
Wells Public Safety Dispatch (2117)	14
Westbrook Communications (2120)	11
York Police Department (2125)	9

EMD Protocol Number							
#	Description	2020	2021	2022	2023	2024	2025
01	Abdominal Pain/Problems	9715	10143	9760	9198	9506	8818
02	Allergic Reaction/Stings	2286	2922	2627	2289	2524	2224
03	Animal Bite	500	574	607	524	550	382
04	Assault	2455	2486	2468	2261	2470	1973
05	Back Pain (Non-Traumatic)	3690	3941	3891	3798	3865	3867
06	Breathing Problem	17908	19965	21755	21307	22122	22590
07	Burns/Explosion	342	398	373	336	291	252
08	Carbon Monoxide/Hazmat/Inhalation/CBRN	399	378	414	411	389	448
09	Cardiac Arrest/Death	2800	3383	3630	3324	3434	3359
10	Chest Pain (Non-Traumatic)	13209	14416	15035	15278	14812	15564
11	Choking	726	792	745	826	850	811
12	Convulsions/Seizure	5620	5896	6394	6391	6930	7262
13	Diabetic Problem	3151	3424	3473	3586	3756	3441
14	Drowning/Diving/SCUBA Accident	109	67	96	95	97	93
15	Electrocution/Lightning	75	155	154	137	176	125
16	Eye Problem/Injury	273	321	324	335	355	324
17	Falls	32189	36882	37766	38676	39540	41925
18	Headache	1126	1173	1224	1181	1209	1352
19	Heart Problems/AICD	2107	2416	2525	2859	3149	3595
20	Heat/Cold Exposure	339	430	486	485	487	600
21	Hemorrhage/Laceration	4114	4483	4587	4998	5147	5385
22	Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)	84	112	137	100	139	138
23	Overdose/Poisoning/Ingestion	4105	5170	5363	5217	4533	4352
24	Pregnancy/Childbirth/Miscarriage	579	756	779	690	666	600
25	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	9291	9940	9213	9142	9404	9073
26	Sick Person	31229	36236	39022	39520	40280	42698
27	Stab/Gunshot Wound/Penetrating Trauma	322	397	386	397	336	331
28	Stroke/CVA/TIA	4835	5205	5469	5625	5399	5696
29	Traffic/Transportation Incident	11887	13474	13354	13306	13628	14809
30	Traumatic Injury	4197	5234	5203	4878	4515	4440
31	Unconscious/Fainting/Near-Fainting	8871	10088	10831	11756	11908	11758
32	Unknown Problem/Person Down	8169	9050	9352	8860	9351	9365
33	Transfer/Interfacility/Palliative Care	42142	45248	44788	41697	35783	35540

34	Automated Crash Notification	73	103	145	171	295	304
36	Pandemic/Epidemic/Outbreak	1279	30247	602	56	4	2
37	Interfacility Evaluation/Transfer	7641	8246	8524	11287	19690	22516

EMD Determinant Levels

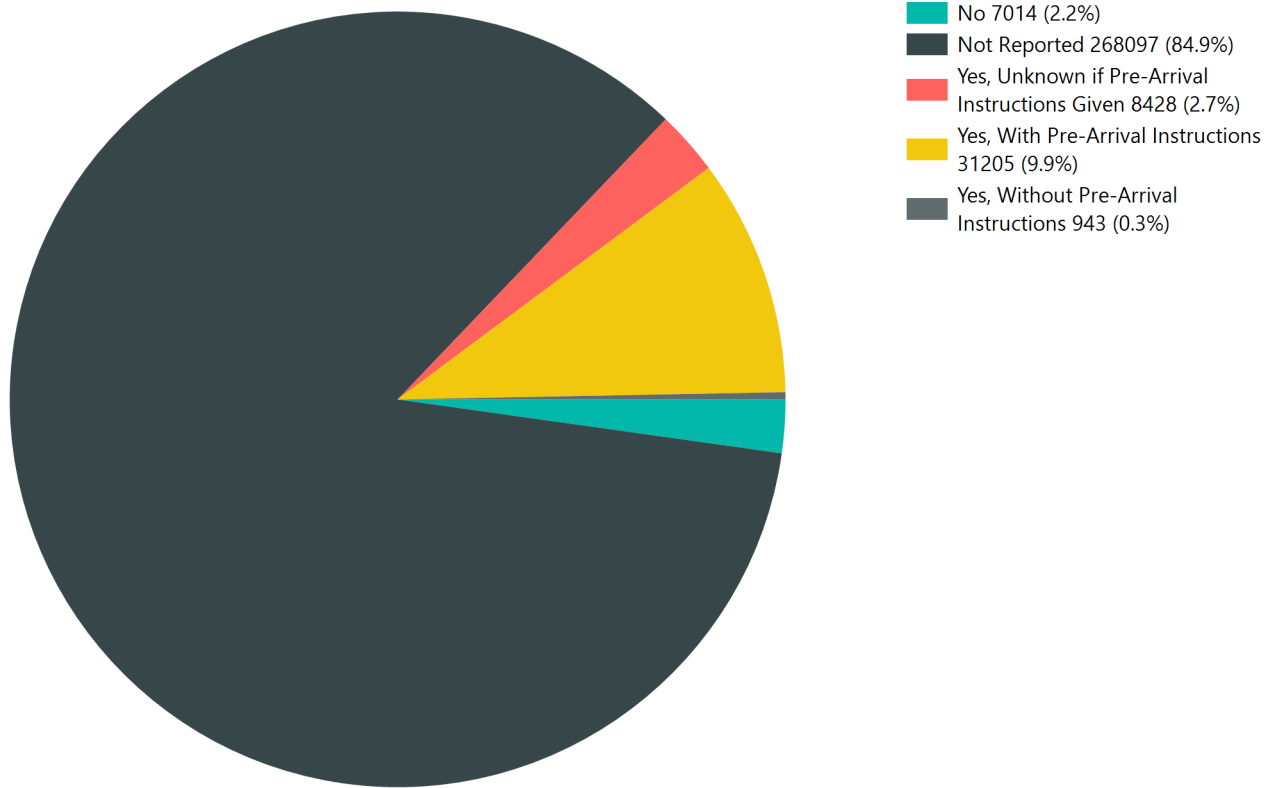
Determinant Levels 2025



#	Description	2020	2021	2022	2023	2024	2025
A	Alpha	6505	7856	9226	12744	16130	12953
B	Bravo	4409	5007	5656	8975	12966	9541
C	Charlie	7026	7933	10025	13792	17537	14665
D	Delta	8282	9159	10943	12845	15794	13757
E	Echo	459	574	673	724	736	534
O	Omega	213	212	259	357	382	346

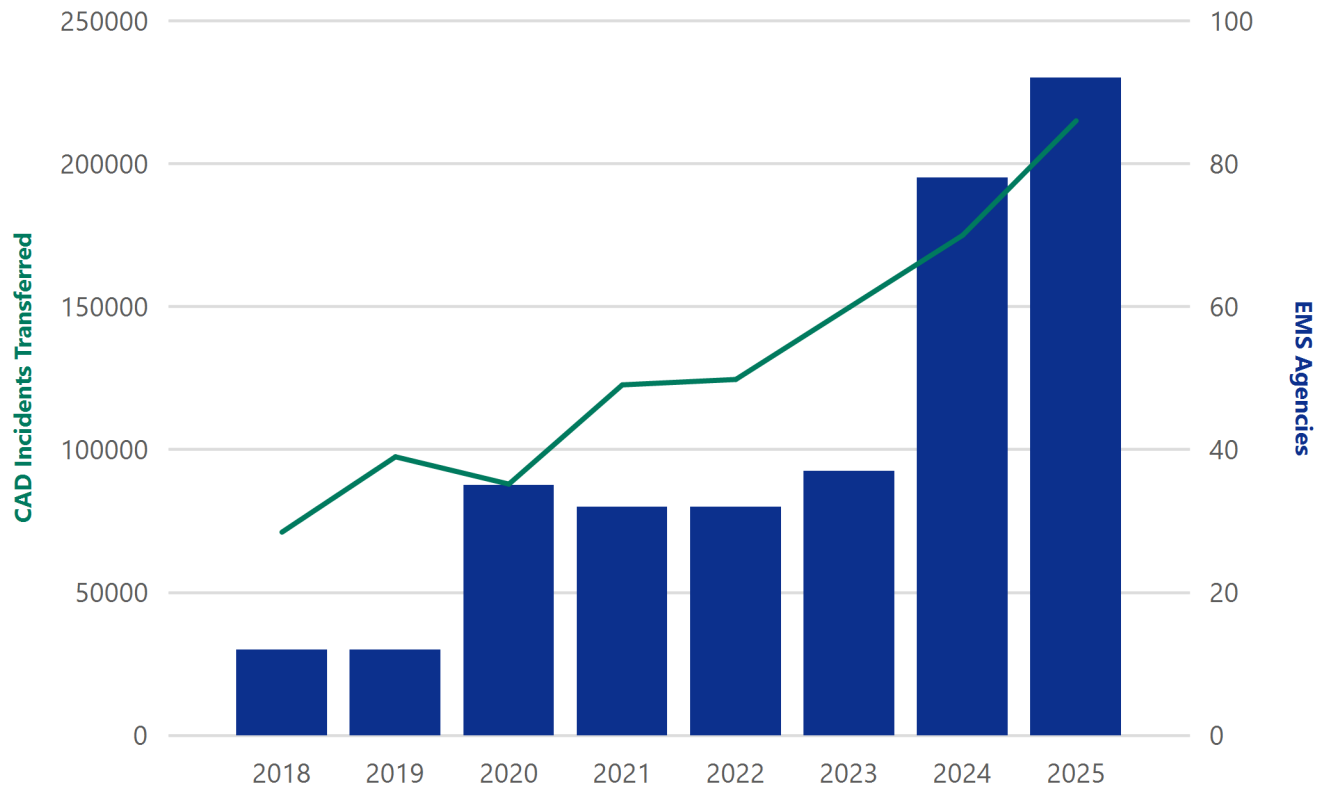
EMD Performed

EMD Performed 2025



Description	2020	2021	2022	2023	2024	2025
No	911	1140	1769	2104	10963	7014
Not Reported	228642	286130	258634	245660	238052	262499
Yes, Unknown if Pre-Arrival Instructions Given	24403	27050	31900	35373	17780	14026
Yes, With Pre-Arrival Instructions	2215	3245	4085	12999	36812	31205
Yes, Without Pre-Arrival Instructions	626	718	664	521	2003	943

CAD Incidents Transferred and Agencies 2025



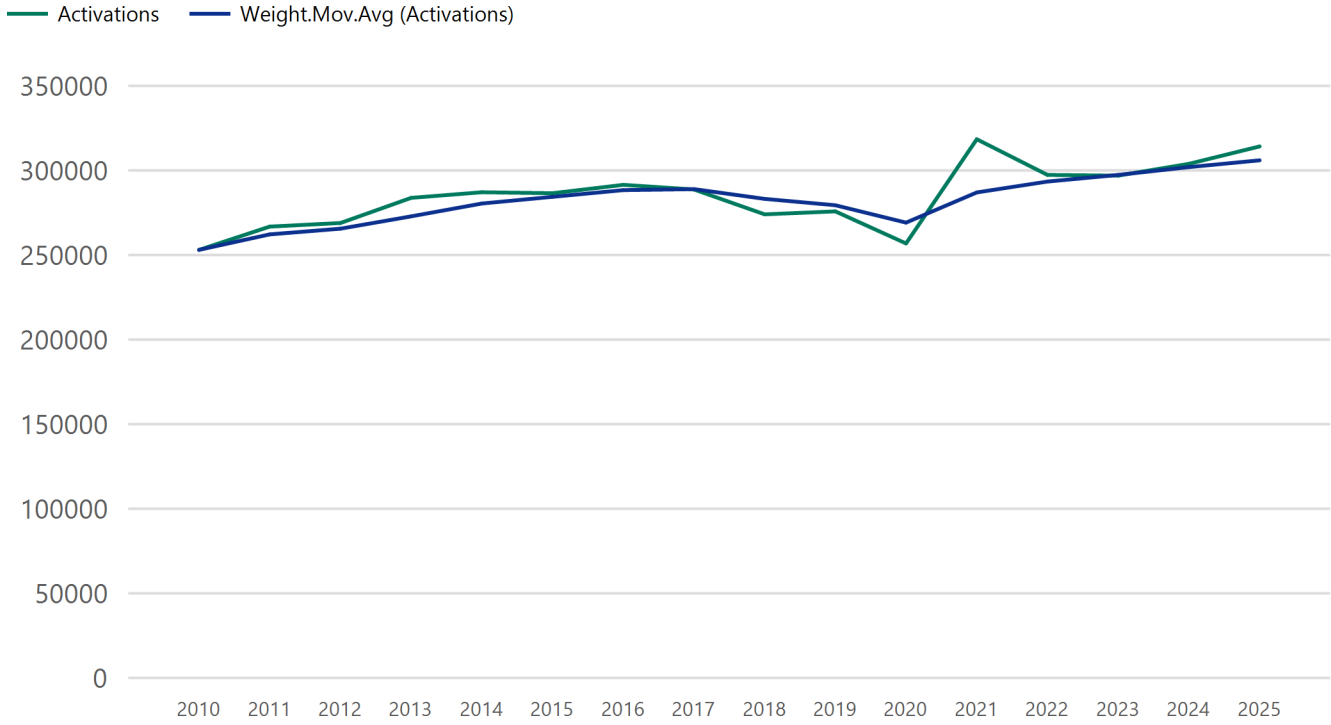
Activations

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

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

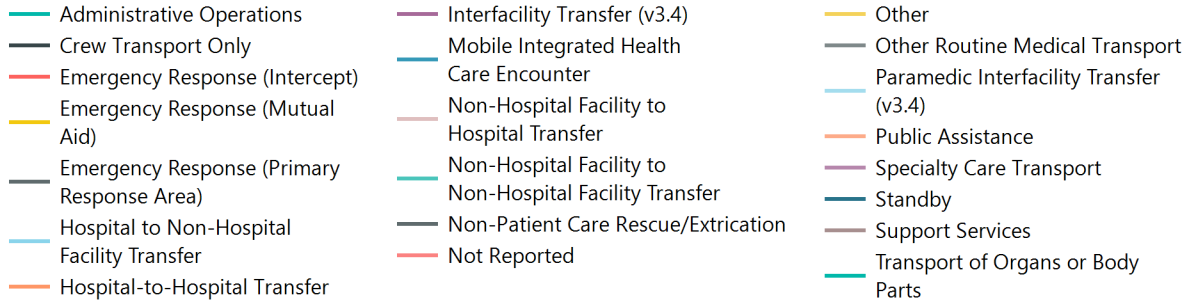
- **EMERGENCY RESPONSE (PRIMARY RESPONSE AREA):** Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).
- **EMERGENCY RESPONSE (INTERCEPT):** When one EMS clinician meets a transporting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

EMS Activations



	2020	2021	2022	2023	2024	2025
All EMS Activations	256797	318283	297052	296657	305610	315687

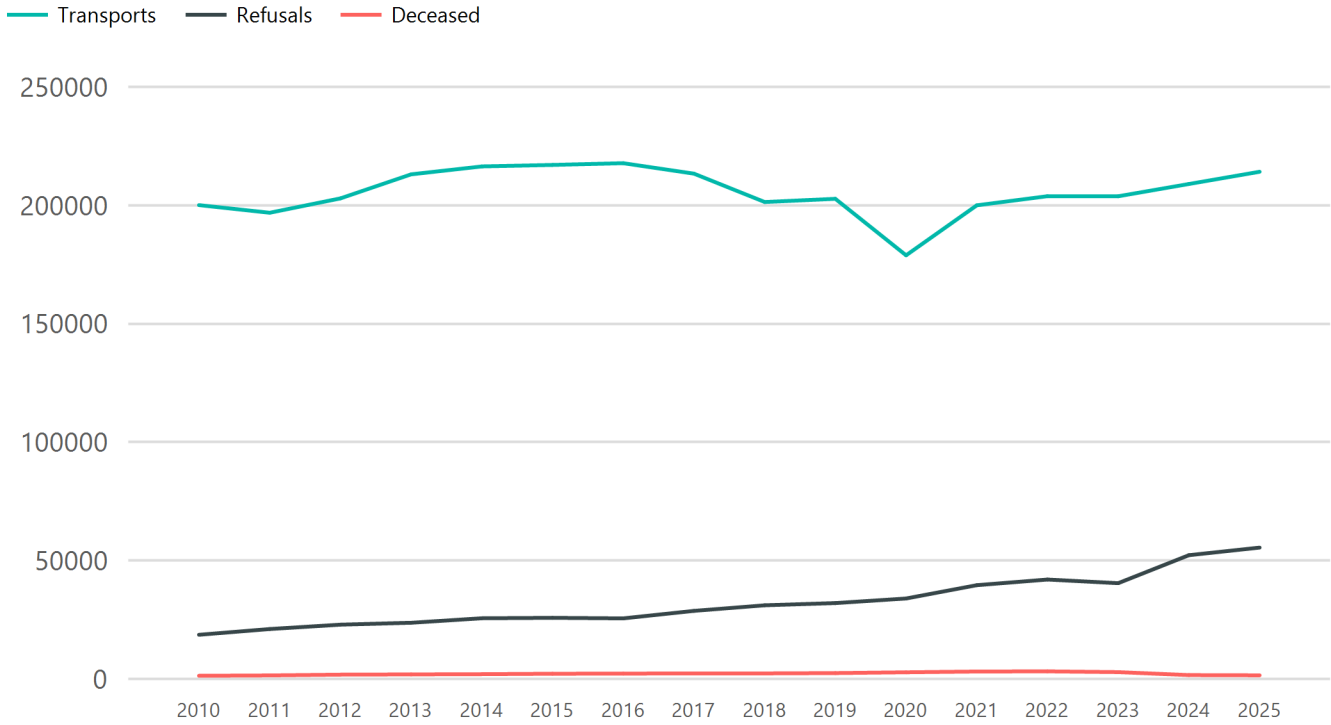
EMS Activations By Type Of Service



Service Type	2020	2021	2022	2023	2024	2025
Administrative Operations					15	5
Crew Transport Only					151	125
Emergency Response (Intercept)	1993	2292	2753	2935	2824	2822
Emergency Response (Mutual Aid)	1420	2000	2102	1987	5534	6035
Emergency Response (Primary Response Area)	188108	214268	225987	226827	228494	237471
Hospital to Non-Hospital Facility Transfer					19611	20980
Hospital-to-Hospital Transfer					28519	30816
Interfacility Transfer (v3.4)	37781	41593	41591	39916	1620	
Mobile Integrated Health Care Encounter	2409	3165	3157	3313	3521	4710
Non-Hospital Facility to Hospital Transfer					2036	1612
Non-Hospital Facility to Non-Hospital Facility Transfer					2091	2112
Non-Patient Care Rescue/Extrication					115	71
Not Reported	404	884	913	789	772	770
Other Routine Medical Transport	15754	14811	10247	10733	2446	2058
PIFT (Paramedic Interfacility Transfer)	3112	3093	3329	3537	163	
Public Assistance	3296	33086	3690	3181	3673	2801
Specialty Care Transport	1218	1303	1258	1349	43	
Standby	1302	1788	2025	2090	2398	2207

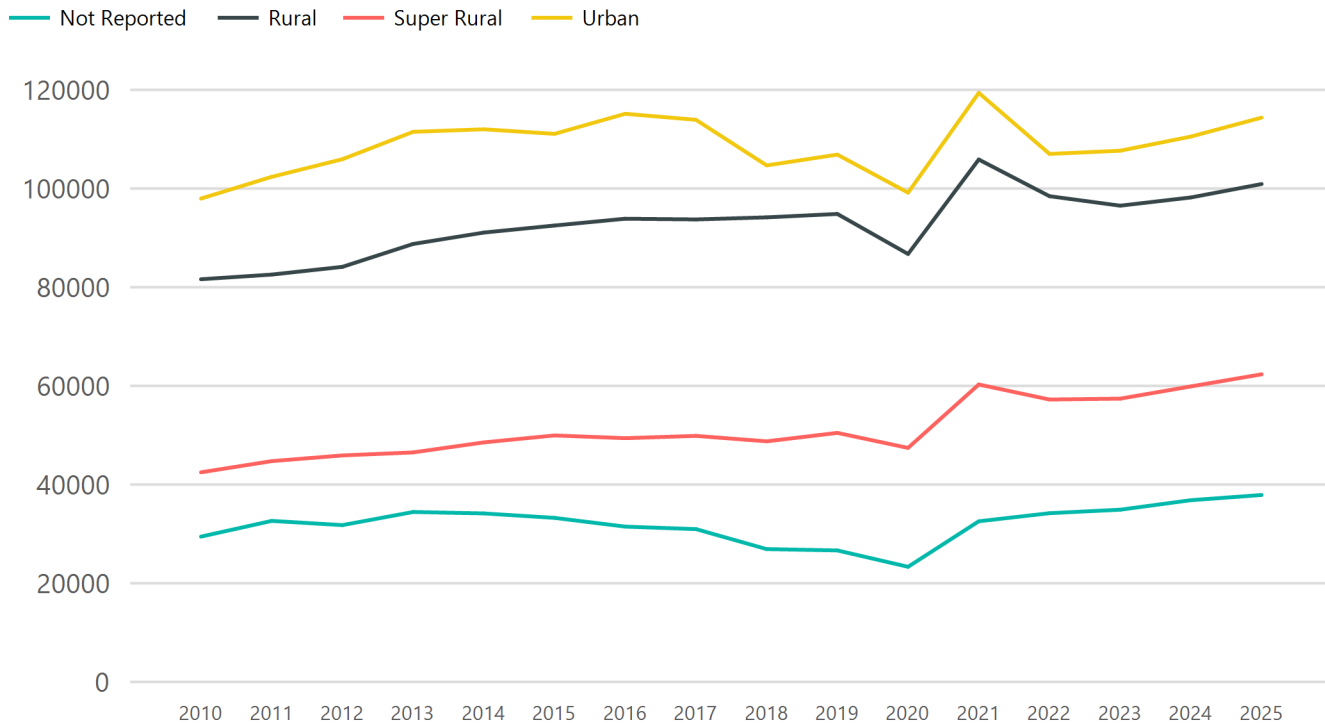
Support Services					1582	1088
Transport of Organs or Body Parts					2	4

EMS Activations By Disposition



	2020	2021	2022	2023	2024	2025
Transports	178967	200090	203945	203912	209096	214269
Refusals	33961	39585	41972	40433	52262	55468
Deceased	2789	3103	3183	2854	1598	1495

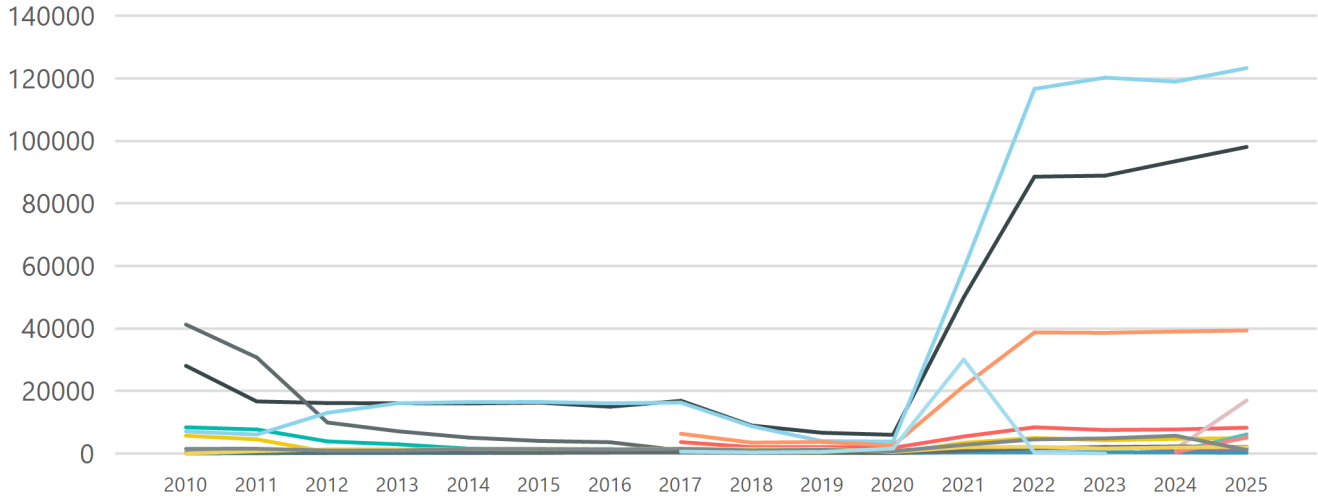
EMS Activations By Rurality



Scene Rurality	2020	2021	2022	2023	2024	2025
Not Reported	23340	32571	34210	34918	36847	37900
Rural	86783	105938	98504	96576	98247	100970
Super Rural	47456	60312	57261	57440	59922	62377
Urban	99218	119462	107077	107723	110594	114440

EMS Activations By CMS Service Level

- ALS, Level 1
- ALS, Level 1 Emergency
- ALS, Level 1 Inter-Facility
- ALS, Level 2
- BLS
- BLS, Emergency
- BLS, Inter-Facility
- Critical Care Transport Ground
- Fixed Wing (Airplane)
- Not Applicable
- Not Recorded
- Paramedic Intercept
- PIFT
- Rotary Wing (Helicopter)
- Specialty Care Transport
- Treatment without Transport

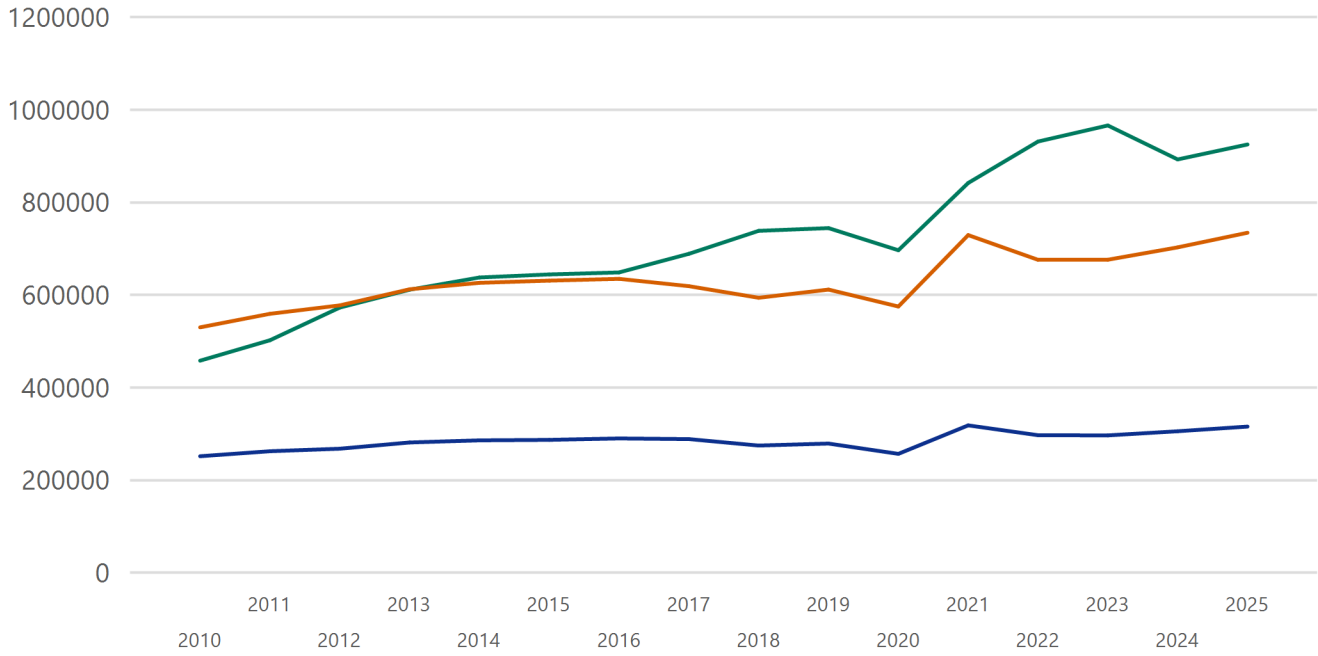


Prior to July 2021 the CMS Service Level Data Element had a default value of Not Reported

CMS Service Level	2020	2021	2022	2023	2024	2025
ALS, Level 1 Emergency	5970	49978	88585	88930	93559	98110
ALS, Level 1 Inter-Facility	1805	5443	8373	7521	7689	8240
ALS, Level 2	125	3405	4988	4211	4688	4916
BLS, Emergency	3814	59158	116709	120299	119003	123336
BLS, Inter-Facility	2551	21560	38746	38609	39017	39374
Critical Care Transport Ground		1022	1714	2045	1368	1402
Fixed Wing (Airplane)	126	361	351	415	348	237
Not Applicable					1540	16966
Not Recorded					516	6101
Not Reported	239444	141617	29014	26159	27614	6541
Paramedic Intercept	183	897	1692	2048	2252	2142
PIFT					397	5116
Rotary Wing (Helicopter)	477	1997	2121	1588	1951	2076
Specialty Care Transport	708	2760	4503	4826	5668	1130
Treatment without Transport	1594	30085	256	6		

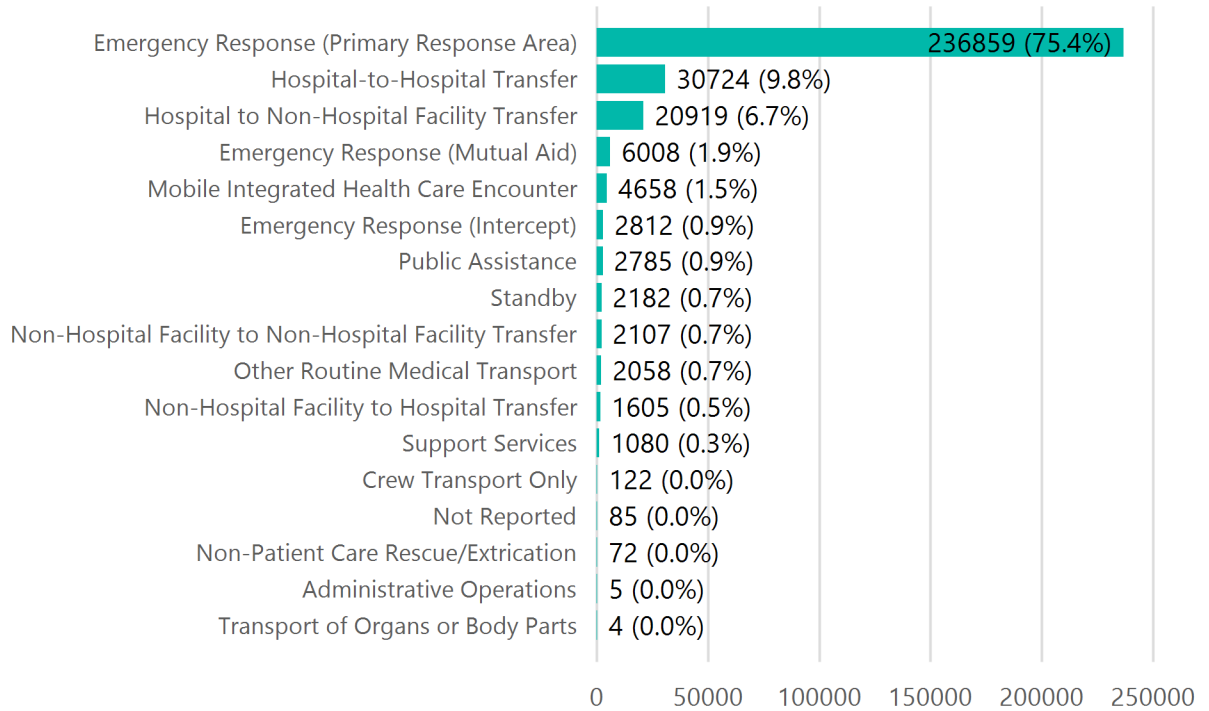
Staff Activations

— Staff Hours — Crew Count — Activations

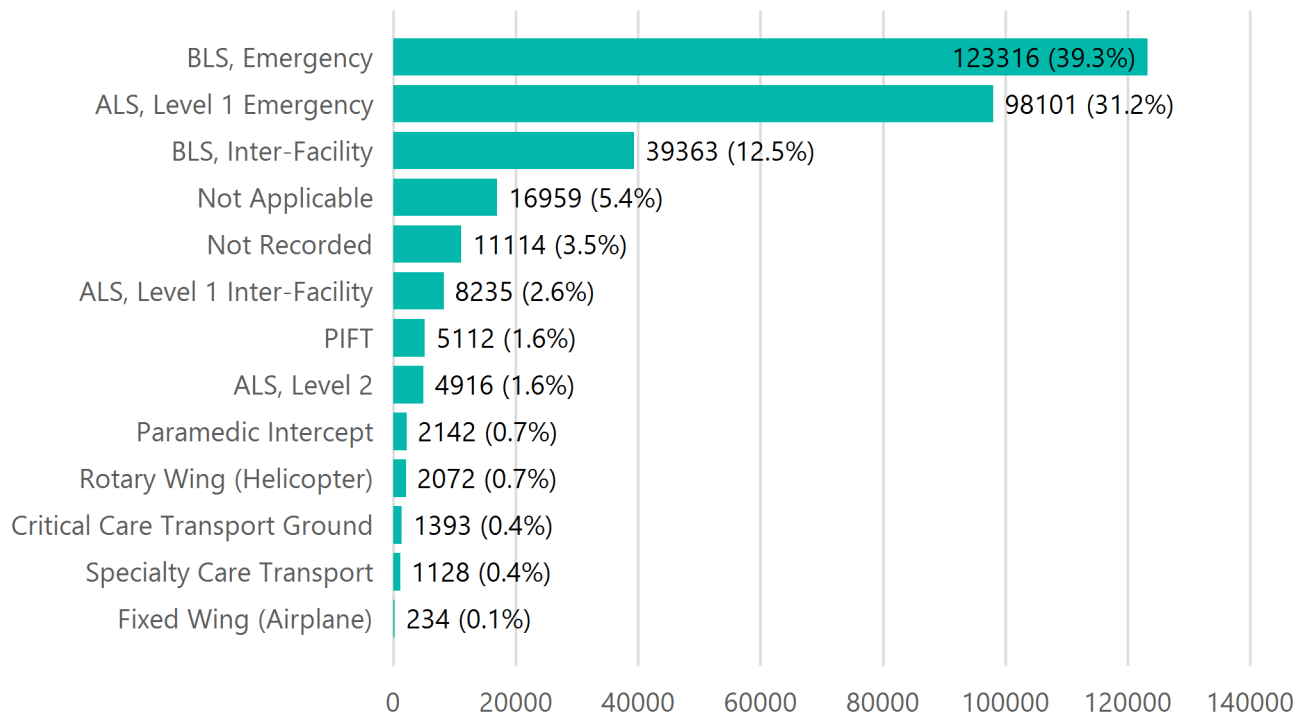


	2020	2021	2022	2023	2024	2025
Sum Staff Hours On EMS Activations	696615	841980	931471	966176	892805	925140
Sum Crew Count On EMS Activations	575080	729361	675979	676158	702845	734447

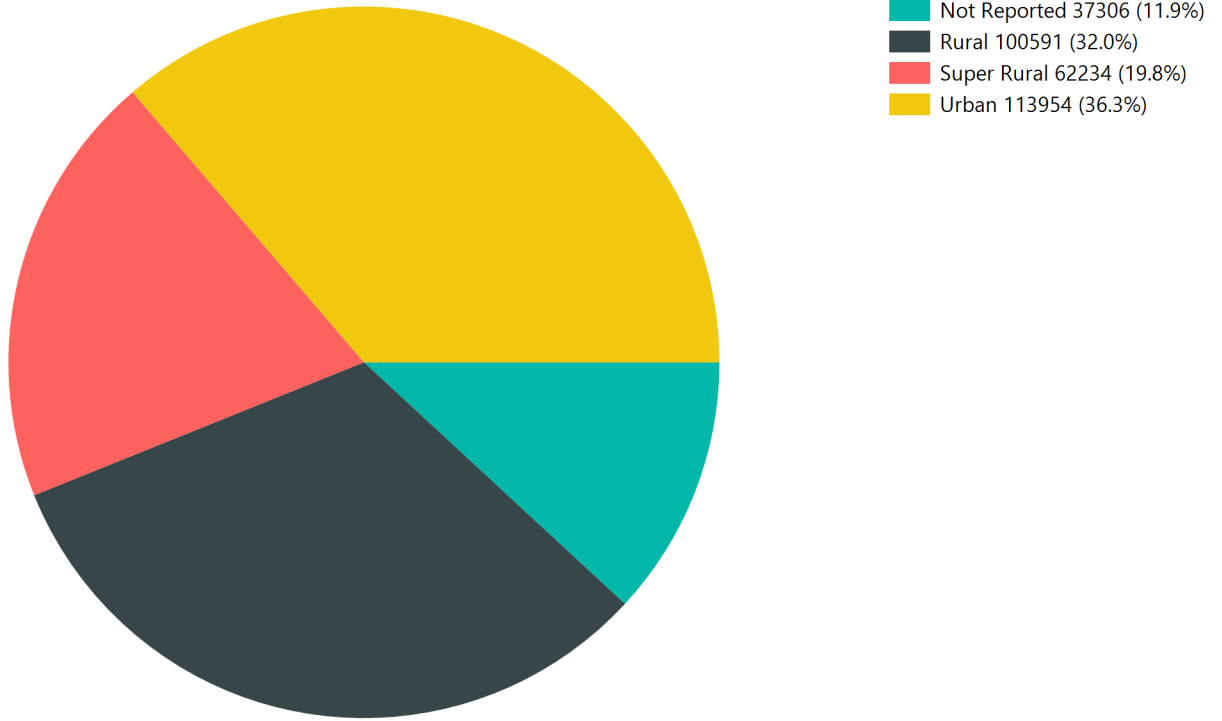
Type of Service Requested 2025



CMS Service Level 2025



Scene Rurality 2025

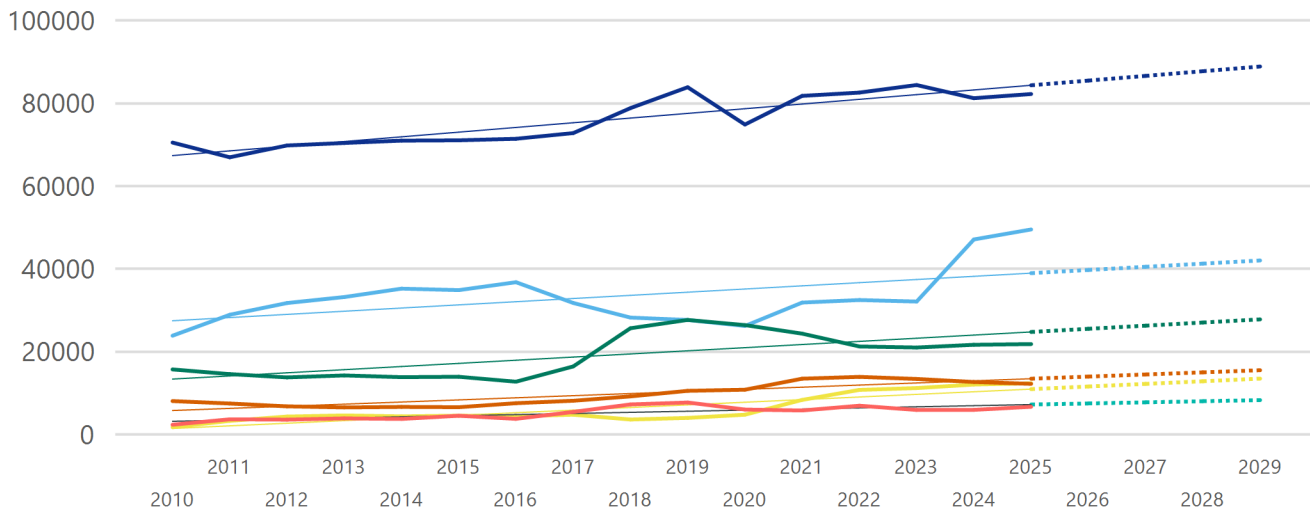


Top 20 Impressions 2025	Impression Count
Adult - No findings or Complaints (Z00.00)	23469
Medical - Weakness (R53.1)	23000
Cardiac - Chest pain (R07.9)	9384
Pain - Abdominal (R10.84)	8366
Behavioral - Anxiety (F41.1)	8176
Medical - Altered mental status (R41.82)	7692
Injury - Head (S09.90)	6718
Pain - Back (M54.9)	6286
Medical - Malaise (R53.81)	5905
Medical - Syncope (R55)	5721
GI - Nausea and Vomiting (R11)	5013
Behavioral - Psychiatric Episode (R45.89)	4942
Cardiac - Arrhythmia (I49.9)	4416
Resp - Dyspnea (R06.0)	4370
Resp - COPD Exacerbation (J44.1)	4284
Neuro - Seizures - Other (G40.89)	3482
Pain - Chest-Non Cardiac (R07.89)	3312
Medical - Influenza or Influenza Like Illness (J11)	2964
Tox - Alcohol use - with intoxication (F10.92)	2882
Medical - Urinary tract infection (N39.0)	2713

Syndrome Or Detail		2020	2021	2022	2023	2024	2025
Activations		256797	318283	297054	296658	305610	315687
Assault		2168	2565	2534	2622	2292	2178
Behavioral		26430	24362	21262	21013	21668	21840
Cardiac Arrest		3600	3939	4027	3609	3457	2704
Chest Pain		13442	13434	12928	12831	12610	12583
Childbirth		368	309	212	182	183	174
Distinct Patients		112861	142904	129629	129578	72113	68365
Fire Or Explosion		184	221	198	199	148	191
Firearm		32	76	52	53	40	37
Infection		2017	1944	1742	1795	1885	2177
Infectious Disease		6026	5801	6952	5923	5945	6695
Injury		36535	42829	42457	41468	41228	42027
Open Wound		4782	8355	10774	11215	12060	12375
Opioid Overdose		2458	3369	3613	3188	2386	2107
Overdose		10820	13481	13923	13414	12679	12236
Pain		74881	81808	82602	84427	81244	82252
Pregnancy		1736	1876	1655	1694	1352	1243
Respiratory Arrest		2442	2807	3099	2874	3118	2992
Respiratory Distress		10019	12328	12203	13240	14103	15382
SelfHarm		2551	2596	2431	2554	2761	2690
Slip, Trip, or Fall		26221	31870	32480	32115	47120	49529
Stroke		4447	4207	3730	3714	3805	6308
Trauma		16279	17239	17256	16739	16992	11864
Vehicle Accident		8082	9557	9238	8912	7975	8298

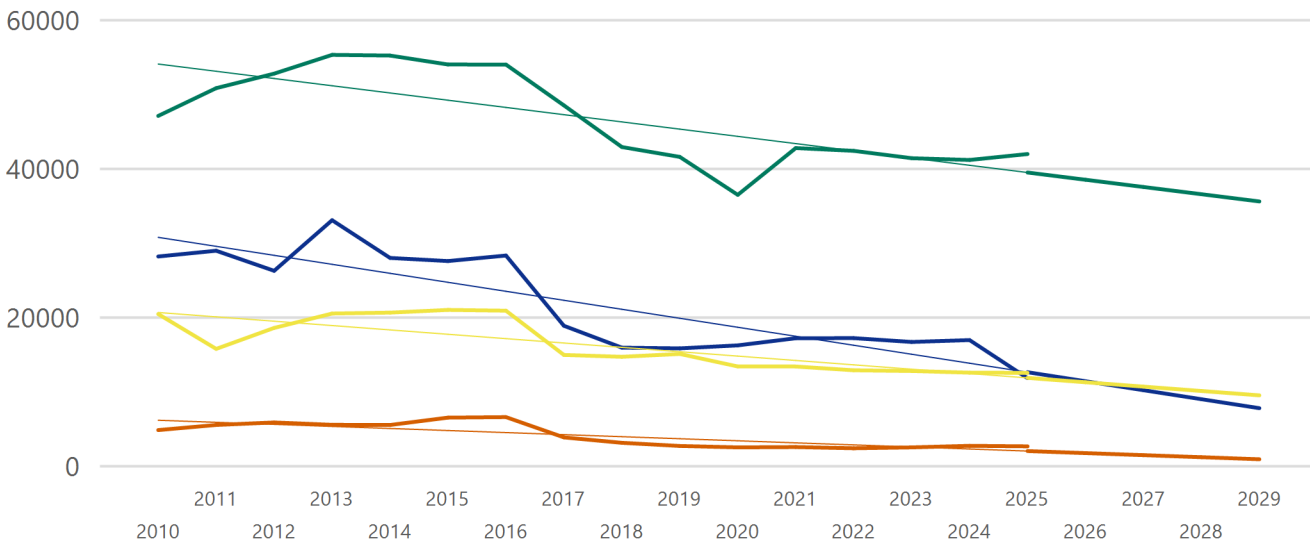
Fastest Growing Syndromes

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



Slowing or Decreasing Syndromes

- Trauma (Forecast) — Injury (Forecast) — Chest Pain (Forecast) — Self Harm (Forecast) — Self Harm
- Trauma — Injury — Chest Pain



The above two charts utilize syndrome definitions developed in partnership with the Maine CDC for public health surveillance utilizing EMS data. The data presented represents the syndrome encounter history for your agency and a forecast of future encounters utilizing the Holt-Winter's model.

