



Emergency Medical Services Authority Annual EMS Data Report Calendar Year 2024

California Emergency Medical Services Authority
California Health and Human Services Agency

EMSA Publication #SYS 100-22



ACKNOWLEDGEMENTS

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This report is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,087,082 with 100 percent funded by CDC/HHS.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

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INTRODUCTION

The Emergency Medical Services (EMS) Authority is pleased to release the annual EMS data report for calendar year (CY) 2024. Local EMS Agencies (LEMSA) who are currently reporting data to the California Emergency Medical Services Information System (CEMSIS) encompass populations that represent approximately 100% of California's total population of 39,538,223¹. While the data does not capture all emergency services provided to the state's total population, it does provide insight into the services provided. These preliminary reports serve to evaluate our data quality and availability for analysis.

Purpose

This report provides a general description of statewide emergency medical services in CY 2024. The EMS Authority is mandated to annually report on the effectiveness of EMS systems and related impact on death and disability (Health and Safety Code 1797.121). HSC 1797.103 (f) further identifies that one of the required elements of an EMS system is data collection and evaluation. The EMS Authority meets these mandates by collecting data from the LEMSAs.

Currently, the data collected provides an image of the EMS system, the number and types of patients being cared for, the EMS and hospital institutions and individuals who are providing that care. As more data becomes available to the EMS Authority, that image will sharpen. As the reliability of the data improves, answers to questions about the quality of the care provided to EMS patients will be possible. And finally, the EMS Authority's concurrent effort to integrate EMS data with existing data streams drawn from the spectrum of medical care using Health Information Exchange (HIE) promises to answer questions about the impact of EMS care on patient outcomes. The EMS Authority's converging data objectives will, together, allow California to, at last, measure the value that EMS adds to the health care system.

Limitations

The California EMS Information System (CEMSIS) database is a large convenience sample - it consists solely of data submitted by participating EMS agencies, and it is not a population-based data set. In addition, the CEMSIS database inherits the individual deficiencies originating from its contributing entities.

The EMS Authority is continually cleaning and standardizing the data to improve data quality. Despite these efforts, errors remain for several reasons. The CEMSIS database is subject to the limitations of any "convenience sample". As a "convenience sample", the CEMSIS database is subject to various forms of bias.

¹ <https://www.census.gov/quickfacts/fact/table/US/PST045221>

The most obvious problems are selection bias, the inconsistency with which clinical variables can be measured or documented, and inter-agency differences in treatment and transport practices.

BACKGROUND

Data collection for EMS in California is decentralized with LEMSAs collecting and analyzing data to meet local needs or resources. This focus on local management is unique to California; other states generally have a direct relationship with the data submittal process statewide. LEMSAs have contractual relationships with EMS providers that address issues such as training and data entry that impact the data collection process. The data collection process in California emphasizes the importance of collaboration among the EMS Authority, LEMSAs, and the providers so that essential questions about California's EMS system can be answered.

MISSION AND VISION

The EMS Authority's mission is to prevent injuries, reduce suffering, and save lives by developing standards for, and administering an effective statewide coordinated system of, quality emergency medical care and disaster medical response that integrates public health, public safety, and healthcare.

The EMS Authority's vision is to be a lead EMS system throughout California in a collaborative endeavor to advance the quality, safety, and satisfaction of healthcare in local communities.

The EMS Authority fulfills its mission and vision by partnering with LEMSAs in the collection of data directly from their local providers. EMSA fosters such collaboration through various work groups and stakeholder events.

The EMS Authority is finding ways of using this data to achieve high quality emergency medical care in California by promoting activities such as:

- Health care quality improvement programs that are based on patient care outcomes;
- agency collaboration across jurisdictional boundaries;
- local, regional, and state-level public health surveillance; and
- increased public awareness of emergency medical services in California.

METHODOLOGY

Currently, there are 34 LEMSAs within the State of California in CY 2024. For this report, CEMSIS collected some form of data from 34 of the 34 LEMSAs (100%). Of these 34 LEMSAs, CEMSIS received data from 567 local EMS providers. The data presented in this report were collected in CEMSIS based on version 3.5 standards

for CY 2024 from the National Emergency Medical Services Information System (NEMSIS).

LEMSAs obtain data from local EMS providers within their specific geographical service areas and submit that data to EMSA. EMSA uses the software application ImageTrend®.

The EMS Authority is on the most current NEMSIS data standard, version 3.5. **All data shown in this report is from version 3.5 for CY 2024, unless otherwise stated.** NEMSIS announced version 3.5.1 and the data dictionary, which was finalized in January 2025, which is available on their website. NEMSIS version 3.5.1 has minor and major revisions related to version 3.5. The EMS Authority and local agencies will adopt the new national data standards by transitioning from NEMSIS version 3.5 to NEMSIS version 3.5.1 at the end of 2025.

Software vendors are subject to initial and annual NEMSIS/CEMSIS compliance testing of each version update.

To standardize data collection statewide, we are using specific lists for the following NEMSIS elements:

- Providers Primary Impression (eSituation.11),
- Cause of injury (eInjury.01),
- Primary Symptom (eSituation.09), and
- Incident Location Type (eScene.09).

CEMSIS

CEMSIS first began as a demonstration project for improving EMS data across California and continues to offer a secure, centralized data system for collecting data about individual emergency medical service requests, patients treated at hospitals, and EMS provider organizations. CEMSIS uses the national standard, NEMSIS, to collect patient care information resulting from an emergency 9-1-1 call for assistance. Health and Safety Code, Section 1797.227 requires the most current version of NEMSIS to be used to collect EMS data.

CEMSIS Participation

Since transitioning to NEMSIS version 3.5 starting January 2024, the number of LEMSAs submitting to CEMSIS has increased; all 34 LEMSAs now submit into CEMSIS.

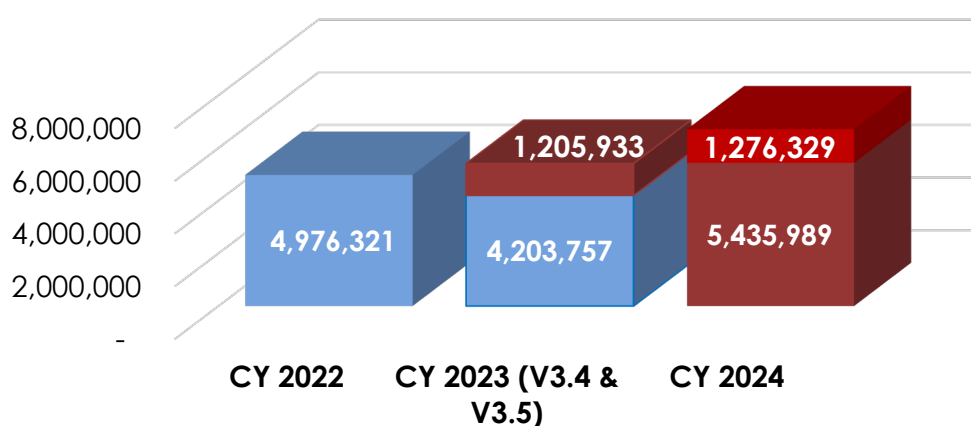
While we are receiving EMS data from 34 LEMSAs, CEMSIS only received approximately 258K records from San Diego County EMS Agency in 2024 of a population of 3,298,634, accounting for less than 75% of their patient transports.

CEMSIS Records Submitted

Since adopting NEMSIS version 3.4 in 2016, CEMSIS has successfully received over 36 million EMS incident records submitted by LEMSAs from 2016 to 2024.

This calendar year (2024) marked a huge milestone for CEMSIS. This is the first time all 34 LEMSAs submitted EMS data. With the addition of Los Angeles County EMS Agency's data, CEMSIS received 6,712,318 records, which was more than what we had anticipated: 6 million records.

**Chart 1: CEMSIS Total Records Submitted
CY 2022 - 2023 (V3.5) and CY 2024 (V3.5)**



DATA ANALYSIS - EMS

EMS data presented in this report was collected in CEMSIS based on the NEMSIS version 3.5 EMS data standard. The charts and graphs have been grouped into different categories for EMS data:

- **EMS Responses:** This includes all types of calls, including emergency, non-emergency, interfacility transfer, medical transport, 9-1-1 Response (Scene), intercept, mutual aid, etc.
 - Calculated by incident year 2024
- **EMS Transports:** Same criteria as EMS Responses, with an additional criterion.
 - "Transport Disposition" (eDisposition.30) select Transport by this EMS Unit (this crew only) and Transport by this EMS Unit, with a member of another crew.
 - Calculated by incident year 2024
- **Adult Patients:** These records may include duplicates. No cleaning has been done.
 - Patient Age $\geq$ 15 years of age
- **Pediatric Patients:** These records may include duplicates. No cleaning has been done.
 - Patient Age $\leq$ 14 years of age

These criteria are used throughout the charts and graphs unless otherwise stated. The EMS data in this report was run on March 6, 2025.

Limitations of Analysis – EMS Data

The analysis of the data in this report is descriptive only and not intended to provide statistical information. Collaboration between LEMSAs and the EMS Authority in the development of data validation tools will ultimately result in reporting with more statistical depth. After reviewing the data in CEMSIS, the EMS Authority found several discrepancies between some data elements and the values that were chosen by the EMS providers. One example is "NOT" values, which inhibit meaningful analysis and usefulness of the data. It is not known if these values are due to provider input or other data quality issues. Analysis is also limited as this report does not represent all of California.

There are more than 700 total public and private EMS ambulance service providers within the state of California; however, not all providers are submitting data into CEMSIS. As reported above, approximately 567 EMS providers submitted data to CEMSIS in CY 2024 and is reflected in this report. Not all EMS providers are required to submit data into CEMSIS and is voluntary. All advanced life support providers are required to submit data into CEMSIS within 72 hours

after completion of patient encounter (22 CCR, § 100097.01). Any other EMS data is submitted on a voluntary basis.

Mapping

There are some data elements submitted to CEMSIS that are data mapped to the NEMSIS/CEMSIS specific values. EMS data submission is typically a two-step process; data is first submitted from EMS providers to a LEMSA, then from a LEMSA to CEMSIS. Disparate data mapping will negatively impact data quality. Many LEMSAs have their own scope of practice and collect data reflecting this. For this report, the data elements that are affected are the four data elements stated on page seven. LEMSAs map the data that they collect to reflect the State list.

