



2022 High-Performance EMS Benchmarking Study

Part 1: System Demographics and Operational Performance

AIMHI

ACADEMY OF
INTERNATIONAL
MOBILE HEALTHCARE
INTEGRATION

The AIMHI benchmarking studies perform a fundamental service to EMS by providing tools through which we can continue to learn about the successes and opportunities of today’s emergency care system, ensure its progress and growth, and work to expand the reputation and efficiency of EMS nationally and internationally. The 2022 study is the latest addition to the body of knowledge required for effective service delivery and improvement.

Since the first study in 1998, AIMHI has developed valuable **evidenced-based** studies to share **clinical, operational, and economic** data across EMS systems serving diverse geographic and demographic communities. Our goal is to provide the EMS community, elected and appointed officials, and regulators with tools, data, and outcomes that demonstrate the value of high-performance, high-value mobile healthcare as the initial point of entry to, and the safety net of, the healthcare continuum.

Agency Name	Organizational Structure
Emergency Medical Services Authority (Oklahoma City, OK)	Public Utility Model: Self-Operated
Emergency Medical Services Authority (Tulsa, OK)	Public Utility Model: Self-Operated
Mecklenburg EMS Agency (Charlotte, NC)	Public Utility Model: Self-Operated
Medic Ambulance (Solano, CA)	Private
MEDIC EMS (Davenport, IA)	501c3
MedStar Mobile Healthcare (Fort Worth, TX)	Public Utility Model: Self-Operated
Metropolitan EMS (Little Rock, AR)	Public Utility Model: Self-Operated
Niagara Emergency Medical Services (Region of Niagara, CA)	Third Service Model
Northwell Health Center for EMS (Syosset, NY)	Health System Based EMS Agency
Novant Health New Hanover EMS (New Hanover County, NC)	Hospital-Based
Pinellas County EMS - Sunstar (Pinellas County, FL)	Public Utility Model: Contracted
Pro EMS (Cambridge, MA)	Contractor
Regional Emergency Medical Services (Reno, NV)	Public Utility Model: Self-Operated
Richmond Ambulance Authority (Richmond, VA)	Public Utility Model: Self-Operated

What Is High Performance/High Value EMS (HP/HVEMS)?

HP/HVEMS systems share key features of system design rarely associated with less cost-effective systems. Characteristics typically include:

- **Sole provider:** All emergency and non-emergency ambulance services are granted to a sole and often competitively selected provider for a specific population or service area.
- **Control center operations:** The ambulance provider has control of the dispatch center.
- **Accountability:** HP/HVEMS systems have performance requirements that can result in financial penalties or replacement of the provider when the requirements are not met. HP/HVEMS systems use and collect data regularly to meet these performance requirements, which has allowed for the ability to collect data for the HP/HVEMS Market Study.
- **Revenue maximization:** HP/HVEMS systems incorporate the business function into their operations, resulting in an understanding of the billing requirements, thus collecting all appropriate revenues from Medicare, Medicaid, self-pay and other third-party payors.
- **Flexible production strategy:** HP/HVEMS match scheduled resources with predicted changes in response demand based on time of day, day of week and time of year.
- **System Status Management (SSM):** HP/HVEMS systems use the dynamic deployment techniques to position resources in anticipation of when and where ambulances will be needed.

Key Metrics & Takeaways

- **36%** of the HP/HVEMS systems have **transitioned from an all-ALS ambulance deployment to a Tiered Deployment (ALS/BLS)** to better match resources with emergency needs and enhance ALS provider utilization and experience.
- **64%** of HP/HVEMS systems **do not use Medical First Response on all calls**, reserving MFR for calls with a higher medical acuity, based on EMD determinants derived through an accredited communications center.
 - Across these systems, **an average of 52% of EMS calls do not receive Medical First Responders**.
- **61%** of the emergency responses in the HP/HVEMS systems **receive a lights & siren (HOT) response**.
 - **9%** of the patients transported to hospitals receive a **HOT transport**.
- The **Median ambulance response time** for high acuity responses in HP/HVEMS systems is **8 minutes, 41 seconds**.
 - The response time calculation begins at time call received in **42%** of HP/HVEMS systems
- AIMHI Member agencies serve a **combined population of 17.6 million** people and a geography of over **14,000 square miles**.
- Member agencies responded to **1.5 million emergency ambulance calls** in 2021, **transporting 996,080** patients for a **transport ratio of 67.8%**.
- **100% of AIMHI member agencies hold at least one accreditation. 93% are accredited by the Commission on the Accreditation of Ambulance Services (CAAS) and 79% of member dispatch centers are accredited by the International Academies of Emergency Dispatch.**