Emergency Activation Scene Location Type					
	2021	2022	2023	2024	2025
1	Private Residence - 105,066 (47.4%)	Private Residence - 108,535 (46.4%)	Private Residence - 108,582 (46.3%)	Private Residence - 129,695 (53.5%)	Private Residence - 134,223 (53.6%)
2	Apartment - 14,544 (6.6%)	Apartment - 15,406 (6.6%)	Apartment - 13,908 (5.9%)	Street/road/highway - 19,139 (7.9%)	Street/road/highway - 20,502 (8.2%)
3	Not Reported - 9,384 (4.2%)	Roadways - Local - 9,562 (4.1%)	Healthcare - Assisted living Facility - 10,059 (4.3%)	Apartment/condo - 15,500 (6.4%)	Apartment/condo - 18,567 (7.4%)
4	Roadways - Local - 9,210 (4.2%)	Not Reported - 9,518 (4.1%)	Not Reported - 9,866 (4.2%)	Healthcare - Assisted living Facility - 11,260 (4.6%)	Healthcare - Assisted living Facility - 11,715 (4.7%)
5	Nursing Home - 7,562 (3.4%)	Nursing Home - 8,308 (3.6%)	Roadways - Local - 9,540 (4.1%)	Nursing Home - 11,246 (4.6%)	Nursing home - 11,039 (4.4%)
6	Healthcare - Assisted living Facility - 7,314 (3.3%)	Healthcare - Assisted living Facility - 8,299 (3.5%)	Nursing Home - 9,108 (3.9%)	Not Reported - 5,568 (2.3%)	Place of business, NOS - 5,760 (2.3%)
7	Private Residence - Bedroom - 6,316 (2.9%)	Private Residence - Bedroom - 7,238 (3.1%)	Private Residence - Bedroom - 7,231 (3.1%)	Place of business, NOS - 4,482 (1.8%)	Not Reported - 5,371 (2.1%)
8	Roadways - Local residential or business street - 5,535 (2.5%)	Roadways - Parking lot - 3,866 (1.7%)	Street and highway - 4,451 (1.9%)	Healthcare - 4,116 (1.7%)	Public area, NOS - 4,558 (1.8%)
9	Roadways - Parking lot - 3,785 (1.7%)	Healthcare - Health care provider office - 3,733 (1.6%)	Healthcare - Health care provider office - 3,909 (1.7%)	Institutional residence - 3,795 (1.6%)	Healthcare - 4,426 (1.8%)
10	Healthcare - Health care provider office - 3,562 (1.6%)	Roadways - Local residential or business street - 3,733 (1.6%)	Roadways - Parking lot - 3,845 (1.6%)	Public area, NOS - 3,248 (1.3%)	Institutional residence - 4,001 (1.6%)

Emergency Activation Destinations

	2021	2022	2023	2024	2025
1	Mainehealth Maine Medical Center Portland - 28,839 (14.4%)	Mainehealth Maine Medical Center Portland - 31,088 (15.2%)	Mainehealth Maine Medical Center Portland - 32,519 (15.9%)	Mainehealth Maine Medical Center Portland - 33,971 (16.2%)	Mainehealth Maine Medical Center Portland - 35,288 (16.5%)
2	Northern Light Eastern Maine Medical Center - 16,865 (8.4%)	Northern Light Eastern Maine Medical Center - 15,031 (7.4%)	Northern Light Eastern Maine Medical Center - 15,084 (7.4%)	Northern Light Eastern Maine Medical Center - 16,287 (7.8%)	Northern Light Eastern Maine Medical Center - 17,404 (8.1%)
3	Mainegeneral Medical Center - Alford Center For Health - 11,611 (5.8%)	Mainegeneral Medical Center - Alford Center For Health - 12,070 (5.9%)	Mainegeneral Medical Center - Alford Center For Health - 12,308 (6.0%)	Central Maine Medical Center - 12,886 (6.2%)	Central Maine Medical Center - 14,030 (6.5%)
4	Central Maine Medical Center - 11,408 (5.7%)	Central Maine Medical Center - 11,644 (5.7%)	Central Maine Medical Center - 12,166 (6.0%)	Mainegeneral Medical Center - Alford Center For Health - 12,004 (5.7%)	Mainegeneral Medical Center - Alford Center For Health - 13,046 (6.1%)
5	MaineHealth Maine Medical Center Biddeford - 9,639 (4.8%)	MaineHealth Maine Medical Center Biddeford - 10,089 (4.9%)	Mainehealth Maine Medical Center Biddeford - 10,506 (5.2%)	MaineHealth Maine Medical Center Biddeford - 10,860 (5.2%)	Mainehealth Maine Medical Center Biddeford - 11,294 (5.3%)
6	MaineHealth Mid Coast Hospital - 7,300 (3.6%)	Mainehealth Mid Coast Hospital - 7,492 (3.7%)	Mainehealth Mid Coast Hospital - 7,478 (3.7%)	Mainehealth Mid Coast Hospital - 8,048 (3.8%)	Mainehealth Mid Coast Hospital - 8,086 (3.8%)
7	St Joseph Hospital - 5,660 (2.8%)	St Joseph Hospital - 6,784 (3.3%)	St Joseph Hospital - 6,918 (3.4%)	St Joseph Hospital - 6,432 (3.1%)	St Joseph Hospital - 6,606 (3.1%)
8	Mercy Hospital - 5,621 (2.8%)	Saint Mary'S Regional Medical Center - 5,539 (2.7%)	Northern Light Mercy Hospital - 5,372 (2.6%)	Northern Light Mercy Hospital - 5,950 (2.8%)	Northern Light Mercy Hospital - 5,868 (2.7%)
9	Saint Mary'S Regional Medical Center - 5,511 (2.8%)	Mainegeneral Medical Center - Thayer Center For Health - 5,299 (2.6%)	Saint Mary'S Regional Medical Center - 5,272 (2.6%)	Mainehealth Pen Bay Hospital - 4,759 (2.3%)	Mainegeneral Medical Center - Thayer Center For Health - 4,999 (2.3%)
10	Mainegeneral Medical Center - Thayer Center For Health - 5,178 (2.6%)	Northern Light Mercy Hospital - 5,063 (2.5%)	Mainegeneral Medical Center - Thayer Center For Health - 4,438 (2.2%)	Saint Mary'S Regional Medical Center - 4,710 (2.3%)	Mainehealth Pen Bay Hospital - 4,758 (2.2%)

Times

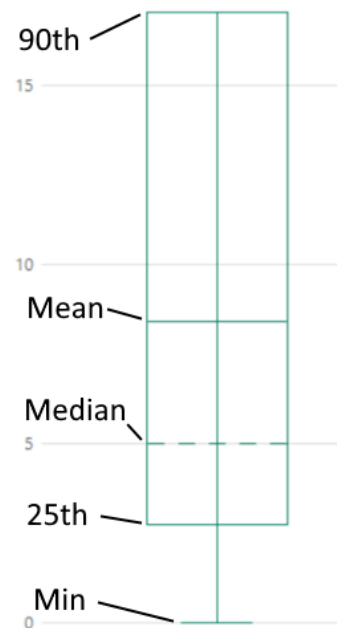
Time measures are an often sought after measure to evaluate EMS. Certainly some time measures are able to be used to identify areas of improvement within the EMS system. One of the most frequently asked for measures is response time. It is worth noting that response time, in and of itself, is not generally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

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

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

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

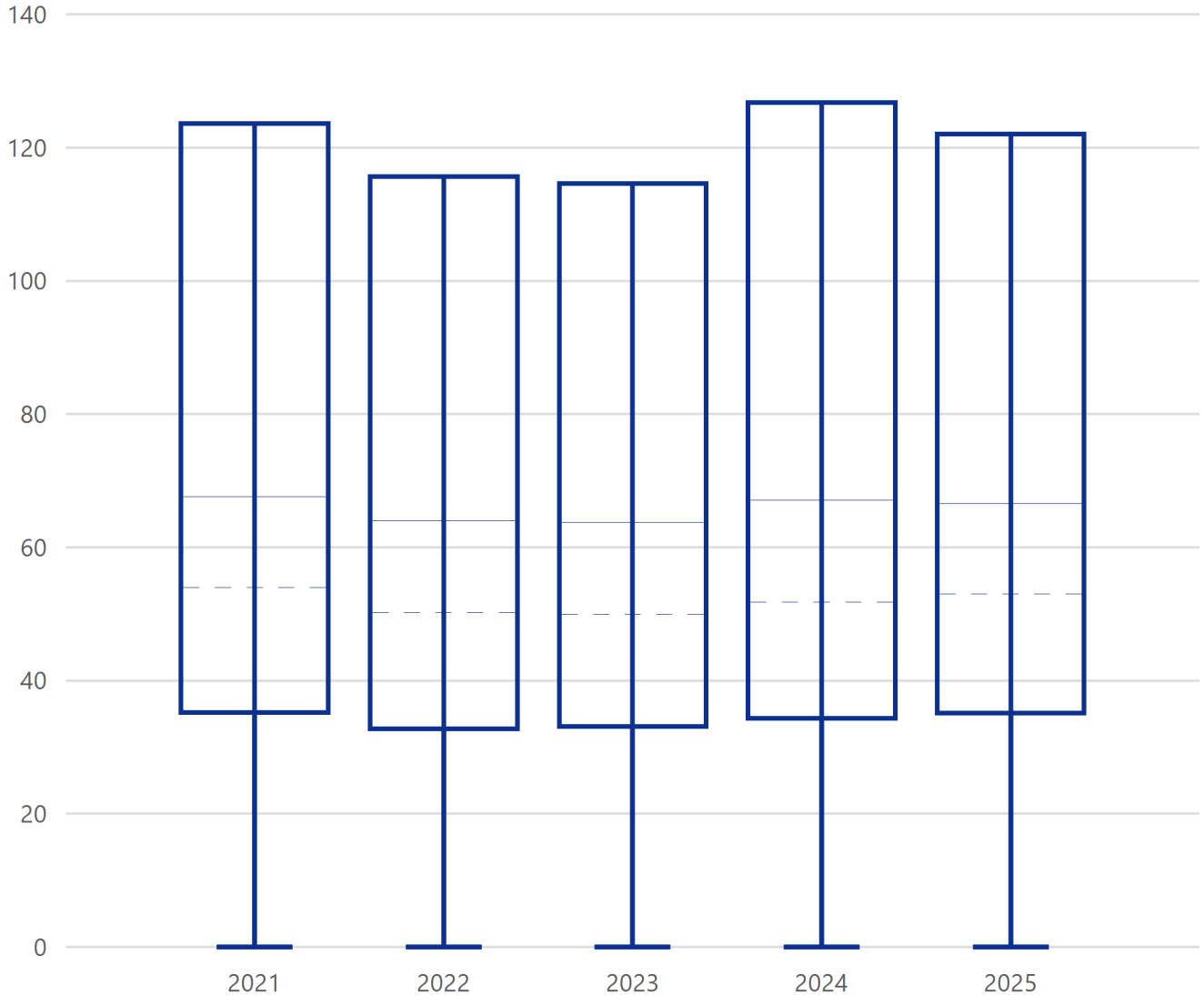
Note: Not all agencies document all times. In cases where a time value included in a calculation is not provided then it is excluded from the measure.



Event Duration

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

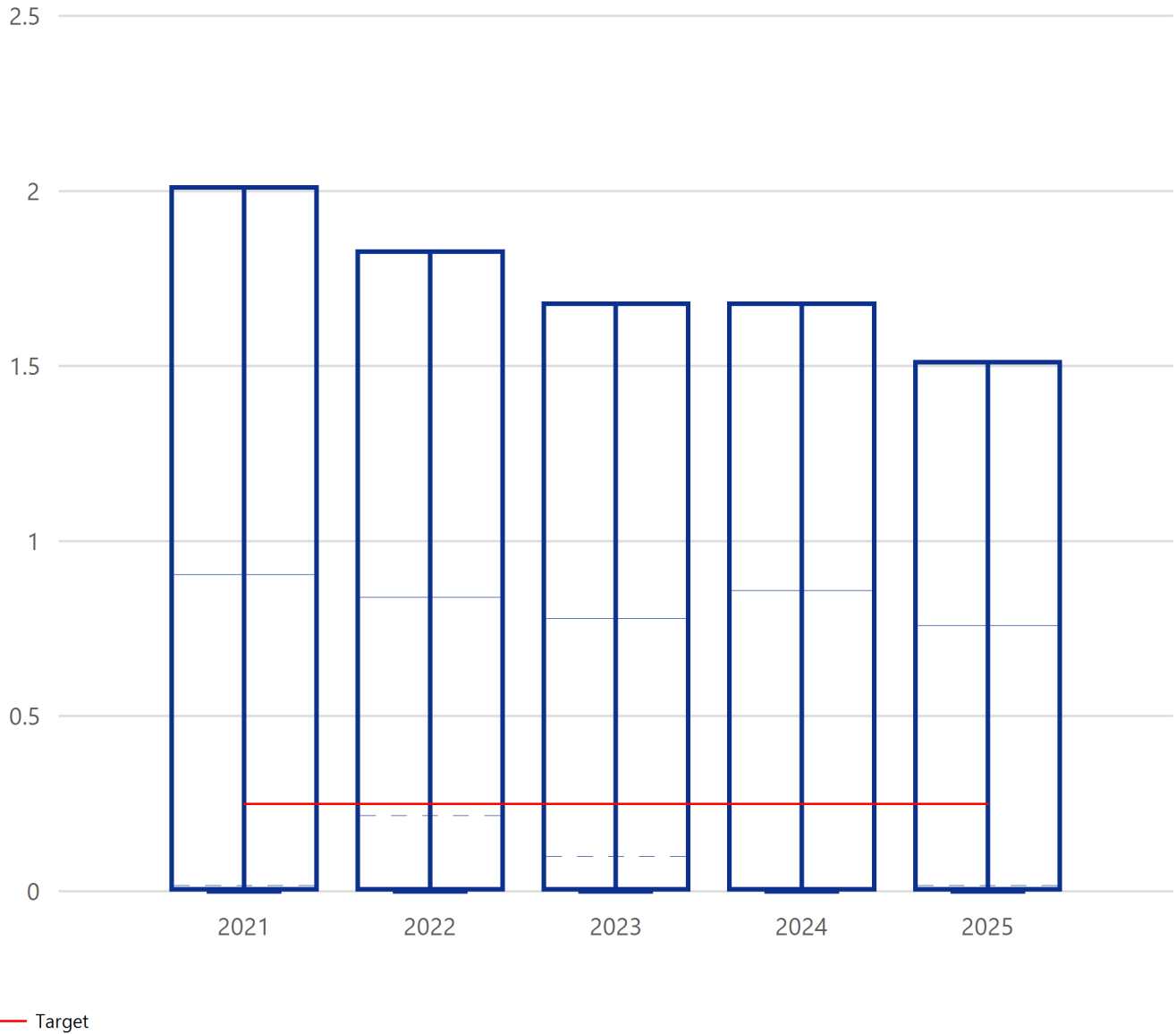
Calculation Method: The event duration was calculated using the Incident Date/Time, a calculated value from the earliest of the date/time values, or the Unit Notified by Dispatch Date/Time (eTimes.03) if an Incident Date/Time does not exist and compares with Unit Back In Service Date/Time (eTimes.13)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



PSAP To Dispatch

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

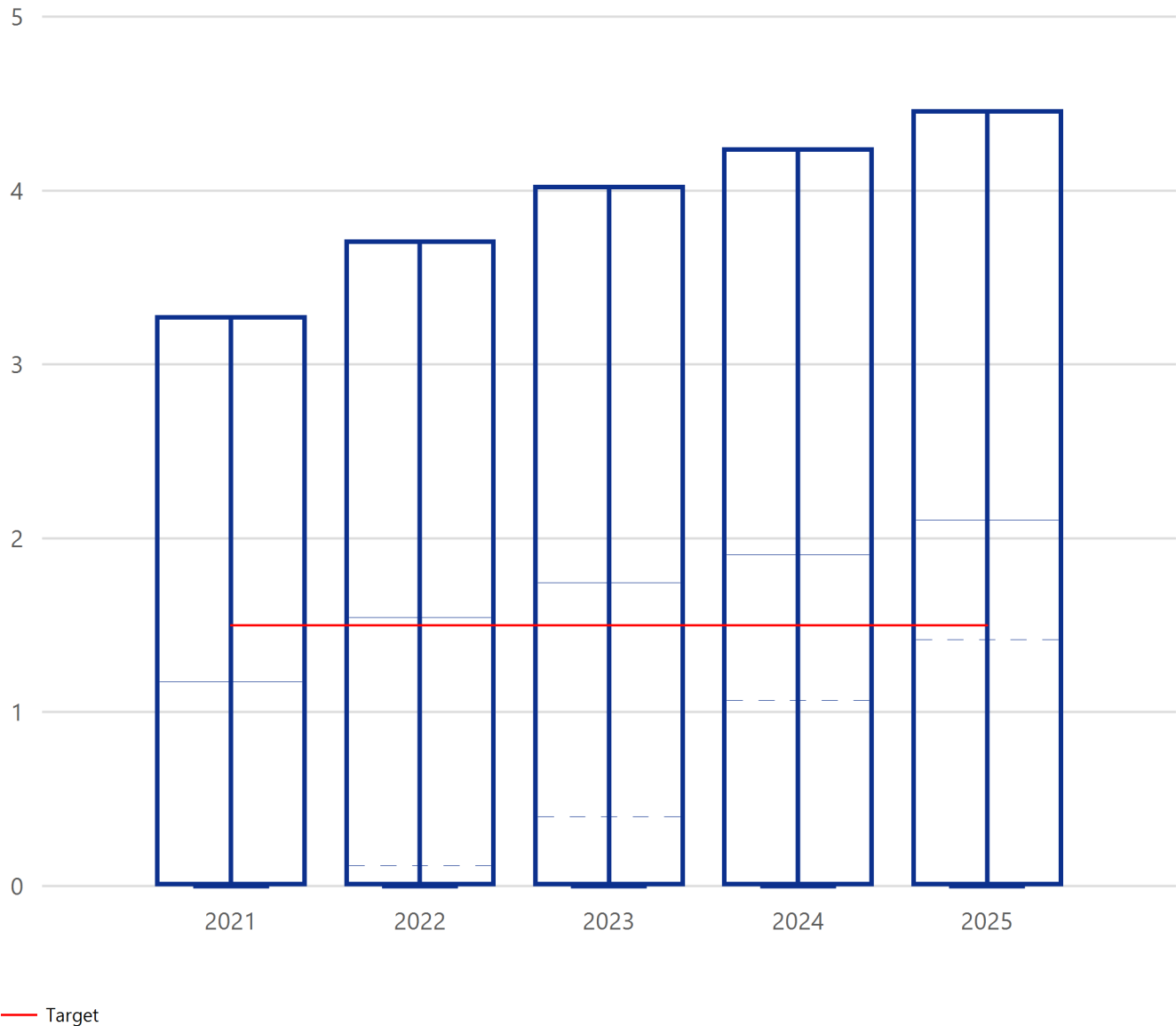
Calculation Method: The PSAP To Dispatch value was calculated using the PSAP Call Date/Time (eTimes.01) and compares with Dispatch Notified Date/Time (eTimes.02). Activations where the PSAP Call Date/Time (eTimes.01) is greater than the Dispatch Notified Date/Time (eTimes.02) are excluded as are all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



Dispatch To Unit Notified

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

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

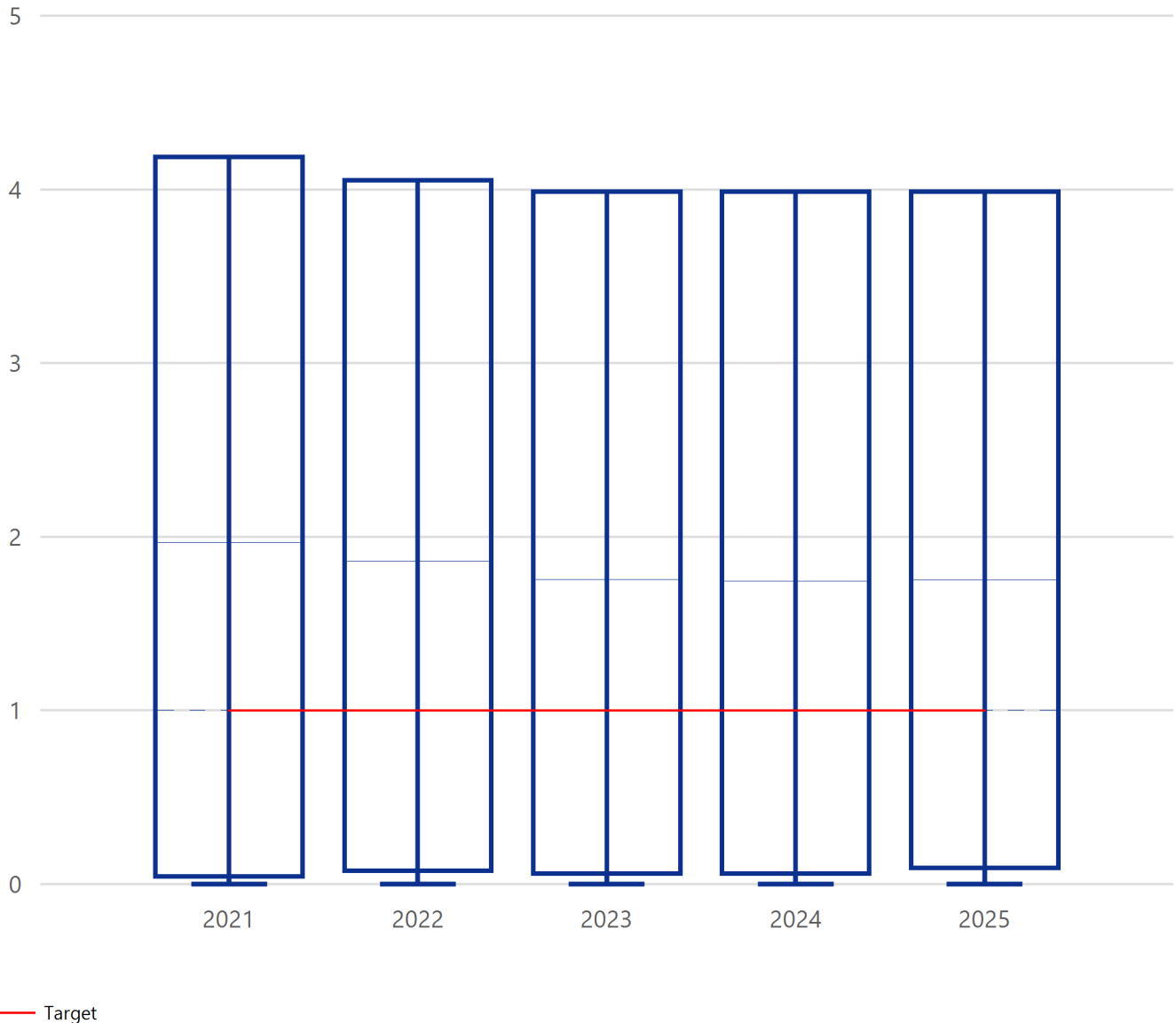


During 2024 Maine EMS worked to substantially increase the number of CAD data feeds into MEFIRS allow for improved accuracy of time and location data. Years prior to that were principally high volume dispatch centers or having time elements manually entered by EMS clinicians.

Dispatch To Enroute

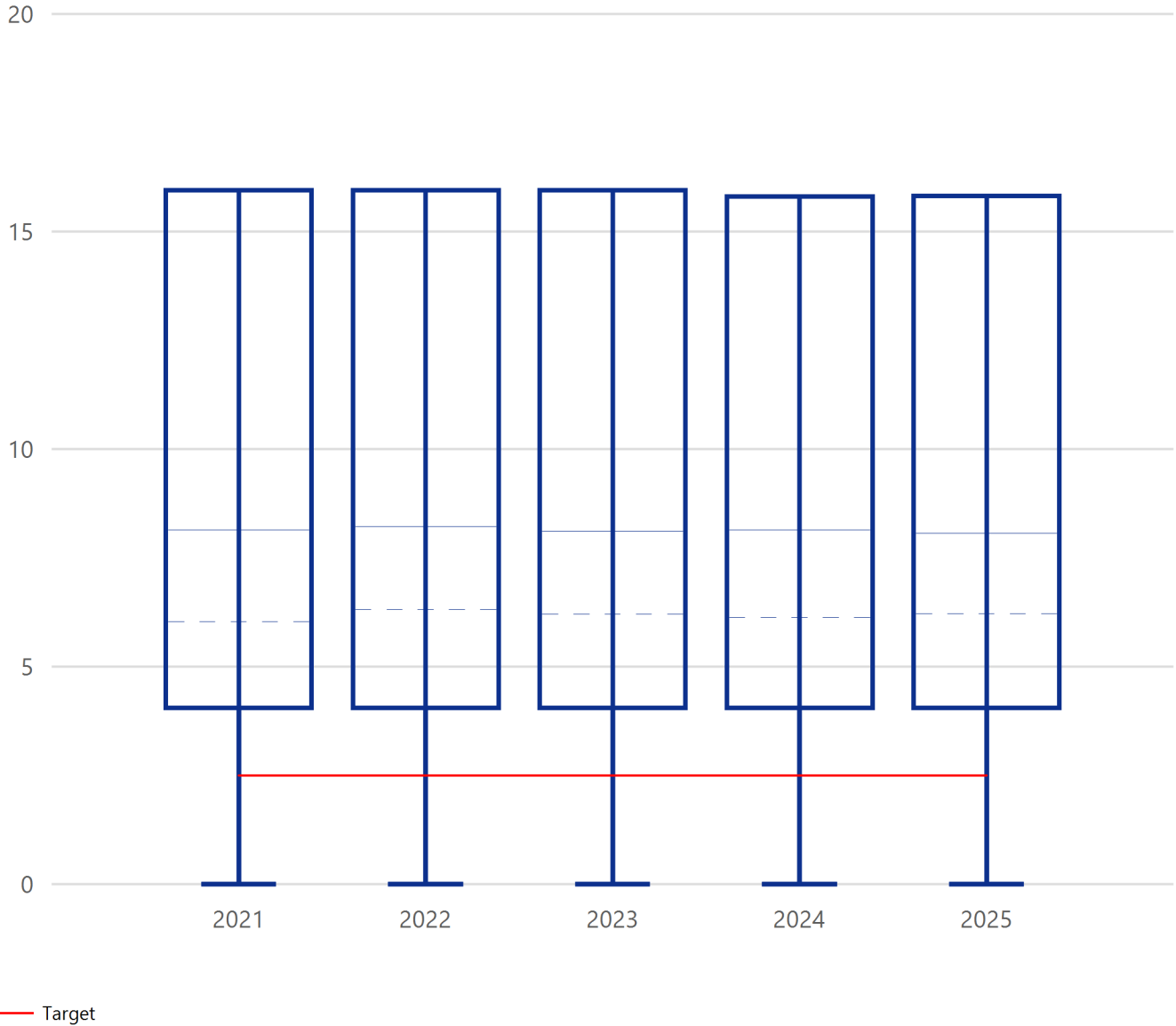
Dispatch To Enroute: The time in minutes from when the unit is dispatched until it goes enroute. This is often referred to as Turnout time. The national standard for this measure suggests that this measure should be 60 seconds or less at the 90th percentile.

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



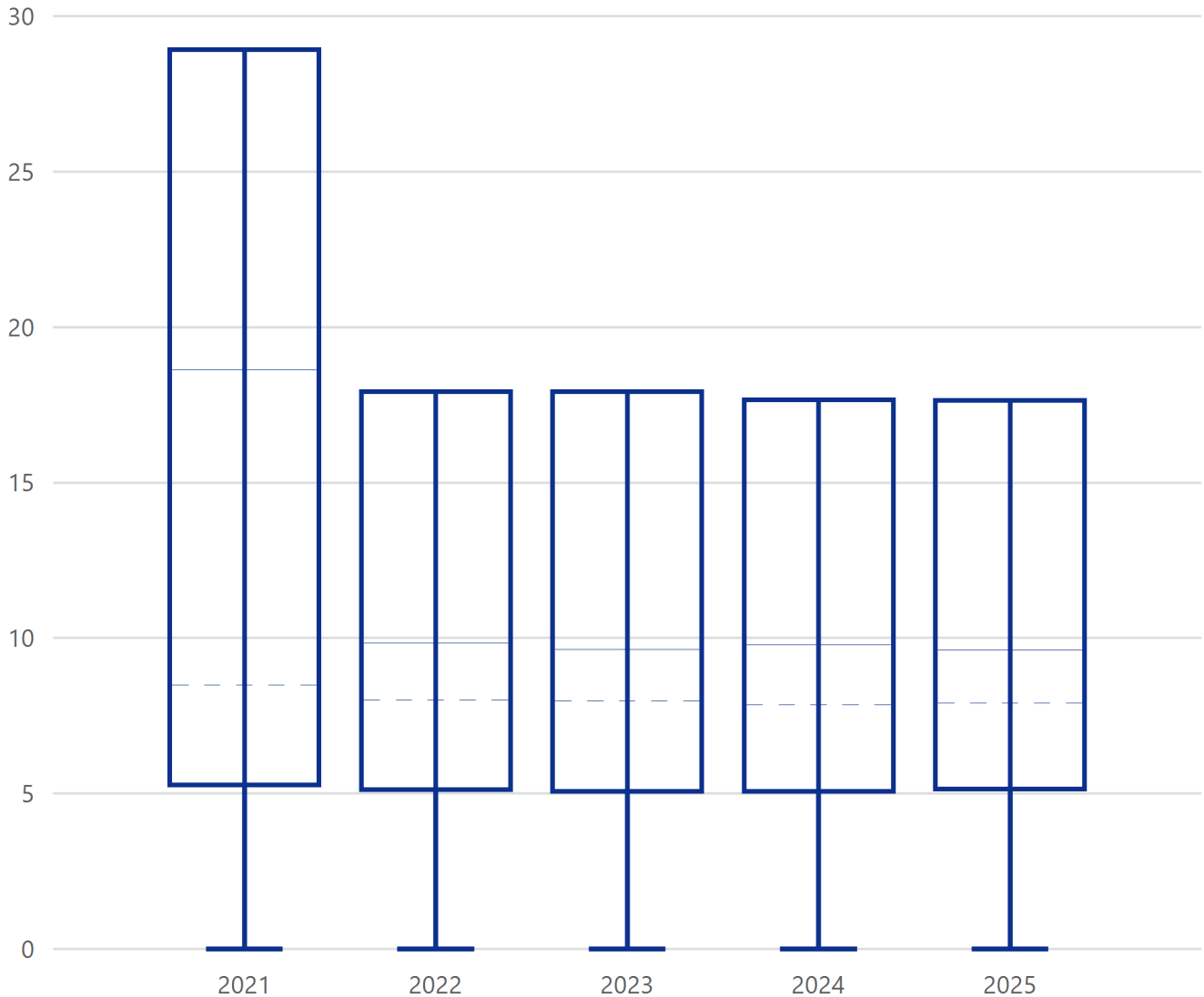
Dispatch To On Scene

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



Dispatch To At Patient

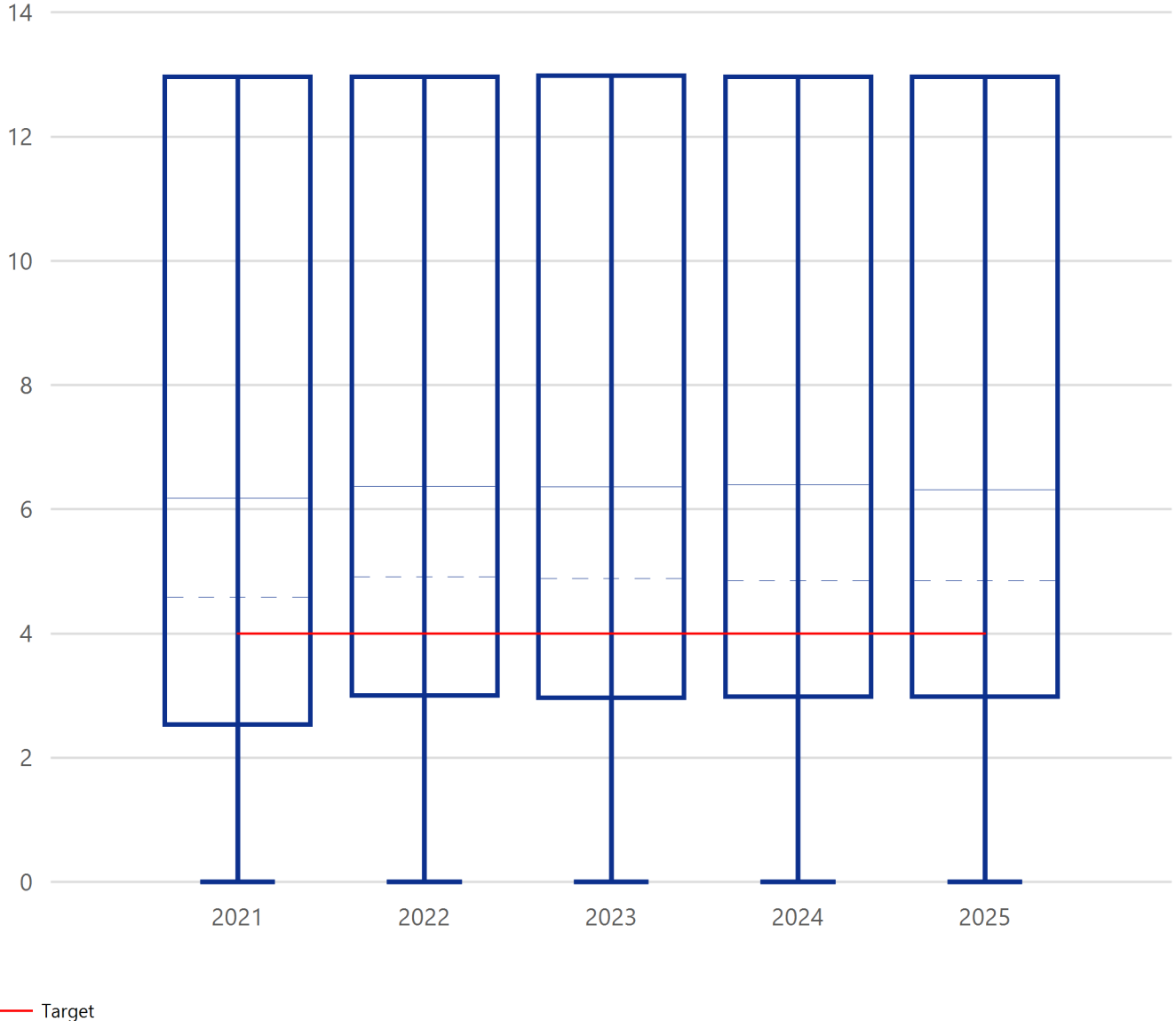
Dispatch To At Patient: The time in minutes from when the unit is dispatched until it arrives at the patient's side. *Calculation Method: The Dispatch To At Patient value was calculated using the Unit Notified by Dispatch Date/Time (eTimes.03) and compares with Arrived at Patient Date/Time (eTimes.07).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