Selected EMS Data Elements

The EMS portion of this report presents 6 tables and 29 charts comprised of both National and State data elements in the NEMSIS version 3.5 software application (EMS data). National data elements are required to be collected at the LEMSA level and submitted to the state. The data elements used in this report are listed below:

Data Element Number	Data Element Name	Accepts NOT Values	Is Nillable
eResponse.05	Type of Service Requested	No	No
eResponse.23	Response Mode to Scene	No	No
eTimes.03	Unit Notified by Dispatch Date/Time	No	No
eTimes.06	Unit Arrived on Scene Date/Time	Yes	Yes
eTimes.09	Unit Left Scene Date/Time	Yes	Yes
eTimes.11	Patient Arrived at Destination Date/Time	Yes	Yes
ePatient.13	Gender	Yes	Yes
ePatient.14	Race	Yes	Yes
ePatient.15	Age	Yes	Yes
ePatient.16	Age Units	Yes	Yes
eSituation.09	Primary Symptom	Yes	Yes
eSituation.11	Providers Primary Impression	Yes	Yes
eInjury.01	Cause of Injury	Yes	Yes
eDisposition.27	Unit Disposition	No	No
eDisposition.21	Type of Destination	Yes	Yes
eDisposition.30	Transport Disposition	Yes	Yes
dAgency.09	Primary Type of Service	No	No
dAgency.11	Agency Level of Service	No	No
dAgency.13	Organizational Type	No	No

NOT Values and Nillable

The NEMESIS version 3.5 data standard has four usage levels indicating when the data element is expected to be collected:

- **Mandatory:** Must be completed and does not allow for “NOT” values
- **Recommended:** Does not need to be completed and allows “NOT” values
- **Optional:** Does not need to be completed and does not allow for “NOT” values
- **Required:** Must be completed and allows for “NOT” values
- Most of the data elements in this report have a *Required* status, meaning the system will accept “NOT” values. The “NOT” values include:
 - Not Applicable
 - Not Recorded
 - Not Reporting
 - Not Available
 - Not Known

“Is nillable” is an indication that the element can accept a “blank value”.

DATA ANALYSIS - TRAUMA

Trauma data presented in this report was collected in CEMSIS – Trauma based on the 2024 National Trauma Data Standard (NTDS).

The trauma data in this report was run on April 14, 2025.

Limitations of Analysis – Trauma Data

In CY 2024, CEMSIS – Trauma received data from all 81 designated trauma hospitals in California. Trauma data is not submitted to LEMSAs or EMSA after care of a trauma patient has been completed immediately, rather, submission varies based on hospitals and can take up to six months to receive trauma data into CEMSIS – Trauma.

Selected Trauma Data Elements

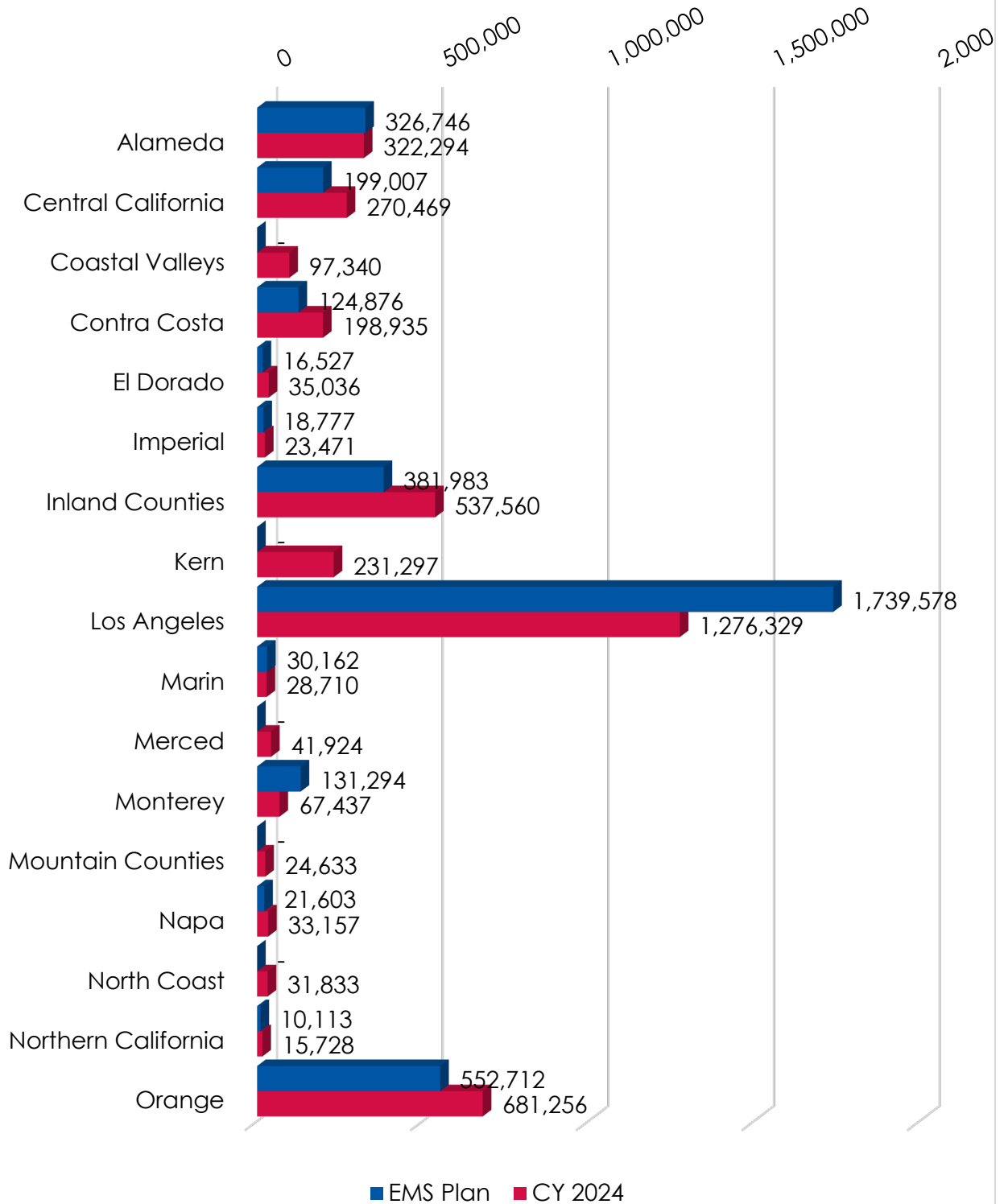
This report presents nine related charts comprised of NTDB data elements (trauma data). Data elements are required to be collected at the LEMSA level and submitted to the state. The NTDB data elements used in this report are listed below:

Data Element Name	Accepts NOT Values	Is Nillable
ICD-10 Primary External Cause Code	No	No
ED/Hospital Arrival Date	No	No
Age	No	No
Age Units	No	No
ED Discharge Disposition	Yes	No

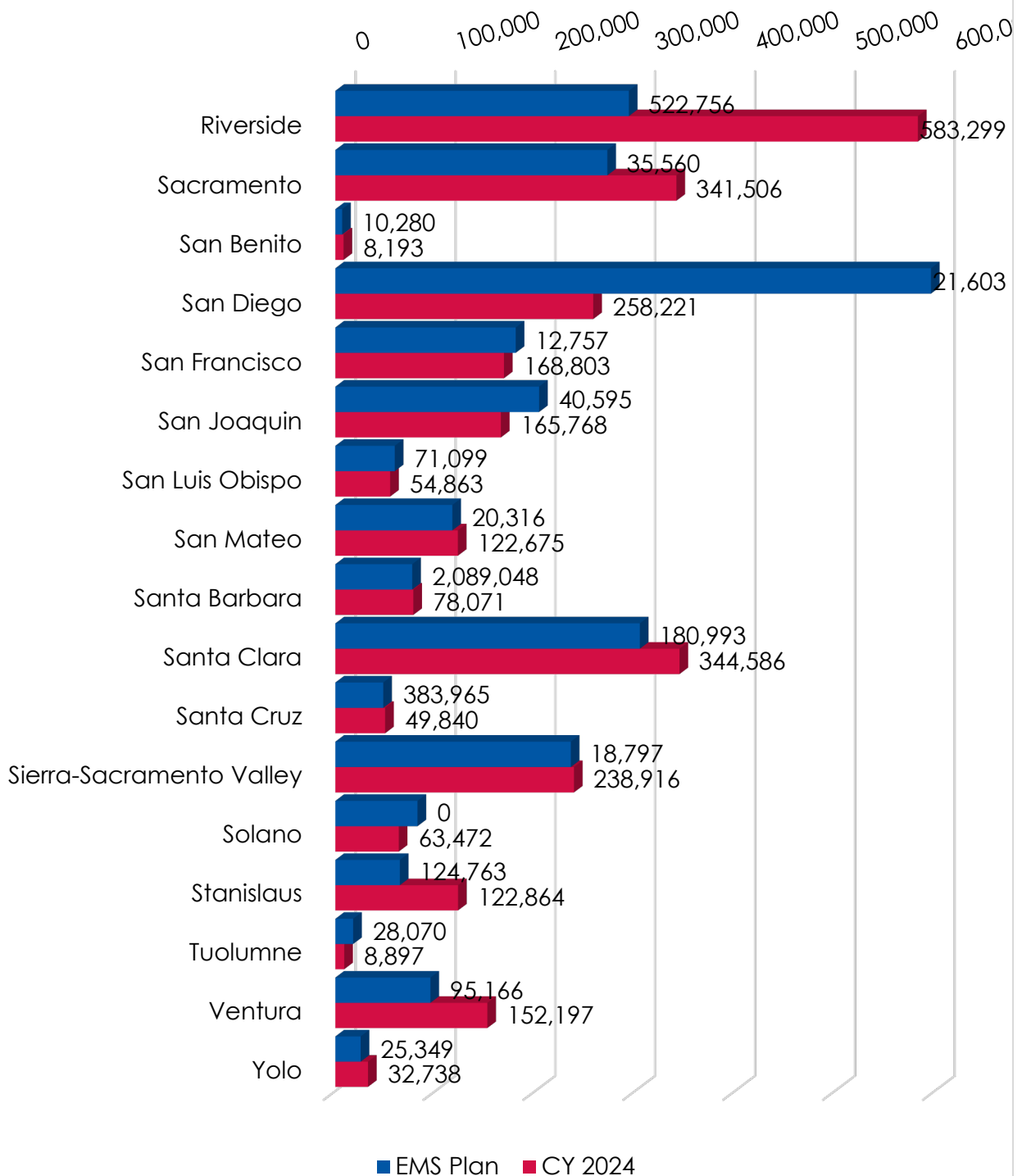
SECTION 1: LEMSA EMS DATA

In creating the table below, the EMS Authority drew from two sources. The first source is information provided by LEMSAs in their most recent approved EMS Plan Submissions. The second source is electronic EMS data sent by LEMSAs to CEMSIS. These dual sources help to determine the degree to which the data submitted within the EMS Plans agrees with that received by CEMSIS. EMS Authority staff work with the LEMSAs to determine the sources of these discrepancies.

**Chart 2: LEMSA EMS Plans and Reported Response
CY 2024**



**Chart 2: LEMSA EMS Plans and Reported Response
(Contd.)
CY 2024**



LEMSA Population

The 34 LEMSAs represent all 58 counties in the State of California. The United States Census Bureau estimated that California's population in 2020 was approximately 39,538,223.