CURRENT AIMHI MEMBERS

Emergency Health Service Halifax, NS	Medic Ambulance Vallejo, CA	New Hanover EMS Wilmington, NC	Pinellas County EMS Authority/Sunstar Paramedics Largo, FL	Richmond Ambulance Authority Richmond, VA
Emergency Medical Services Authority Tulsa & Oklahoma City, OK	MEDIC Emergency Medical Services Davenport, IA	Niagara Emergency Medical Services Niagara-On-The-Lake, ON	Pro EMS Cambridge, MA	Three Rivers Ambulance Authority Fort Wayne, IN
Mecklenburg EMS Agency Charlotte, NC	MedStar Mobile Healthcare Fort Worth, TX	Northwell Health Center for EMS Syosset, NY	Regional EMS Authority Reno, NV	Learn more about membership at www.aimhi.mobi
	Metropolitan Emergency Medical Services Little Rock, AR			

About the Academy of International Mobile Healthcare Integration

The Academy of International Mobile Healthcare Integration (AIMHI) represents high performance emergency medical and mobile healthcare providers in the U.S. and abroad. Member organizations employ business practices from both the public and private sectors. By combining industry innovation with close government oversight, AIMHI affiliates are able to offer unsurpassed service excellence and cost efficiency. www.aimhi.mobi | hello@aimhi.mobi | [@AIMHI MIH](https://www.facebook.com/aimhihealthcare) | www.fb.me/aimhihealthcare

Table 1: EMS System Delivery Changes

Agency	What was the change?
Emergency Medical Services Authority (Oklahoma City, OK)	Transitioned from a contracted provider to a self-operated PUM. Changed from all ALS to tiered ambulance deployment.
Emergency Medical Services Authority (Tulsa, OK)	Transitioned from a contracted provider to a self-operated PUM. Changed from all ALS to tiered ambulance deployment.
Mecklenburg EMS Agency (Charlotte, NC)	Changed response time goal for low-acuity medical responses.
MedStar Mobile Healthcare (Fort Worth, TX)	Changed from all ALS to tiered ambulance deployment.
Niagara Emergency Medical Services (Region of Niagara, CA)	Recent update to MPDS v13.3 Omega included a determinant-by-determinant review that included linked hospital outcome data. This data was used in to update response priorities based on information such as aggregate 1- and 7-day mortality, number of ER interventions, length of stay, SCU admissions and length of stay.
Pinellas County EMS - Sunstar (Pinellas County, FL)	Changed from all ALS to tiered ambulance deployment.
Regional Emergency Medical Services (Reno, NV)	Changed from all ALS to tiered ambulance deployment. Additional further utilization of Nurse Health Line for low acuity call determinants.

Table 2: Medical First Response Utilization

Agency Name	Percentage of calls with Medical First Response (MFR)
Emergency Medical Services Authority (Oklahoma City, OK)	46%
Emergency Medical Services Authority (Tulsa, OK)	53%
Mecklenburg EMS Agency (Charlotte, NC)	77%
MEDIC EMS (Davenport, IA)	75%
MedStar Mobile Healthcare (Fort Worth, TX)	70%
Metropolitan EMS (Little Rock, AR)	40%
Novant Health New Hanover EMS (New Hanover County, NC)	31%
Regional Emergency Medical Services (Reno, NV)	40%
Richmond Ambulance Authority (Richmond, VA)	40%