Enroute To On Scene

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

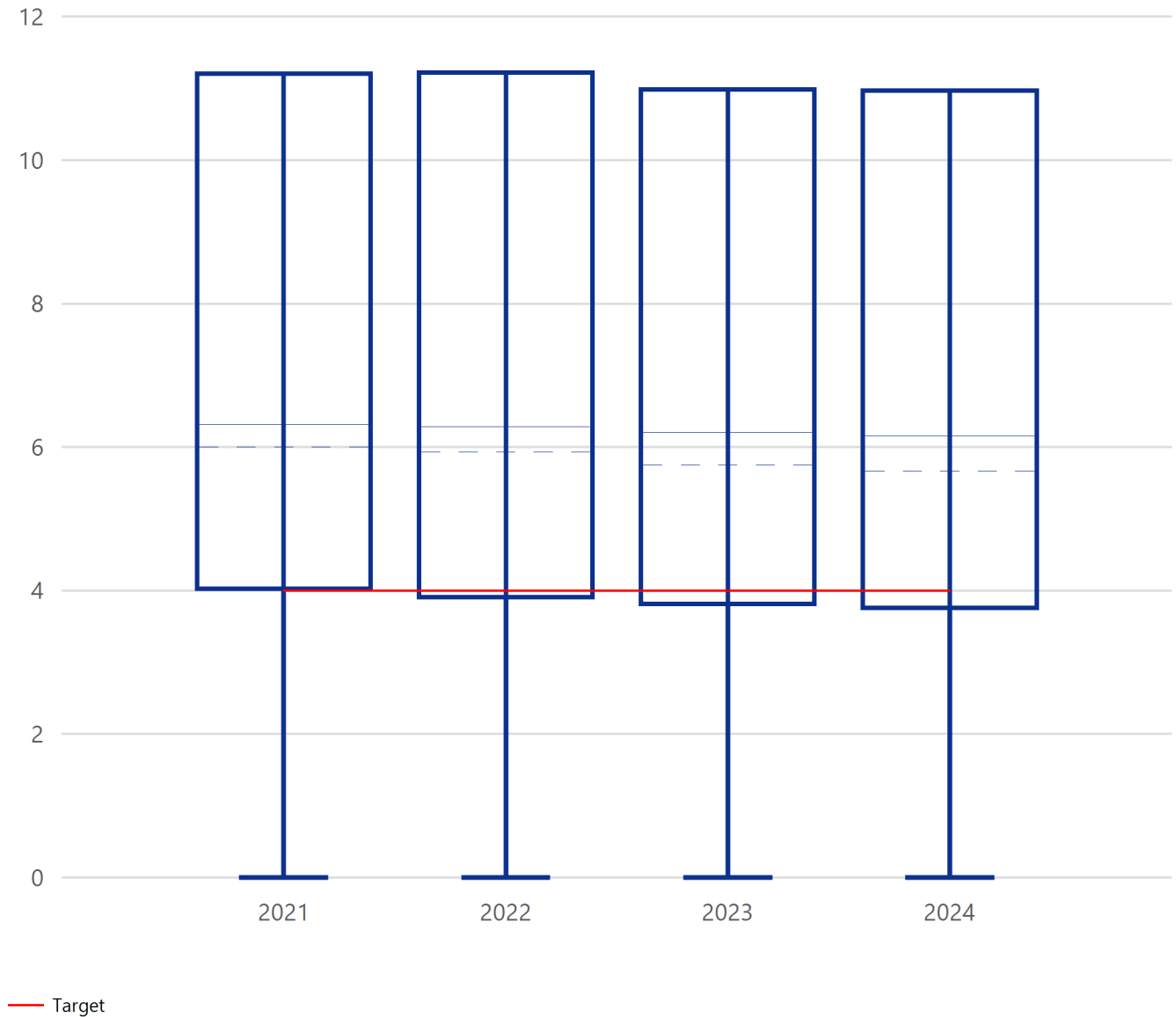
Calculation Method: The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are excluded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



Enroute To On Scene Minutes Time Sensitive Syndromes

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

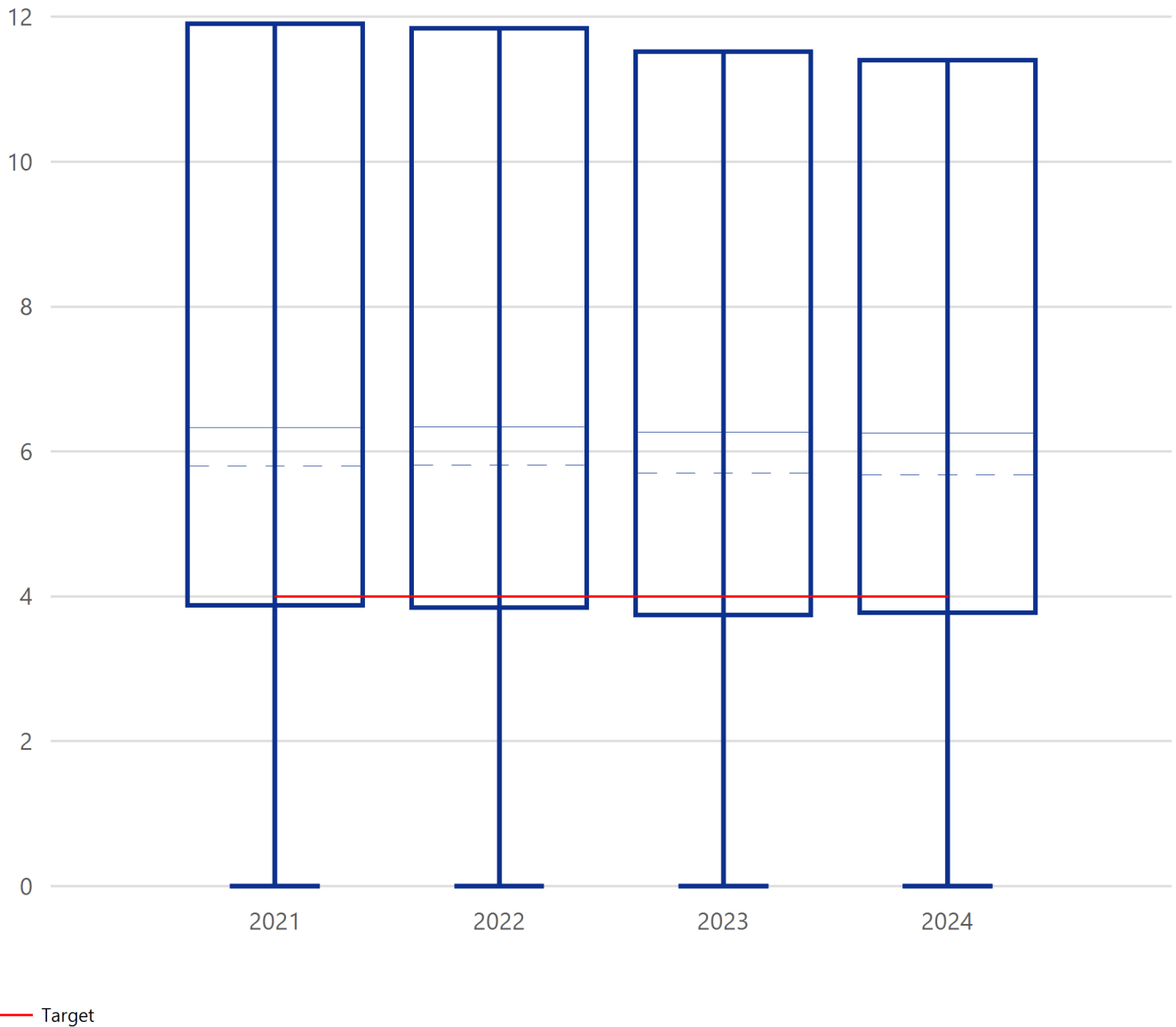
Calculation Method: The Enroute To On Scene value was calculated using the Unit En Route Date/Time (eTimes.05) and compares with Unit Arrived on Scene Date/Time (eTimes.06). Activations where the Unit En Route Date/Time (eTimes.05) is greater than the Unit Arrived on Scene Date/Time (eTimes.06) are excluded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



Enroute To On Scene Minutes Emergency Response

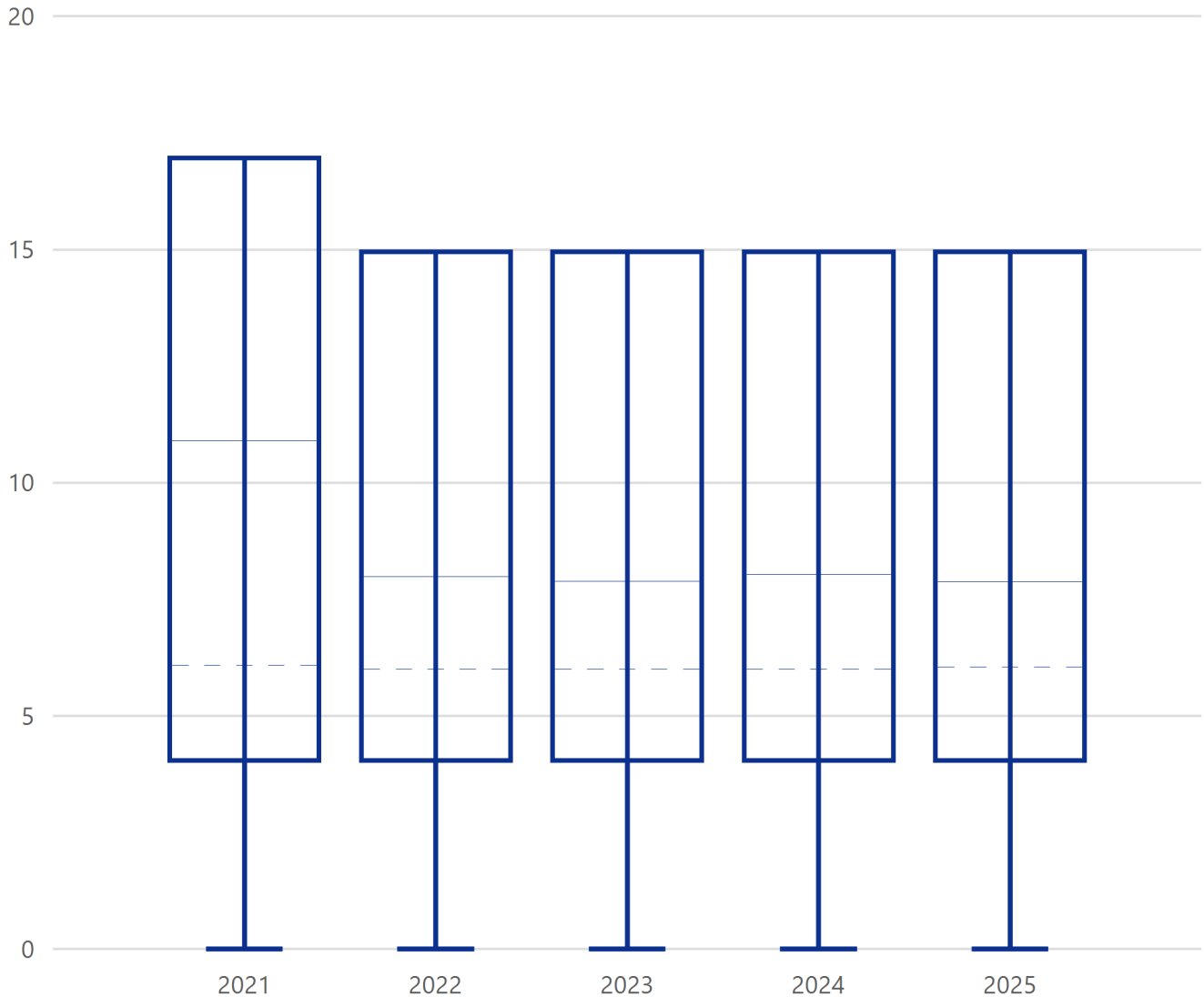
Enroute To On Scene Minutes Emergency Response: The time in minutes from when the unit goes enroute until it arrives on scene for EMS activations having an EMD Determinant code recommending a "hot" response, or an initial patient acuity of Critical or Urgent. This is often referred to as Travel time.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

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



Enroute To At Patient

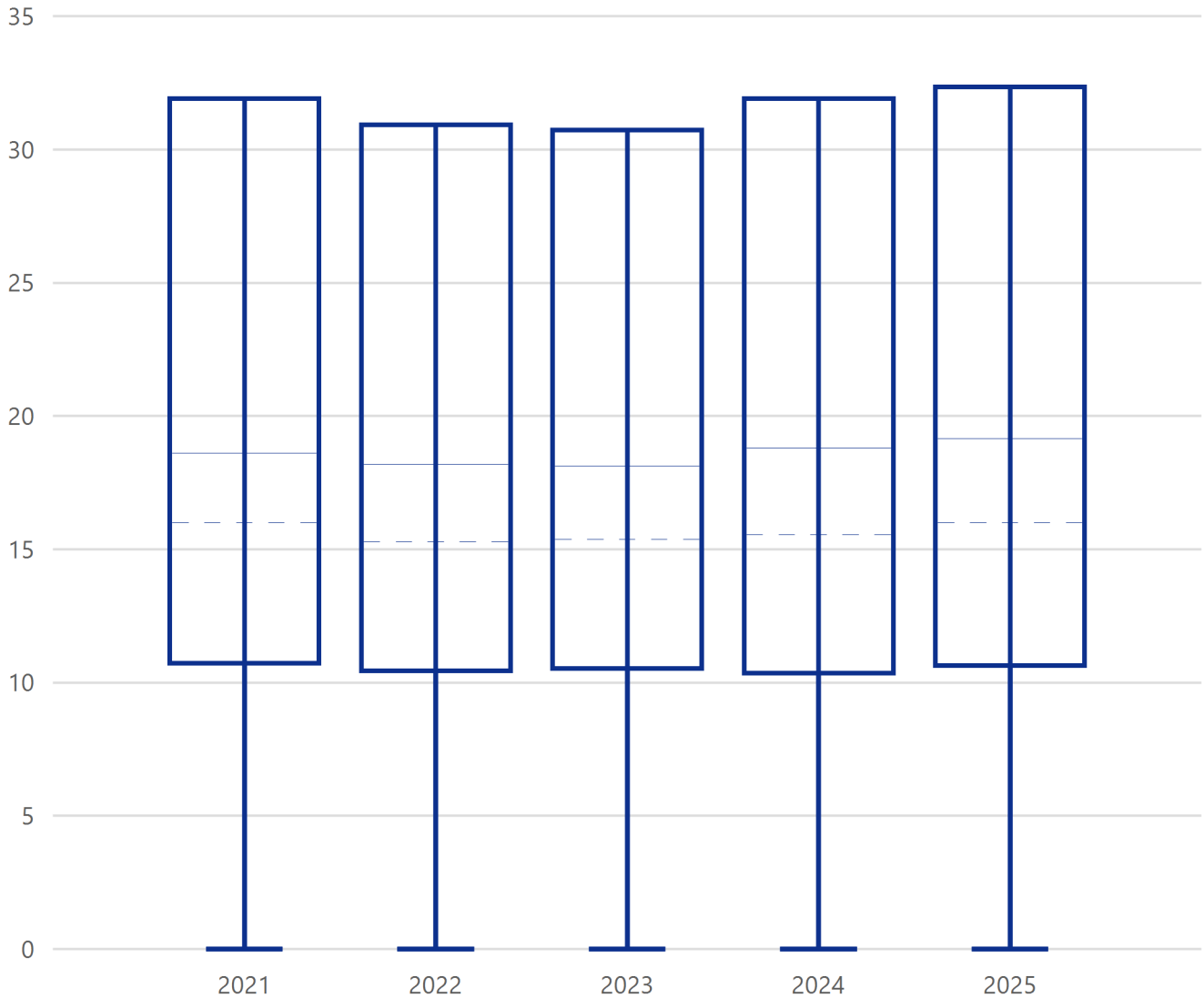
Enroute To At Patient: The time in minutes from when the unit goes enroute until it arrives at the patient's side.
Calculation Method: The *Enroute To At Patient* value was calculated using the *Unit En Route Date/Time (eTimes.05)* and compares with *Arrived at Patient Date/Time (eTimes.07)*. Activations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



On Scene To Left Scene

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

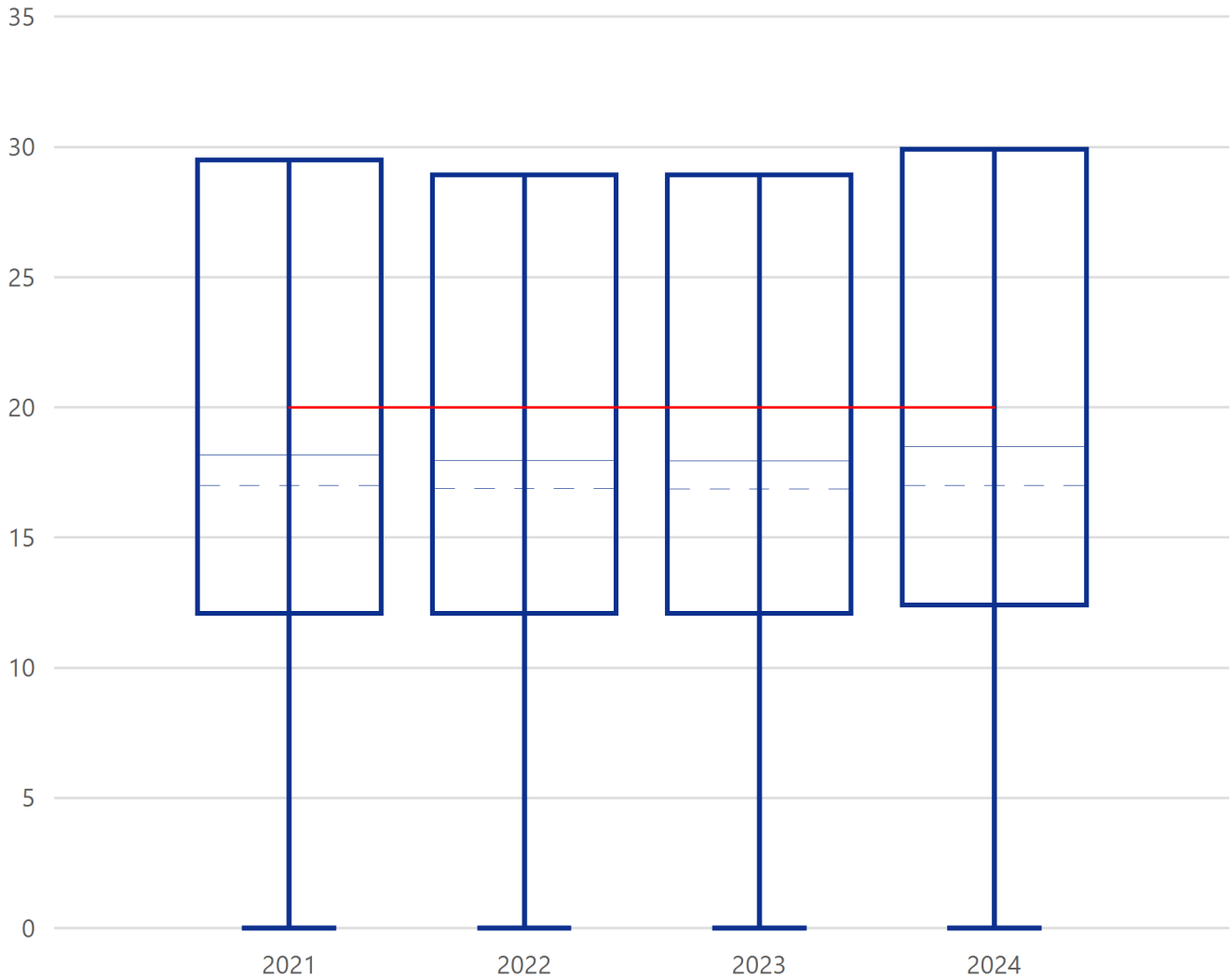
Calculation Method: The On Scene To Left Scene value was calculated using the Unit Arrived on Scene Date/Time (eTimes.06) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Unit Arrived on Scene Date/Time (eTimes.06) is greater than the Unit Left Scene Date/Time (eTimes.09)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



Onscene To Left Scene Minutes Time Sensitive Syndromes

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

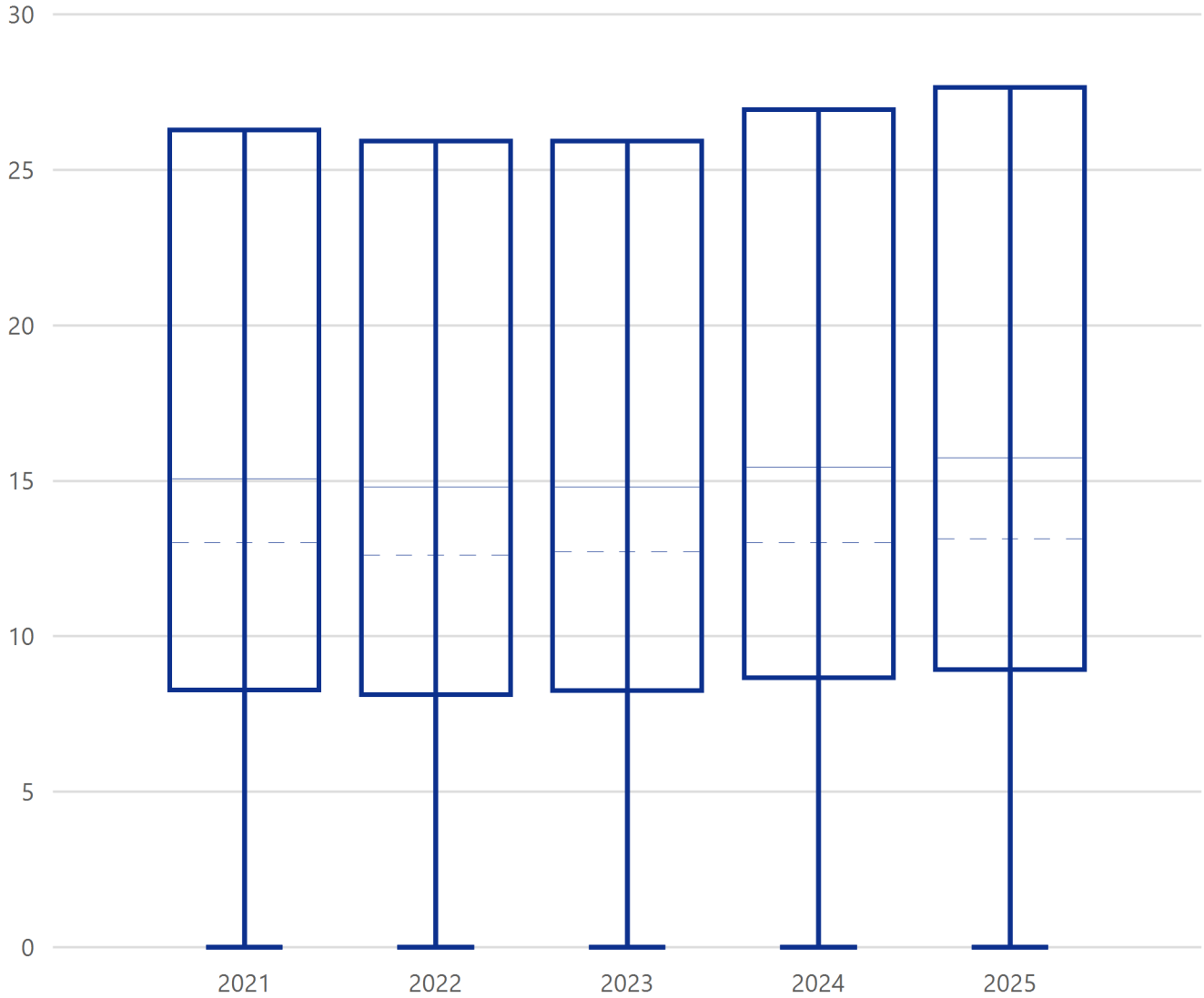
Calculation Method: The On Scene To Left Scene value was calculated using the Unit Arrived on Scene Date/Time (eTimes.06) and compares with Unit Left Scene Date/Time (eTimes.09). Activations where the Unit Arrived on Scene Date/Time (eTimes.06) is greater than the Unit Left Scene Date/Time (eTimes.09)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



— Target

At Patient To Left Scene

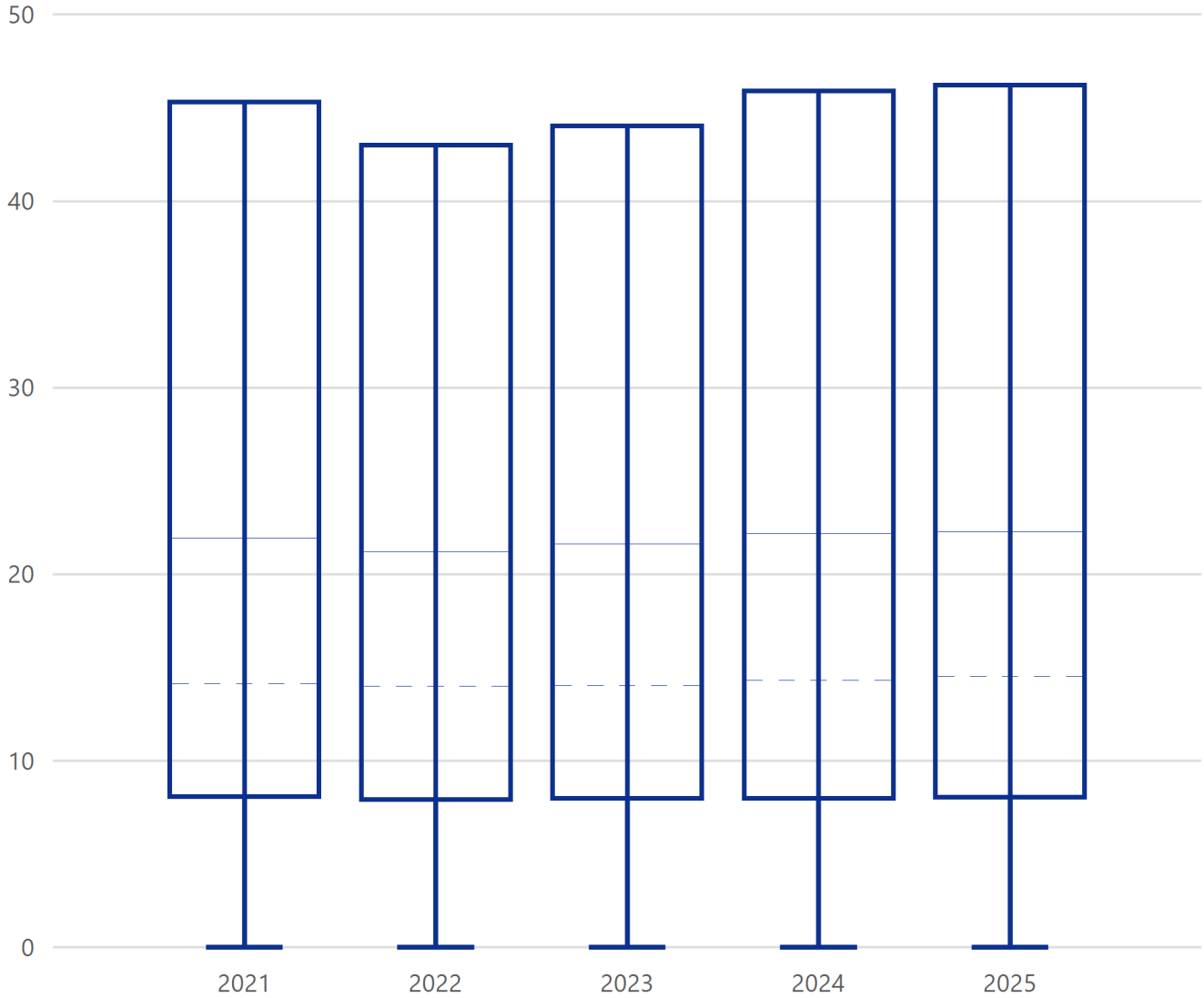
At Patient To Left Scene: The time in minutes from when the unit arrives the patients side until it leaves the scene.
Calculation Method: The At Patient To Left Scene value was calculated using the Arrived at Patient Date/Time (eTimes.07) and compares with Unit Left Scene Date/Time (eTimes.09). Activations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



Left Scene To Arrive Destination

Left Scene To Arrive Destination: The time in minutes from when the unit departs the scene until it arrives at destination. This is often referred to as Transport Time.

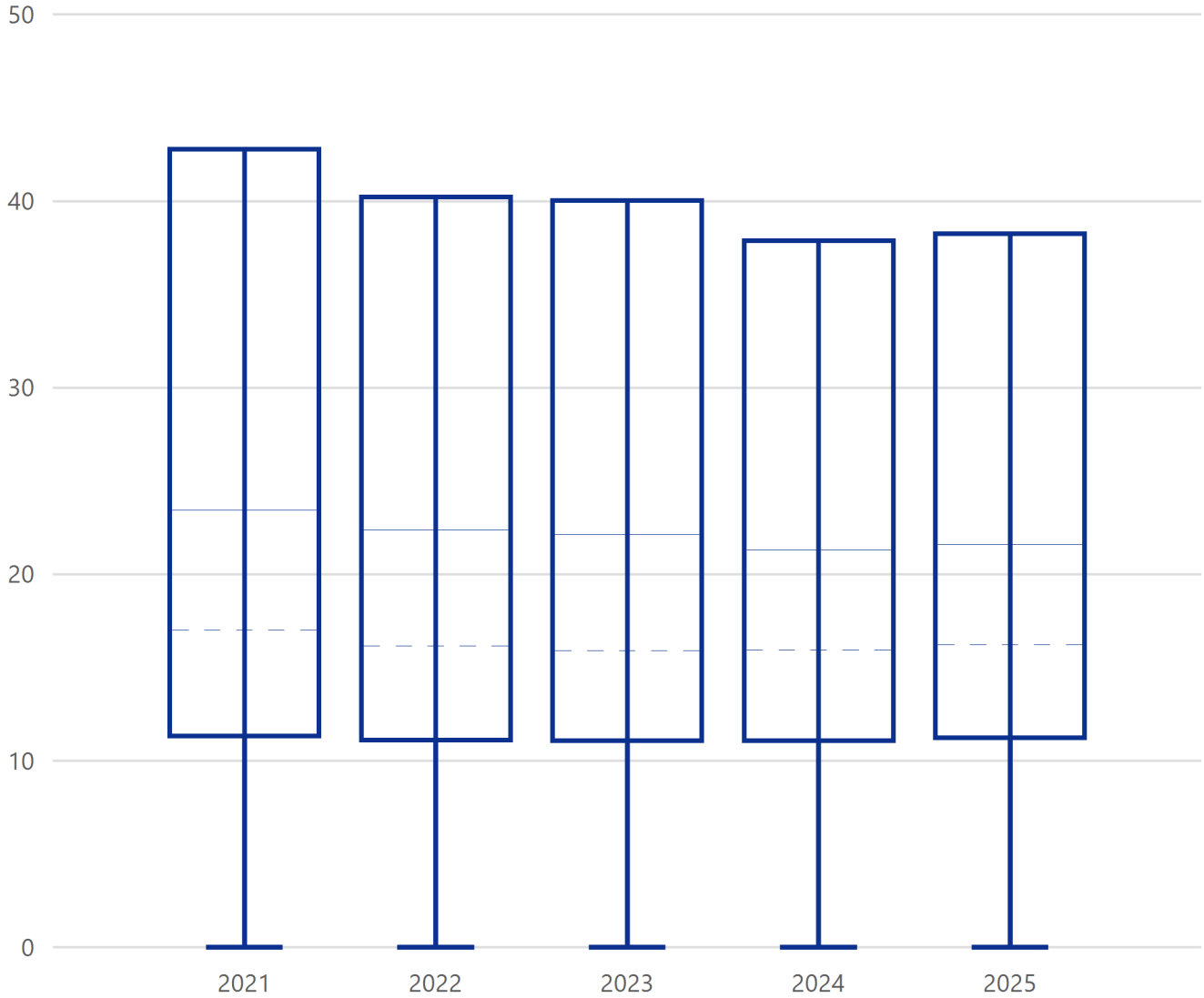
Calculation Method: The Left Scene To Arrive Destination value was calculated using the Unit Left Scene Date/Time (eTimes.09) and compares with Patient Arrived at Destination Date/Time (eTimes.11). Activations where the Unit Left Scene Date/Time (eTimes.09) is greater than the Patient Arrived at Destination Date/Time (eTimes.11) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.



Arrive Destination To Back In Service

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

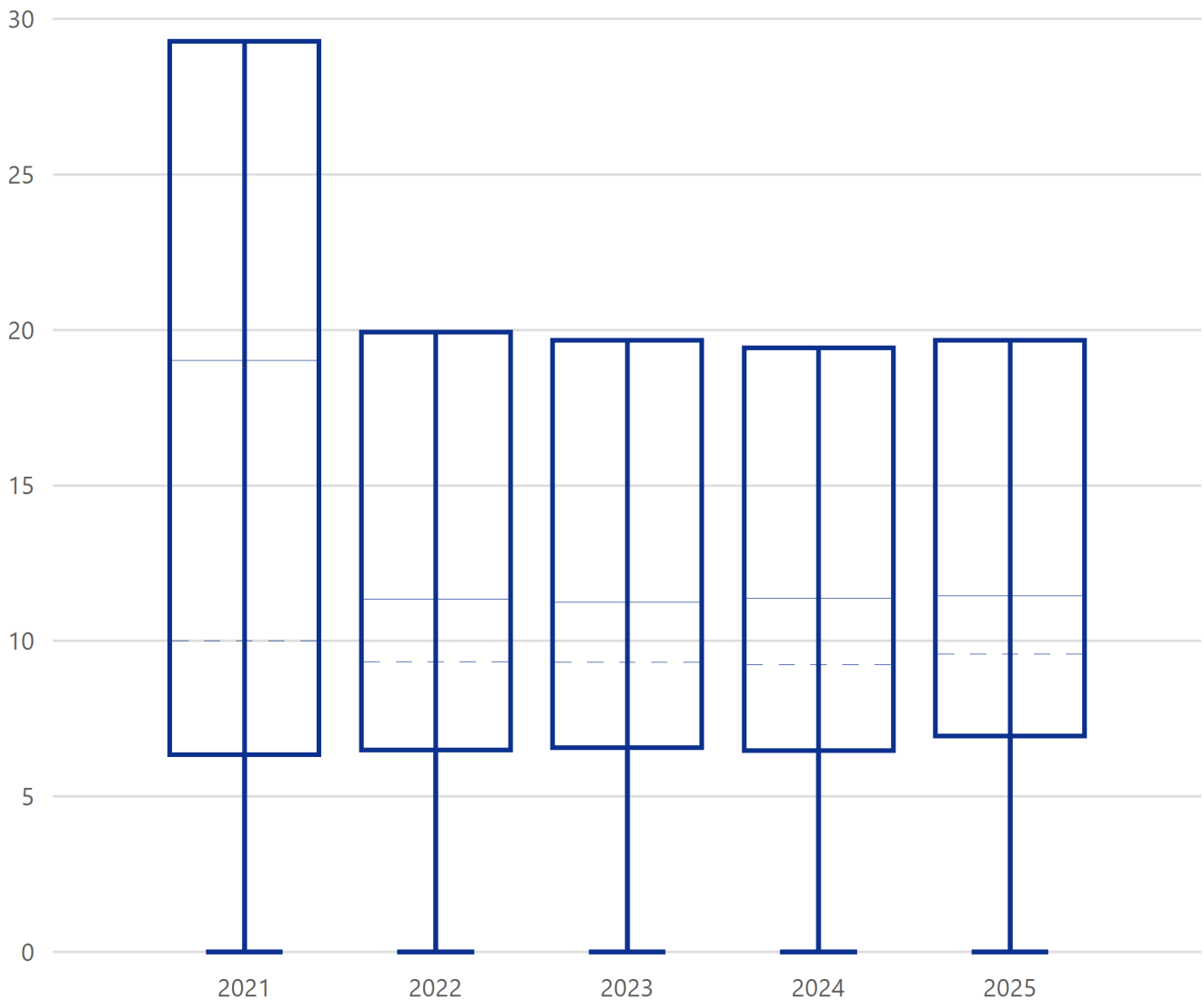
Calculation Method: The Arrive Destination To Back In Service value was calculated using the Patient Arrived at Destination Date/Time (eTimes.11) and compares with Unit Back in Service Date/Time (eTimes.13). Activations where the Patient Arrived at Destination Date/Time (eTimes.11) is greater than the Unit Back in Service Date/Time (eTimes.13) are excluded as are all calculations resulting in a value greater than or equal to 24 hours.



Patient Perceived Response Time

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

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

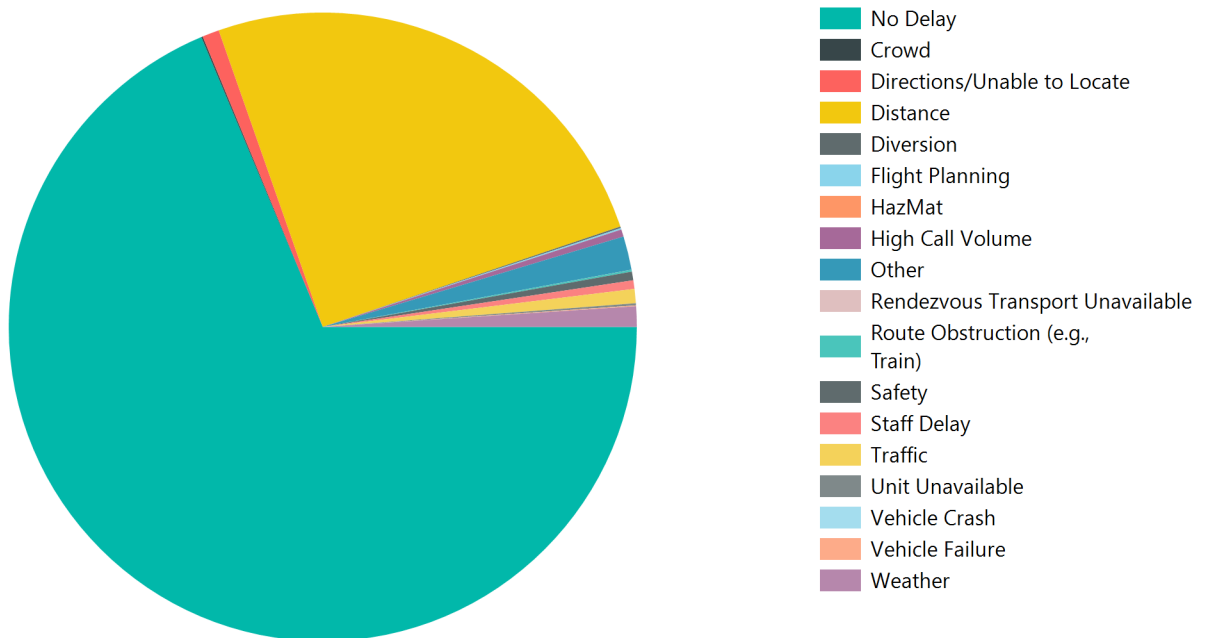


Response Delays

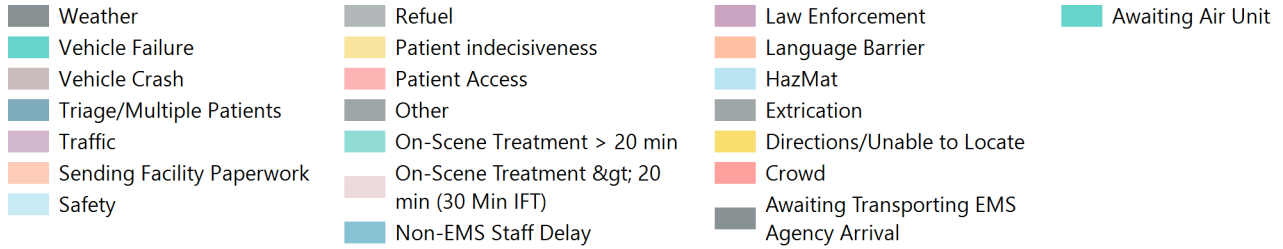


* In 2024 the default value for the Response Delay field was change from "None / No Delay" to an empty value requiring data entry when completing the report. Furthermore, "None / No Delay" is an invalid value for response times greater than five (5) minutes.