Several LEMSA service areas are based on their specific geographical locations and population sizes, resulting in these service areas covering multiple counties. These multicounty agencies are:

- **Central California EMS Agency:** Fresno, Kings, Madera, and Tulare
- **Coastal Valleys EMS Agency:** Mendocino and Sonoma
- **Inland Counties Emergency Medical Agency (ICEMA):** Inyo, Mono, and San Bernardino
- **Mountain Counties EMS Agency:** Alpine, Amador, Calaveras, and Mariposa
- **North Coast EMS Agency:** Del Norte, Humboldt, and Lake
- **Northern California EMS Agency:** Lassen, Modoc, Plumas, Sierra, and Trinity
- **Sierra-Sacramento Valley EMS Agency:** Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba

Local EMS Agencies in California

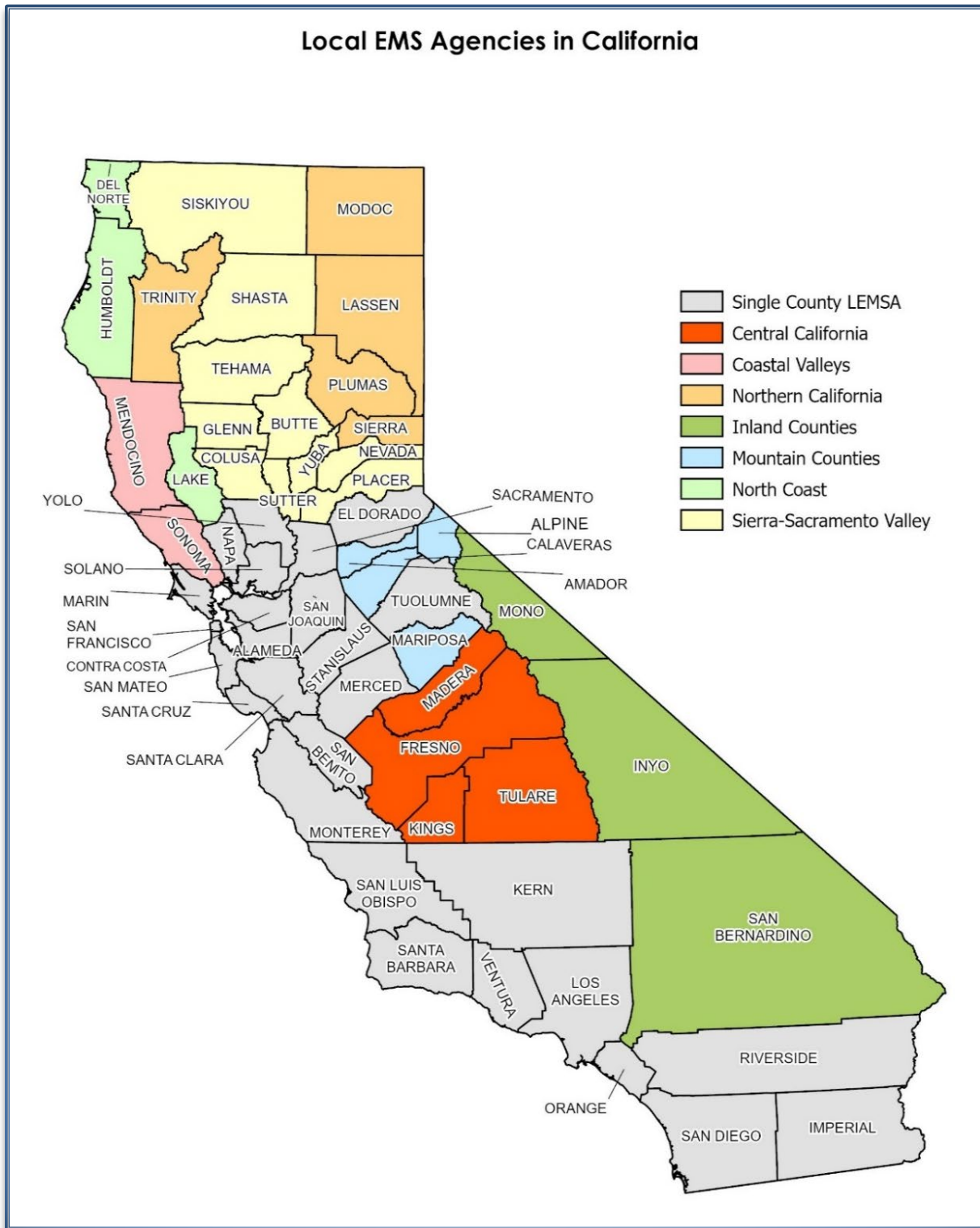
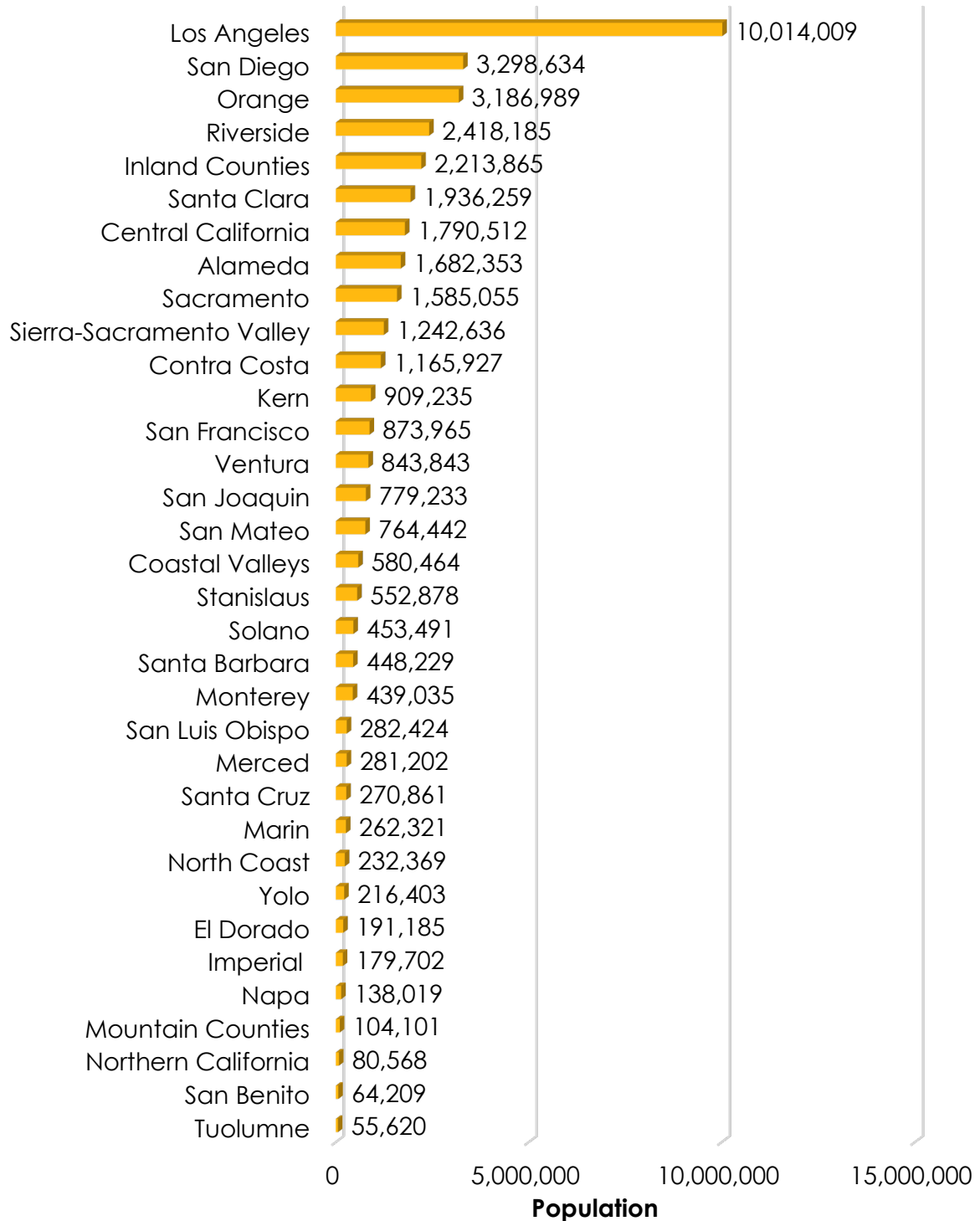
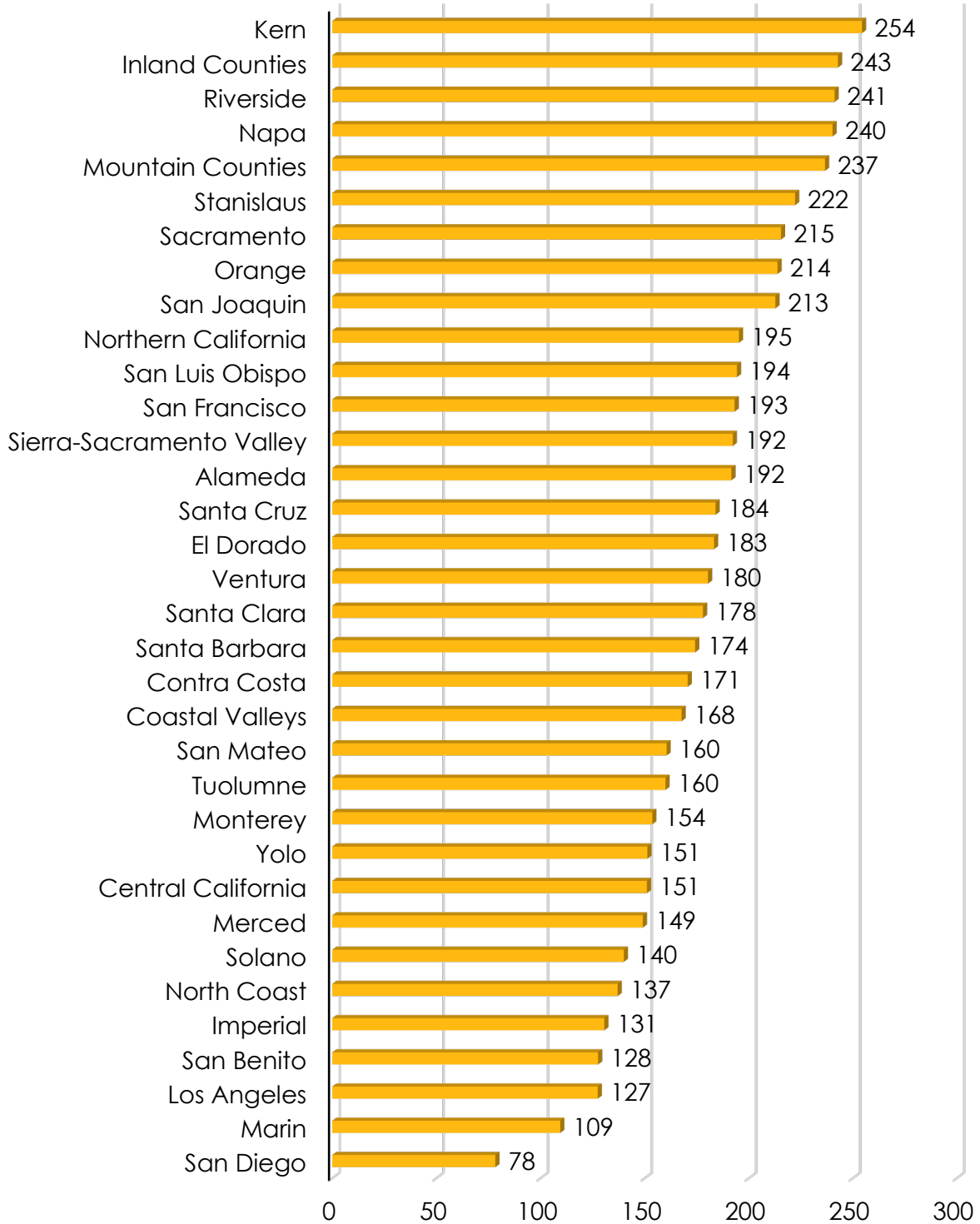