Table 3: HOT Vehicle Operations

Agency Name	HOT Response %	HOT Transport %
Emergency Medical Services Authority (Oklahoma City, OK)	36.7%	8.4%
Emergency Medical Services Authority (Tulsa, OK)	31.5%	7.9%
Mecklenburg EMS Agency (Charlotte, NC)	21.0%	6.1%
Medic Ambulance (Solano, CA)	79.2%	4.2%
MEDIC EMS (Davenport, IA)	73.9%	13.7%
MedStar Mobile Healthcare (Fort Worth, TX)	72.4%	4.8%
Metropolitan EMS (Little Rock, AR)	98.1%	7.4%
Niagara Emergency Medical Services (Region of Niagara, CA)	25.0%	20.6%
Northwell Health Center for EMS (Syosset, NY)	80.0%	16.0%
Novant Health New Hanover EMS (New Hanover County, NC)	68.8%	9.4%
Pinellas County EMS - Sunstar (Pinellas County, FL)	71.1%	2.0%
Pro EMS (Cambridge, MA)	100.0%	0.0%
Regional Emergency Medical Services (Reno, NV)	74.6%	6.8%
Richmond Ambulance Authority (Richmond, VA)	75.2%	0.6%
Overall Average	60.9%	8.9%

Table 4: Accreditations by Agency

Agency Name	Agency Accreditations or Awards
Emergency Medical Services Authority (Oklahoma City, OK)	CAAS; IAED/ACE
Emergency Medical Services Authority (Tulsa, OK)	CAAS; IAED/ACE
Mecklenburg EMS Agency (Charlotte, NC)	CAAS; IAED/ACE
Medic Ambulance (Solano, CA)	CAAS; IAED/ACE; AMBY (AAA) / CAASE (CAA)
MEDIC EMS (Davenport, IA)	CAAS; IAED/ACE
MedStar Mobile Healthcare (Fort Worth, TX)	CAAS; IAED/ACE; AMBY (AAA)
Metropolitan EMS (Little Rock, AR)	CAAS; IAED/ACE
Niagara Emergency Medical Services (Region of Niagara, CA)	IAED
Northwell Health Center for EMS (Syosset, NY)	CAAS; IAED/ACE; CAMTS
Novant Health New Hanover EMS (New Hanover County, NC)	CAAS; Mission: Lifeline Gold Plus
Pinellas County EMS - Sunstar (Pinellas County, FL)	CAAS; IAED/ACE; CAMTS
Pro EMS (Cambridge, MA)	CAAS
Regional Emergency Medical Services (Reno, NV)	CAAS; IAED/ACE
Richmond Ambulance Authority (Richmond, VA)	CAAS; IAED/ACE

Table 5: Population, Service Area & Population Density

Agency Name	Jurisdiction Type	Service Area Population	Service Area (Sq. Miles)	Population Density
Emergency Medical Services Authority (Oklahoma City, OK)	Multiple	787,047	714	1,102
Emergency Medical Services Authority (Tulsa, OK)	Multiple	514,100	261	1,973
Mecklenburg EMS Agency (Charlotte, NC)	Single	1,115,482	546	2,043
Medic Ambulance (Solano, CA)	Single	451,716	821	550
MEDIC EMS (Davenport, IA)	Multiple	175,000	450	389
MedStar Mobile Healthcare (Fort Worth, TX)	Multiple	1,139,236	433	2,631
Metropolitan EMS (Little Rock, AR)	Multiple	400,000	1,800	222
Niagara Emergency Medical Services (Region of Niagara, CA)	Single	481,727	716	673
Northwell Health Center for EMS (Syosset, NY)	Multiple	10,253,230	1,455	7,049
Novant Health New Hanover EMS (New Hanover County, NC)	Single	229,018	192	1,193
Pinellas County EMS - Sunstar (Pinellas County, FL)	Single	980,810	280	3,503
Pro EMS (Cambridge, MA)	Multiple	350,000	200	1,750
Regional Emergency Medical Services (Reno, NV)	Multiple	486,492	6,302	77
Richmond Ambulance Authority (Richmond, VA)	Single	226,610	63	3,622
Total/Average		17,590,468	14,232	1,236