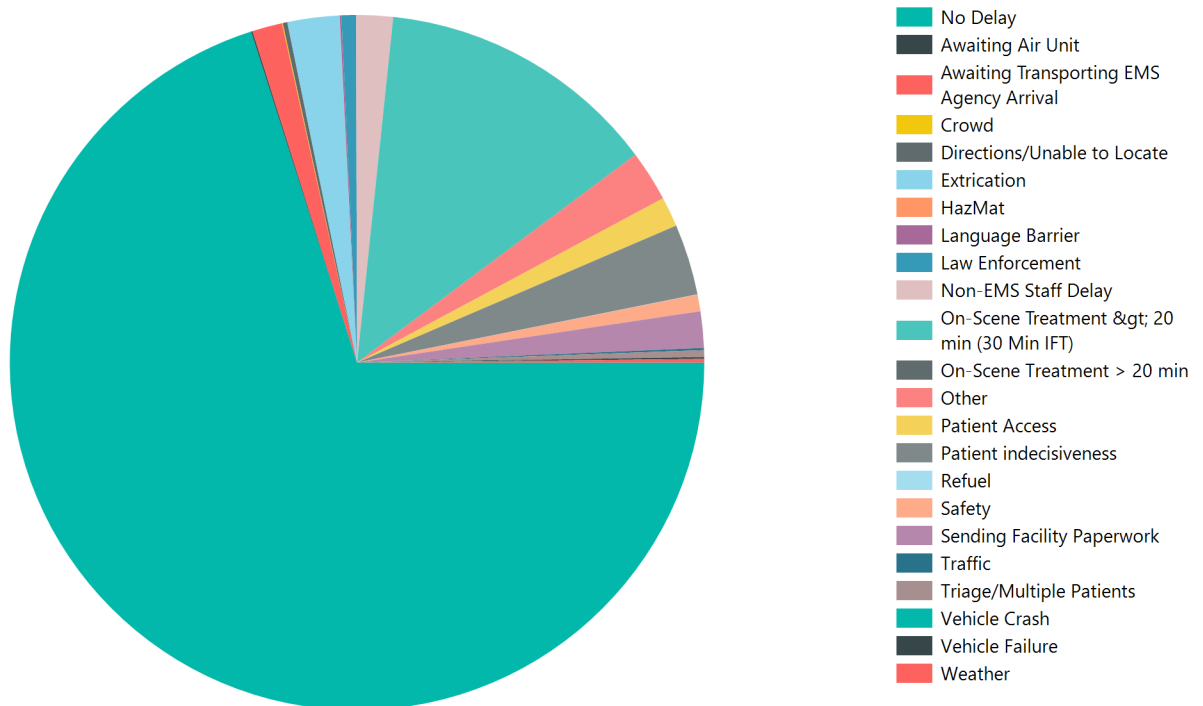
Activations Having Response Delays, 2025



Scene Delays



Activations Having Scene Delays, 2025



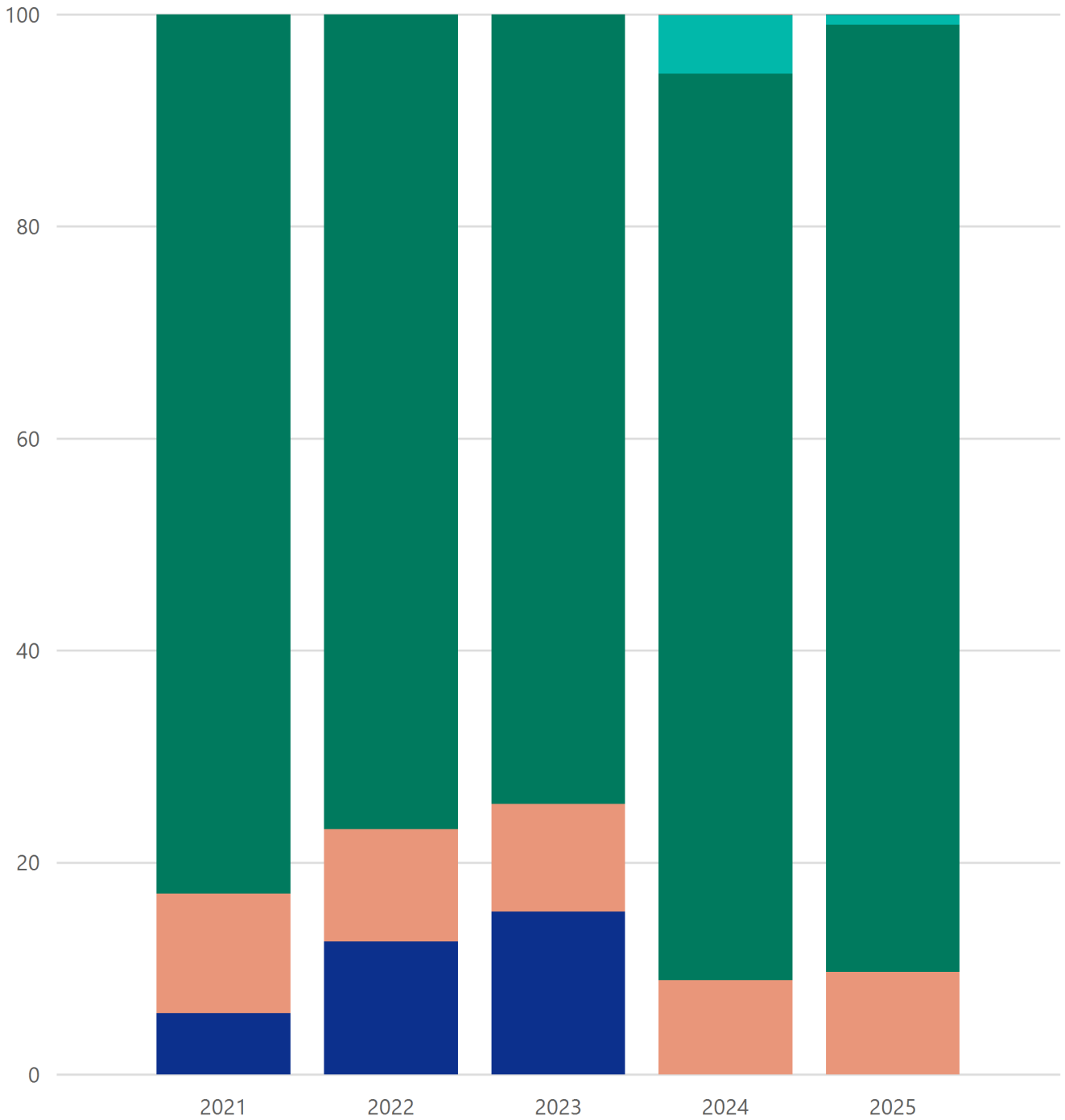
Procedures

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

Top	2021	2022	2023	2024	2025
1	Vasc/Acc - Peripheral Vein (65544)	Vasc/Acc - Peripheral Vein (69459)	Vasc/Acc - Peripheral Vein (71196)	Vasc/Acc - Peripheral Vein (78323)	Vasc/Acc - Peripheral Vein (84411)
2	Assess - Blood glucose Analysis (29221)	12 lead electrocardiogram (32114)	12 lead electrocardiogram (41375)	Electrocardiographic monitoring (60229)	Electrocardiographic monitoring (66454)
3	Electrocardiographic monitoring (22615)	Electrocardiographic monitoring (31053)	Electrocardiographic monitoring (41085)	12 lead electrocardiogram (52706)	12 lead electrocardiogram (55254)
4	12 lead electrocardiogram (21130)	Assess - Blood glucose Analysis (28279)	Assess - Blood glucose Analysis (29502)	Assess - Blood glucose Analysis (30865)	Assess - Blood glucose Analysis (32391)
5	Surgical face mask applied (14946)	Surgical face mask applied (8760)	Assess - Monitoring of patient (4052)	Assess - Monitoring of patient (5327)	Assess - Physical Assessment (5863)
6	Informing doctor (3385)	Informing doctor (3474)	Assess - Physical Assessment (3783)	Assess - Physical Assessment (4878)	Assess - Monitoring of patient (4460)
7	Spinal - Cervical Collar Application (3178)	Assess - Physical Assessment (3464)	Assess A/W - ETCO2 Monitoring (3089)	Spinal - Cervical Collar Application (2972)	Spinal - Cervical Collar Application (3067)
8	Assess A/W - ETCO2 Monitoring (3122)	Assess A/W - ETCO2 Monitoring (3038)	Spinal - Cervical Collar Application (3047)	Assess A/W - ETCO2 Monitoring (2626)	Assess A/W - ETCO2 Monitoring (2816)
9	Vasc/Acc - D/C IV Cath (2788)	Spinal - Cervical Collar Application (2882)	Informing doctor (2958)	Vasc/Acc - Blood Draw (2077)	Vasc/Acc - Blood Draw (2569)
10	Assess - Physical Assessment (2461)	Assess - Monitoring of patient (1965)	Ventilator care and adjustment (regime/therapy) (2895)	A/W Basic - Assist Ventilation BVM (1435)	Vasc/Acc - Intraosseous (1443)

Procedure Success Rates

Not Recorded Not Applicable Series4 Successful Unsuccessful Not Reported



Procedure Performed Description1	Procedure Count	Complication	Complication Count
12 lead electrocardiogram	55254	Altered Mental Status	9
		Bleeding	1
		Extravasation	1
		Hypothermia	2
		Nausea	1
		None	54092
		Not Reported	498404
		Other	25
		Respiratory Distress	3
		Vomiting	2
A/W Adv - Chest Tube Insertion	15	None	5
		Not Reported	10
A/W Adv - Combitube	1	None	1
A/W Adv - CPAP	866	Altered Mental Status	24
		Apnea	1
		Hypertension	1
		Hypotension	5
		Hypoxia	10
		Nausea	4
		None	746
		Not Reported	9530
		Other	32
		Respiratory Distress	32
		Tachycardia	1
		Tachypnea	5
Vomiting	1		
A/W Adv - Cricoid pressure	2	None	1
		Other	1
A/W Adv - Cricothyroidotomy Surgical	5	Injury	1
		None	4
A/W Adv - Direct laryngoscopy	68	Altered Mental Status	1
		Bleeding	2
		Esophageal Intubation-immediately	4
		Esophageal Intubation-other	1
		Injury	1
		None	43
		Other	16

A/W Adv - Direct laryngoscopy	68	Vomiting	4
A/W Adv - i-gel	285	Altered Mental Status	1
		Apnea	1
		Bleeding	5
		Bradypnea	1
		Itching	1
		None	255
		Not Reported	1996
		Other	18
		Vomiting	2
A/W Adv - King Tube	63	Bleeding	4
		None	55
		Other	3
		Vomiting	1
A/W Adv - LMA Insertion	79	Apnea	1
		None	76
		Not Reported	81
A/W Adv - Nasotracheal intubation	3	Bleeding	1
		Esophageal Intubation-immediately	2
A/W Adv - Needle Decompression	111	None	110
		Other	1
A/W Adv - Oral Intubation	785	Altered Mental Status	9
		Apnea	8
		Bleeding	30
		Bradycardia	2
		Bradypnea	3
		Esophageal Intubation-immediately	22
		Esophageal Intubation-other	6
		Extravasation	1
		Hypotension	8
		Hypoxia	17
		Injury	4
		None	628
		Other	49
		Respiratory Distress	2
Vomiting	19		
A/W Adv - Simple Thoracostomy	13	None	13
A/W Adv - Video Laryngoscopy	163	Altered Mental Status	2

A/W Adv - Video Laryngoscopy	163	Apnea	1
		Bleeding	5
		Esophageal Intubation-immediately	2
		Injury	1
		None	134
		Other	15
		Vomiting	8
A/W Adv. i-gel	159	Apnea	1
		Bleeding	1
		None	147
		Not Reported	638
		Other	4
		Vomiting	4
A/W Basic - Airway, Manual	118	Altered Mental Status	9
		Apnea	1
		Bradypnea	1
		None	101
		Not Reported	591
		Other	4
		Respiratory Distress	1
A/W Basic - Assist Ventilation BVM	1374	Altered Mental Status	41
		Apnea	25
		Bleeding	9
		Bradypnea	5
		Hypoxia	1
		Injury	1
		None	1177
		Not Reported	12435
		Other	25
		Respiratory Distress	4
Vomiting	17		
A/W Basic - Double Lumen Supraglottic airway	1	None	1
A/W Basic - Foreign Body Removal	16	Bleeding	1
		None	14
		Other	1
A/W Basic - Heimlich maneuver	9	None	4
		Not Reported	13

A/W Basic - Heimlich maneuver	9	Vomiting	1
A/W Basic - Mouth to Mask	3	None	2
		Not Reported	1
A/W Basic - NPA Insertion (Nasal)	606	Altered Mental Status	18
		Apnea	5
		Bleeding	2
		Bradypnea	1
		Injury	1
		None	540
		Not Reported	4864
		Other	20
		Respiratory Distress	2
		Vomiting	1
A/W Basic - Occlusive dressing	24	Altered Mental Status	1
		Bleeding	1
		None	22
A/W Basic - OPA Insertion (oral)	600	Altered Mental Status	6
		Apnea	5
		Bleeding	6
		Bradypnea	1
		None	539
		Not Reported	4213
		Other	27
		Vomiting	3
A/W Basic - Suctioning	797	Altered Mental Status	18
		Apnea	2
		Bleeding	28
		Bradypnea	3
		Hypoxia	1
		Nausea	1
		None	682
		Not Reported	7983
		Other	25
		Respiratory Distress	1
		Tachycardia	2
		Vomiting	21
Arrest - CPR Start	844	Altered Mental Status	3
		Apnea	2

Arrest - CPR Start	844	Bradycardia	1
		Hypoxia	1
		Injury	1
		None	698
		Not Reported	6882
		Other	6
		Vomiting	2
Arrest - CPR Stop	588	Altered Mental Status	3
		Apnea	2
		Bleeding	2
		None	579
		Not Reported	1
		Other	1
Arrest - Defibrillation	1366	None	1352
		Not Reported	1378
		Other	2
Arrest - Mechanically Assisted CPR Start	408	Apnea	1
		Bleeding	1
		None	400
		Not Reported	1227
		Other	3
Assess - Blood glucose Analysis	32391	Altered Mental Status	345
		Apnea	2
		Bleeding	5
		Bradycardia	1
		Diarrhea	1
		Hypertension	3
		Hyperthermia	2
		Hypotension	5
		Hypothermia	2
		Hypoxia	1
		Itching	1
		Nausea	15
		None	31087
		Not Reported	583814
		Other	132
Respiratory Distress	4		
Tachycardia	3		

Assess - Blood glucose Analysis	32391	Tachypnea	3
		Vomiting	3
Assess - Monitoring of patient	4460	Altered Mental Status	83
		Apnea	2
		Bleeding	1
		Bradypnea	1
		Hypertension	2
		Hypotension	2
		Hypothermia	1
		Hypoxia	2
		Nausea	2
		None	4320
		Not Reported	62461
		Other	12
		Respiratory Distress	6
		Tachycardia	1
Vomiting	4		
Assess - Physical Assessment	5863	Altered Mental Status	156
		Apnea	1
		Bleeding	3
		Hypertension	2
		Hypothermia	2
		Hypoxia	4
		Injury	7
		Nausea	3
		None	5592
		Not Reported	82105
		Other	41
		Respiratory Distress	14
		Tachycardia	6
		Tachypnea	4
Vomiting	5		
Assess A/W - ETCO2 Monitoring	2816	Altered Mental Status	22
		Apnea	1
		Bleeding	1
		Hypoxia	2
		Injury	1
		None	1338

Assess A/W - ETCO2 Monitoring	2816	Not Reported	29591
		Other	11
		Respiratory Distress	4
		Tachypnea	2
		Vomiting	3
Assesss - Orthostatic Vital Signs	190	Altered Mental Status	2
		Hypotension	1
		Injury	1
		Nausea	1
		None	183
		Other	2
		Tachycardia	1
		Vomiting	1
Capillary blood glucose measurement	2	None	2
Cardiac - Cardioversion (Sync)	78	None	71
		Not Reported	7
Cardiac - LVAD Care	5	None	5
Cardiac - Pacing	198	None	185
		Not Reported	13
Cardiac - Vagal Maneuver	110	None	108
		Tachycardia	2
Catheterization of vein	6	None	6
Commercially Available Soft Restraints Applied	69	Altered Mental Status	12
		None	53
		Not Reported	139
		Other	3
CP - Asthma Education Provided	57	None	42
		Not Reported	15
CP - COPD Education Provided	1	None	1
CP - Diabetes Education Provided	59	None	50
		Not Reported	68
CP - Discharge Assessment	3	None	2
		Not Reported	1
CP - Dressing Change/Wound Care Case Management	10	None	2
		Not Reported	8
CP - Follow-up	1374	None	574
		Not Reported	2174
CP - Health Assessment	2	None	2

CP - Influenza Vaccination	7	None	5
		Not Reported	2
CP - Initial Assessment	61	None	42
		Not Reported	19
CP - Medication Reconciliation	1017	None	296
		Not Reported	1738
CP - Urine Collection	11	None	8
		Not Reported	3
CP - Vaccination Education Provided	1		0
		Not Reported	1
CP - Wound Care Management	9	None	2
		Not Reported	7
CP Hypertension education	1	None	1
CP- Primary Care Physician Contacted	110	None	19
		Not Reported	201
Electrocardiogram lead (physical object)	1167	None	1166
		Other	1
Electrocardiographic monitoring	66454	Altered Mental Status	15
		Apnea	1
		Hypothermia	1
		Nausea	1
		None	66423
		Other	11
		Respiratory Distress	2
		Vomiting	1
Epistaxis control	53	Bleeding	5
		None	46
		Not Reported	107
		Respiratory Distress	1
General - ALS Requested	400	Altered Mental Status	1
		None	367
		Not Reported	1228
		Other	4
General - Decontamination	9	None	9
General - Irrigation of eye	28	None	24
		Not Reported	29
		Other	3
General - Patient Cooling	106	Altered Mental Status	1

General - Patient Cooling	106	None	102
		Not Reported	109
General - Patient Warming	391	Altered Mental Status	8
		Hypothermia	4
		None	373
		Not Reported	1175
		Other	4
General - Pharmaceutical Restraint	14	Altered Mental Status	2
		None	12
General - Physical Restraint	74	Altered Mental Status	19
		None	44
		Not Reported	229
		Other	3
		Tachycardia	1
Introduction of urinary catheter	24	None	23
		Not Reported	1
Leave Behind Naloxone Education	43	None	42
		Other	1
MOPR - Closure of skin by suture	2	None	2
MOPR - Finger Thoracostomy	1	None	1
MOPR - Point of care diagnostic ultrasonography	2	None	2
Nasogastric tube - Insertion	54	None	30
		Not Reported	24
Not Reported	12	None	2
		Not Reported	10
OB/GYN - Birth/Delivery	13	Bleeding	1
		Nausea	1
		None	7
		Not Reported	30
OLMC Consultation	736	Altered Mental Status	3
		None	719
		Not Reported	1474
		Other	12
Orogastric tube - Insertion	202	Apnea	1
		None	195
		Not Reported	607
		Other	3

Orogastric tube - Insertion	202	Vomiting	2
Ortho - Splinting General	991	Altered Mental Status	3
		Bleeding	3
		Injury	18
		None	937
		Not Reported	4979
		Other	6
Ortho - Splinting Traction	57	Injury	2
		None	51
		Not Reported	117
		Other	1
Phototherapy	2	None	2
PIFT - Bladder Irrigation	24	None	13
		Not Reported	11
PIFT - Chest Tube Maintenance	44	None	21
		Not Reported	23
PIFT - Nasogastric Tube Maintenance	48	Bleeding	1
		None	32
		Not Reported	110
		Other	1
Pressure controlled ventilation	44	None	25
		Not Reported	62
		Respiratory Distress	1
Simple Thoracostomy	8	None	8
Spinal - Cervical Collar Application	3067	Altered Mental Status	77
		Bleeding	7
		Hypothermia	1
		Injury	14
		Nausea	1
		None	2739
		Not Reported	30796
		Other	94
		Respiratory Distress	5
		Tachypnea	1
		Vomiting	2
Spinal - Immobilization - Lying	265	Altered Mental Status	4
		Bleeding	1
		Injury	3

Spinal - Immobilization - Lying	265	None	244
		Not Reported	1332
		Other	5
		Respiratory Distress	1
Spinal - Immobilization - Seated	53	Altered Mental Status	1
		Injury	2
		None	46
		Not Reported	161
		Other	2
Spinal - Long Board Application	205	Altered Mental Status	6
		Apnea	1
		Injury	2
		None	175
		Not Reported	834
		Other	7
Surgical face mask applied	294	Altered Mental Status	1
		None	287
		Not Reported	593
		Other	1
Tracheostomy care	18	None	14
		Other	3
		Respiratory Distress	1
Transfusion of blood product	14	Bleeding	1
		None	8
		Not Reported	19
Trauma - Burn care	24	Altered Mental Status	1
		None	19
		Not Reported	49
		Other	3
Trauma - Cold Pack Application	734	Altered Mental Status	1
		Injury	3
		None	712
		Not Reported	2952
		Other	2
Trauma - Extrication procedure	42	Altered Mental Status	2
		Injury	2
		None	36
		Other	2

Trauma - Hemostatic Agents	71	Altered Mental Status	1
		Bleeding	8
		Injury	1
		None	60
		Other	1
Trauma - Pelvic Binder	46	Altered Mental Status	1
		None	44
		Not Reported	47
Trauma - Pressure Dressing	139	Altered Mental Status	1
		Bleeding	7
		None	123
		Not Reported	286
Trauma - Rapid extrication	12	Altered Mental Status	1
		None	10
		Other	1
Trauma - Skin Stapler	6	None	6
Trauma - Tourniquet Application	90	Bleeding	4
		Injury	3
		None	66
		Not Reported	285
		Other	2
Trauma - Wound Care General	1380	Altered Mental Status	14
		Bleeding	28
		Injury	3
		Nausea	1
		None	1296
		Not Reported	6935
		Other	3
Trauma - Wound Irrigation	127	Bleeding	2
		Injury	1
		None	122
		Not Reported	256
Vasc Acc - Central venous cannula insertion	36	None	32
		Not Reported	4
Vasc/Acc - Arterial cannula insertion	110	None	109
		Not Reported	1
Vasc/Acc - Blood Draw	2569	Altered Mental Status	9
		Bleeding	2

Vasc/Acc - Blood Draw	2569	Hypertension	1
		Nausea	3
		None	2405
		Not Reported	23239
		Other	26
		Tachycardia	1
		Tachypnea	2
		Vomiting	2
Vasc/Acc - D/C IV Cath	400	Altered Mental Status	3
		Bleeding	3
		Extravasation	1
		None	384
		Not Reported	2003
		Other	5
		Vomiting	1
Vasc/Acc - External Jugular Access	21	None	21
Vasc/Acc - Intraosseous	1443	Altered Mental Status	1
		Apnea	1
		None	1427
		Not Reported	4333
		Other	10
Vasc/Acc - Peripheral Vein	84411	Altered Mental Status	144
		Bleeding	75
		Bradycardia	6
		Extravasation	68
		Hypertension	1
		Hypotension	18
		Hypothermia	2
		Hypoxia	2
		Injury	13
		Itching	2
		Nausea	7
		None	83802
		Not Reported	1350619
		Other	216
		Respiratory Distress	7
Tachypnea	1		
Vomiting	4		

Vasc/Acc - Pre-existing line accessed	88	None	71
		Not Reported	104
		Other	1
Vasc/Acc - Ultrasound Guided Peripheral Venous Cannulation	31	Extravasation	2
		Hypotension	2
		None	22
		Not Reported	94
		Other	4
Vasc/Acc - Umbilical Vein	5	None	5

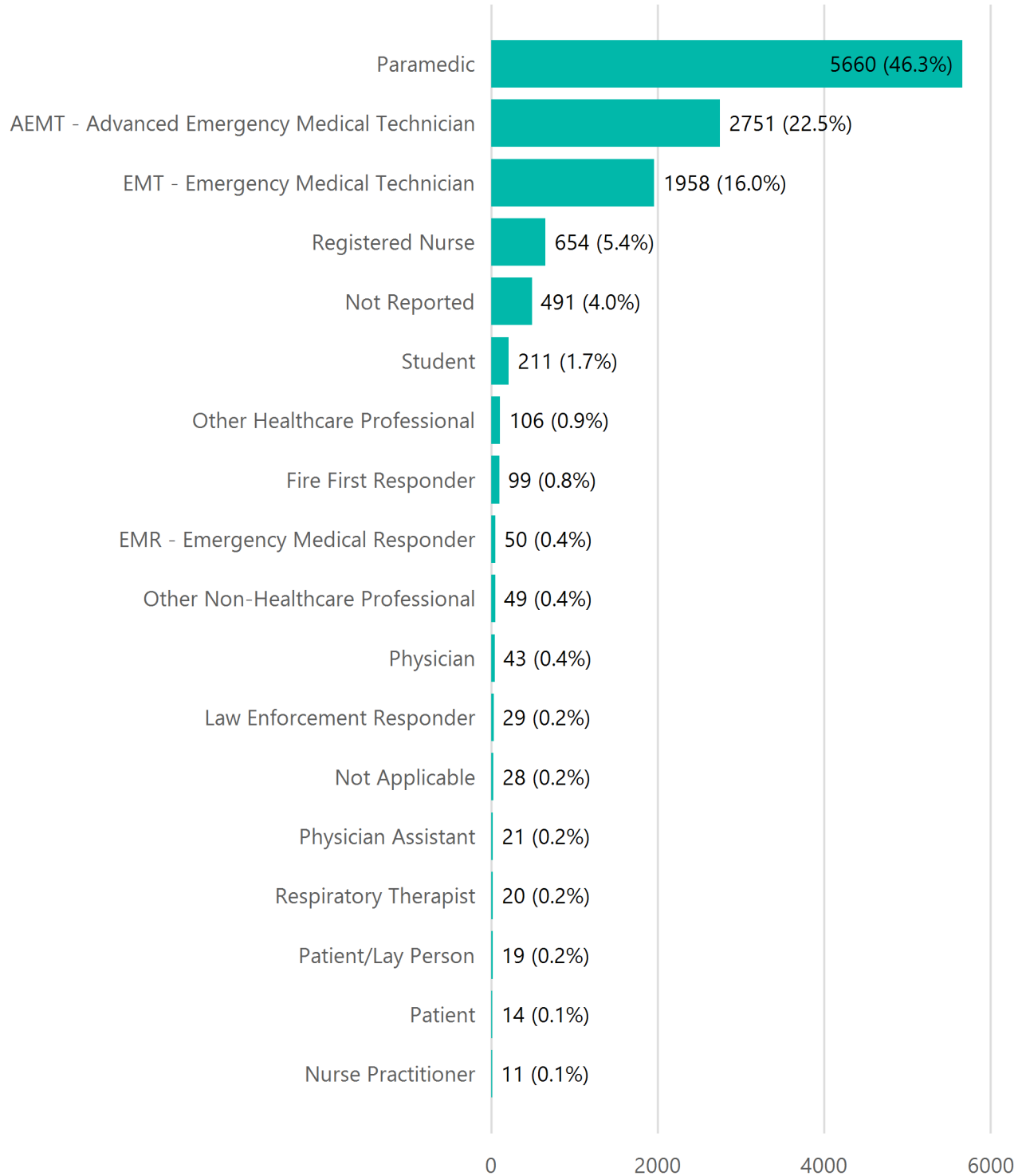
Procedure Performed Description	Successful	Unsuccessful	Patient Improved	Patient Unchanged	Patient Worse	Prior To EMS Care	Attempts
	2	0	1	1	0	0	5
12 lead electrocardiogram	706	36	50	368	3	125	53807
A/W Adv - Chest Tube Insertion	8	0	6	1	0	8	4
A/W Adv - Combitube	1	0	0	1	0	0	
A/W Adv - CPAP	151	43	98	76	21	34	260
A/W Adv - Cricoid pressure	0	2	0	2	0	0	
A/W Adv - Cricothyroidotomy Surgical	5	0	3	2	0	0	5
A/W Adv - Direct laryngoscopy	22	16	10	28	0	0	59
A/W Adv - i-gel	88	11	37	62	0	9	151
A/W Adv - King Tube	29	7	12	24	0	0	39
A/W Adv - LMA Insertion	49	2	24	25	1	3	56
A/W Adv - Nasotracheal intubation	0	2	0	2	0	0	2
A/W Adv - Needle Decompression	49	5	26	28	0	0	50
A/W Adv - Oral Intubation	171	38	110	93	5	7	654
A/W Adv - Simple Thoracostomy	9	0	4	5	0	0	13
A/W Adv - Video Laryngoscopy	38	13	17	29	3	0	115
A/W Adv. i-gel	59	8	28	39	0	4	98
A/W Basic - Airway, Manual	62	7	28	41	0	5	39
A/W Basic - Assist Ventilation BVM	296	33	142	172	3	106	368
A/W Basic - Double Lumen Supraglottic airway	1	0	0	1	0	0	
A/W Basic - Foreign Body Removal	9	1	6	4	0	0	4
A/W Basic - Heimlich maneuver	6	3	4	2	1	6	7
A/W Basic - Mouth to Mask	2	0	0	2	0	1	
A/W Basic - NPA Insertion (Nasal)	145	36	66	108	5	28	311
A/W Basic - Occlusive dressing	18	0	4	14	0	0	13
A/W Basic - OPA Insertion (oral)	162	30	66	117	3	28	326
A/W Basic - Suctioning	226	17	127	118	0	33	272
Arrest - CPR Start	230	50	68	200	1	175	324
Arrest - CPR Stop	113	19	34	96	1	4	166

Arrest - Defibrillation	103	15	29	79	7	18	1219
Arrest - Mechanically Assisted CPR Start	105	14	35	84	0	10	131
Assess - Blood glucose Analysis	740	124	119	700	14	278	16434
Assess - Monitoring of patient	334	23	67	282	5	40	1254
Assess - Physical Assessment	312	43	67	286	2	52	1291
Assess A/W - ETCO2 Monitoring	223	23	38	200	0	32	1154
Assesss - Orthostatic Vital Signs	43	2	1	42	2	0	60
Capillary blood glucose measurement	2	0	0	2	0	0	2
Cardiac - Cardioversion (Sync)	27	7	15	7	0	0	77
Cardiac - LVAD Care	5	0	0	5	0	0	4
Cardiac - Pacing	55	5	14	21	3	5	182
Cardiac - Vagal Maneuver	25	22	16	30	1	1	77
Catheterization of vein	2	3	1	4	0	0	5
Commercially Available Soft Restraints Applied	46	4	19	30	1	3	13
CP - Asthma Education Provided	8	1	0	5	0	0	
CP - COPD Education Provided	1	0	0	1	0	0	
CP - Diabetes Education Provided	4	0	0	2	0	0	1
CP - Discharge Assessment	1	0	0	1	0	0	1
CP - Dressing Change/Wound Care Case Management	8	0	2	3	0	1	1
CP - Follow-up	24	7	0	15	0	3	17
CP - Health Assessment	2	0	0	2	0	0	
CP - Influenza Vaccination	4	0	0	4	0	0	6
CP - Initial Assessment	11	2	0	7	0	0	
CP - Medication Reconciliation	23	2	0	11	0	3	5
CP - Urine Collection	3	1	0	4	0	0	
CP - Vaccination Education Provided	1	0	0	0	0	0	
CP - Wound Care Management	7	0	3	4	0	0	2
CP Hypertension education	1	0	0	1	0	0	
CP- Primary Care Physician Contacted	11	2	0	4	0	1	2

Electrocardiogram lead (physical object)	58	1	7	48	0	4	1167
Electrocardiographic monitoring	695	33	84	509	5	168	66397
Epistaxis control	42	4	30	15	0	2	19
General - ALS Requested	89	20	21	78	0	39	119
General - Decontamination	7	0	2	5	0	0	4
General - Irrigation of eye	18	1	10	9	0	2	20
General - Patient Cooling	65	2	42	25	0	4	42
General - Patient Warming	132	7	83	56	0	4	119
General - Pharmaceutical Restraint	9	1	7	3	0	0	5
General - Physical Restraint	44	6	11	38	0	10	17
Introduction of urinary catheter	18	3	7	13	0	1	23
Leave Behind Naloxone Education	23	1	1	23	0	0	6
MOPR - Closure of skin by suture	1	0	1	0	0	0	
MOPR - Finger Thoracostomy	1	0	0	1	0	0	
MOPR - Point of care diagnostic ultrasonography	2	0	0	2	0	0	
Nasogastric tube - Insertion	29	3	10	21	0	21	18
OB/GYN - Birth/Delivery	10	0	5	1	0	7	3
OLMC Consultation	139	20	30	127	2	3	95
Orogastric tube - Insertion	110	13	40	84	0	1	178
Ortho - Splinting General	256	15	132	134	3	44	444
Ortho - Splinting Traction	34	1	27	10	0	7	36
Phototherapy	2	0	0	2	0	0	2
PIFT - Bladder Irrigation	14	0	0	14	0	10	3
PIFT - Chest Tube Maintenance	19	2	1	22	0	21	3
PIFT - Nasogastric Tube Maintenance	22	0	3	17	0	16	9
Pressure controlled ventilation	19	0	10	6	0	12	4
Simple Thoracostomy	6	0	1	5	0	0	7
Spinal - Cervical Collar Application	409	68	87	353	22	155	1247
Spinal - Immobilization - Lying	108	3	14	92	1	13	112
Spinal - Immobilization - Seated	37	1	5	32	1	3	21
Spinal - Long Board Application	84	2	14	67	2	18	73

Surgical face mask applied	100	3	5	97	0	8	175
Tracheostomy care	10	2	9	3	0	0	21
Transfusion of blood product	9	0	2	7	0	6	1
Trauma - Burn care	23	1	9	15	0	1	9
Trauma - Cold Pack Application	208	13	104	118	0	23	191
Trauma - Extrinsic procedure	26	0	9	17	0	0	19
Trauma - Hemostatic Agents	45	5	37	14	0	2	26
Trauma - Pelvic Binder	35	3	19	19	0	2	25
Trauma - Pressure Dressing	90	5	57	39	0	9	47
Trauma - Rapid extrication	10	0	3	7	0	1	3
Trauma - Skin Stapler	6	0	6	0	0	0	6
Trauma - Tourniquet Application	56	6	40	16	0	20	38
Trauma - Wound Care General	288	15	154	151	1	59	496
Trauma - Wound Irrigation	71	2	33	40	0	2	30
Vasc Acc - Central venous cannula insertion	27	2	6	23	0	10	29
Vasc/Acc - Arterial cannula insertion	46	30	15	60	0	1	121
Vasc/Acc - Blood Draw	216	77	40	236	0	9	1335
Vasc/Acc - D/C IV Cath	62	26	9	79	1	6	316
Vasc/Acc - External Jugular Access	11	6	2	15	0	0	19
Vasc/Acc - Intraosseous	188	35	31	191	0	28	1365
Vasc/Acc - Peripheral Vein	897	347	123	1199	11	521	84514
Vasc/Acc - Pre-existing line accessed	40	2	4	33	0	19	40
Vasc/Acc - Ultrasound Guided Peripheral Venous Cannulation	7	5	1	10	0	1	30
Vasc/Acc - Umbilical Vein	3	1	1	3	0	0	3

Role of Person Performing Procedure



Medications

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

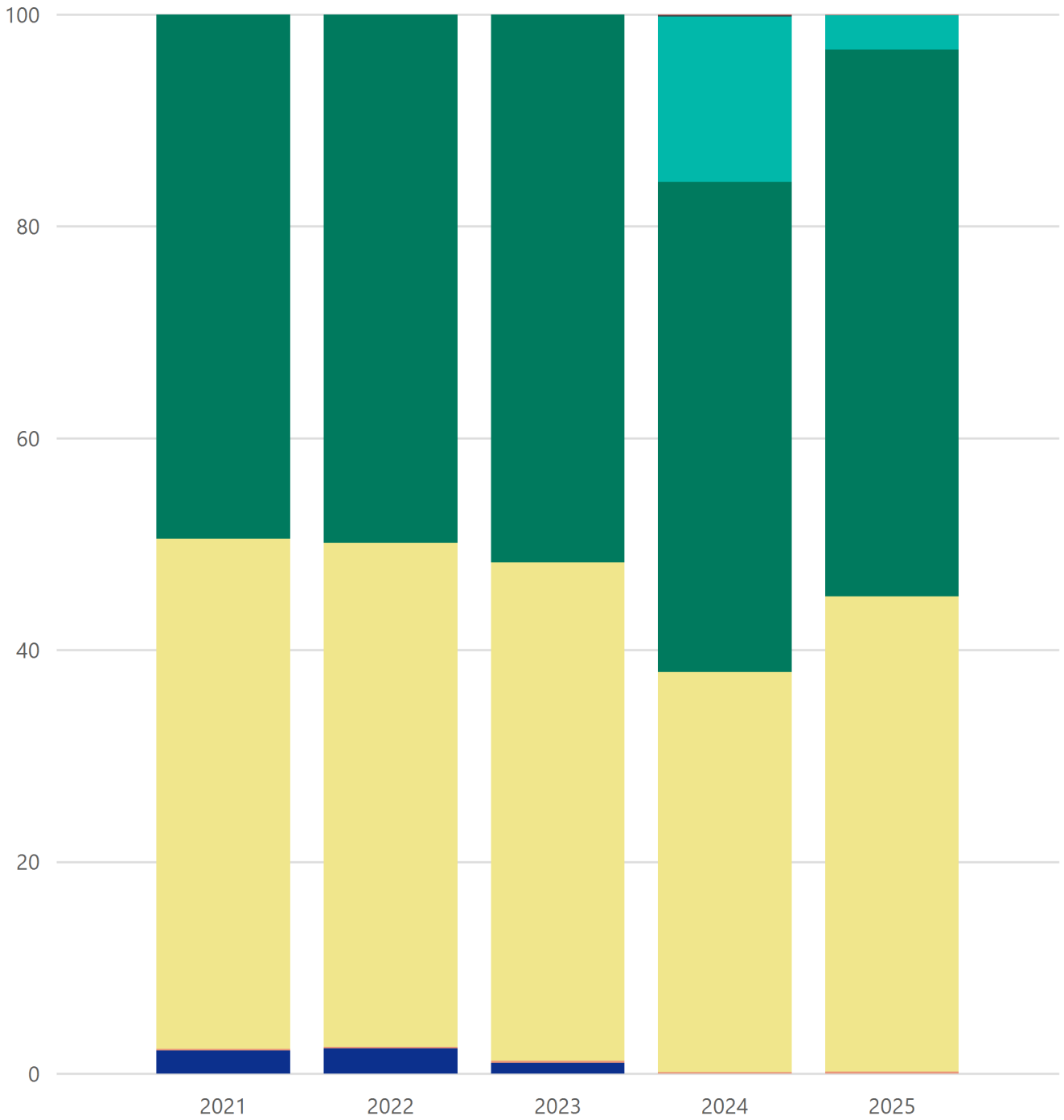
- Right Patient: Confirm the patient’s identity.
- Right Medication: Ensure you’re administering the correct drug.
- Right Dose: Verify the appropriate dosage.
- Right Route: Administer the medication via the correct route (e.g., oral, intravenous).
- Right Time: Administer the medication at the right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

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

Top	2021	2022	2023	2024	2025
1	Oxygen (21001)	Oxygen (22800)	Oxygen (22344)	Oxygen (22971)	Oxygen (24284)
2	Normal Saline (20724)	Normal Saline (20029)	Normal Saline (19699)	Normal Saline (20378)	Normal Saline (20264)
3	Fentanyl (14070)	Fentanyl (11927)	Fentanyl (11334)	Fentanyl (12791)	Ondansetron (13945)
4	Ondansetron (9305)	Ondansetron (10234)	Ondansetron (10828)	Ondansetron (12364)	Fentanyl (13587)
5	Nitroglycerin (6708)	Nitroglycerin (6956)	Aspirin (6849)	Aspirin (7023)	DuoNeb (8460)
6	Aspirin (5933)	Aspirin (6559)	Nitroglycerin (6733)	DuoNeb (6963)	Aspirin (7687)
7	EPINEPHrine 1MG/10ML (5430)	EPINEPHrine 1MG/10ML (5258)	DuoNeb (5958)	Nitroglycerin (6849)	Nitroglycerin (6941)
8	Midazolam (2874)	DuoNeb (4950)	EPINEPHrine 1MG/10ML (4816)	EPINEPHrine 1MG/10ML (5864)	Lactated Ringers (6141)
9	Naloxone (2652)	Naloxone (2936)	Lactated Ringers (3323)	Lactated Ringers (4548)	EPINEPHrine 1MG/10ML (5938)
10	Heparin (2489)	Midazolam (2831)	Midazolam (2866)	Heparin (3271)	Acetaminophen (IV) (3988)