Chart 3: Population Count



**Chart 4: LEMSA EMS Responses Per 1,000 Population
CY 2024**

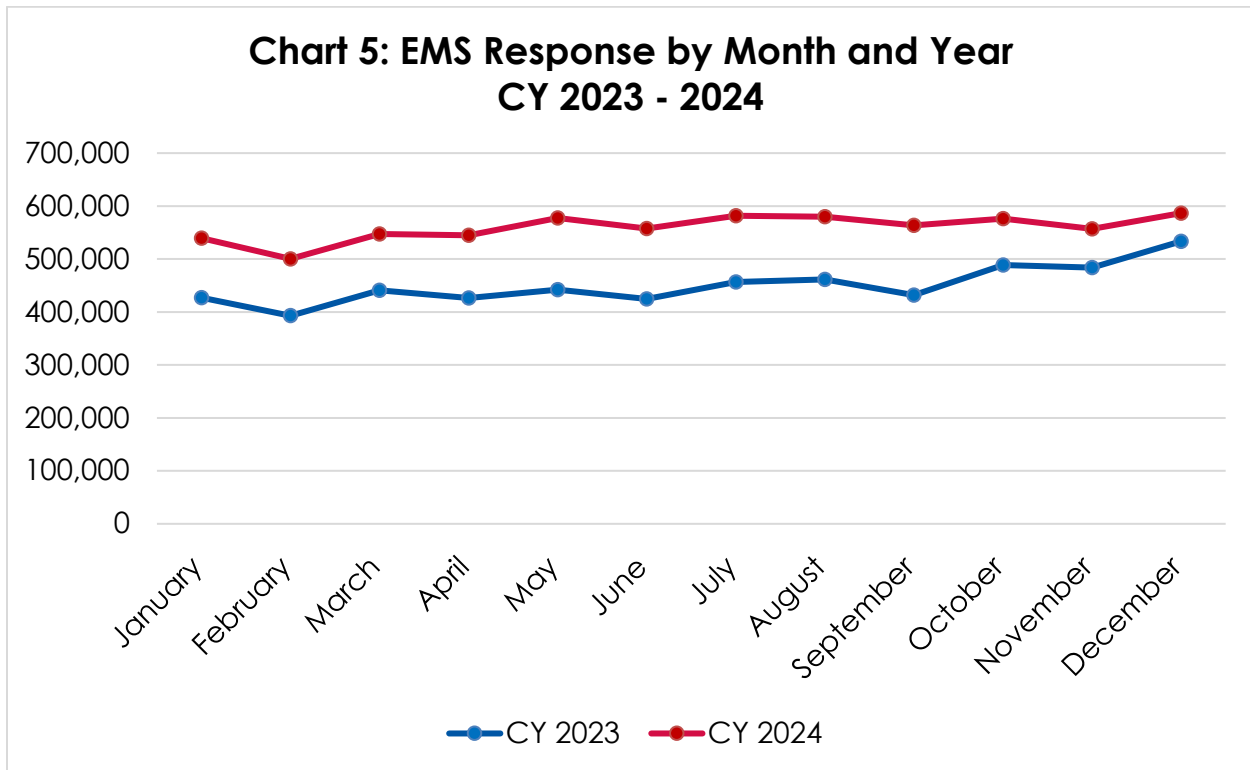


SECTION 2: STATEWIDE EMS RESPONSE DATA

In CY 2024, CEMSIS received a total of 6,712,318 EMS responses, this represents a 24% (1,302,626) increase in the total number of EMS responses submitted to CEMSIS compared to those submitted in CY 2023 (5,409,681). This increase is due to Los Angeles County EMS Agency submitting their EMS data at the end of 2023.

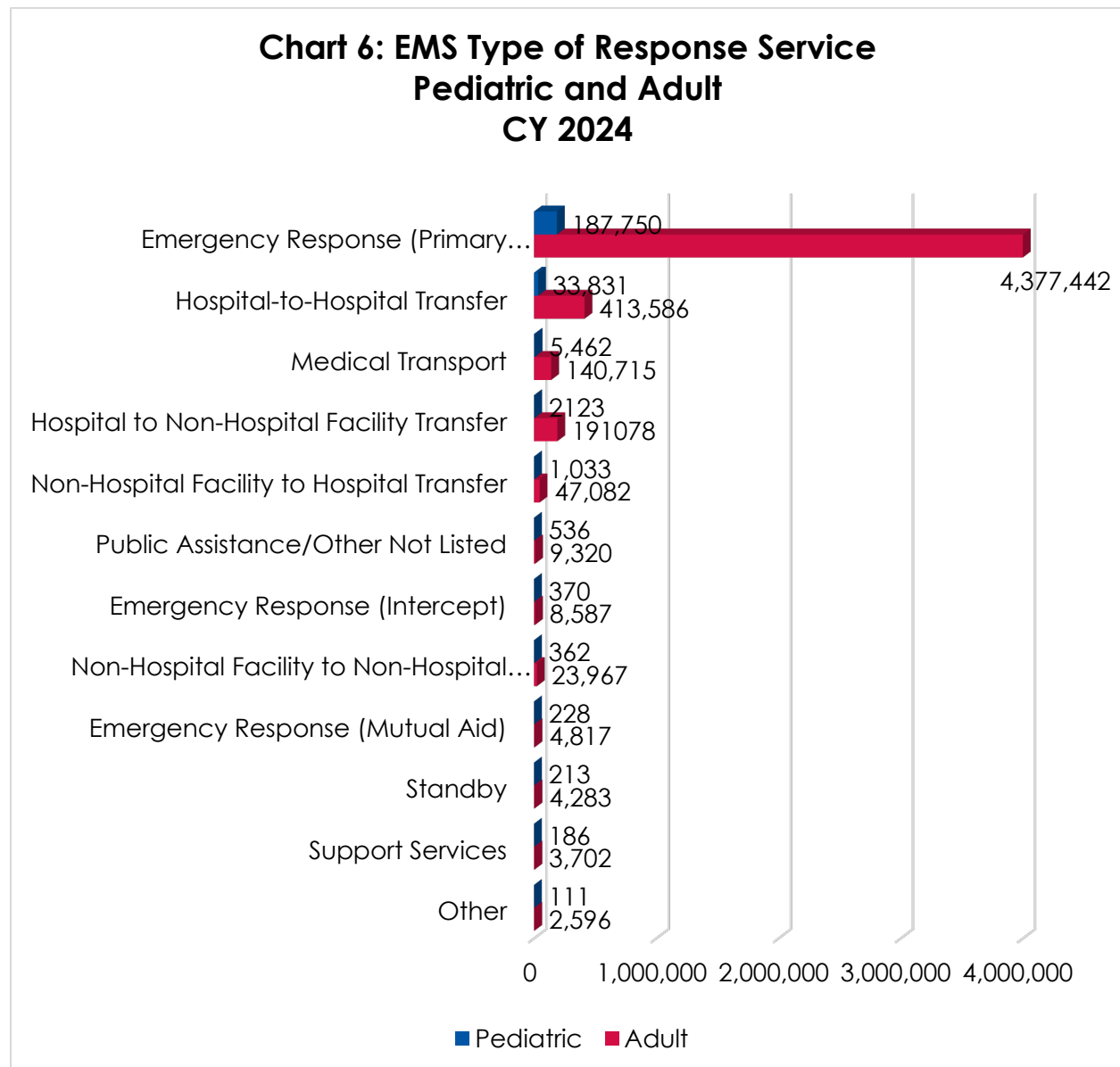
These EMS responses are comprised of the total number of all calls reported by EMS agencies into CEMSIS, including 9-1-1 Response, Interfacility Transfer, Medical Transport, Mutual Aid, etc.

In CY 2024, we saw the highest total number of EMS responses in December (586,460) and the lowest total reported in February (500,348).



**CY 2023 is included for comparative purpose and is the sum of V3.4 and V3.5 data.*

The highest type of service was Emergency Response (Primary Response Area) for both pediatrics (187,750) and adults (4,377,442). This is expected as all advanced life support providers are required by regulations to submit data into CEMSIS.