Table 6: System EMS Responses

Agency Name	Total Emergency Responses
Emergency Medical Services Authority (Oklahoma City, OK)	110,500
Emergency Medical Services Authority (Tulsa, OK)	108,835
Mecklenburg EMS Agency (Charlotte, NC)	139,327
Medic Ambulance (Solano, CA)	48,000
MEDIC EMS (Davenport, IA)	27,083
MedStar Mobile Healthcare (Fort Worth, TX)	138,993
Metropolitan EMS (Little Rock, AR)	91,000
Niagara Emergency Medical Services (Region of Niagara, CA)	64,428
Northwell Health Center for EMS (Syosset, NY)	164,740
Novant Health New Hanover EMS (New Hanover County, NC)	46,693
Pro EMS (Cambridge, MA)	15,000
Pinellas County EMS - Sunstar (Pinellas County, FL)	170,059
Regional Emergency Medical Services (Reno, NV)	71,659
Richmond Ambulance Authority (Richmond, VA)	48,292
Total	1,244,609

Table 7: Response Time Goal

Agency Name	High Acuity Call Compliance Standard	Low Acuity Call Compliance Standard
Emergency Medical Services Authority (Oklahoma City, OK)	90% < 10:59	90% < 24:59
Emergency Medical Services Authority (Tulsa, OK)	90% < 10:59	90% < 24:59
Mecklenburg EMS Agency (Charlotte, NC)	90% < 10:59	90% < 60:00
Medic Ambulance (Solano, CA)	9:00	25:00
MEDIC EMS (Davenport, IA)	90% < 07:59	90% < 14:59
MedStar Mobile Healthcare (Fort Worth, TX)	85% < 11 minutes, no more than 1.5% > 16:30	85% < 17 minutes, no more than 1.5% > 25:30
Metropolitan EMS (Little Rock, AR)	90% < 08:59	90% < 12:59
Niagara Emergency Medical Services (Region of Niagara, CA)	SCA 55% < 6:00; CTAS 1 80% < 8:00	CTAS 2 90% < 15:00; CTAS 3 90% < 60:00
Northwell Health Center for EMS (Syosset, NY)	90% < 12:00	90% < 30:00
Novant Health New Hanover EMS (New Hanover County, NC)	N/A	90% < 19:59
Pinellas County EMS - Sunstar (Pinellas County, FL)	91% < 10:00	No Standard
Pro EMS (Cambridge, MA)	90% < 14:59	No Standard
Regional Emergency Medical Services (Reno, NV)	8:59	90% < 20:59
Richmond Ambulance Authority (Richmond, VA)	90% < 8:59	90% < 29:59

Table 8: Average Response Time

Agency Name	High Acuity Average Response Time	Low Acuity Average Response Time
Emergency Medical Services Authority (Oklahoma City, OK)	11:23	18:37
Emergency Medical Services Authority (Tulsa, OK)	08:20	14:07
Mecklenburg EMS Agency (Charlotte, NC)	08:10	11:44
Medic Ambulance (Solano, CA)	05:00	10:52
MEDIC EMS (Davenport, IA)	06:45	09:36
MedStar Mobile Healthcare (Fort Worth, TX)	09:13	12:16
Metropolitan EMS (Little Rock, AR)	07:30	12:59
Niagara Emergency Medical Services (Region of Niagara, CA)	06:18	09:31
Northwell Health Center for EMS (Syosset, NY)	09:47	17:41
Novant Health New Hanover EMS (New Hanover County, NC)	05:56	07:53
Pinellas County EMS - Sunstar (Pinellas County, FL)	06:30	10:30
Regional Emergency Medical Services (Reno, NV)	06:48	09:30
Richmond Ambulance Authority (Richmond, VA)	09:19	20:56
Median	08:41	12:31