Medication Response

Not Applicable Not Recorded Series5 Improved Unchanged Worse Not Reported



Medication Given	Medication Count	Complication	Complication Count
3% Saline - Hypertonic Injectable Solution	152	Altered Mental Status	1
		Hypertension	2
		Hypotension	1
		None	140
		Not Reported	464
Acetadote	1		0
		Not Reported	1
Acetaminophen	15	None	12
		Not Reported	16
		Other	2
Acetaminophen (IV)	3988	Altered Mental Status	9
		Extravasation	3
		Hypertension	1
		Injury	4
		None	3919
		Not Reported	39919
		Other	8
		Respiratory Distress	1
		Tachycardia	2
		Tachypnea	1
		Urticaria	1
Acetaminophen Chewable Tablet	1071	Altered Mental Status	2
		Injury	3
		Nausea	6
		None	968
		Not Reported	6496
		Other	16
		Vomiting	6
Acetylcysteine	30	None	21
		Not Reported	9
Acetylcysteine/Mucomyst	4	None	4
Activated Charcoal (without sorbitol)	1		0
		Not Reported	1
Acyclovir	9	None	5
		Not Reported	4
Adenosine	361	Nausea	1
		None	358

Adenosine	361	Not Reported	723
		Other	1
Albuterol	1787	Altered Mental Status	21
		Apnea	1
		Bradypnea	1
		Hypoxia	1
		Nausea	2
		None	1663
		Not Reported	17948
		Other	5
		Respiratory Distress	5
		Tachycardia	4
		Tachypnea	4
		Vomiting	2
		Alteplase	2
Amiodarone	749	Altered Mental Status	1
		None	672
		Not Reported	825
Ampicillin	57	None	46
		Not Reported	11
argatroban	2	None	2
Aspirin	7687	Altered Mental Status	8
		Hypertension	2
		Hyperthermia	1
		Hypotension	1
		Nausea	2
		None	6606
		Not Reported	77903
		Other	18
		Respiratory Distress	1
		Tachycardia	3
		Vomiting	12
		Ativan	57
Not Reported	26		
Atropine	463	Altered Mental Status	5
		Bradycardia	8
		Extravasation	1
		Hypertension	1

Atropine	463	Nausea	2
		None	446
		Tachycardia	1
		Vomiting	1
Azithromycin	40	Hyperthermia	1
		Nausea	1
		None	18
		Not Reported	100
Blood Products	5	None	2
		Not Reported	3
Budesonide	1		0
		Not Reported	1
Bumetanide	19	Altered Mental Status	1
		None	14
		Not Reported	23
Caffeine	1	None	1
Calcium Chloride	14	None	14
Calcium Gluconate	182	Altered Mental Status	2
		None	170
		Not Reported	555
		Other	1
Cardizem	20	None	11
		Not Reported	9
Cefazolin	6	None	3
		Not Reported	3
Cefepime [Maxipime]	24	None	16
		Not Reported	8
cefTRIAxone	229	Injury	1
		Itching	1
		None	203
		Not Reported	1167
		Other	1
		Urticaria	1
Cipro	9	None	3
		Not Reported	6
Cisatracurium	18	None	18
Clevidipine	1	None	1
Clindamycin	10	None	8

Clindamycin	10	Not Reported	2
Clonidine	3		0
		Not Reported	3
clopidogrel/Plavix	10	None	5
		Not Reported	5
Curosurf	12	Bradycardia	1
		None	11
		Respiratory Distress	1
Cyanokit (or similar)	2	None	1
		Other	1
Dexamethasone	2202	Altered Mental Status	5
		Apnea	1
		Bleeding	1
		Hypoxia	2
		Itching	5
		Nausea	2
		None	2146
		Not Reported	22043
		Other	8
		Respiratory Distress	7
		Tachypnea	1
		Vomiting	1
Dexmedetomidine (Precedex)	123	Hypotension	2
		None	99
		Not Reported	145
dextrose 10 % / NaCL 0.45 % Injection	12	None	11
		Not Reported	1
dextrose 10 % Injectable Solution	844	Altered Mental Status	33
		Extravasation	2
		Nausea	1
		None	788
		Not Reported	3394
		Other	2
dextrose 250 MG/ML Injectable Solution	23	None	21
		Not Reported	2
Dextrose 5 % / NaCL 0.45 % Injection	67	None	42
		Not Reported	25
dextrose 5 % / NaCL 0.9 % Injection	48	None	35

dextrose 5 % / NaCL 0.9 % Injection	48	Not Reported	13
dextrose 5 % Injection	140	None	84
		Not Reported	196
dextrose 50 % Injectable Solution	144	Altered Mental Status	6
		None	135
		Not Reported	147
Diazepam	21	None	10
		Not Reported	11
Diltiazem	166	Hypotension	1
		None	85
		Not Reported	246
Diphenhydramine	550	Altered Mental Status	2
		None	469
		Not Reported	2277
		Other	1
		Respiratory Distress	1
Dobutamine	77	None	66
		Not Reported	11
Dopamine	41	None	35
		Not Reported	6
Droperidol	1	None	1
DuoNeb/Combivent	8460	Altered Mental Status	34
		Apnea	2
		Bradypnea	1
		Hypoxia	12
		Nausea	5
		None	8110
		Not Reported	93234
		Other	22
		Respiratory Distress	63
		Tachycardia	21
		Tachypnea	11
		Vomiting	5
		Eliquis	2
Not Reported	2		
EPINEPHrine - Infusion	187	Hypotension	1
		None	182
		Other	1

EPINEPHrine - Infusion	187	Tachycardia	3
EPINEPHrine - Push Dose	39	None	39
EPINEPHrine 1 MG/1ML (1:1000)	975	Altered Mental Status	8
		Hypoxia	1
		Nausea	2
		None	814
		Not Reported	6952
		Other	6
		Respiratory Distress	5
		Tachycardia	8
		Tachypnea	4
EPINEPHrine 1MG/10ML (1:10,000)	5938	Altered Mental Status	5
		Apnea	7
		Hypoxia	2
		None	5899
		Not Reported	29706
		Other	8
		Tachycardia	1
eptifibatide/Integrilin	3	None	3
Erythromycin	9	None	9
Esmolol	76	Hypotension	1
		None	64
		Not Reported	87
Etomidate	122	Hypotension	2
		None	120
Famotidine	11	None	10
		Not Reported	1
Fentanyl	13587	Altered Mental Status	44
		Bradycardia	1
		Bradypnea	5
		Extravasation	1
		Hypotension	39
		Hypothermia	1
		Hypoxia	7
		Injury	8
		Itching	2
		Nausea	26
		None	13351

Fentanyl	13587	Not Reported	163109
		Other	24
		Vomiting	13
Flagyl	55	None	28
		Not Reported	82
fosphenytoin	3	None	3
Furosemide	22	None	18
		Not Reported	4
Gentamycin	52	None	52
Glucagon	148	Altered Mental Status	15
		None	124
		Not Reported	304
		Other	1
Glucose Oral Gel	688	Altered Mental Status	38
		Hypothermia	1
		Nausea	6
		None	614
		Not Reported	3451
		Other	13
		Vomiting	5
Haloperidol	6	None	2
		Not Reported	4
Hemostatic Agent	2	None	2
Heparin	2995	Altered Mental Status	2
		Bleeding	2
		None	1692
		Not Reported	13277
		Other	2
Hepatitis B Vaccine	1	None	1
Hydralazine	1	None	1
Hydrocortisone	4	None	4
HYDRomorphone	128	None	87
		Not Reported	41
Hydroxyzine	1	None	1
Ibuprofen	14	None	3
		Not Reported	11
Immunoglobulin G	2	None	2
Insulin	226	None	156

Insulin	226	Not Reported	70
Ipratropium	61	None	61
Kcentra	5	None	4
		Not Reported	1
Ketamine	491	Altered Mental Status	19
		Bleeding	1
		Bradypnea	4
		Hypotension	1
		Hypoxia	1
		Injury	2
		Nausea	1
		None	459
		Other	2
		Vomiting	1
		Ketorolac	10
Not Reported	6		
Labetalol	38	None	31
		Not Reported	7
Lactated Ringer's Injectable Solution	6141	Altered Mental Status	35
		Bleeding	1
		Bradycardia	1
		Diarrhea	1
		Extravasation	1
		Hypertension	1
		Hypotension	4
		Hypothermia	1
		Nausea	6
		None	5735
		Not Reported	80167
		Other	14
		Tachycardia	3
		Vomiting	4
Levalbuterol	1		0
		Not Reported	1
Levaquin	6	None	4
		Not Reported	2
Levetiracetam	30	None	26
		Not Reported	4

Levofloxacin	14	None	8
		Not Reported	6
Lidocaine	86	Altered Mental Status	1
		None	77
		Not Reported	179
		Other	1
Lorazepam/Ativan	114	None	105
		Not Reported	9
Magnesium Sulfate	407	None	305
		Not Reported	913
		Other	3
Mannitol	18	None	17
		Not Reported	1
Methylprednisolone	25	None	16
		Not Reported	9
Metoclopramide	3	None	2
		Not Reported	1
Metoprolol	308	Altered Mental Status	1
		Hypotension	6
		None	299
		Tachycardia	1
		Vomiting	1
Midazolam	3127	Altered Mental Status	126
		Apnea	6
		Bradypnea	7
		Hypotension	14
		Hypoxia	6
		Nausea	1
		None	2908
		Not Reported	31306
		Other	16
		Respiratory Distress	5
		Tachypnea	2
Milrinone	35	None	32
		Not Reported	3
Morphine	162	None	108
		Not Reported	376
		Other	2

Multivitamin	1	None	1
Naloxone	1496	Altered Mental Status	70
		Apnea	14
		Bradypnea	7
		Hypoxia	3
		Itching	1
		Nausea	10
		None	1171
		Not Reported	16650
		Other	11
		Respiratory Distress	3
		Tachypnea	2
		Vomiting	10
		Nicardipine	353
Hypertension	1		
Hypotension	3		
None	293		
Not Reported	1466		
Nifedipine	1		0
		Not Reported	1
Nitro Paste [Nitro-Bid]	369	Altered Mental Status	2
		Hypotension	3
		Hypoxia	1
		None	282
		Not Reported	1555
		Respiratory Distress	2
Nitroglycerin	6941	Altered Mental Status	11
		Bradycardia	1
		Hypertension	5
		Hypotension	88
		Hypothermia	1
		Nausea	8
		None	6197
		Not Reported	76939
		Other	37
		Tachycardia	1
		Tachypnea	2
		Vomiting	2

Nitroprusside	7	None	4
		Not Reported	3
Nitrous Oxide	122	Altered Mental Status	1
		None	118
		Other	3
NOREPInephrine	2423	Altered Mental Status	4
		Hypertension	8
		Hypotension	6
		None	2222
		Not Reported	9875
Normal Saline Injectable	20264	Altered Mental Status	93
		Apnea	3
		Bleeding	3
		Bradycardia	2
		Diarrhea	5
		Extravasation	4
		Hypertension	4
		Hypotension	24
		Hypoxia	1
		Injury	3
		Nausea	5
		None	19342
		Not Reported	324971
		Other	19
		Respiratory Distress	1
		Tachycardia	3
Vomiting	5		
Not Reported	64	Hypertension	1
		None	25
		Not Reported	229
		Other	1
Octreotide	134	None	88
		Not Reported	180
Ondansetron	13945	Altered Mental Status	43
		Bleeding	1
		Diarrhea	1
		Extravasation	2
		Hypotension	1

Ondansetron	13945	Nausea	59
		None	13655
		Not Reported	139560
		Other	20
		Respiratory Distress	1
		Vomiting	52
		Other Medication	256
Other Medication	256	None	205
		Not Reported	817
		Tachycardia	1
oxyCODONE	21	None	3
oxyCODONE	21	Not Reported	39
Oxygen	24284	Altered Mental Status	245
		Apnea	30
		Bleeding	8
		Bradycardia	3
		Bradypnea	7
		Extravasation	1
		Hypertension	2
		Hypotension	5
		Hypothermia	1
		Hypoxia	51
		Injury	2
		Itching	1
		Nausea	13
		None	19603
		Not Reported	465515
		Other	70
		Respiratory Distress	82
		Tachycardia	4
		Tachypnea	24
		Vomiting	13
Oxytocin	11	None	8
Oxytocin	11	Not Reported	3
Oxytocin Injection	14	None	12
		Not Reported	2
Phenobarbital	7	None	5
		Not Reported	2

Phenylephrine/Neo-Syneprine	200	Altered Mental Status	1
		None	196
		Not Reported	203
Phenytoin	1	None	1
Phytonadione	7	None	7
Potassium Chloride	389	Altered Mental Status	1
		None	252
		Not Reported	1302
		Other	1
Prednisone	4		0
		Not Reported	4
Procainamide	2		0
		Not Reported	2
Prochlorperazine	2	None	2
Promethazine	1	None	1
Propofol	1345	Altered Mental Status	1
		Bradycardia	4
		Hypotension	17
		None	1268
		Not Reported	5434
		Other	1
Prostaglandin	2	None	2
Protonix/Pantoprazole	64	None	31
		Not Reported	97
Racemic Epinephrine	82	None	80
		Other	1
		Tachycardia	1
Rocuronium	197	Apnea	1
		Hypotension	2
		None	192
		Other	1
		Tachycardia	1
Sodium Bicarbonate	542	Altered Mental Status	2
		Apnea	1
		None	499
		Not Reported	1666
sodium bicarbonate 84 MG/ML	2	None	2
Sodium Chloride	1	None	1

Sodium Chloride Inhalant Solution	6	None	6
Succinylcholine	1	None	1
Tenecteplase	6	None	3
		Not Reported	3
Tetracaine	30	Injury	2
		None	28
Thiamine	5	None	4
		Not Reported	1
Tirofiban Injection [Aggrastat]	1	None	1
Total Parenteral nutrition (TPN)	15	None	15
Tranexamic Acid	162	None	157
		Not Reported	166
		Other	1
Vancomycin	280	Altered Mental Status	2
		Itching	1
		None	147
		Not Reported	970
Vasopressin	236	Altered Mental Status	1
		None	213
		Not Reported	258
Vecuronium	4	None	4
Vitamin K	6	None	3
		Not Reported	3
ziprasidone	1	None	1
Zosyn (Piperacillin / Tazobactam)	189	None	110
		Not Reported	79

Medication Given Description	Patient Improved	Patient Unchanged	Patient Worse	Prior To EMS Care	Attempts
3% Saline - Hypertonic Injectable Solution	28	67	0	12	152
Acetadote	0	1	0	1	1
Acetaminophen	6	8	0	1	15
Acetaminophen (IV)	264	189	1	55	3988
Acetaminophen Chewable Tablet	139	152	2	73	1071
Acetylcysteine	5	16	0	13	30
Acetylcysteine/Mucomyst	0	4	0	1	4
Activated Charcoal	0	0	0	1	1
Acyclovir	0	7	0	5	9
Adenosine	27	27	0	2	361
Albuterol	204	107	3	80	1787
Alteplase	0	2	0	0	2
Amiodarone	74	153	1	70	749
Ampicillin	2	22	0	11	57
argatroban	0	2	0	0	2
Aspirin	198	411	7	452	7687
Ativan	22	7	1	27	57
Atropine	53	37	1	3	463
Azithromycin	4	21	1	23	40
Blood Products	2	1	0	4	5
Budesonide	1	0	0	1	1
Bumetanide	0	15	0	5	19
Caffeine	0	1	0	0	1
Calcium Chloride	3	8	0	1	14
Calcium Gluconate	42	56	0	9	182
Cardizem	5	11	0	11	20
Cefazolin	0	3	0	4	6
cefepime	3	15	0	13	24
cefTRIAXone	15	92	0	26	229
Cipro	1	2	0	6	9
Cisatracurium	4	10	0	0	18
Clevidipine	0	1	0	0	1
Clindamycin	1	7	0	4	10
Clonidine	0	1	0	3	3
clopidogrel/Plavix	2	4	0	5	10

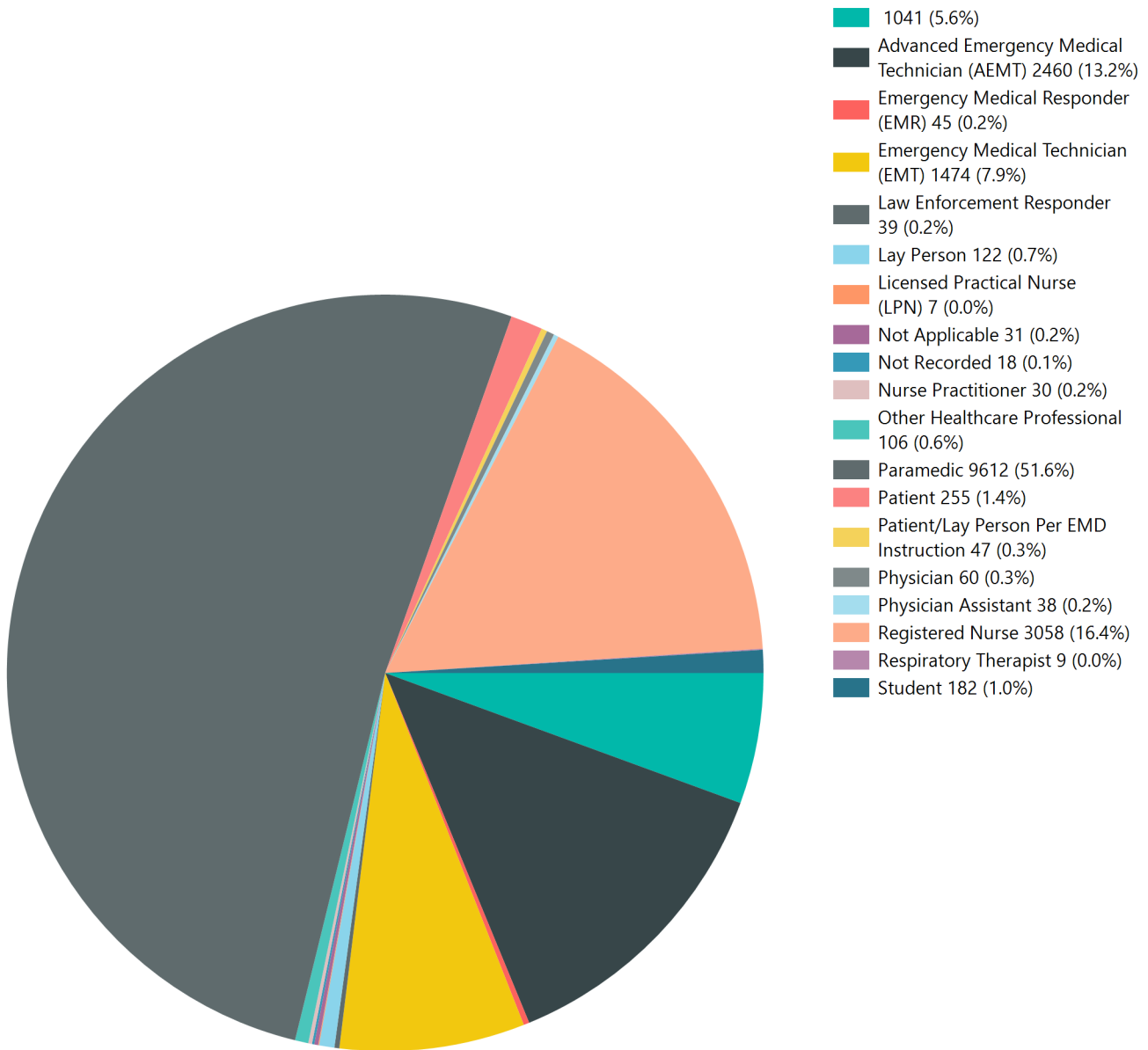
Curosurf	5	4	1	0	12
Cyanokit	1	1	0	0	2
D5W (Dextrose 5% in Water)	14	71	0	54	140
Dexamethasone	91	113	1	32	2202
Dexmedetomidine (Precedex)	21	45	0	24	123
dextrose 10 % / NaCL 0.45 % Injection	6	4	0	3	12
Dextrose 10% (D10)	91	79	1	27	844
dextrose 250 MG/ML Injectable Solution	11	4	0	2	23
Dextrose 5 % / NaCL 0.45 % Injection	9	31	0	30	67
dextrose 5 % / NaCL 0.9 % Injection	7	32	0	19	48
Dextrose 50% (D50)	47	18	1	4	144
Diazepam	10	2	0	12	21
Diltiazem	36	52	2	80	166
Diphenhydramine	94	57	1	87	550
Dobutamine	14	39	0	14	77
Dopamine	11	22	0	7	41
Droperidol	1	0	0	0	1
DuoNeb	369	184	14	155	8460
Eliquis	1	0	0	2	2
EPINEPHrine - Infusion	43	39	3	0	187
EPINEPHrine - Push Dose	16	10	0	0	39
EPINEPHrine 1 MG/1ML	164	75	4	107	975
EPINEPHrine 1MG/10ML	92	190	4	31	5938
Eptifibatide	0	3	0	0	3
Erythromycin	0	7	0	0	9
Esmolol HCl	20	26	0	15	76
Etomidate	62	30	0	0	122
Famotidine	3	4	0	4	11
Fentanyl	430	280	11	80	13587
Flagyl	7	29	0	33	55
fosphenytoin	1	2	0	0	3
Furosemide	8	13	0	7	22
Gentamycin	2	19	0	1	52
Glucagon	37	26	0	12	148
Glucose (Oral)	107	80	11	18	688
Haloperidol	2	1	0	4	6
Hemostatic Agent	2	0	0	0	2

Heparin	127	276	1	329	2995
Hepatitis B Vaccine	0	1	0	0	1
Hydralazine	1	0	0	0	1
Hydrocortisone	1	3	0	1	4
HYDROMORPHONE	51	18	0	42	128
Hydroxyzine	0	0	0	1	1
Ibuprofen	5	6	0	13	14
Immunoglobulin G	1	1	0	1	2
Insulin	50	79	1	66	226
Ipratropium	21	4	0	1	61
Kcentra	0	4	0	1	5
Ketamine	127	61	1	7	491
Ketorolac	3	3	0	7	10
Labetalol	15	11	1	8	38
Lactated Ringers	182	310	2	221	6141
Levalbuterol	1	0	0	1	1
Levaquin	0	5	0	5	6
Levetiracetam	5	16	0	5	30
Levofloxacin	3	8	0	10	14
Lidocaine	17	29	0	7	86
Lorazepam	39	16	0	9	114
Magnesium Sulfate	59	111	0	100	407
Mannitol	4	12	0	2	18
Methylprednisolone	6	14	0	13	25
Metoclopramide	3	0	0	1	3
Metoprolol	38	19	2	4	308
Midazolam	264	158	5	46	3127
Milrinone	4	17	0	4	35
Morphine	58	31	0	63	162
Multivitamin	0	1	0	1	1
Naloxone	232	199	2	189	1496
Nicardipine	74	68	1	56	353
Nifedipine	0	0	0	1	1
Nitro Paste	73	58	3	72	369
Nitroglycerin	334	310	37	348	6941
Nitroprusside	2	4	0	4	7
Nitrous Oxide	13	7	1	0	122
NOREPINEPHRINE	229	212	13	108	2423

Normal Saline	357	583	9	424	20264
Octreotide	13	67	0	44	134
Ondansetron	563	374	16	127	13945
Other Medication	62	91	1	62	256
oxyCODONE	7	4	0	18	21
Oxygen	1514	1356	41	1542	24284
Oxytocin	4	7	0	6	11
Oxytocin Injection	4	5	0	2	14
Phenobarbital	3	3	0	3	7
Phenylephrine HCl	54	43	0	5	200
Phenytoin	0	1	0	0	1
Phytonadione	0	7	0	0	7
Potassium Chloride	53	127	0	97	389
Prednisone	1	0	0	4	4
Procainamide	0	1	0	2	2
Prochlorperazine	1	1	0	0	2
Promethazine	1	0	0	0	1
Propofol	99	102	3	56	1345
Prostaglandin	1	1	0	0	2
Protonix/Pantoprazole	7	22	0	26	64
Racemic Epinephrine	26	11	0	0	82
Rocuronium	77	43	2	0	197
Sodium bicarbonate	51	133	0	41	542
sodium bicarbonate 84 MG/ML	0	2	0	0	2
Sodium Chloride	1	0	0	0	1
Sodium Chloride Inhalant Solution	5	0	0	0	6
Succinylcholine	1	0	0	0	1
Tenecteplase	2	4	0	3	6
Tetracaine	14	2	0	0	30
Thiamine	1	3	0	3	5
Tirofiban HCL	0	1	0	0	1
Total Parenteral nutrition (TPN)	1	9	0	0	15
Tranexamic Acid	23	71	0	7	162
Vancomycin	20	97	0	95	280
Vasopressin	54	57	0	21	236
Vecuronium	1	2	0	0	4
Vitamin K	1	2	0	4	6
ziprasidone	1	0	0	0	1

Zosyn (Piperacillin / Tazobactam)	22	76	0	77	189
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Role of Person Administering



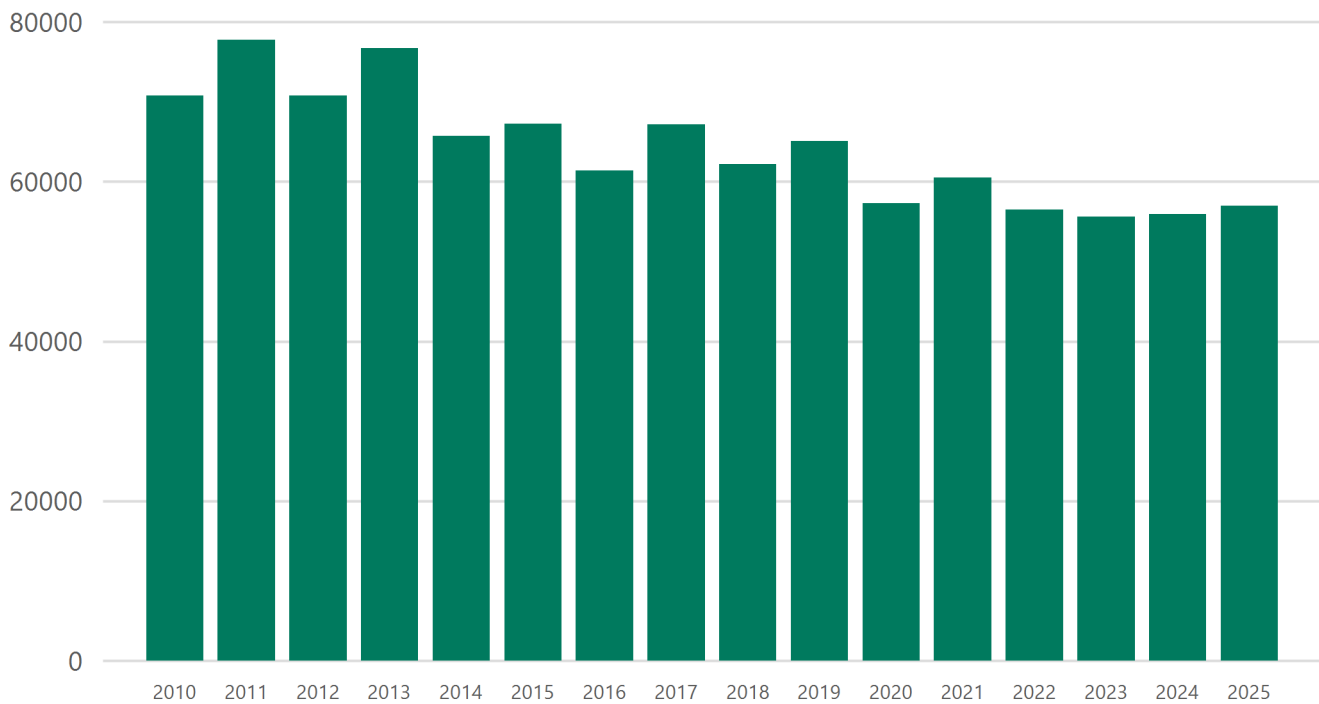
Interfacility Transfers

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

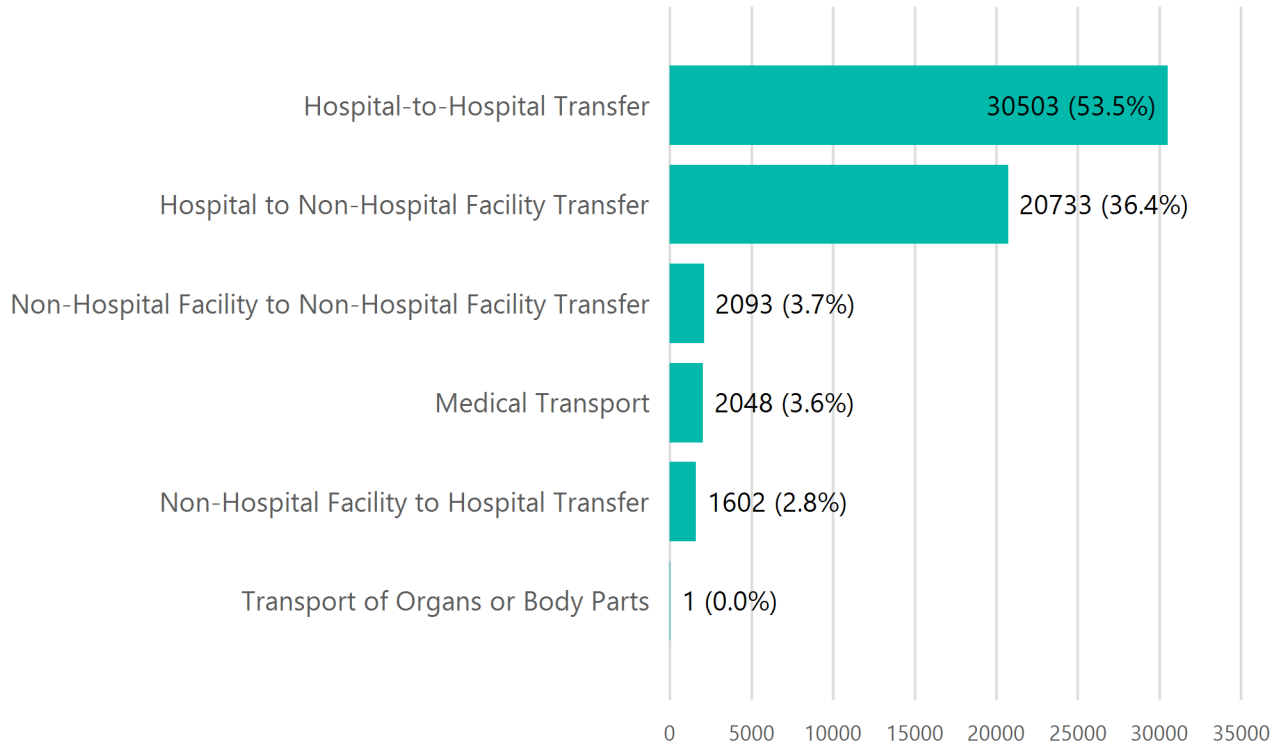
- **Specialization:** Patients may need to be transferred to specialized centers (e.g., cardiac or stroke centers) for specific treatments.
- **Overflow:** The ability for a facility to have sufficient resources may have been exceeded, necessitating transfers.
- **Reimbursement:** Payers may only reimburse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

The National Highway Traffic Safety Administration (NHTSA) established consensus-based guidelines for EMS interfacility transfers. These guidelines cover areas like cost reimbursement, integration into regional healthcare systems, research, education, and best practices¹.

Interfacility Transfers



Types of Service Requested 2025



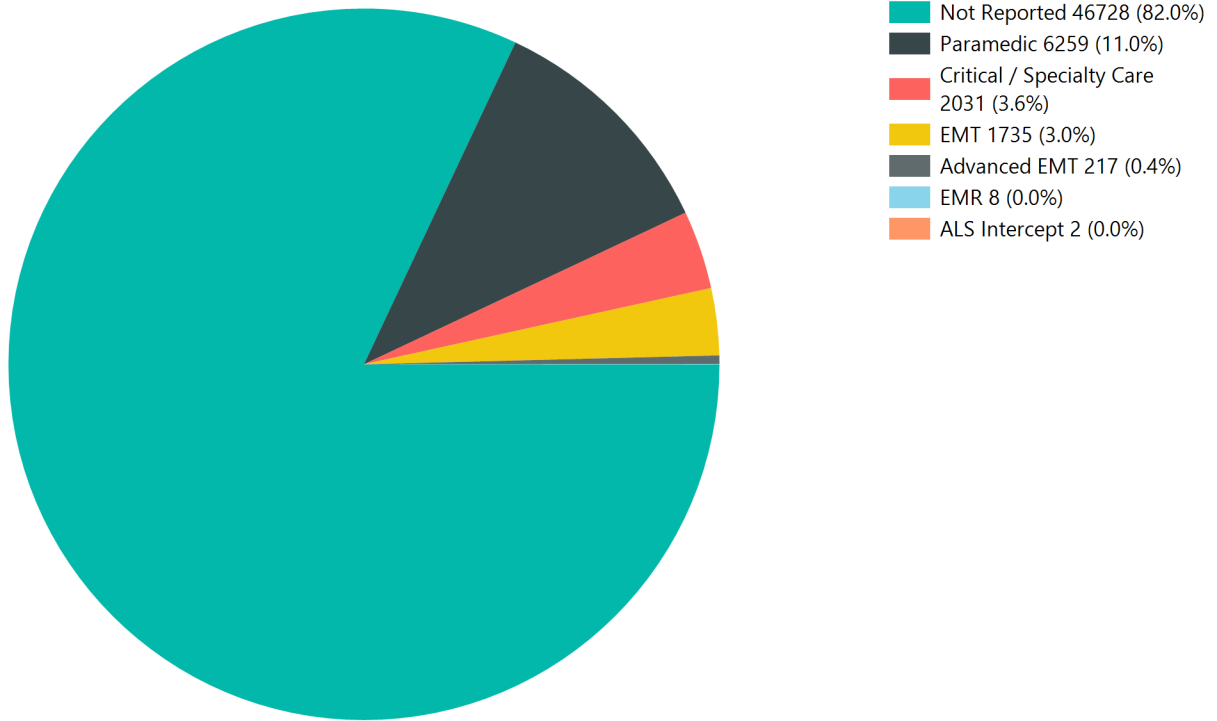
Top 15 Originating Facility Types 2025	Transfers
Hospital	51858
Residence	1270
Nursing Home	987
Not Reported	682
Healthcare	659
Other	604
Dialysis Center	270
Rehabilitation Facility	162
Mental Health Facility	153
Clinic	141
Urgent Care	87
Assisted Living Facility	64
Apartment	35
Mobile Home	6
Correctional	1

Top 15 Originating Facilities 2025	Transfers
Mainehealth Maine Medical Center Portland	9059
Eastern Maine Medical Center	5018
Not Applicable	2678
Mainehealth Maine Medical Center Biddeford	2126
Central Maine Medical Center	2067
Other Non-Healthcare Facility Or Location	1783
Maine General Medical Center - Alford Center For Health	1638
Northern Light Eastern Maine Medical Center	1551
New England Rehabilitation Hospital Of Portland	1294
Spring Harbor Hospital	1276
Acadia Hospital	1232
MaineGeneral Medical Center - Alford Center For Health	874
Gosnell Memorial Hospice	868
Mainehealth Maine Medical Center Sanford	747
Ross Manor	534

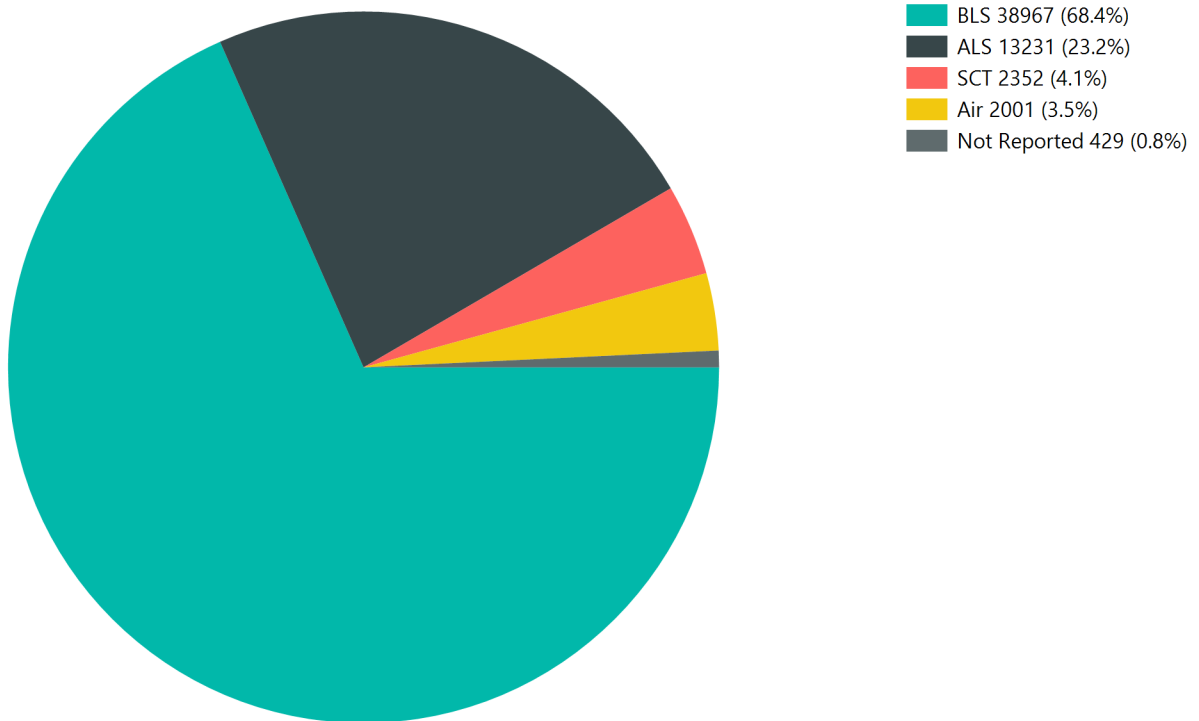
Top 15 Destination Facility Types 2025	Transfers
Hospital	33398
Nursing Home	13449
Mental Health Facility	3395
Assisted Living Facility	1878
Other	1563
Rehabilitation Facility	1397
Not Reported	483
Dialysis Center	442
Healthcare	432
Clinic	349
Residence	180
Apartment	8
Mobile Home	2
Urgent Care	2
Sports Area	1

Top 15 Destination Facilities 2025	Transfers
Mainehealth Maine Medical Center Portland	9059
Eastern Maine Medical Center	6569
Maine General Medical Center - Alford Center For Health	2512
Mainehealth Maine Medical Center Biddeford	2127
Central Maine Medical Center	2067
Other Non-Healthcare Facility Or Location	1783
Spring Harbor Hospital	1639
Acadia Hospital	1603
New England Rehabilitation Hospital Of Portland	1294
Gosnell Memorial Hospice	868
Mainehealth Maine Medical Center Sanford	747
Ross Manor	534
St Mary's D'youville Pavilion	512
Seaside Rehab & Health Care	489
Maine Coast Memorial Hospital	476