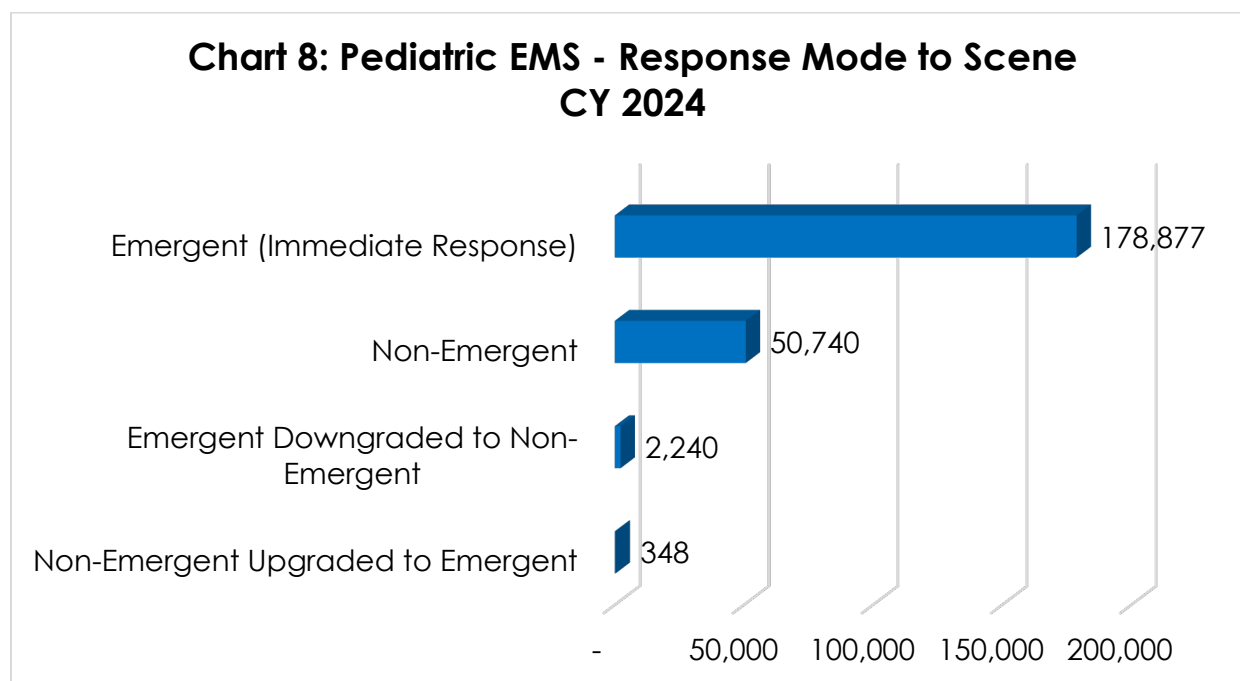
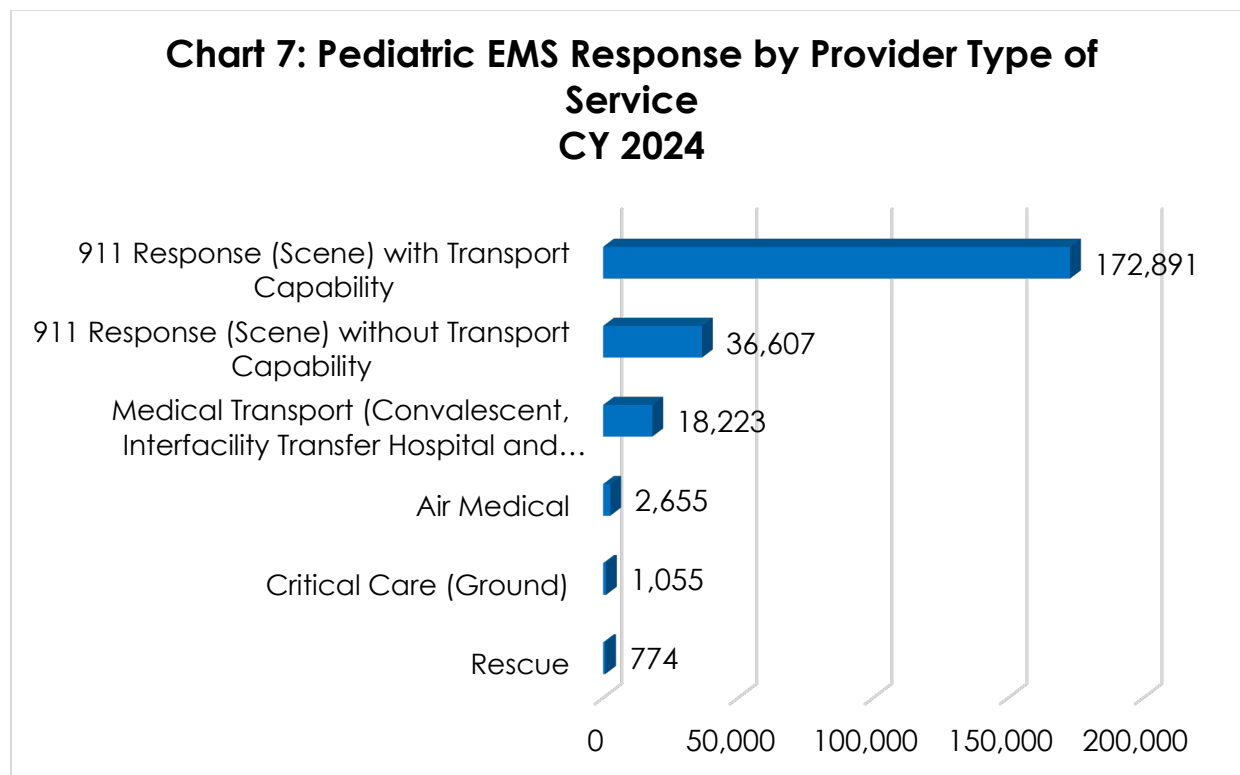


*Other includes Administrative Operations, Crew Transport Only, Evaluation for Special Referral/Intake Programs, MIHC/Community Paramedicine, Mortuary Services, Mutual Aid, Non-Patient Care Rescue/Extrication, Organ Transport.

**Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.

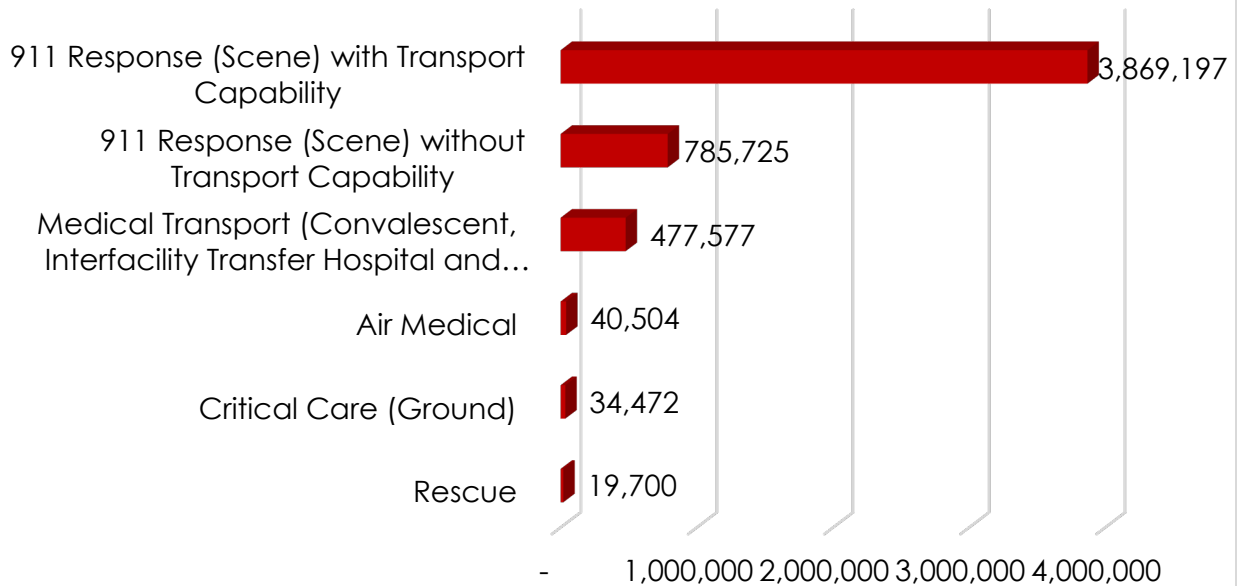
EMS Response – Pediatrics

The values for Pediatric are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.

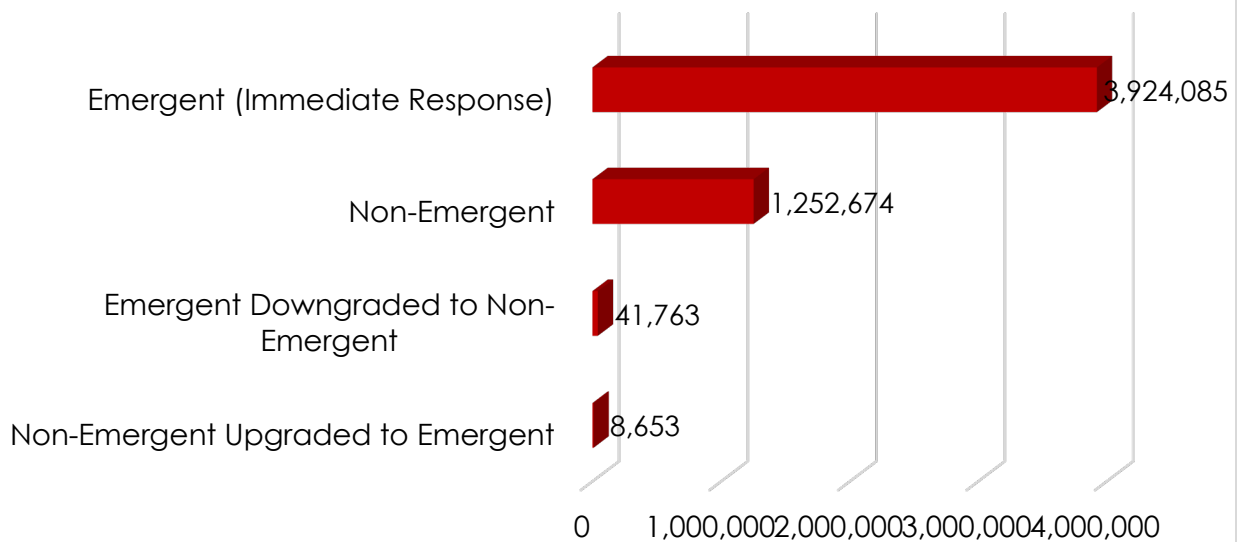


EMS Response – Adult

**Chart 9: Adult EMS Response by Provider Type of Service
CY 2024**



**Chart 10: Adult EMS Response - Mode to Scene
CY 2024**

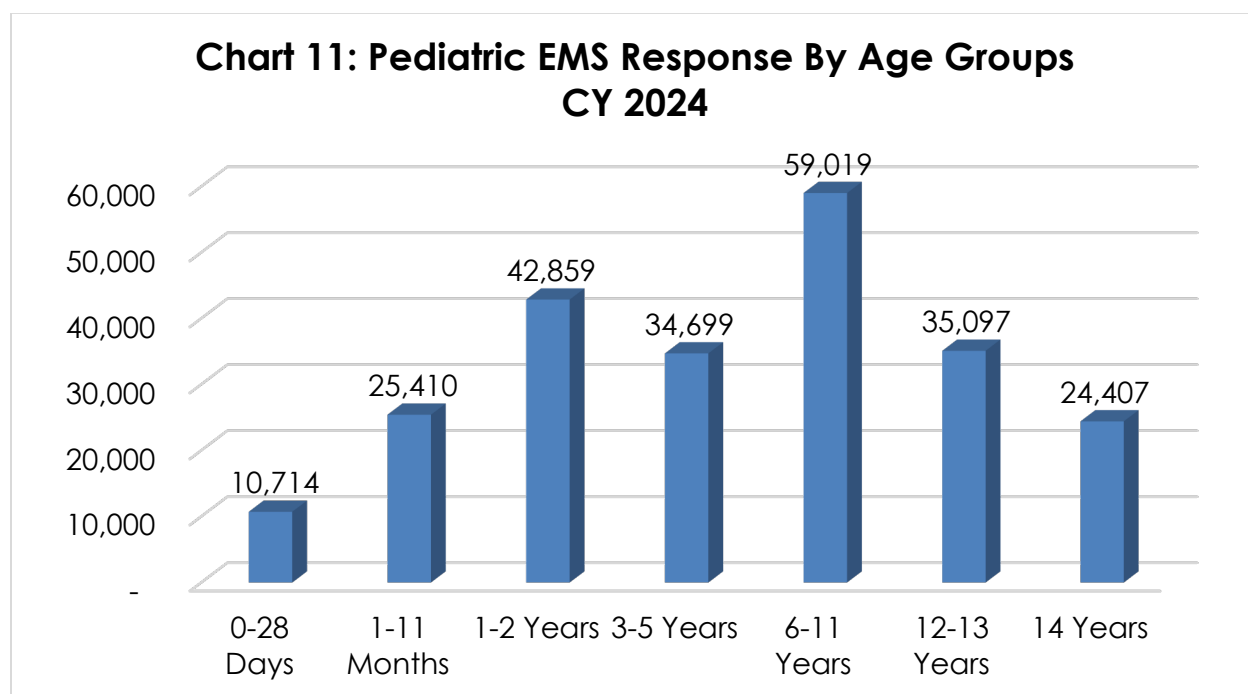


EMS Response Services - Demographics

Patient Demographics – Pediatrics

The age ranges chosen are based on the Emergency Medical Services for Children (EMSC) program. Displaying EMS data by age supports efforts to collect data for the EMSC program, which focuses on improving EMS services for patients ages zero through 14 years.

The values for Pediatric are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.



**Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.*

Chart 12: Pediatric EMS Responses - Patient Gender
CY 2024

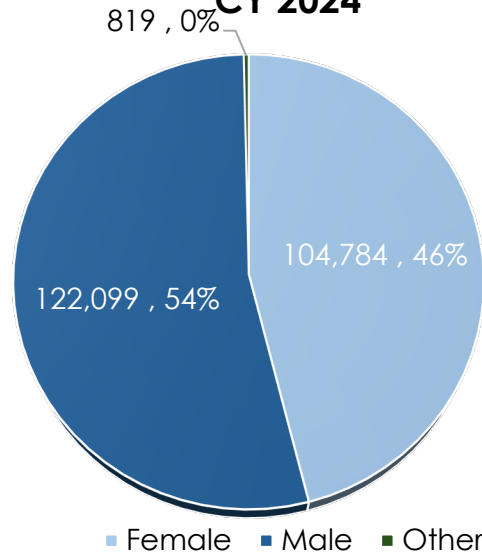
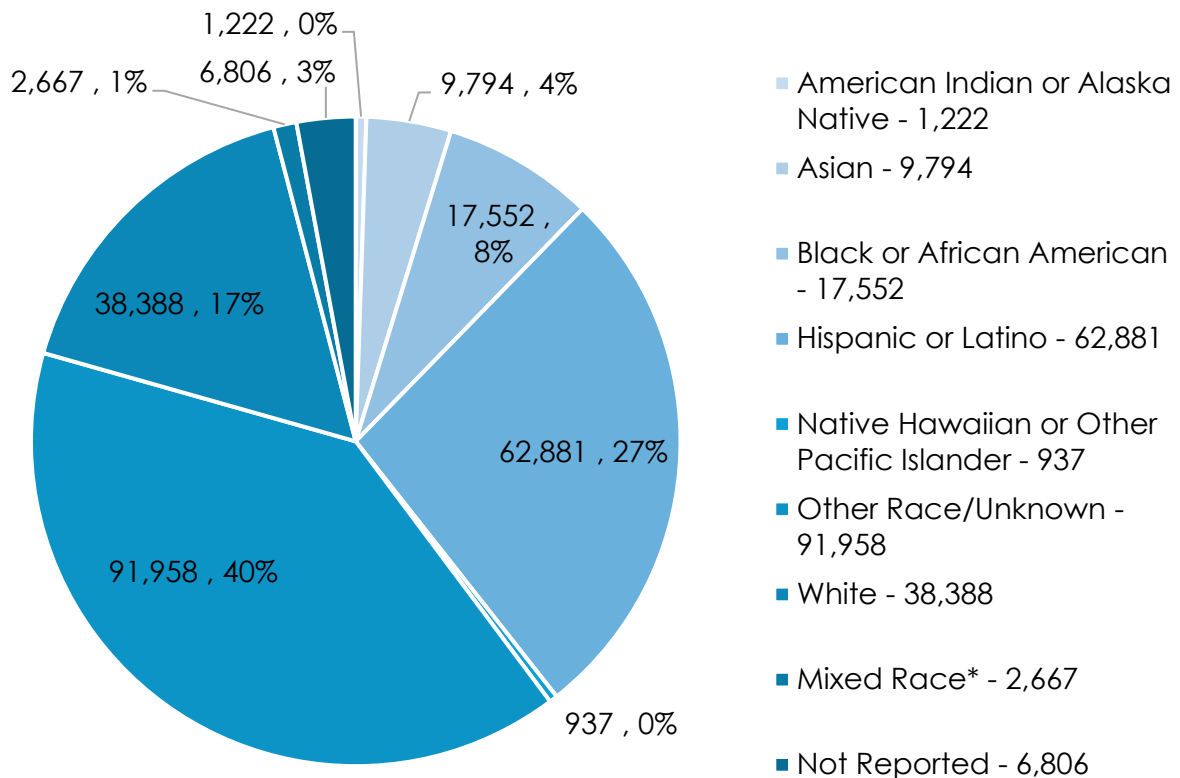


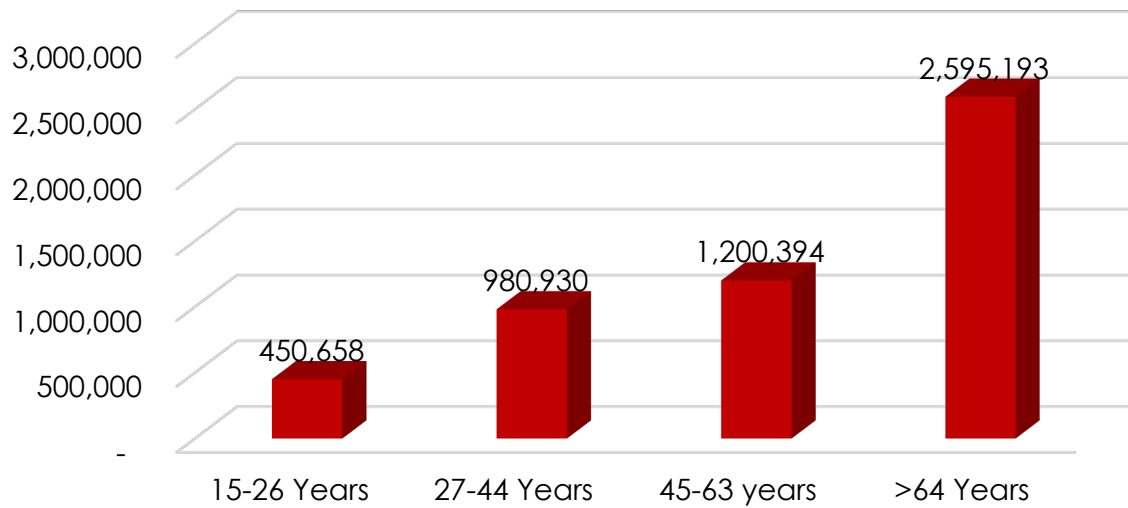
Chart 13: Pediatric EMS Responses - Patient Race



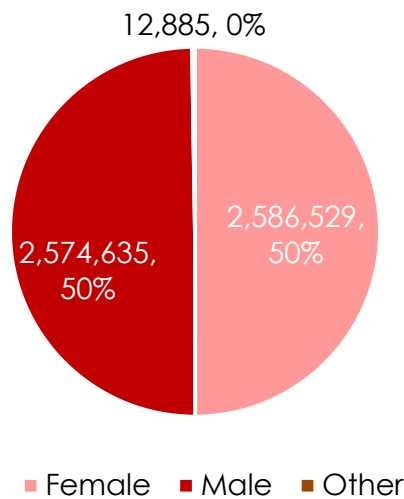
*Mixed race include patients that have two or more different races selected.

Patient Demographics – Adult

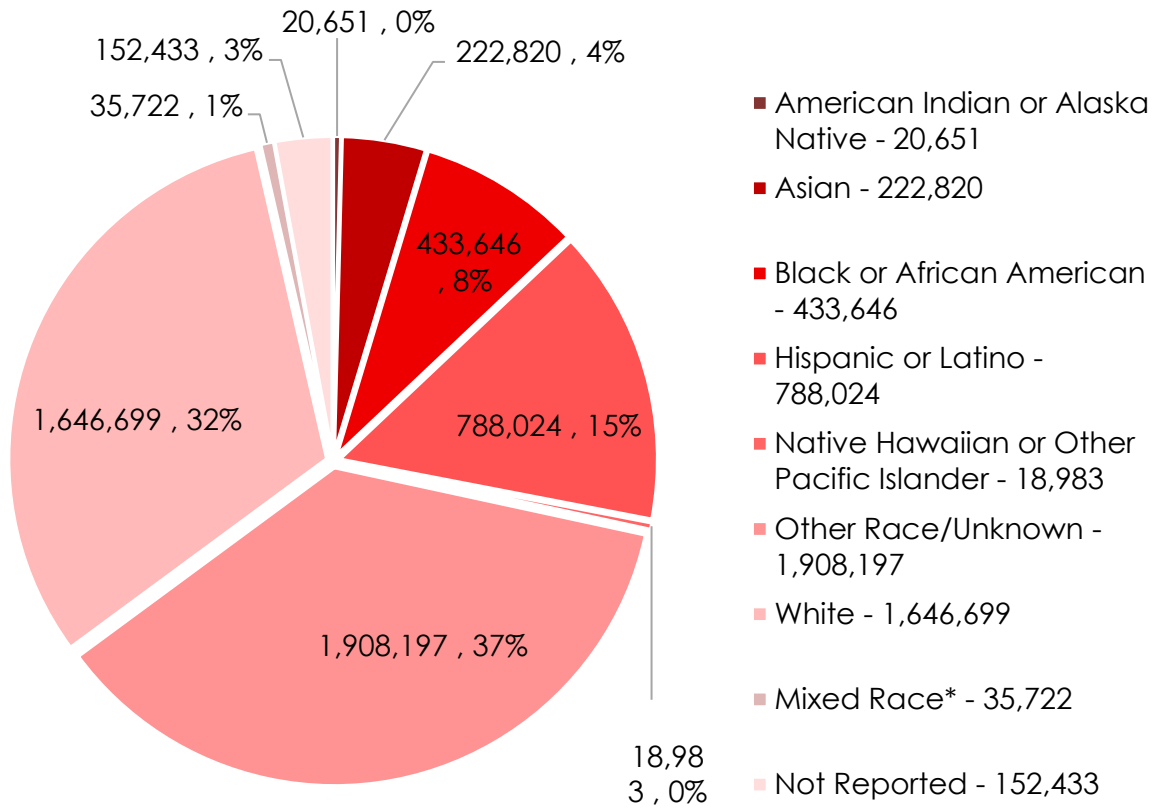
**Chart 14: Adult EMS Response by Age Groups
CY 2024**