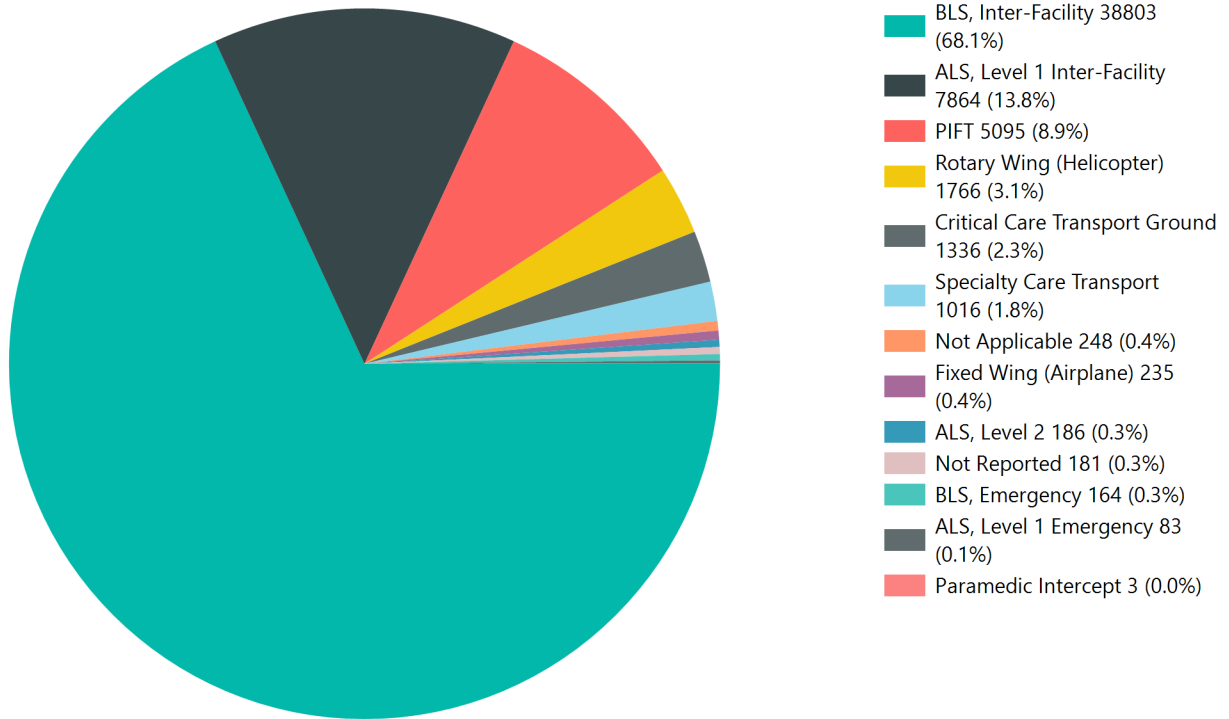
Level of Care of This Unit 2025



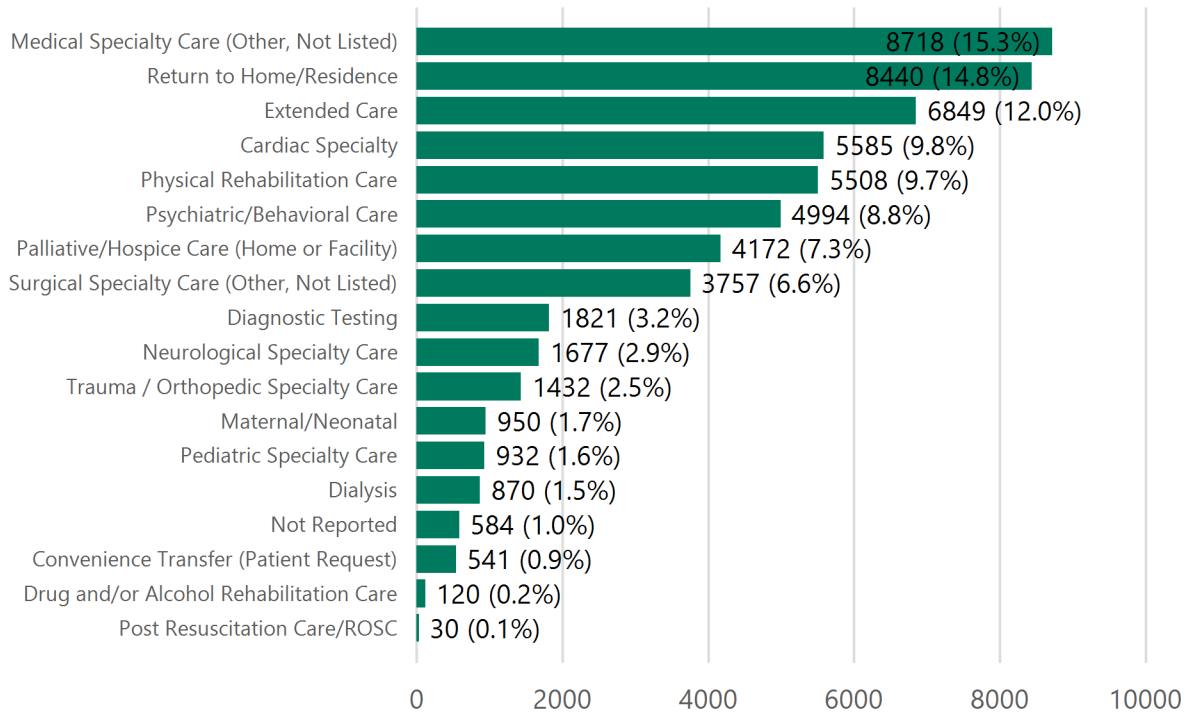
Level of Care Provided 2025



CMS Service Level 2025



Transfer Reason Category 2025



Top 20 Procedures Performed	Count
Electrocardiographic monitoring	6281
Vasc/Acc - Peripheral Vein	2548
12 lead electrocardiogram	2043
Assess - Monitoring of patient	883
Vasc/Acc - Blood Draw	828
Assess - Physical Assessment	428
Assess - Blood glucose Analysis	219
Electrocardiogram lead (physical object)	139
Orogastric tube - Insertion	134
A/W Basic - Suctioning	126
A/W Adv - Oral Intubation	115
Vasc/Acc - Arterial cannula insertion	102
Assess A/W - ETCO2 Monitoring	97
Vasc/Acc - Pre-existing line accessed	76
A/W Adv - CPAP	65
Spinal - Cervical Collar Application	58
PIFT - Nasogastric Tube Maintenance	48
PIFT - Chest Tube Maintenance	44
Nasogastric tube - Insertion	40
Surgical face mask applied	39

Top 20 Medications Administered	Count
Zosyn (Piperacillin / Tazobactam)	189
Vasopressin	235
Vancomycin	278
Sodium bicarbonate	194
Propofol	1335
Potassium Chloride	388
Oxygen	5203
Ondansetron	673
Normal Saline	1737
NOREPinephrine	2164
Nitroglycerin	641
Nicardipine	345
Midazolam	1232
Magnesium Sulfate	218
Lactated Ringers	752
Insulin	222
Heparin	2977
Fentanyl	4039
Amiodarone	308
Albuterol	206

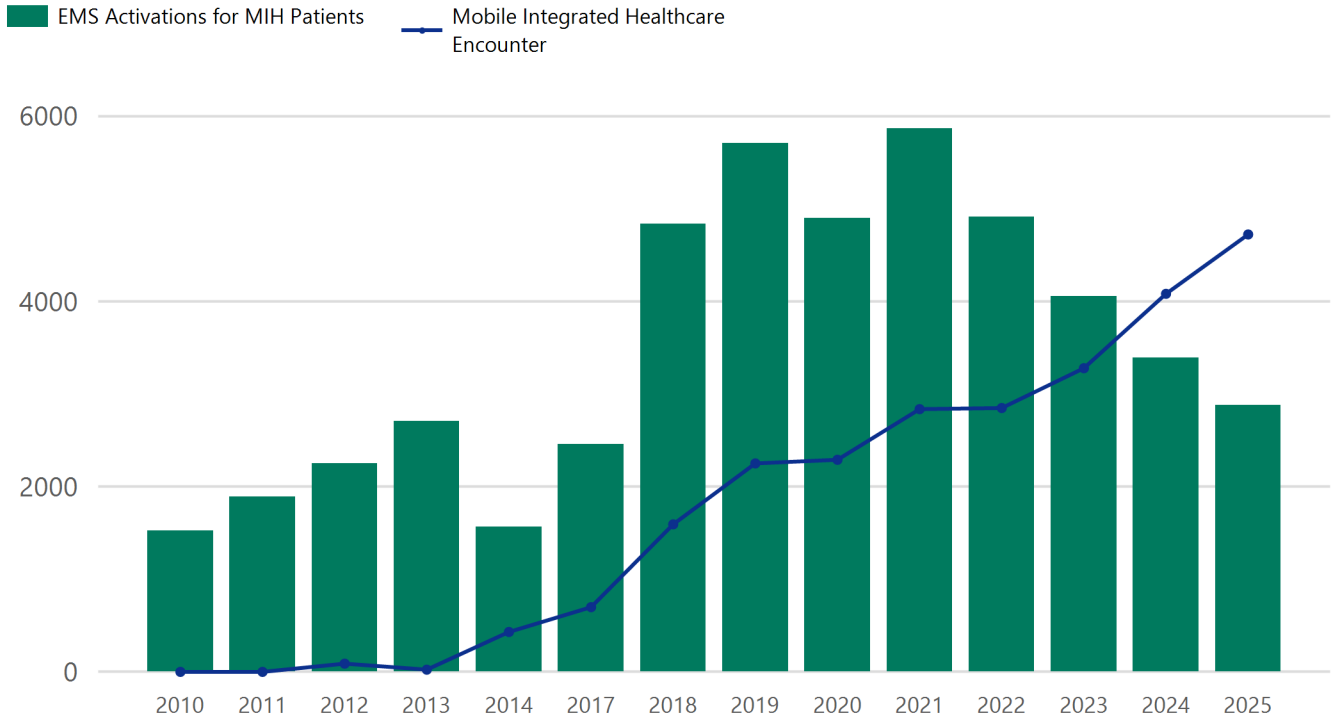
Mobile Integrated Healthcare

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

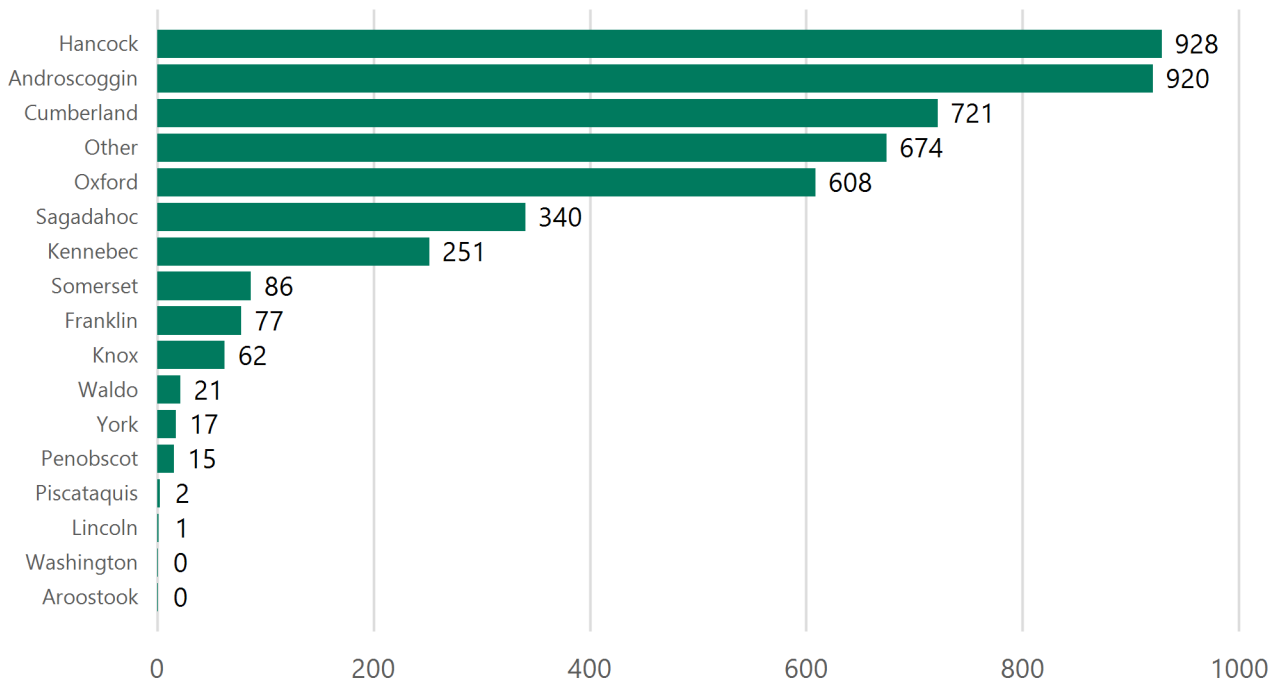
Over the past year, significant progress has been made toward standardizing the approach to Mobile Integrated Healthcare throughout the state. This includes completing scopes of practice for three levels of providers, developing a formulary identifying what medications can or can't be provided at the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

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

Mobile Integrated Health Care Encounters and EMS Activations

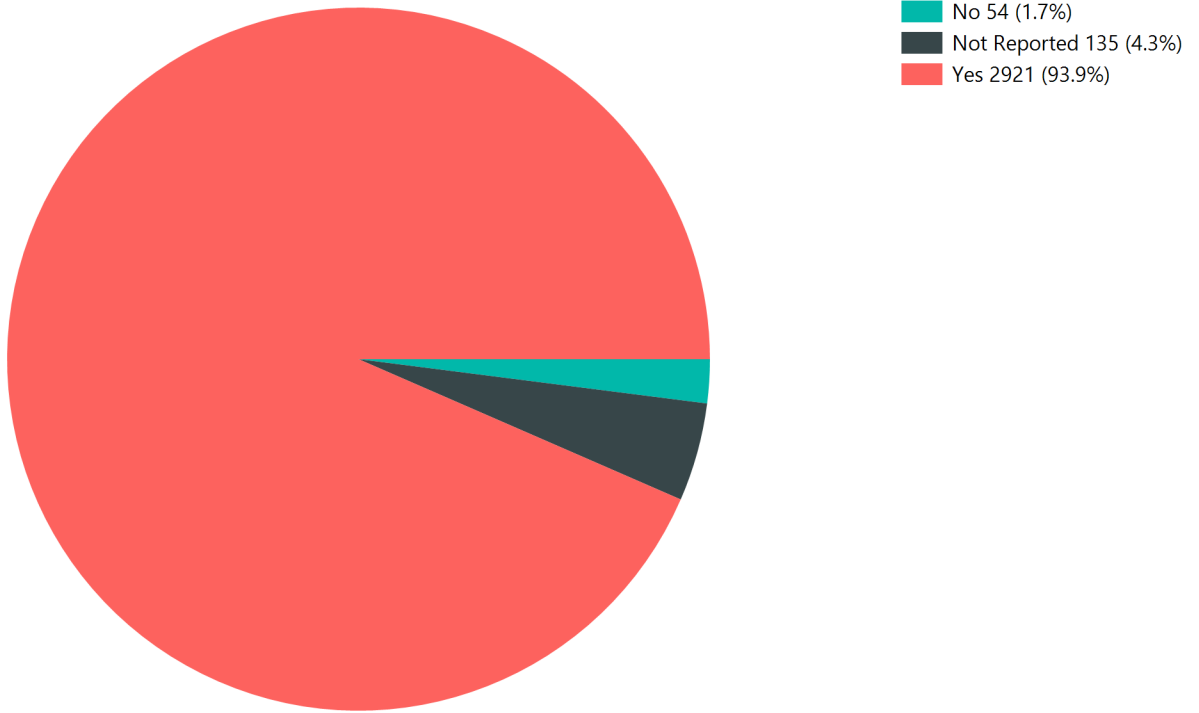


2025 Mobile Integrated Healthcare Encounters by County

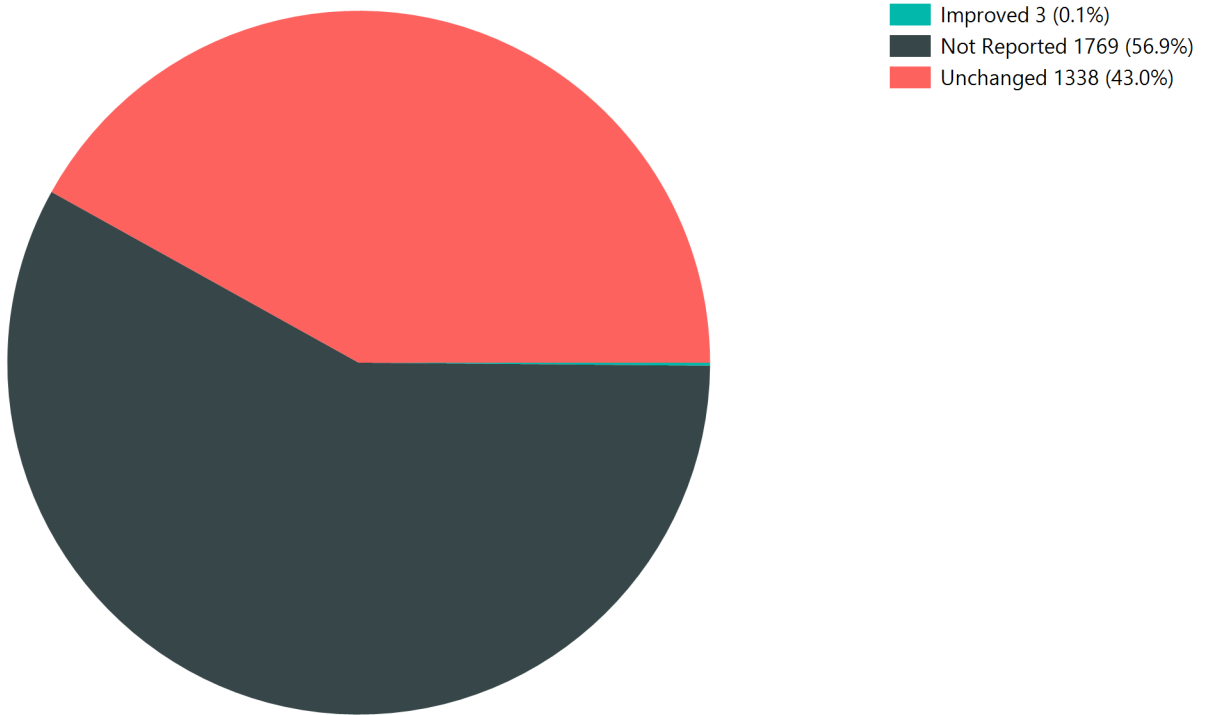


Procedure Performed Description	Count	Successful	Unsuccessful	Patient Improved	Patient Unchanged	Patient Worse	Attempts
12 lead electrocardiogram	4	4	0	0	4	0	2
Asthma Education	50	52	1	0	42	0	
Blood Draw	270	257	31	1	238	0	274
Blood glucose Analysis	487	544	2	0	209	0	150
COPD Education	1	1	0	0	1	0	
D/C IV Cath Access	2	3	0	1	2	0	3
Diabetes Education	58	56	0	0	50	0	1
Discharge Assessment	3	2	0	0	2	0	1
Dressing Change/Wound Care	13	14	0	3	7	0	3
Electrocardiographic monitoring	2	1	0	0	1	0	
Follow-up	1205	1300	32	0	576	0	17
Health Assessment	1	2	0	0	2	0	
Hypertension education	0	1	0	0	1	0	
Influenza Vaccination	4	7	0	0	7	0	6
Initial Assessment	41	55	2	0	43	0	
Medication Reconciliation	859	977	2	0	301	0	5
Monitoring of patient	0	1	0	0	1	0	
Not Reported	5	0	0	0	0	0	4
Orthostatic Vital Signs	2	3	0	0	3	0	
Peripheral Vein Access	1	2	0	0	1	0	3
Physical Assessment	1	1	0	0	1	0	
Primary Care Physician Contacted	94	98	2	0	20	0	2
Urine Collection	7	8	1	0	9	0	
Vaccination Education	0	1	0	0	0	0	

2025 Procedure Success



2025 Response To Procedure



Medication	Count	Patient Improved	Patient Unchanged	Patient Worse
Acetaminophen	1	0	1	0
Albuterol	1	1	0	0
Aspirin	1	1	0	0
DuoNeb/Combivent	1	1	0	0
Naloxone	1	1	0	0
Nitroglycerin	1	1	0	0
Octreotide	0	0	4	0
Other	8	0	7	0
Other Medication	2	0	2	0
Oxygen	1	0	1	0

Substance Use

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

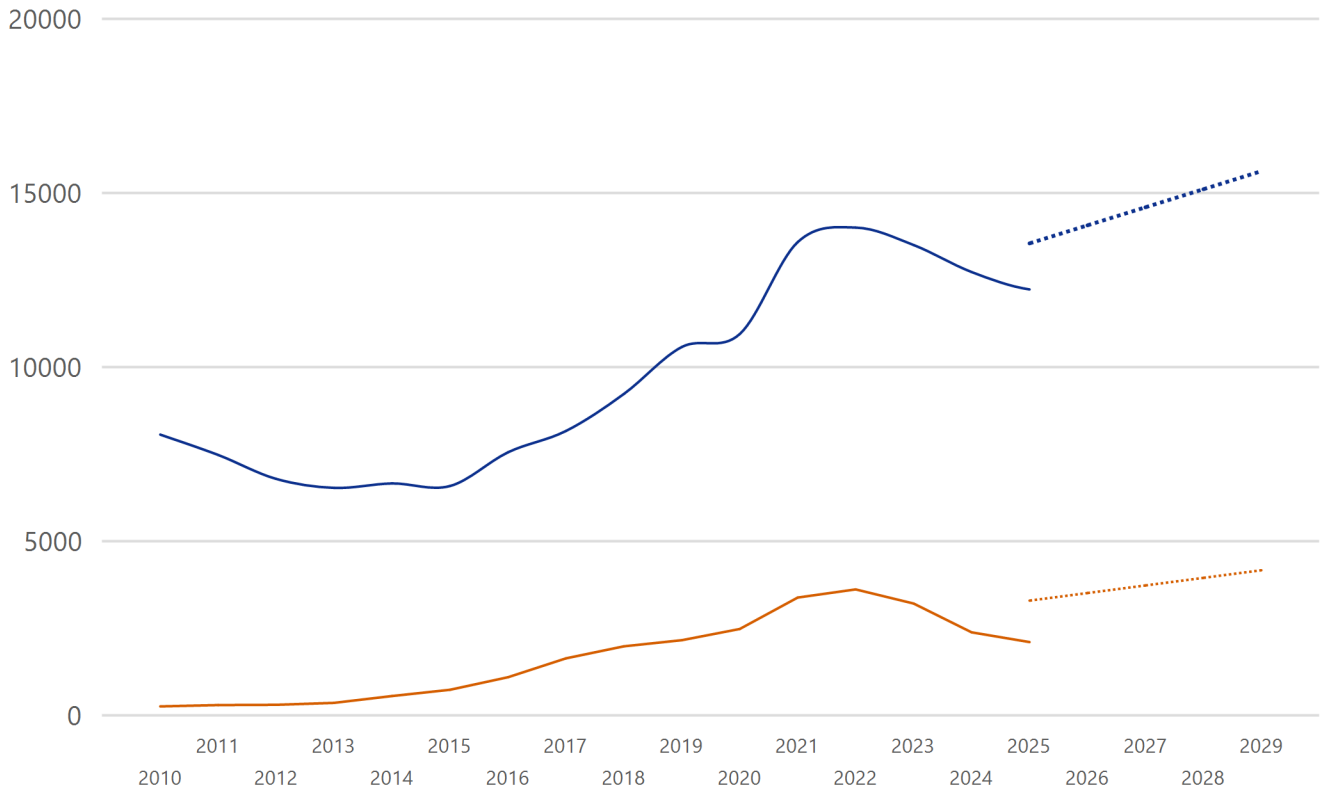
EMS activations for overdoses, opioid overdoses, and behavioral health are among the fastest-rising syndromes encountered by EMS. EMS is highly trained and skilled in providing life-saving interventions such as CPR, defibrillation, ventilation, medication administration, and trauma treatment. Regrettably,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

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

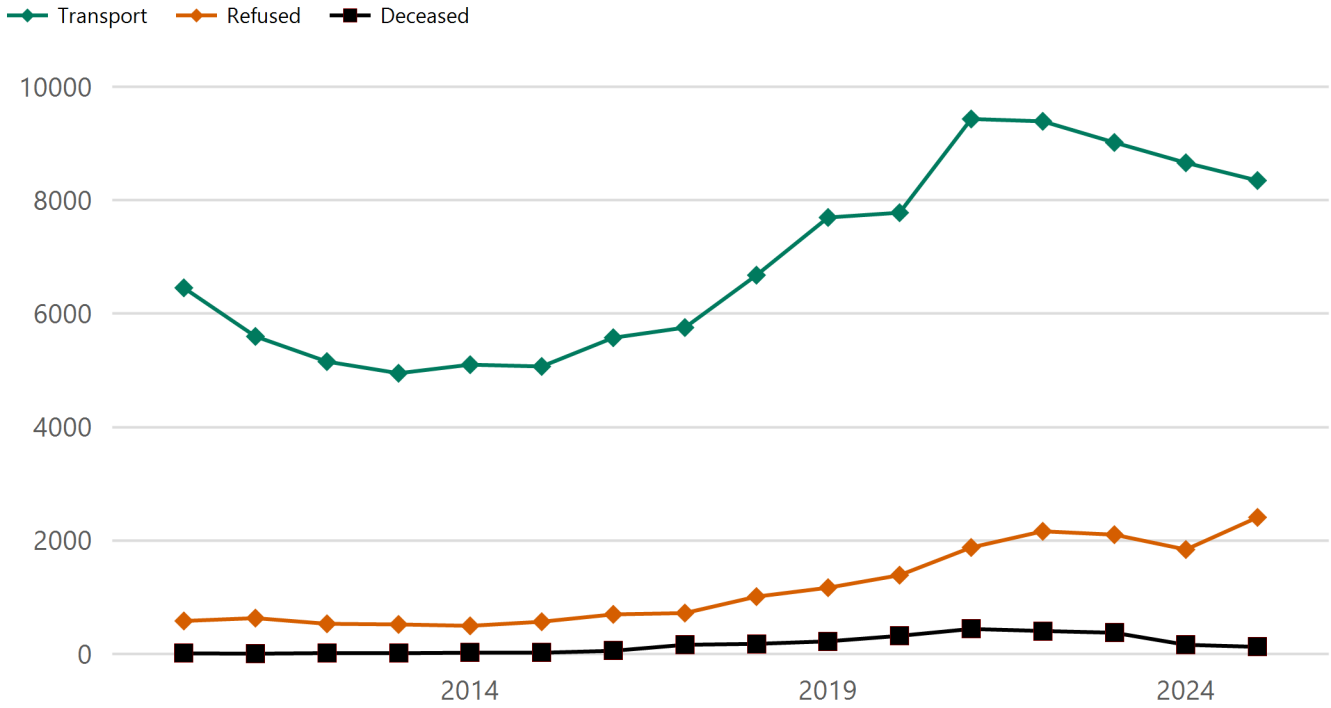
- **Enhancing Data and Analytics:** efforts were taken to improve the access to and quality of EMS data. Numerous reports and dashboards were developed for use on the Maine Drug Data hub (<https://mainedrugdata.org/>), for public consumption and in support of agencies throughout the state in their grant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

Overdose Trends and Forecast

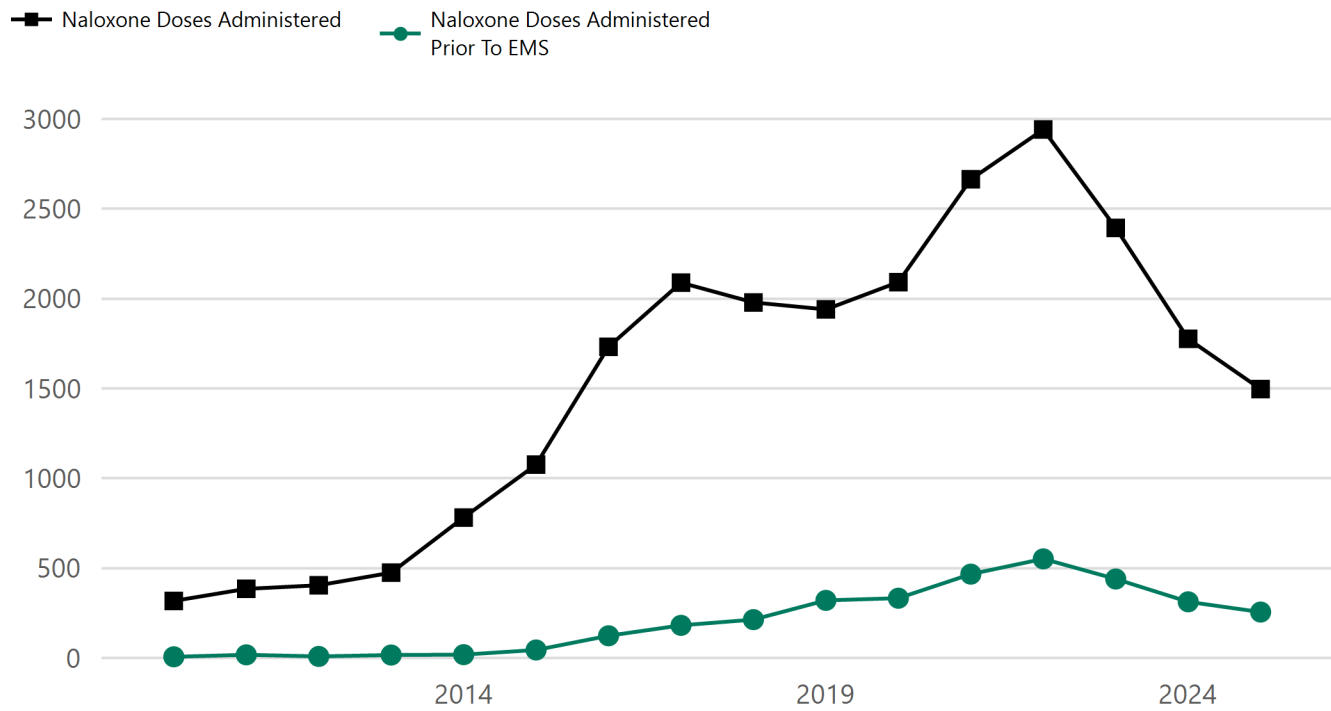
— Overdoses Overdose Forecast — Opioid Overdoses Opioid Overdose Forecast



Outcomes for Overdose Activations



Naloxone Administrations



Naloxone Dispensation

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

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

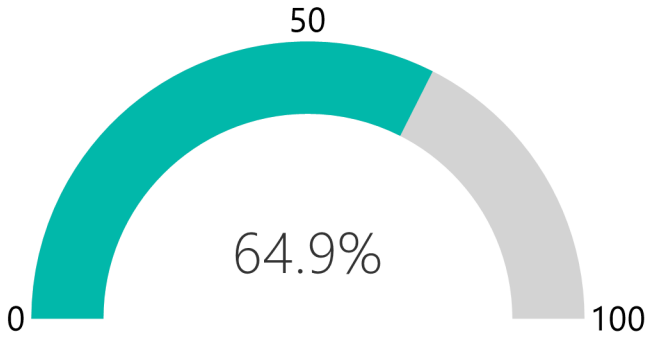
These kits are specifically designed to be left behind and include additional educational materials. There is no charge to agencies for leave behind kits. Colleagues at the University of Maine Orono have put together a YouTube Video to assist EMS agencies with requesting naloxone from the state's supply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

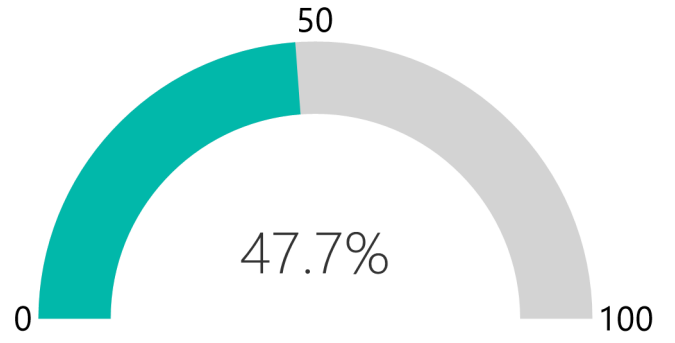
If the answer is "YES" then the clinician will be asked:

- 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.

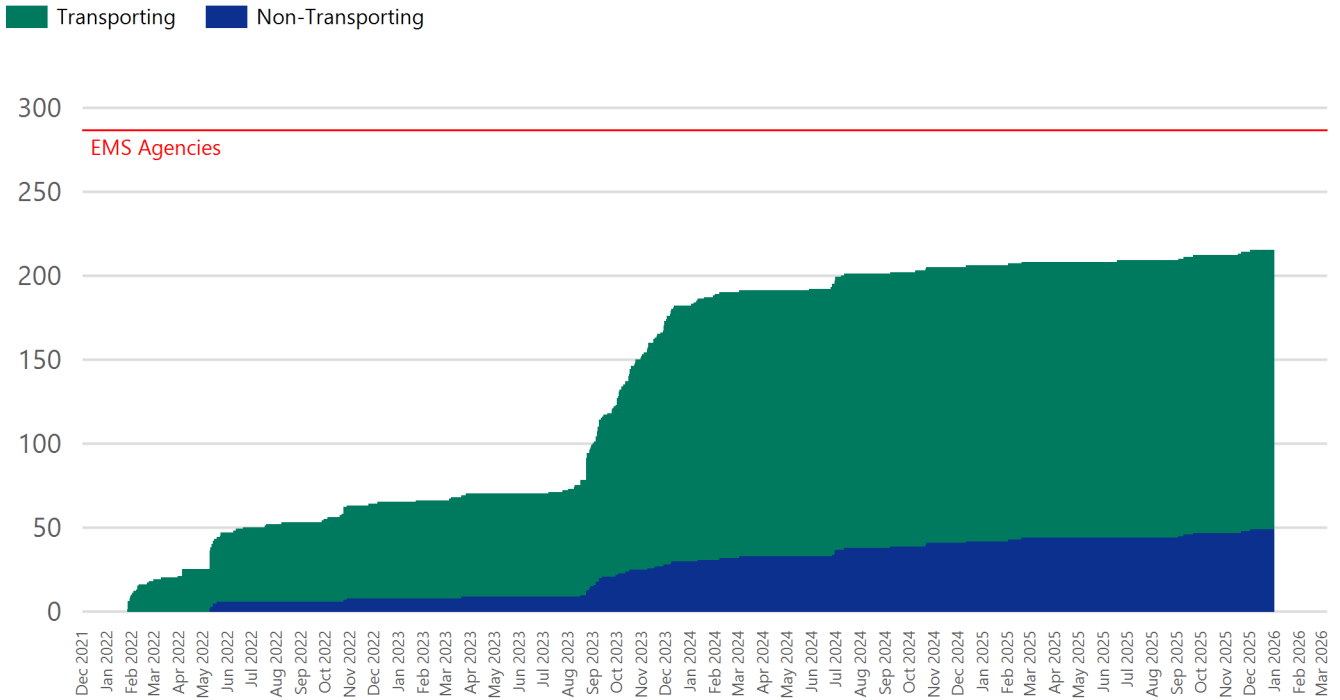
Percentage of Attempts to Dispense Naloxone



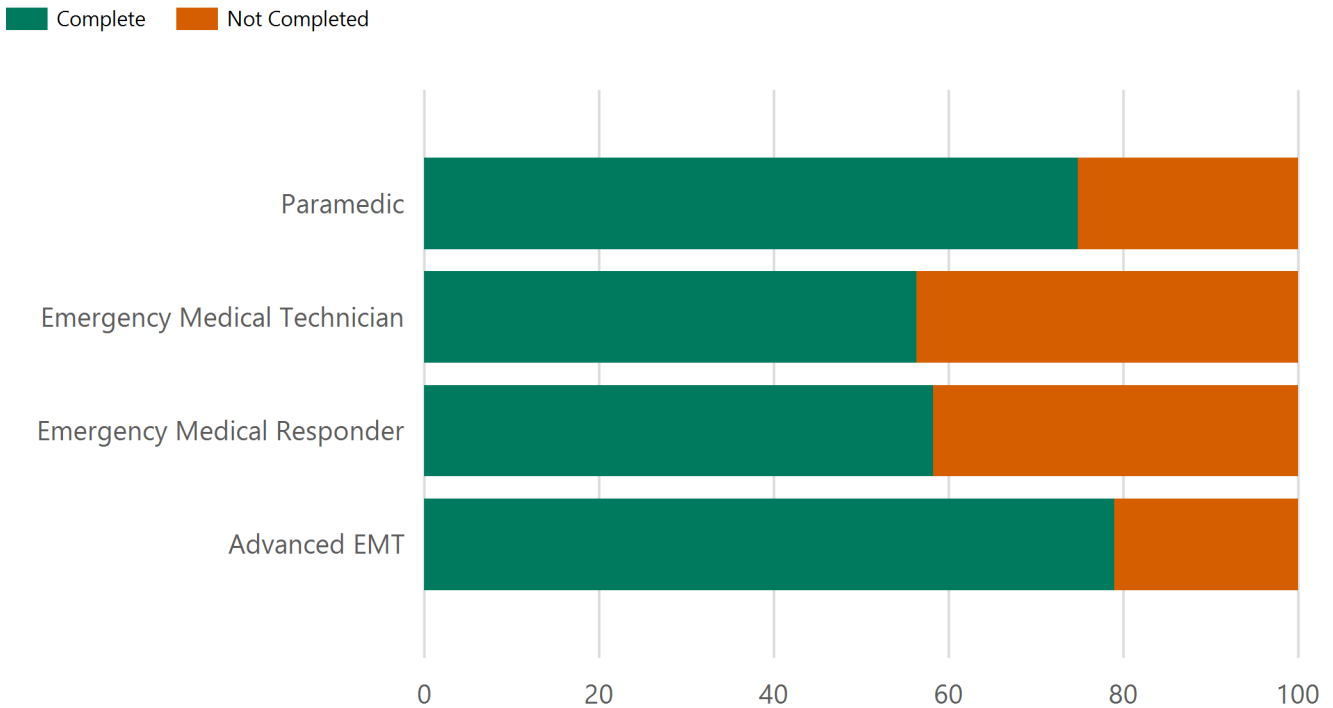
Percentage of Successful Dispensations



Running Count of Agencies Participating In The Naloxone Leave Behind Program



EMS Clinician Naloxone Dispensation Training Status



OPTIONS Referrals

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

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

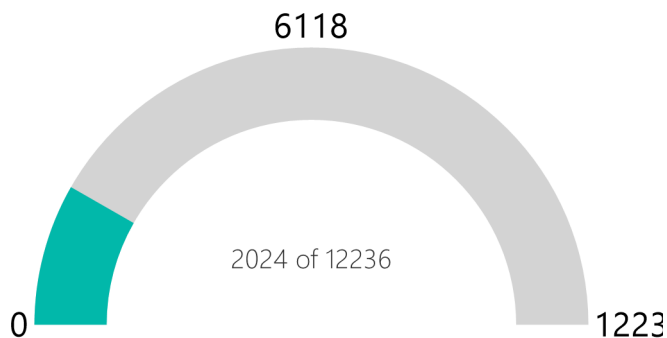
When an EMS clinician encounters a patient experiencing an issue with substance use, a new section will be available in the MEFIRS report named Substance Use Programs. This section will be a section named OPTIONS Referral having a question of Did you Attempt to refer the patient to the OPTIONS program?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

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

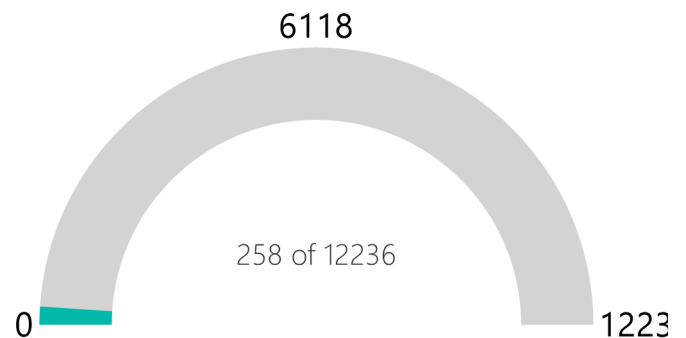
Once saved or posted file is generated containing the contact information and placed into a secure repository. An email is also sent to the OPTIONS Liaison notifying them that they have a new referral. The OPTIONS Liaison will then access the file and acknowledge receipt of the information. Maine EMS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

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

Attempts to Refer and Overdose Patient to OPTIONS

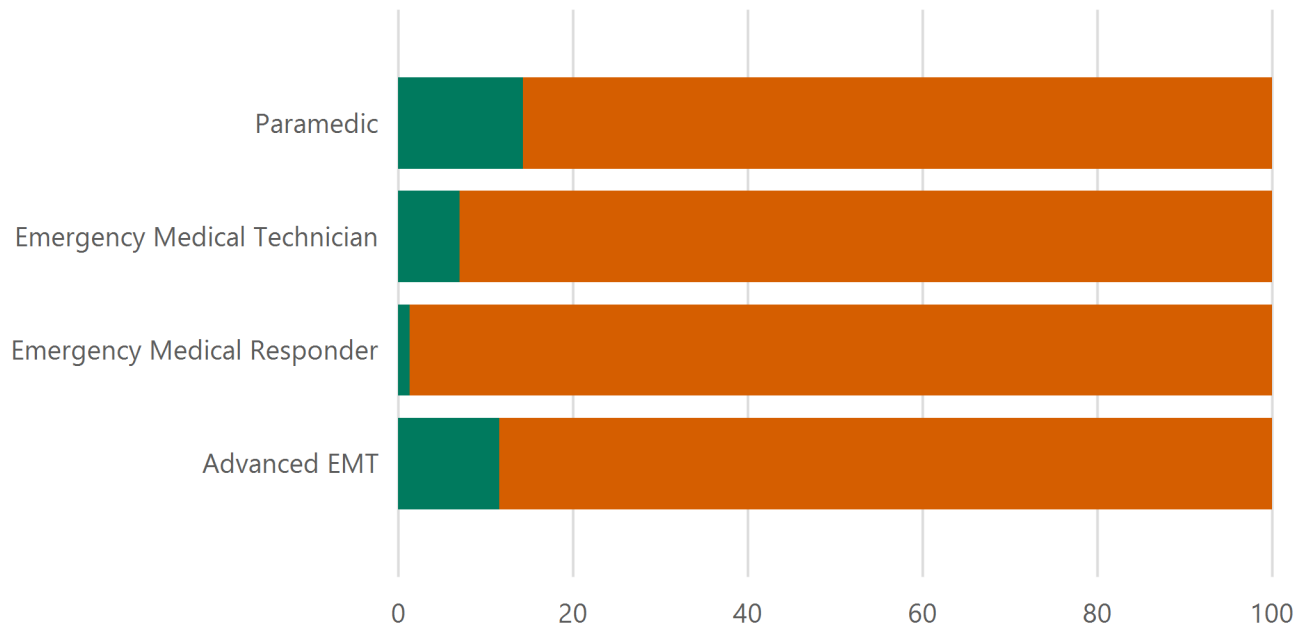


Successful Referrals of Overdose Patient to OPTIONS



EMS Clinician OPTIONS Referral Training Status

Complete Not Completed

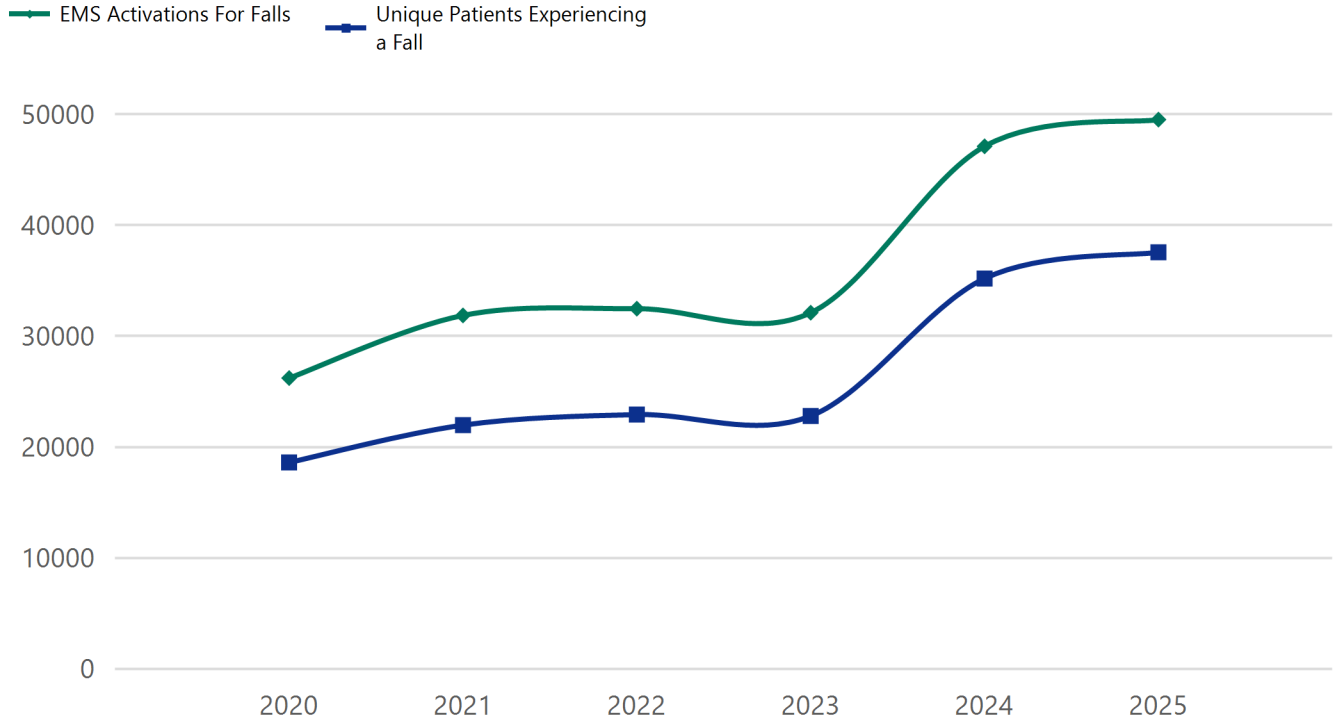


Slips, Trips, and Falls

Falls represent a significant and escalating public health concern for Emergency Medical Services (EMS). Among adults aged 65 and older, falls are the leading cause of injury, resulting in millions of emergency department visits and tens of thousands of deaths annually in the United States. EMS activations for falls have increased significantly over the past decade, and as the population continues to age, this trend is expected to grow. The consequences extend beyond immediate injury, often leading to long-term health conditions, decreased independence, increased fear of falling (which paradoxically increases future risk), and substantial financial strain on the healthcare system. Many older adults are non-transported after a fall, but these "lift-assist" calls are crucial indicators, as individuals who call EMS for a fall are at a high risk for future, more serious incidents and even increased mortality within the year.