**Chart 15: Adult EMS Response - Patient Gender
CY 2024**

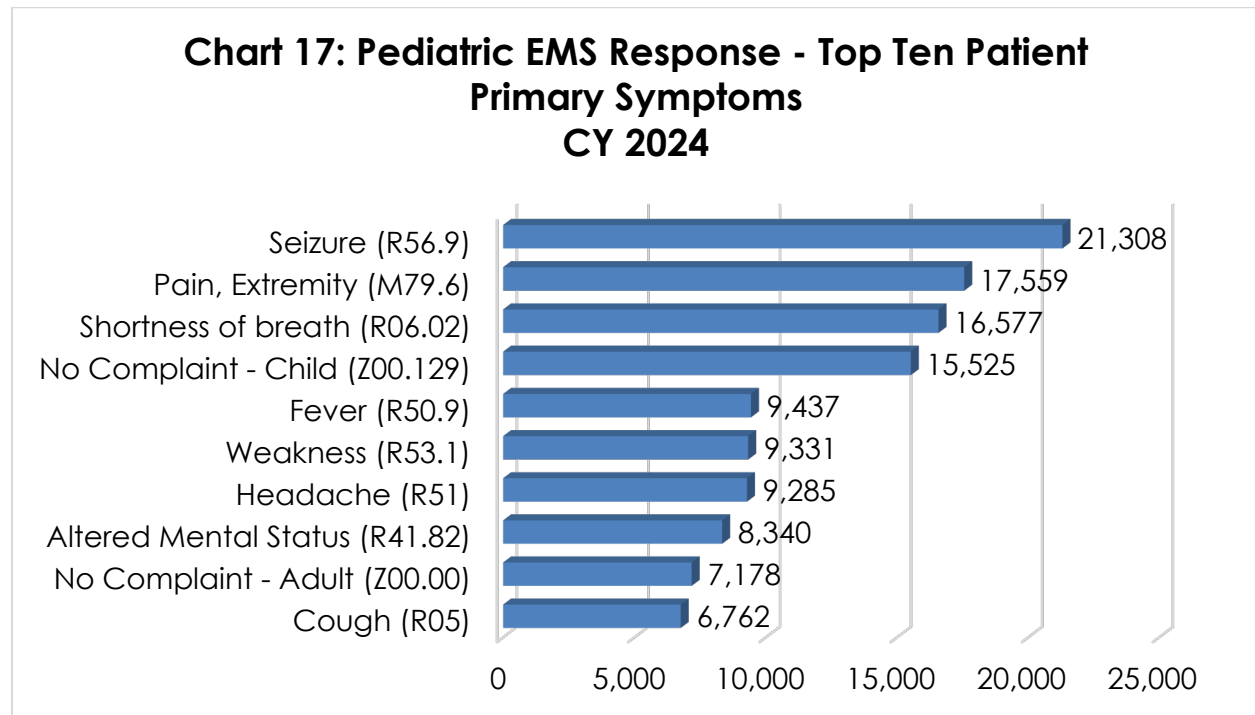


**Chart 16: Adult EMS Response - Patient Race
CY 2024**

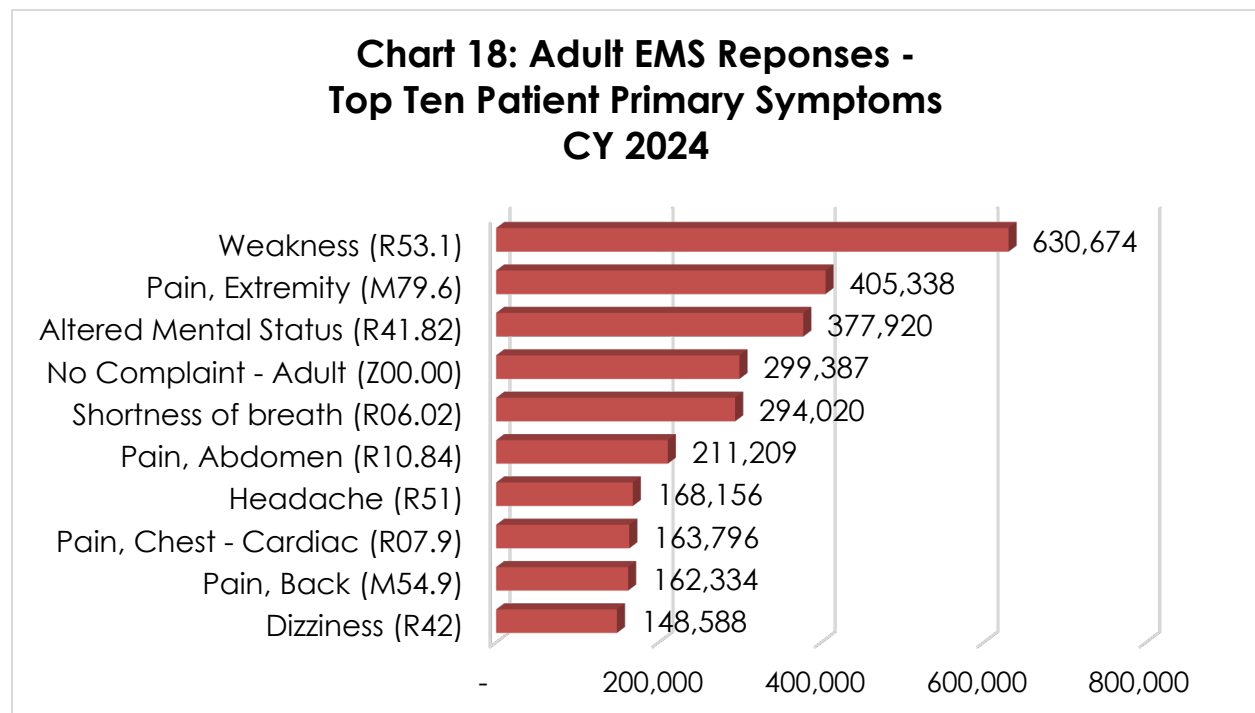


Providers Primary Symptom

The primary sign and symptom present in the patient or observed by EMS personnel.



**Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.*



Providers Primary Impression

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

There was a total of 232,205 records for pediatric primary impressions; 8,490 were Not Recorded or Not Applicable (4%).

Traumatic Injury was the most reported pediatric primary impression (19%).

**Table 1: Pediatrics EMS Responses - Top 20 Primary Impressions
CY 2024**

Primary Impression	Count
Traumatic Injury (T14.90)	44,344
Seizure - Post (G40.909)	23,879
No Medical Complaint (Z00.00)	19,741
Behavioral/Psychiatric Crisis (F99)	15,178
Respiratory Distress/Other (J80)	13,920
General Weakness (R53.1)	12,741
Abdominal Pain/Problems (GI/GU) (R10.84)	8,983
Fever (R50.9)	8,318
Non-Traumatic Body Pain (G89.1)	7,172
Cold/Flu Symptom (J00)	7,041
Respiratory Distress/Bronchospasm (J98.01)	7,027
Syncope/Near Syncope (R55)	6,352
Allergic Reaction (T78.40)	5,641
Nausea/Vomiting (R11.2)	5,474
Seizure - Active (G40.901)	4,597
ALOC - (Not Hypoglycemia or Seizure) (R41.82)	3,462
Pain/Swelling - Extremity - non-traumatic (M79.60)	3,175
Overdose/Poisoning/Ingestion (F19)	2,971
Airway Obstruction (T71.9)	2,807
Newborn (Z38.2)	2,182

**Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.*

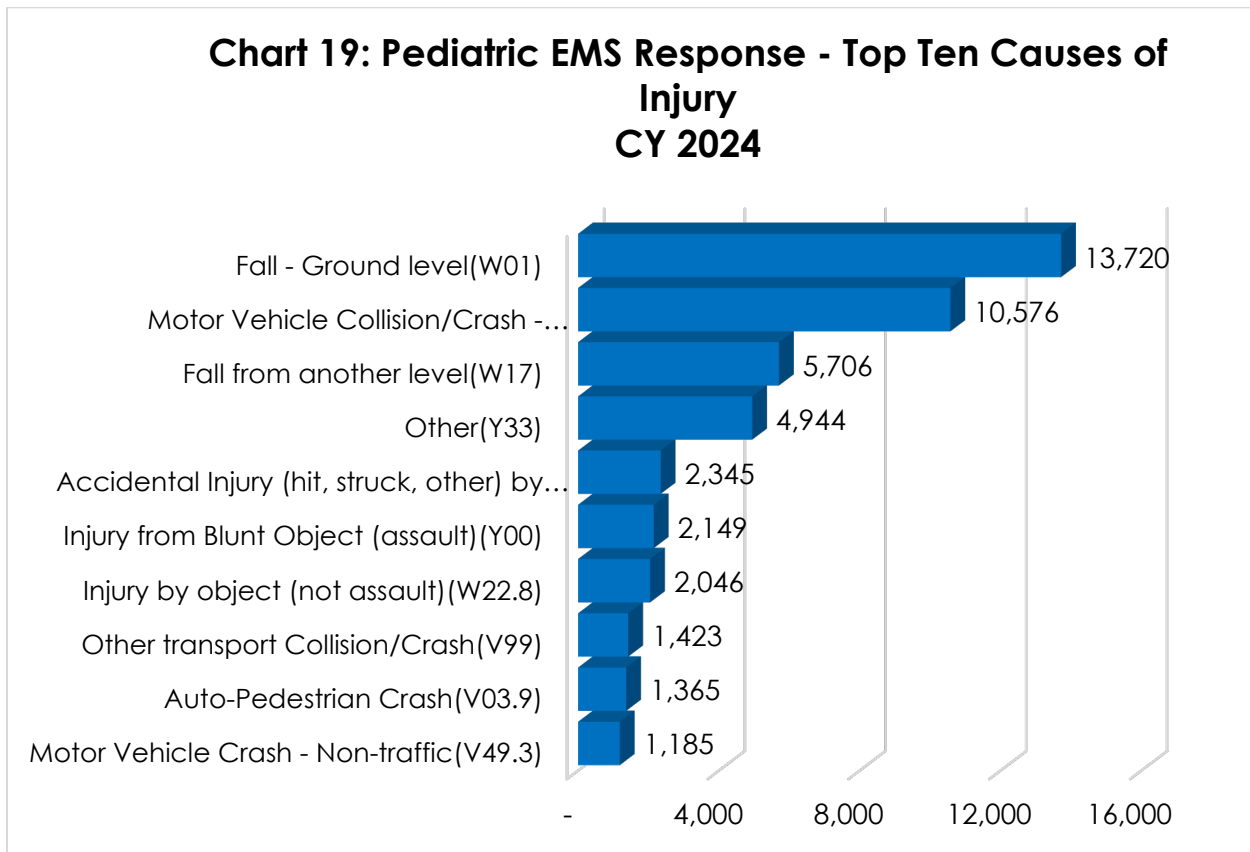
There was a total of 5,227,175 records for adult primary impressions; 174,559 were Not Recorded or Not Applicable (3%).

General Weakness was the most reported adult primary impression (14%).