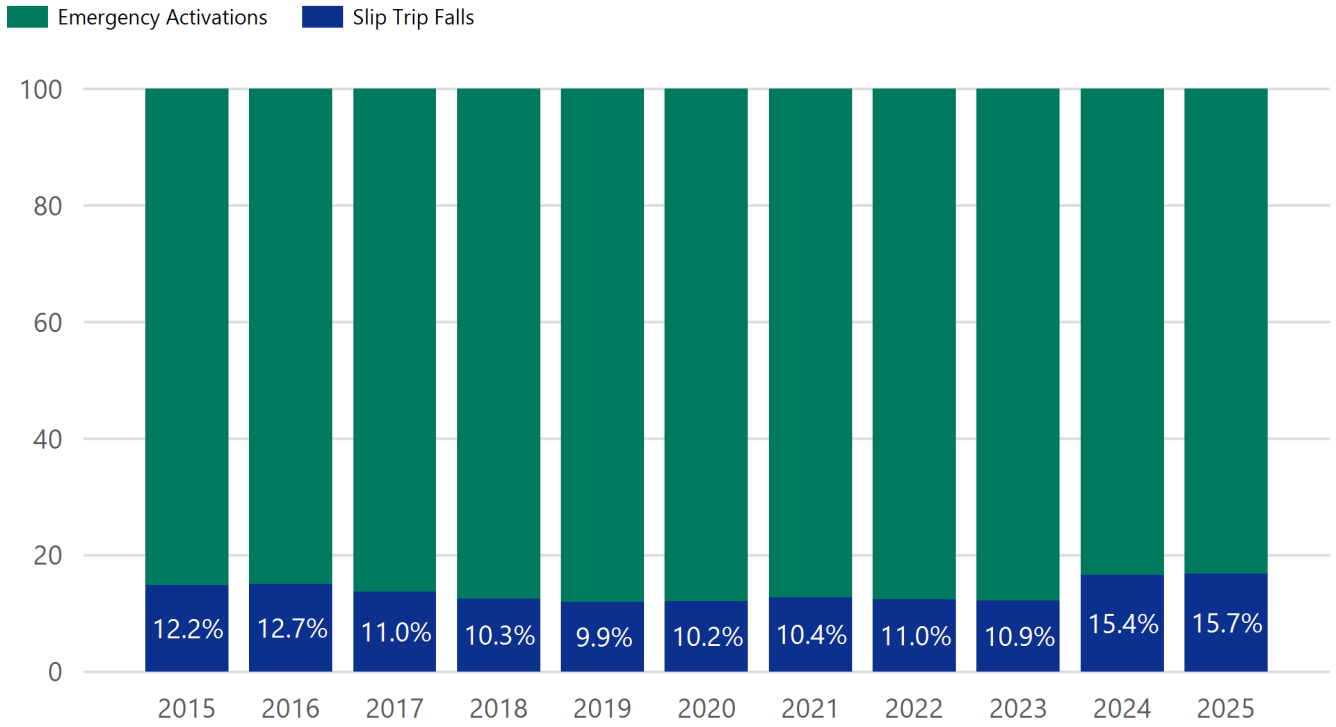
EMS personnel are uniquely positioned to intervene in the cycle of falls, given they most often respond to these incidents in the patient's own home. Beyond immediate medical care, EMS can act as an early identifier of at-risk individuals who would benefit from preventive strategies. The implementation of community emergency medical services (CEMS) programs that integrate fall prevention, such as using the Centers for Disease Control and Prevention's (CDC) [STEADI \(Stopping Elderly Accidents, Deaths & Injuries\)](#) initiative model, has proven effective. These programs involve paramedics or EMTs conducting fall risk screenings, identifying environmental hazards (e.g., poor lighting, clutter, lack of handrails), and referring patients to community-based resources like physical activity programs or home safety interventions. By leveraging fall-related calls as an opportunity for proactive intervention, EMS agencies can improve patient outcomes, enhance quality of life, and reduce the overall burden on emergency services.

Falls By Year



Scene County	2020	2021	2022	2023	2024	2025	Total
Androscoggin	1819	2352	2300	2250	3528	3879	16128
Aroostook	1163	1407	1618	1598	2034	1937	9757
Cumberland	4787	5800	6307	5935	9734	10513	43076
Franklin	672	815	693	793	1126	1155	5254
Hancock	1225	1487	1568	1491	2231	2526	10528
Kennebec	2828	3504	3240	3081	4289	4527	21469
Knox	935	1112	1238	1302	1762	1754	8103
Lincoln	850	1026	1056	1087	1283	1341	6643
Other	85	79	26	406	193	156	945
Oxford	1226	1510	1474	1463	1978	2077	9728
Penobscot	3003	3922	4019	3985	5882	6274	27085
Piscataquis	350	395	427	466	734	748	3120
Sagadahoc	825	907	900	857	1259	1282	6030
Somerset	1181	1405	1501	1494	2074	2059	9714
Waldo	612	779	870	868	1042	1187	5358
Washington	757	856	843	927	1044	1062	5489
York	3903	4514	4400	4112	6927	7052	30908
Total	26221	31870	32480	32115	47120	49529	219335

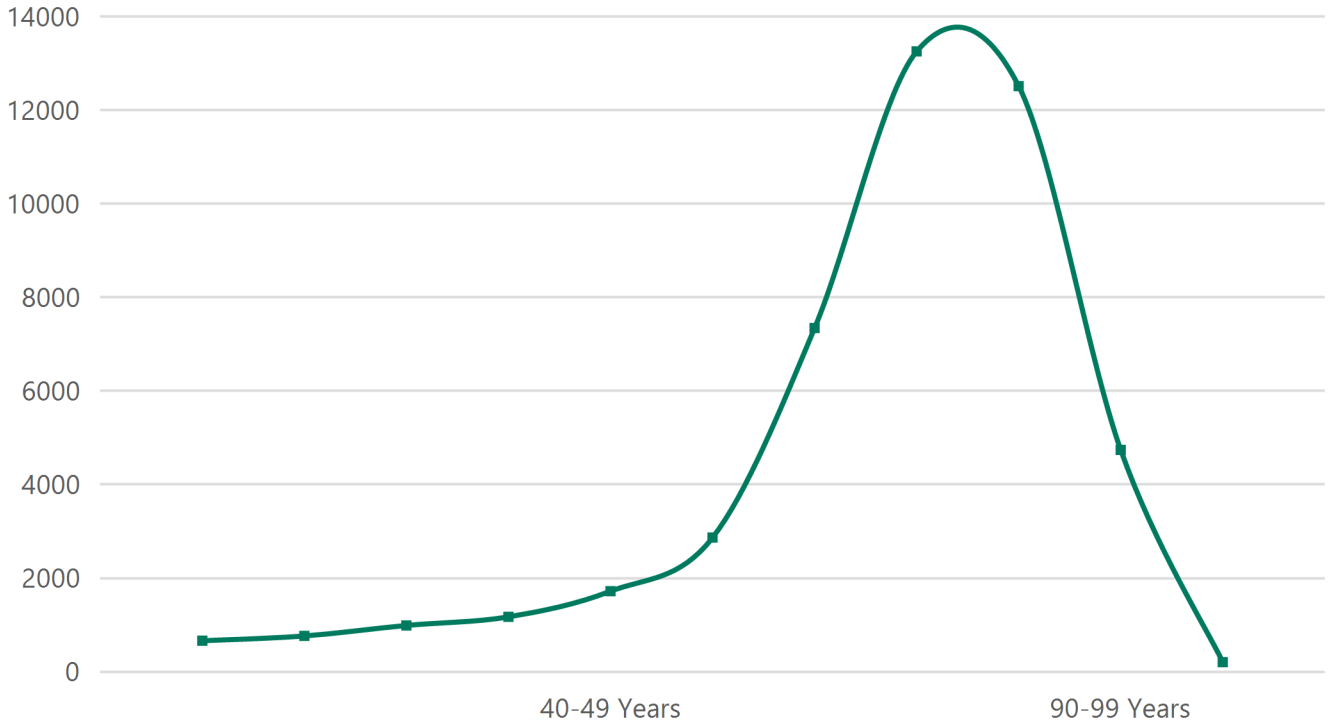
Falls By Year, Percent of Activations



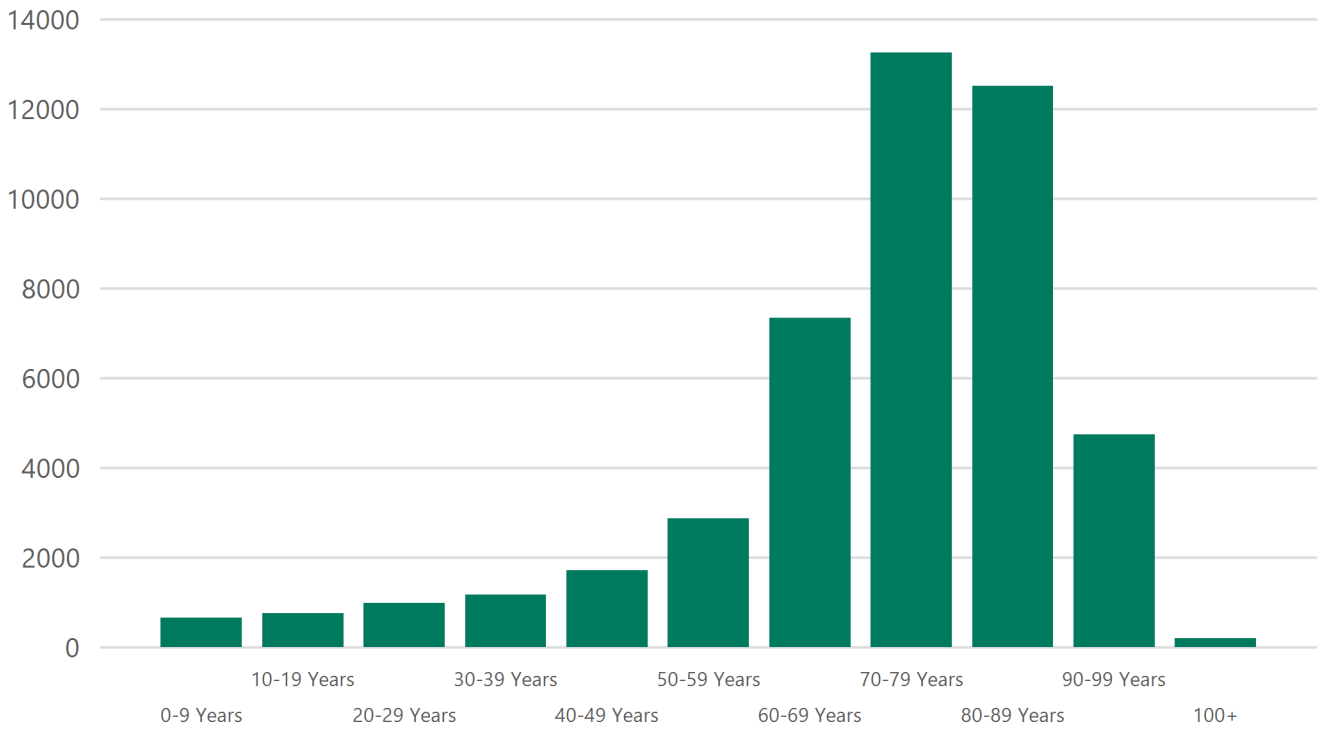
Fall Dispositions By Year



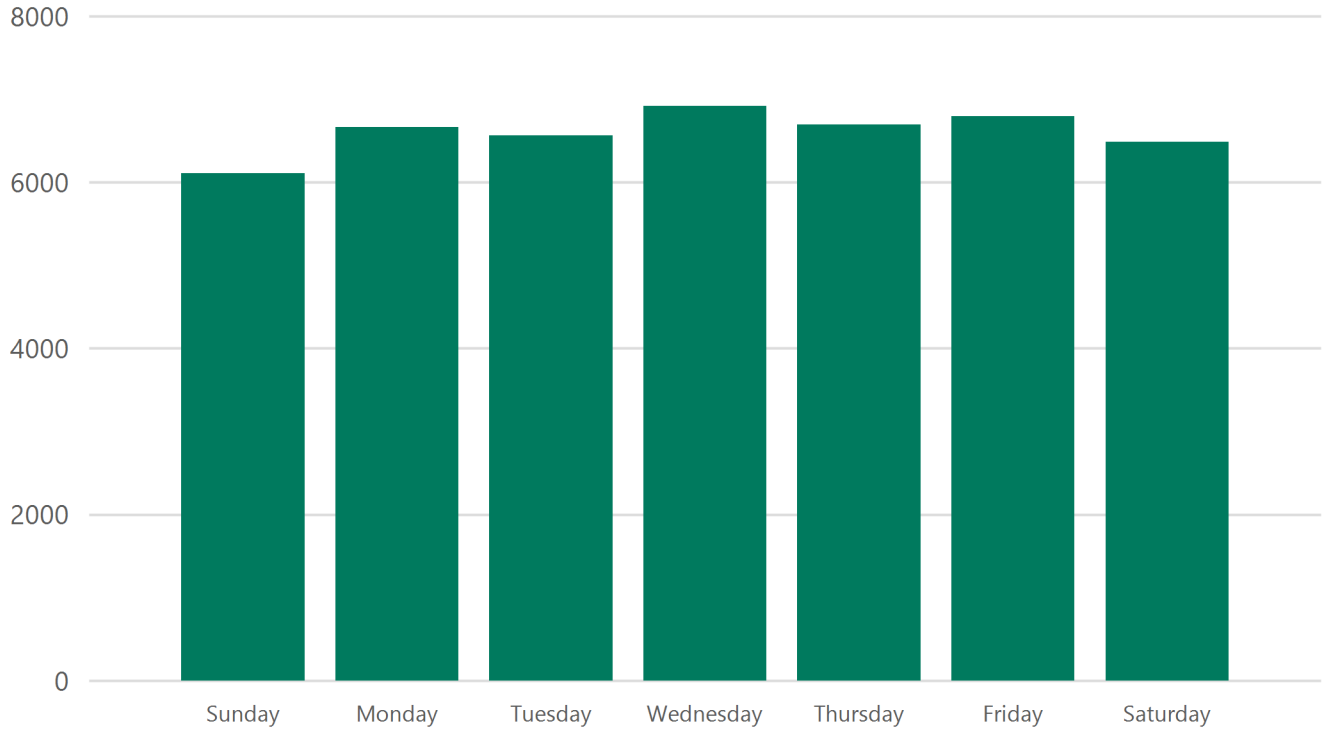
Falls By Age 2025



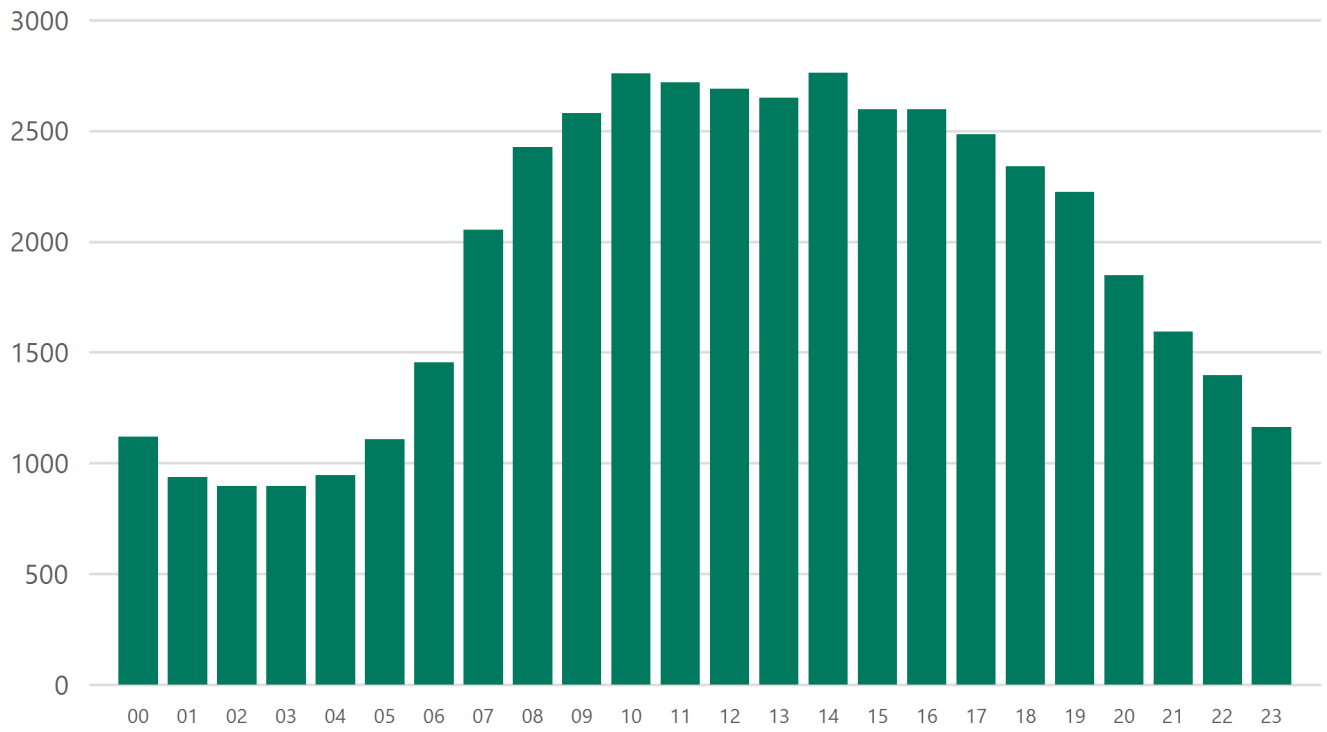
Falls By Age Range 2025



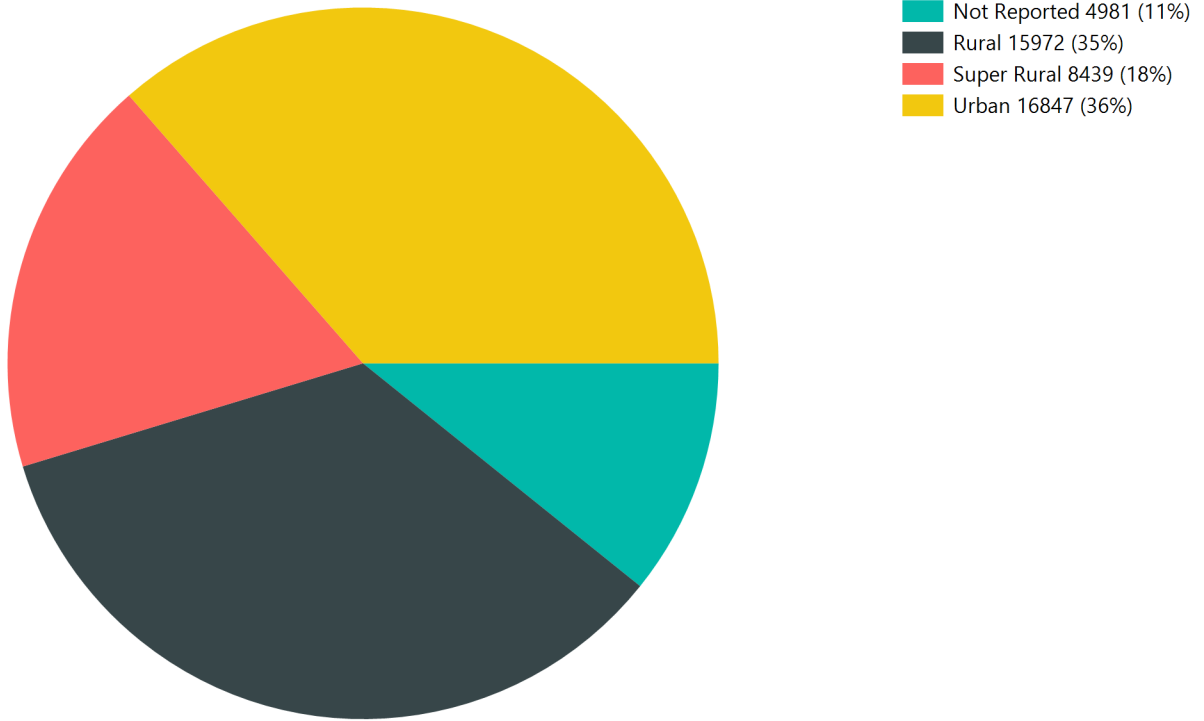
Day of Week 2025



Hour of Day 2025



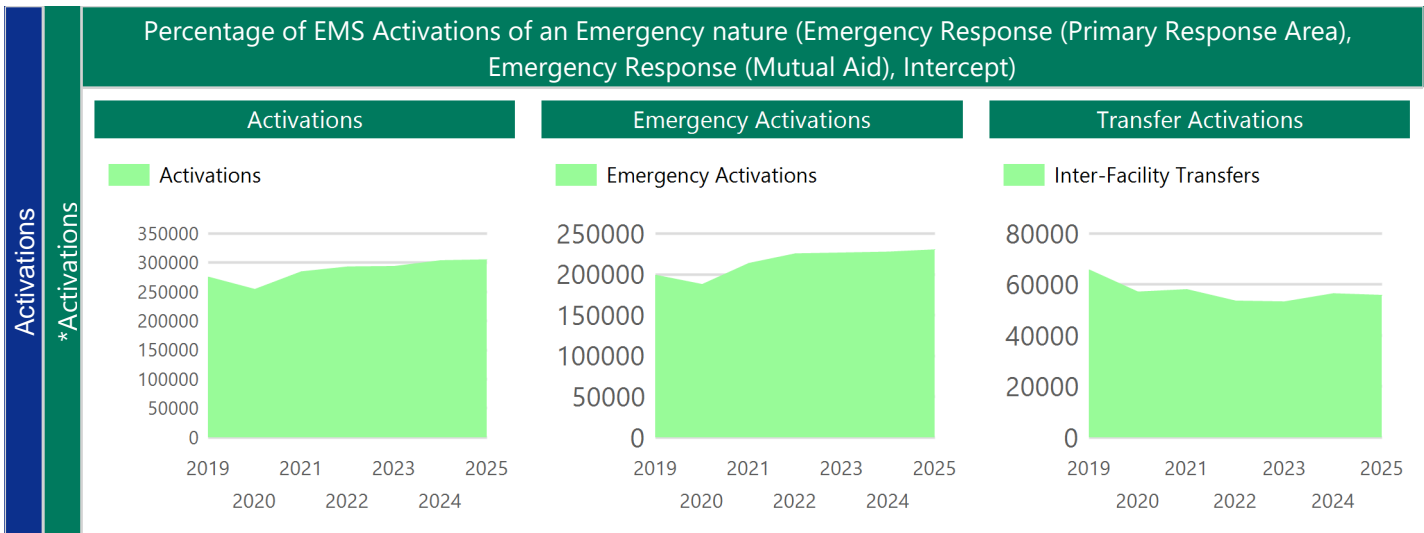
Scene Rurality 2025



Measures

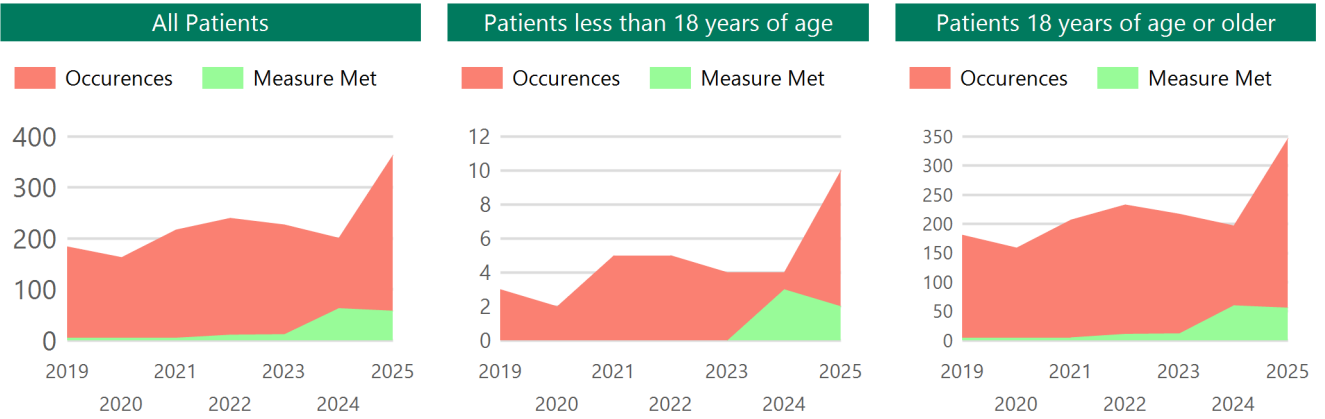
The National EMS Quality Alliance (NEMSQA) measures provide for a means to assess clinical quality. Assessment of clinical quality is important to understand if the protocols in place are effective and the training, knowledge and skill of clinicians and the care they provide.

Percentage of EMS Activations of an Emergency nature (Emergency Response (Primary Response Area), Emergency Response (Mutual Aid), Intercept)



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

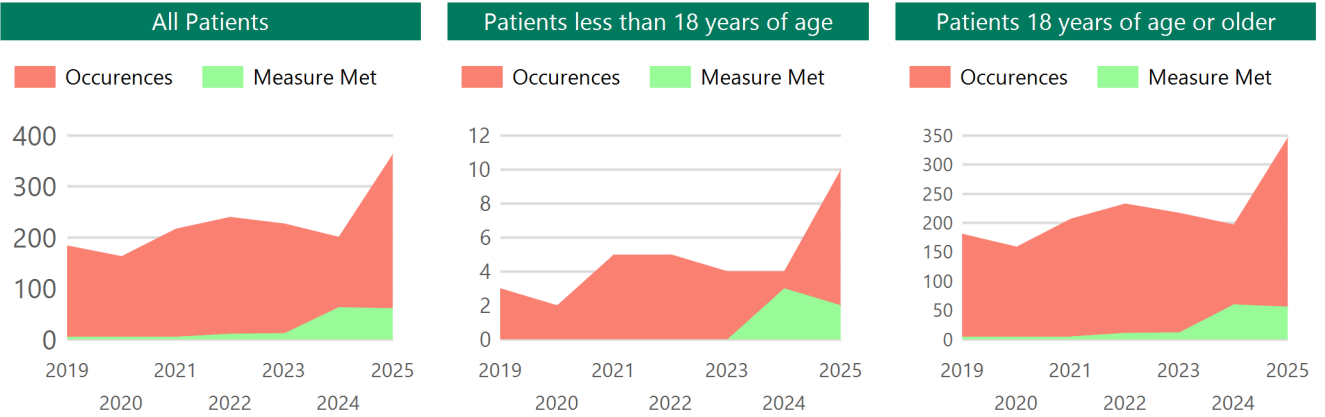
Airwav01 (Age Adjusted)



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

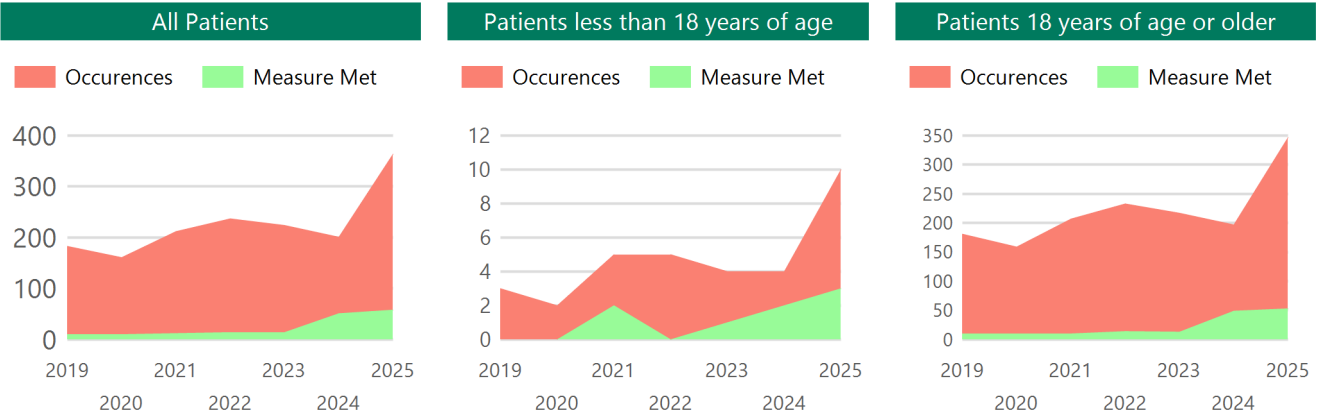
Airway

Airwav01



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

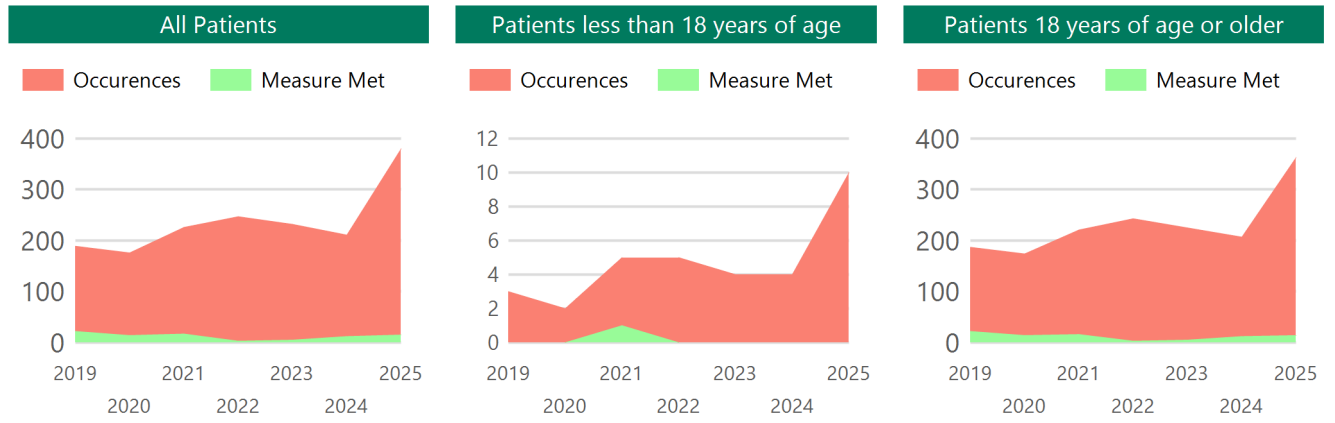
Airwav05



Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

Airway

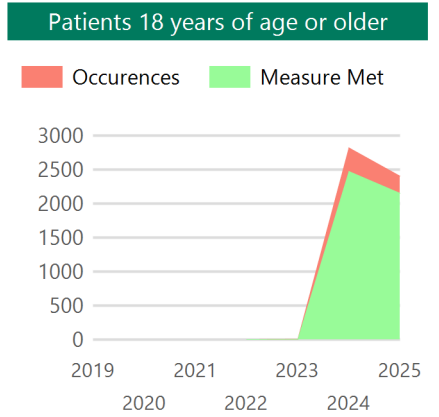
Airwav18



Percentage of EMS responses originating from a 911 request for patients transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter.

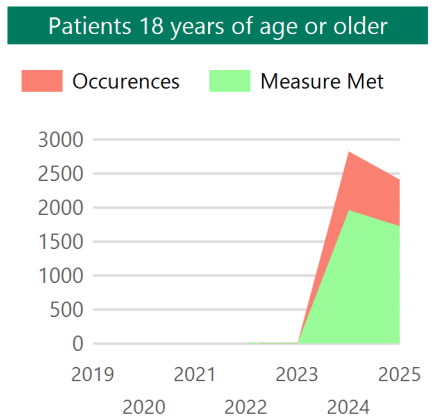
American Heart Association

AHAEMS1

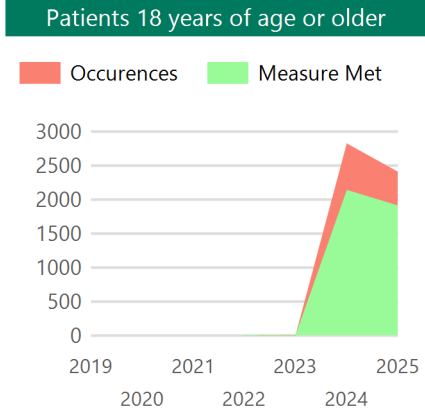


Percentage of EMS responses originating from a 911 request for patients transported from the scene with a primary or secondary impression of stroke for whom Last Known Well was documented during the EMS encounter.

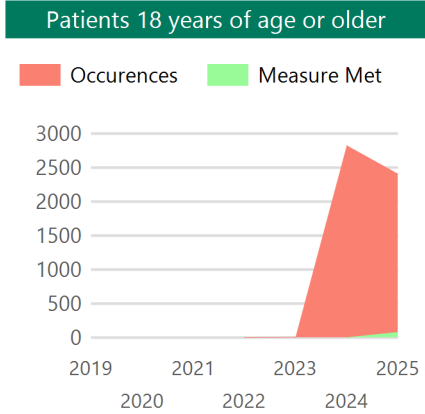
AHAEMS2



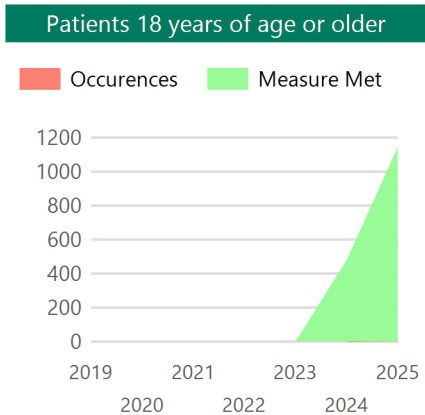
Percentage of EMS responses originating from a 911 request for patients transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter.



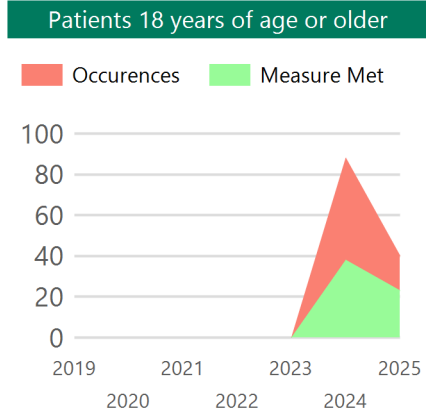
Percentage of EMS responses originating from a 911 request for patients transported from the scene with a suspected stroke for whom a stroke screen was performed and severity documented during the EMS encounter.



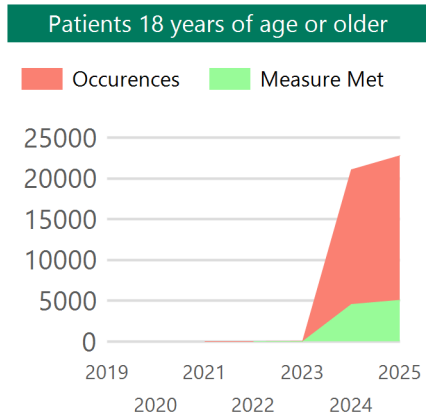
Percentage of EMS responses originating from a 911 request for patients transported from the scene with a primary impression chest pain or a suspected MI for whom a 12-Lead ECG was performed within 10 minutes of first medical contact.



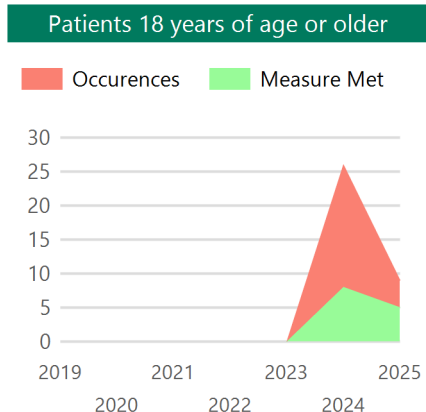
Percentage of EMS responses originating from a 911 request for patients transported from the scene with a STEMI positive ECG who were administered aspirin.



Percentage of EMS responses originating from a 911 request for patients transported from the scene with a primary impression of chest pain or a suspected heart attack who were administered aspirin.



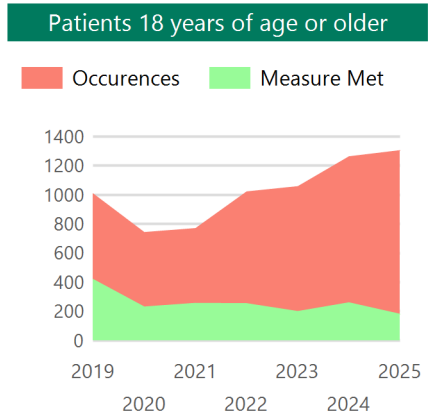
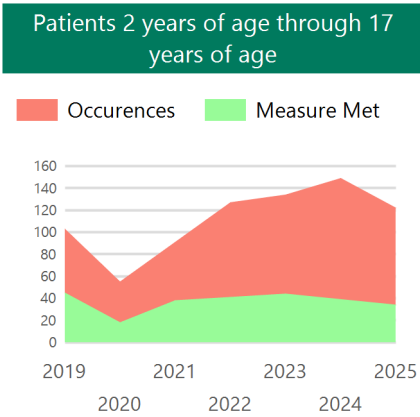
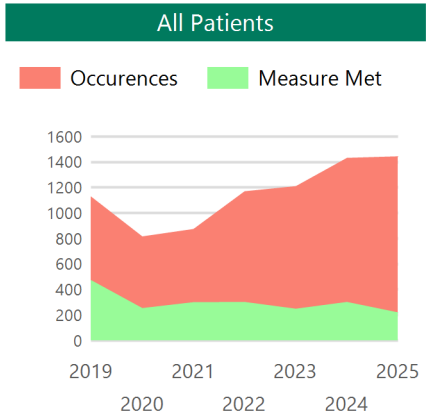
Percentage of EMS responses originating from a 911 request for patients transported from the scene with a STEMI positive ECG for whom pre-arrival notification was activated within 10 minutes of positive ECG.



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

Asthma

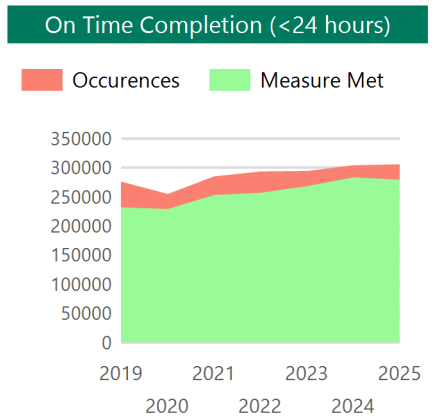
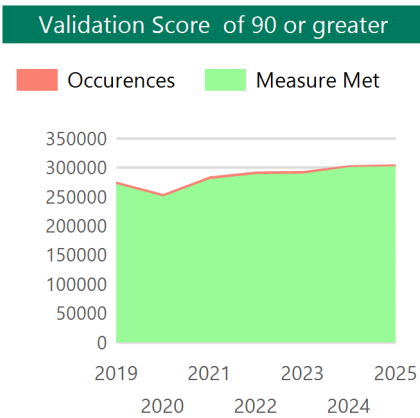
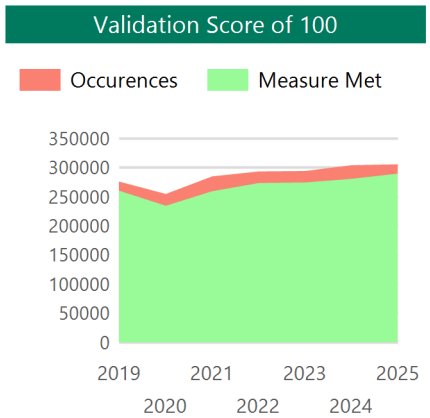
Asthma01



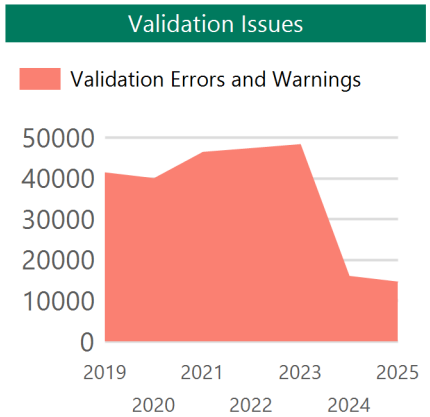
Data

Data

EMS Data

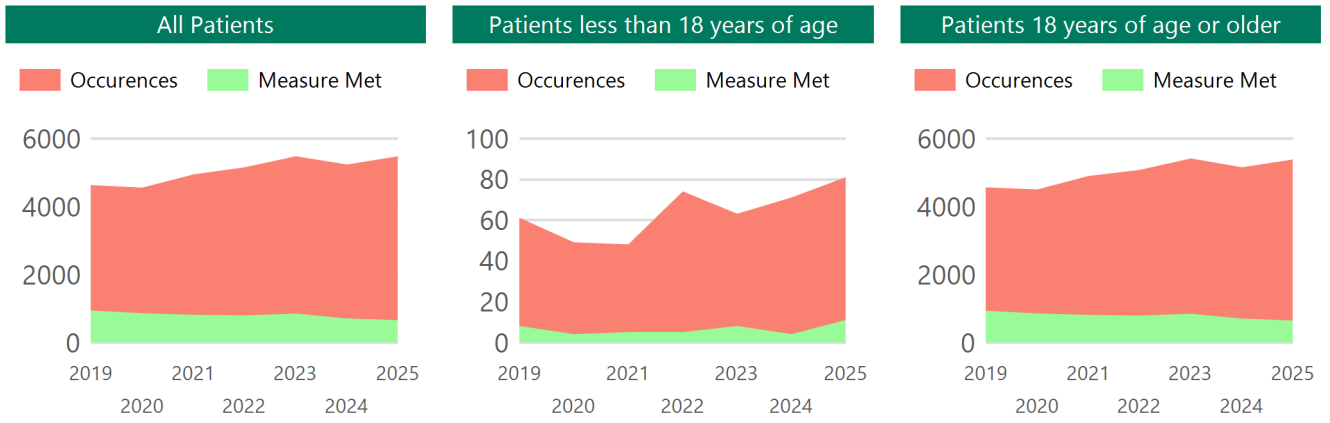


Total Number of Validation issues



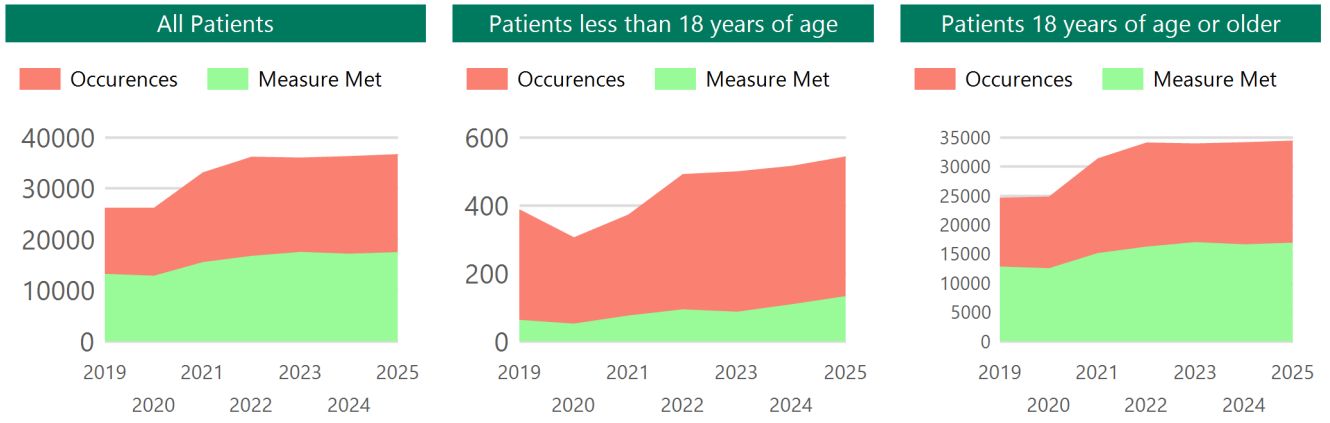
Percentage of EMS responses originating from a 911 request for patients with symptomatic hypoglycemia who received treatment to correct their hypoglycemia.

Hypoglycemia
Hypoglycemia01



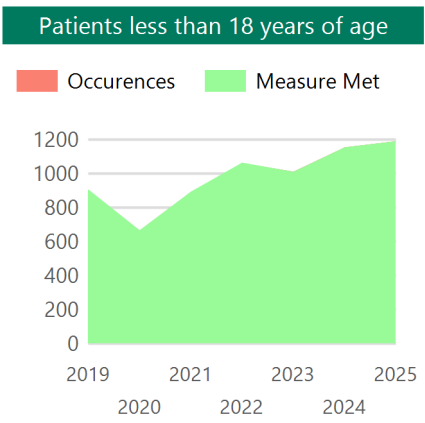
Percentage of EMS responses originating from a 911 request for patients with an altered mental status whom blood glucose is assessed during the EMS encounter.

Hypoglycemia
Hypoglycemia02



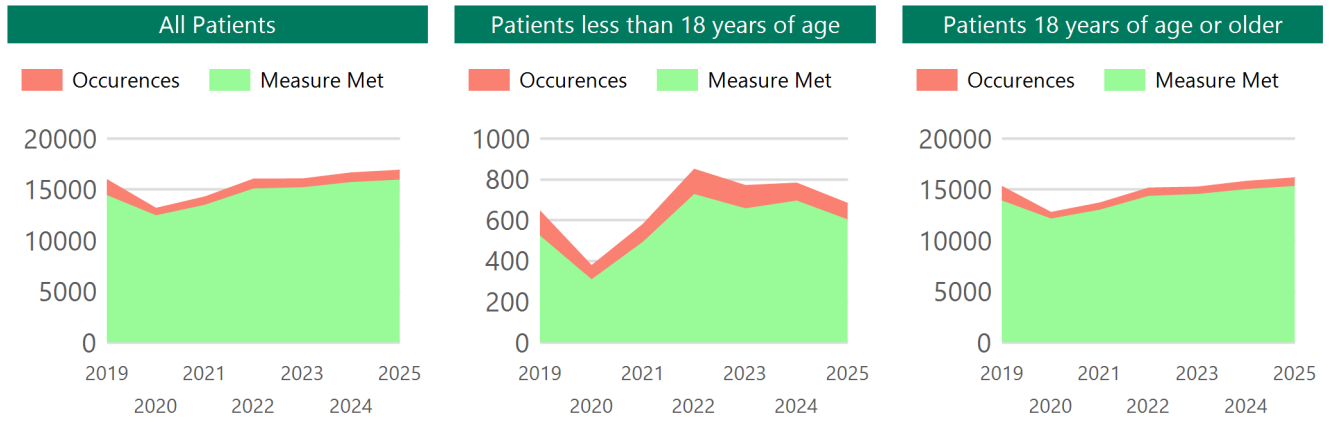
Percentage of EMS responses originating from a 911 request for patients less than 18 years of age who received a medication and had a documented weight in kilograms or length-based weight estimate documented during the EMS response.

Pediatrics
Pediatrics03



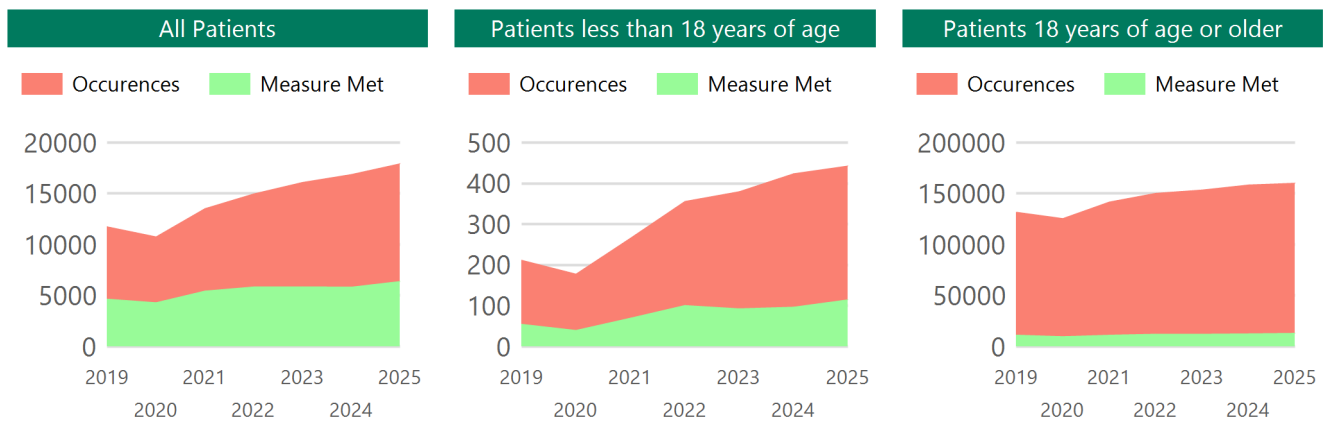
Percentage of EMS responses originating from a 911 request for patients with primary or secondary impression of respiratory distress who had a respiratory assessment.

Respiratory
Respiratorv01



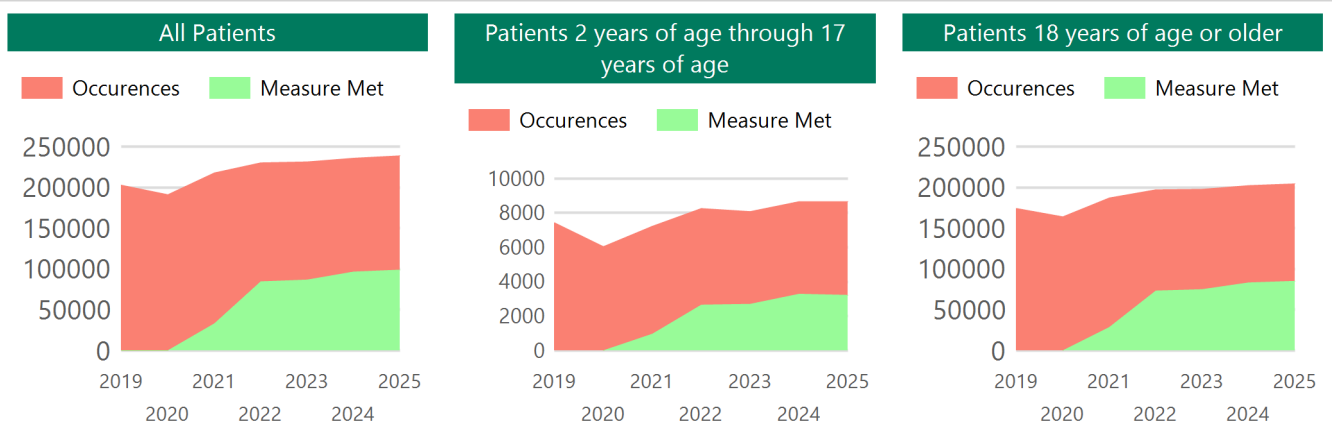
Percentage of EMS responses originating from a 911 request for patients with hypoxia during which oxygen is administered.

Respiratory
Respiratorv02



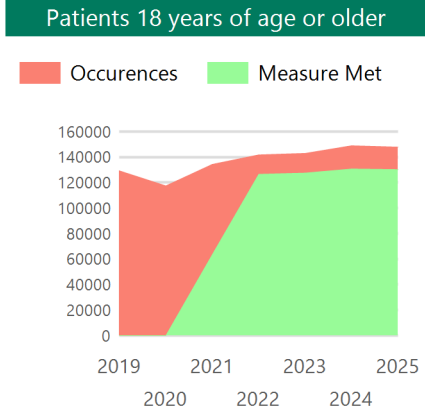
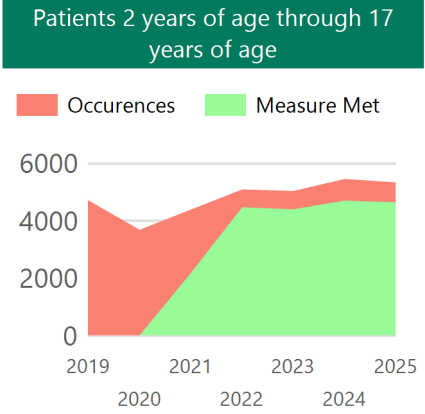
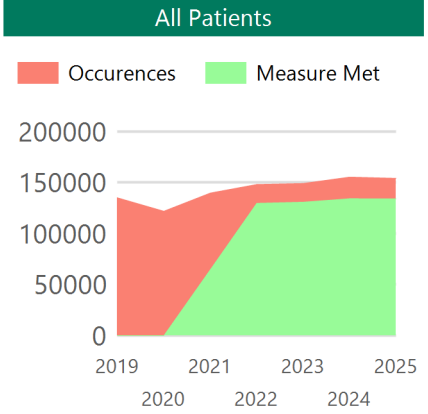
Percentage of EMS responses originating from a 911 request in which lights and sirens were not used during response.

Safety
Safetv01



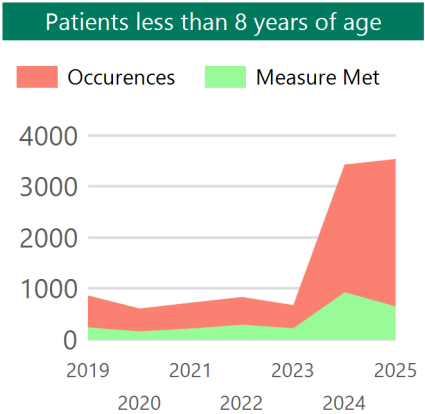
Percentage of EMS responses originating from a 911 request during which lights and sirens were not used during patient transport.

Safety
Safetv02



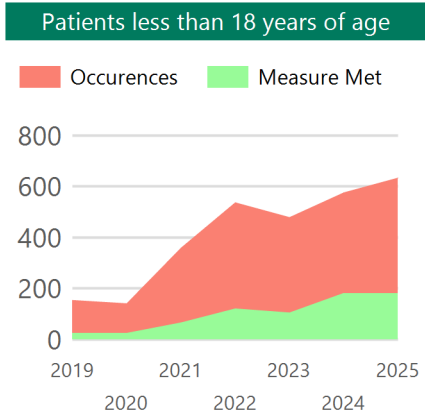
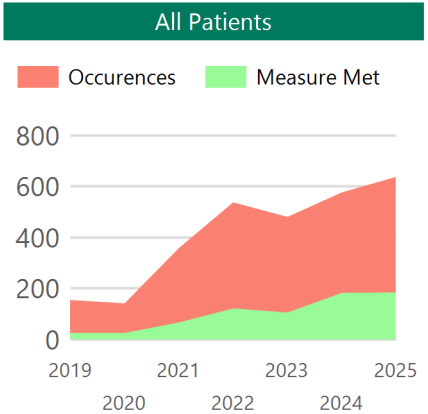
Percentage of EMS transports originating from a 911 request or interfacility request for patients less than 8 years of age during which patients are transported using a pediatric restraint device.

Safety
Safetv04



Percentage of EMS responses originating from a 911 request for patients with agitation who receive sedation for whom adequate monitoring is documented after sedation medication is administered.

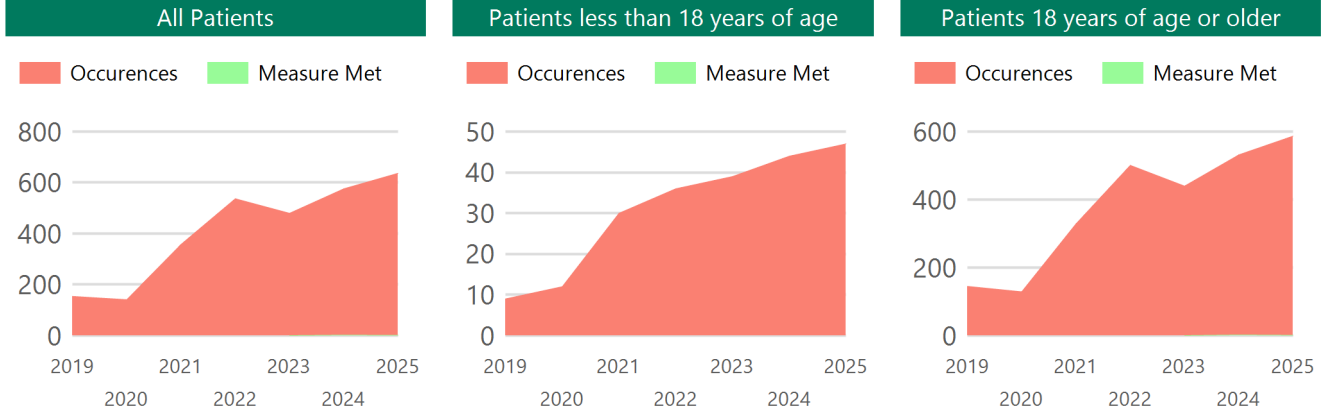
Sedation
Sedation01



Percentage of EMS responses originating from a 911 request for patients with agitation who receive sedation for whom level of agitation is documented before and after sedation.

Sedation

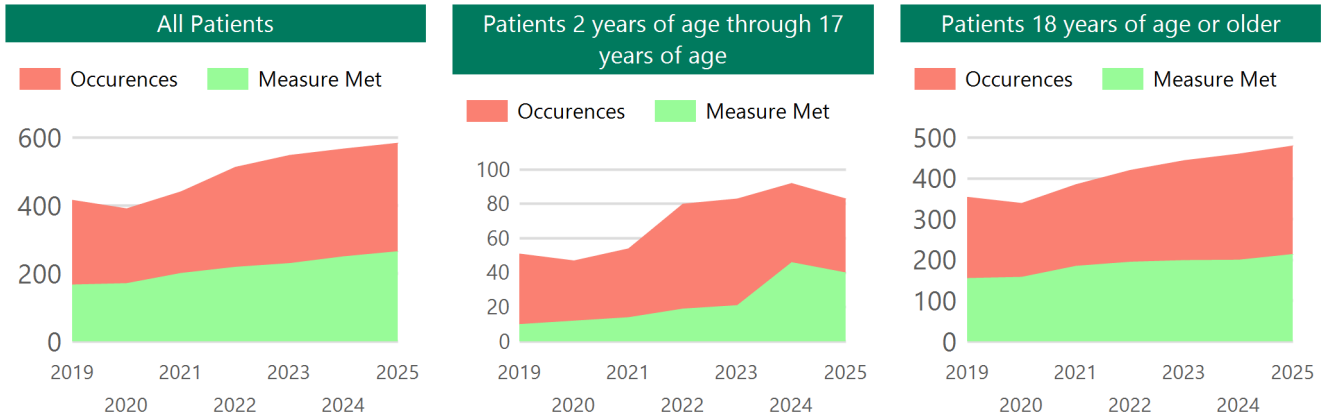
Sedation02



Percentage of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine during the EMS response.

Seizure

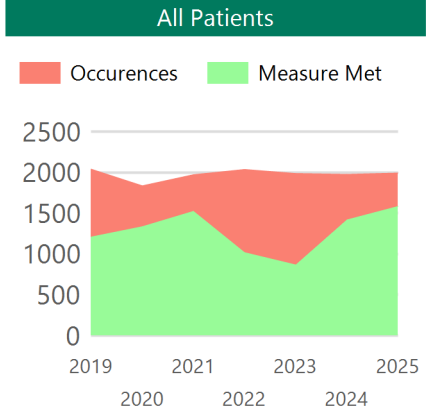
Seizure02



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.

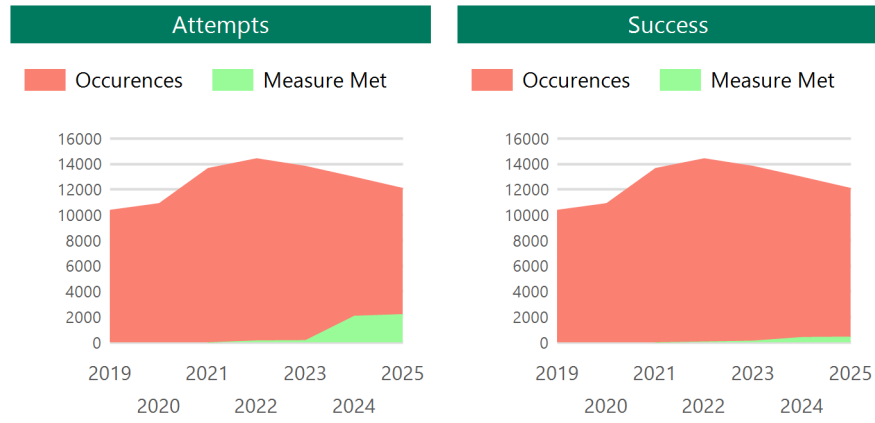
Stroke

Stroke01



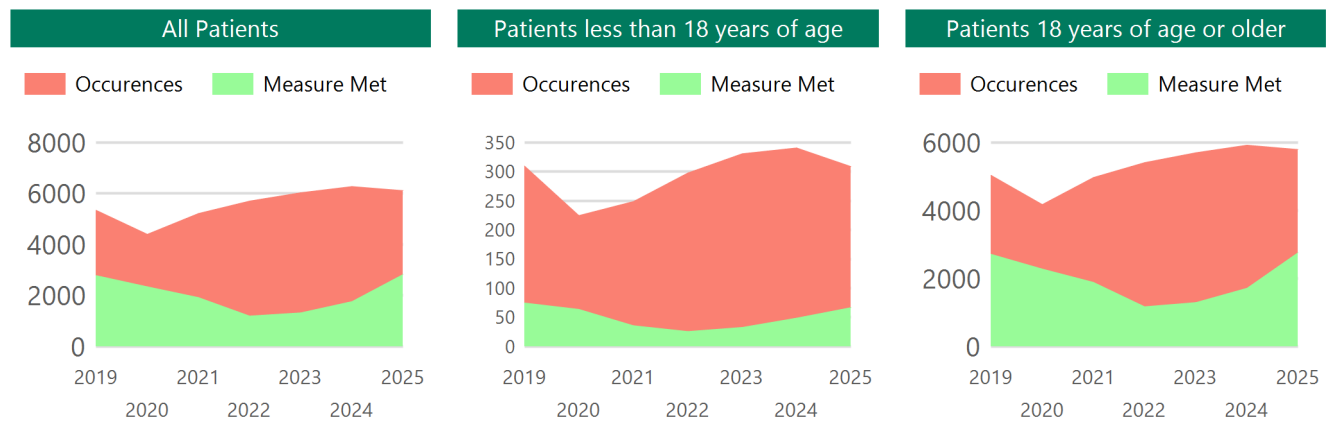
The percentage of patients meeting the protocol for naloxone dispensation who were provided naloxone in the event of a future overdose.

SUD



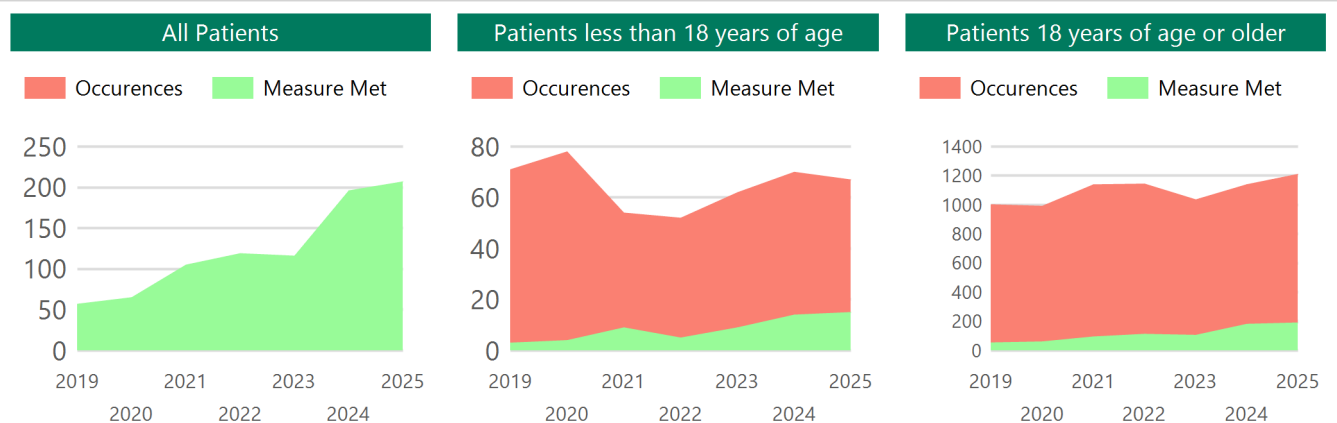
Percentage of EMS responses originating from a 911 request for patients with syncope during which a 12-lead (or greater) ECG is performed.

Syncope
Syncope01



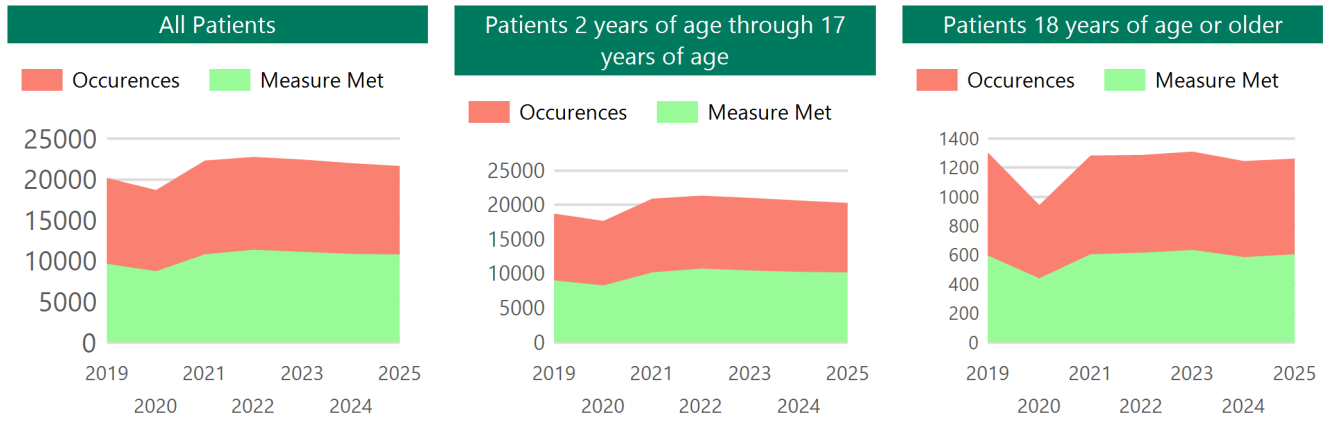
Percentage of EMS transports originating from a 911 request for patients with suspected traumatic brain injury during which oxygen level, ETCO2, and systolic blood pressure are documented.

Trauma
Tbi01



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

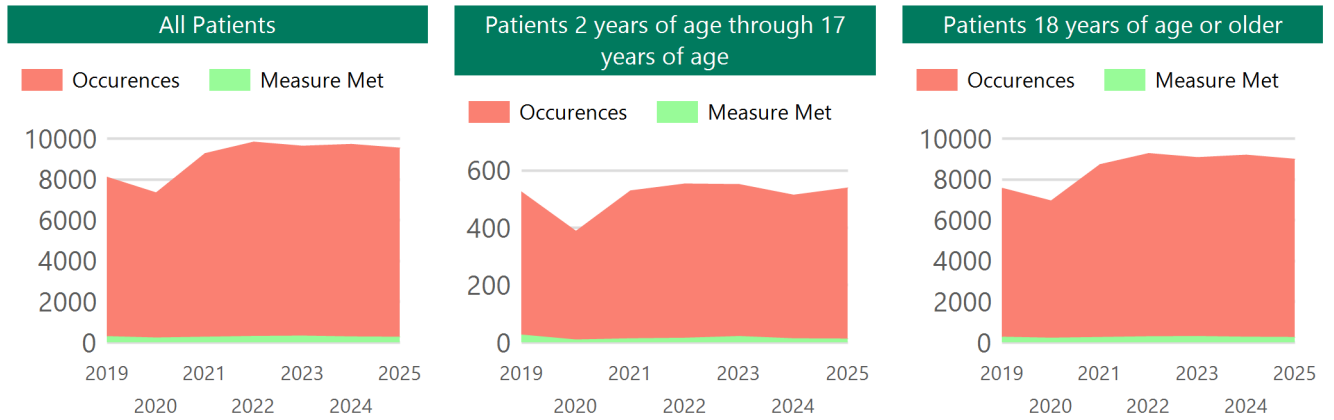
Trauma01



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

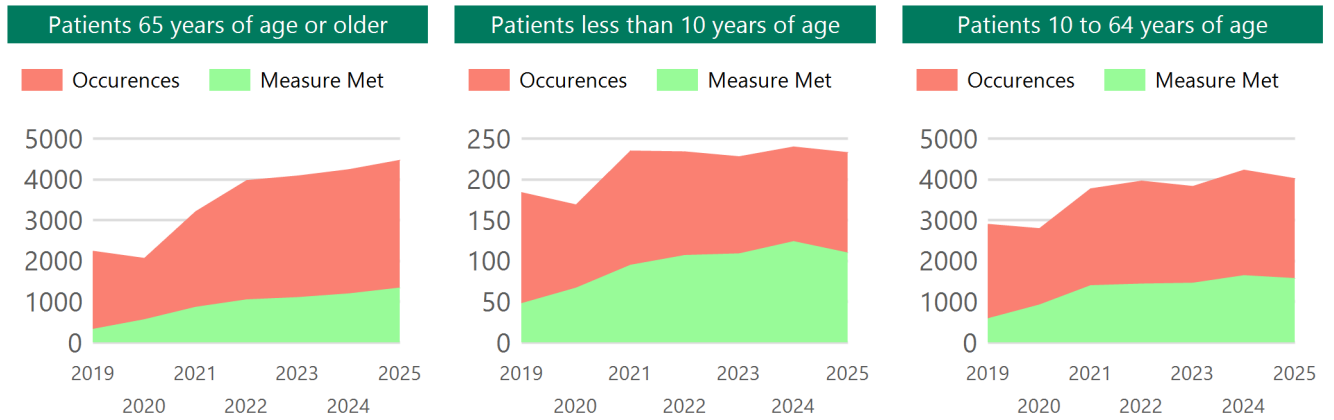
Trauma

Trauma03



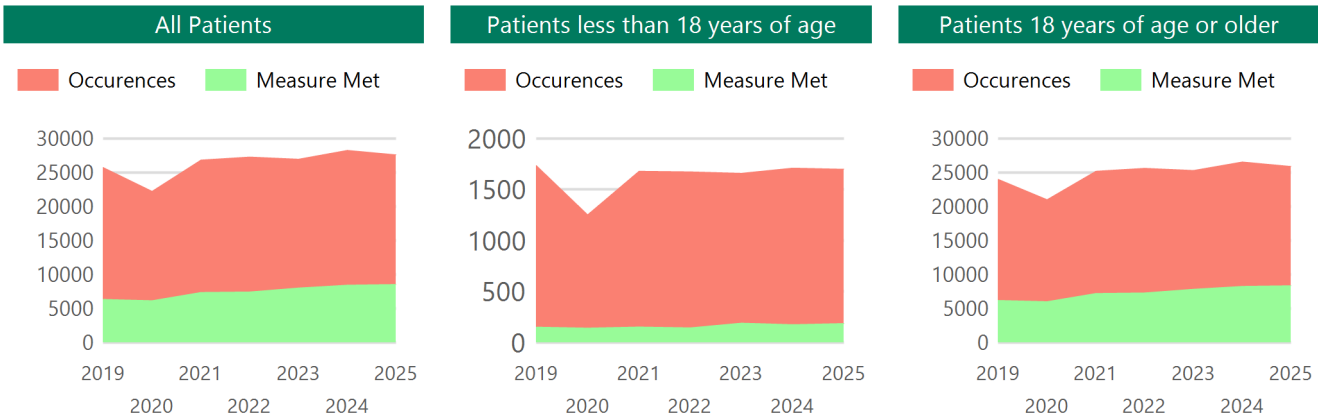
Percentage of EMS transports originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center.

Trauma04



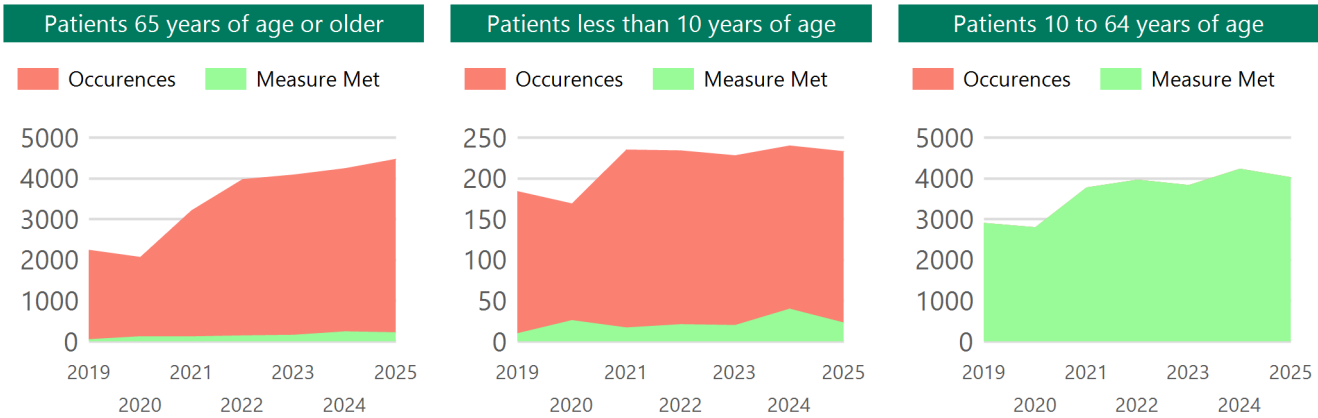
Percentage of EMS transports originating from a 911 request for patients with trauma during which GCS, systolic blood pressure, and respiratory rate are documented.

Trauma
Trauma08



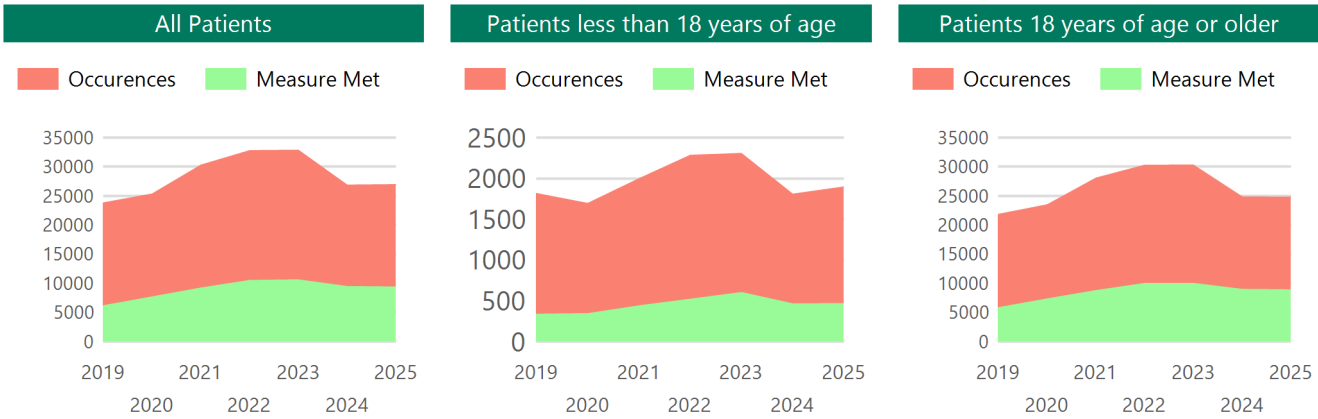
Percentage of EMS transports originating from a 911 request for patients who meet ACS prehospital field triage criteria for whom a pre-arrival trauma alert or activation is initiated.

Trauma
Trauma14



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

Vitals
Ttr14



Percentage of EMS responses having a documented cardiac arrest where the patient expired in the field and is an organ donation candidate.

Organ Donation

NEDS