Table 2: Adult EMS Responses - Top 20 Primary Impressions CY 2024	
Primary Impression	Count
General Weakness (R53.1)	715,585
Traumatic Injury (T14.90)	682,600
Non-Traumatic Body Pain (G89.1)	382,438
Abdominal Pain/Problems (GI/GU) (R10.84)	332,176
Behavioral/Psychiatric Crisis (F99)	319,505
No Medical Complaint (Z00.00)	314,921
ALOC - (Not Hypoglycemia or Seizure) (R41.82)	224,498
Respiratory Distress/Other (J80)	187,816
Syncope/Near Syncope (R55)	147,733
Pain/Swelling - Extremity - non-traumatic (M79.60)	141,136
Chest Pain - Suspected Cardiac (I20.9)	137,379
Nausea/Vomiting (R11.2)	120,530
Dizziness/Vertigo (R42)	111,384
Seizure - Post (G40.909)	99,246
Alcohol Intoxication (F10.92)	92,462
Chest Pain - Not Cardiac (R07.89)	87,342
Respiratory Distress/Bronchospasm (J98.01)	85,305
Stroke / CVA / TIA (I63.9)	82,957
Cold/Flu Symptom (J00)	75,464
Overdose/Poisoning/Ingestion (F19)	69,031

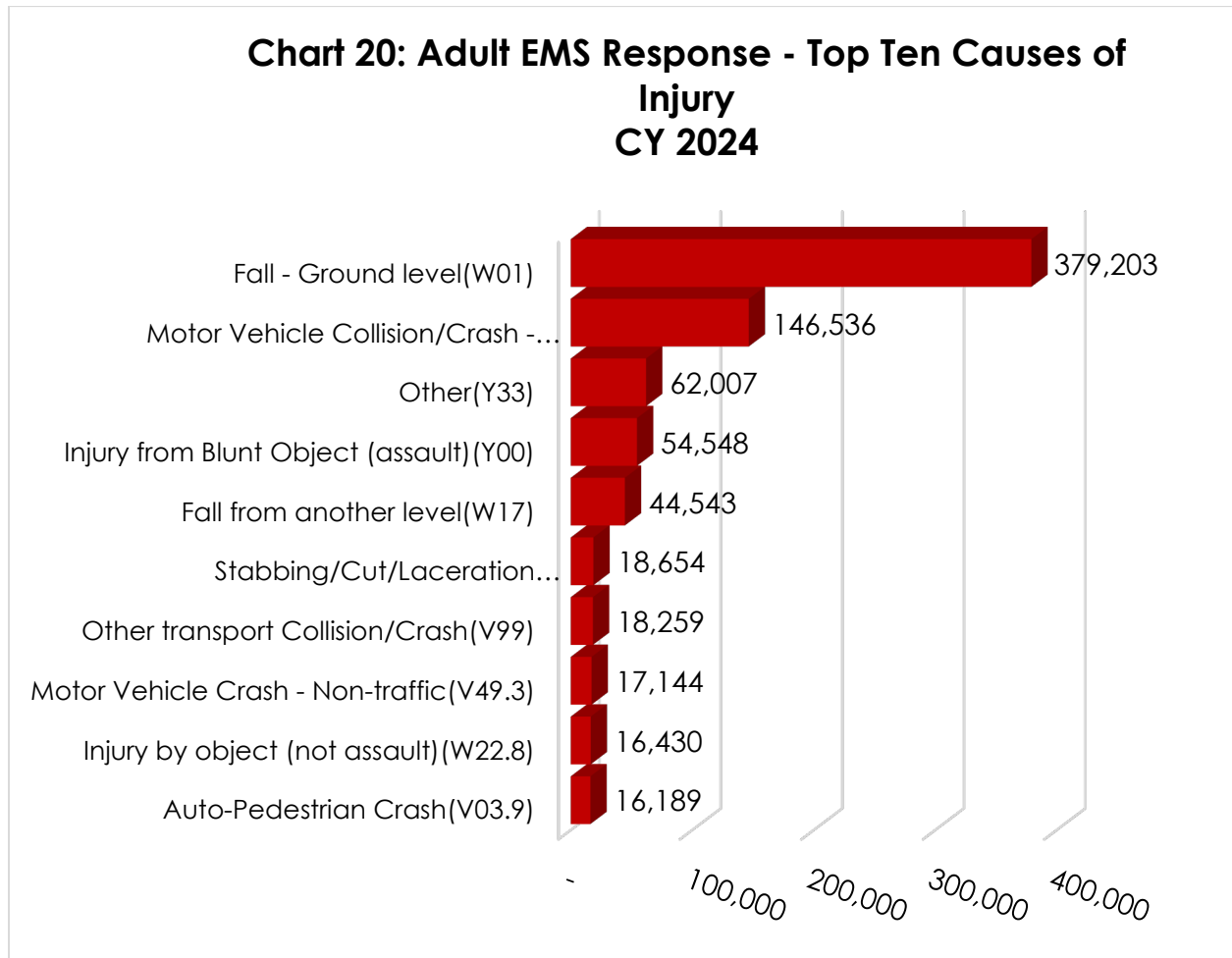
Cause of Injury - Pediatrics

Cause of Injury is the category of reported/suspected external cause of injury.



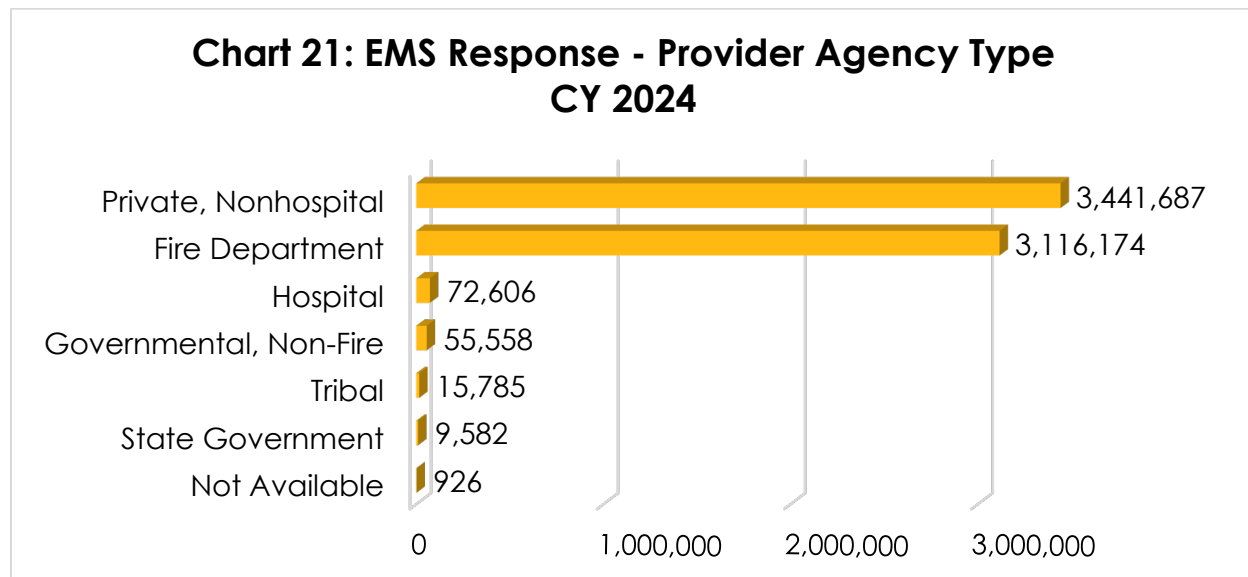
**Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.*

Cause of Injury – Adult



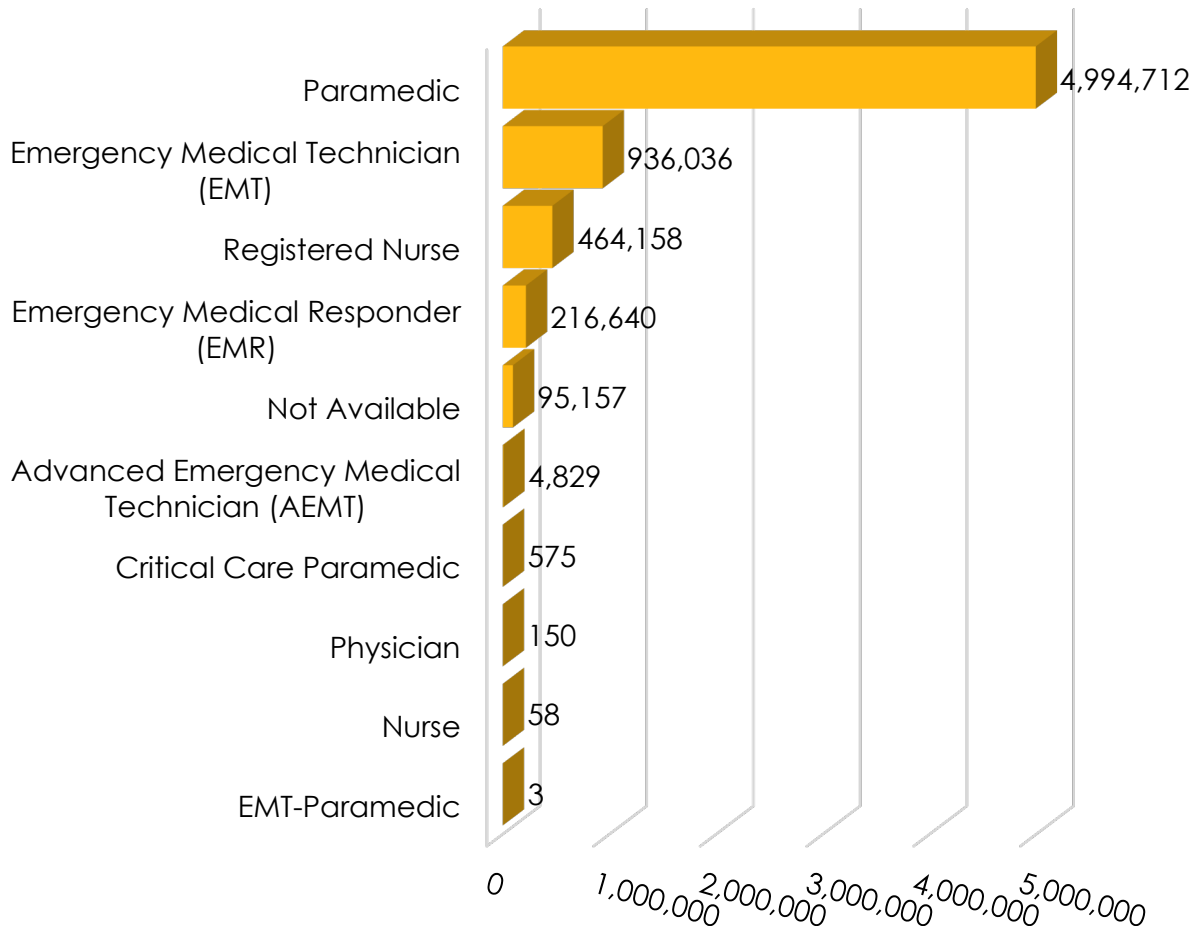
EMS PROVIDER AGENCIES

The Provider Agency Type is the agency type or organizational structure from which EMS services were delivered (fire, hospital, county, etc.)



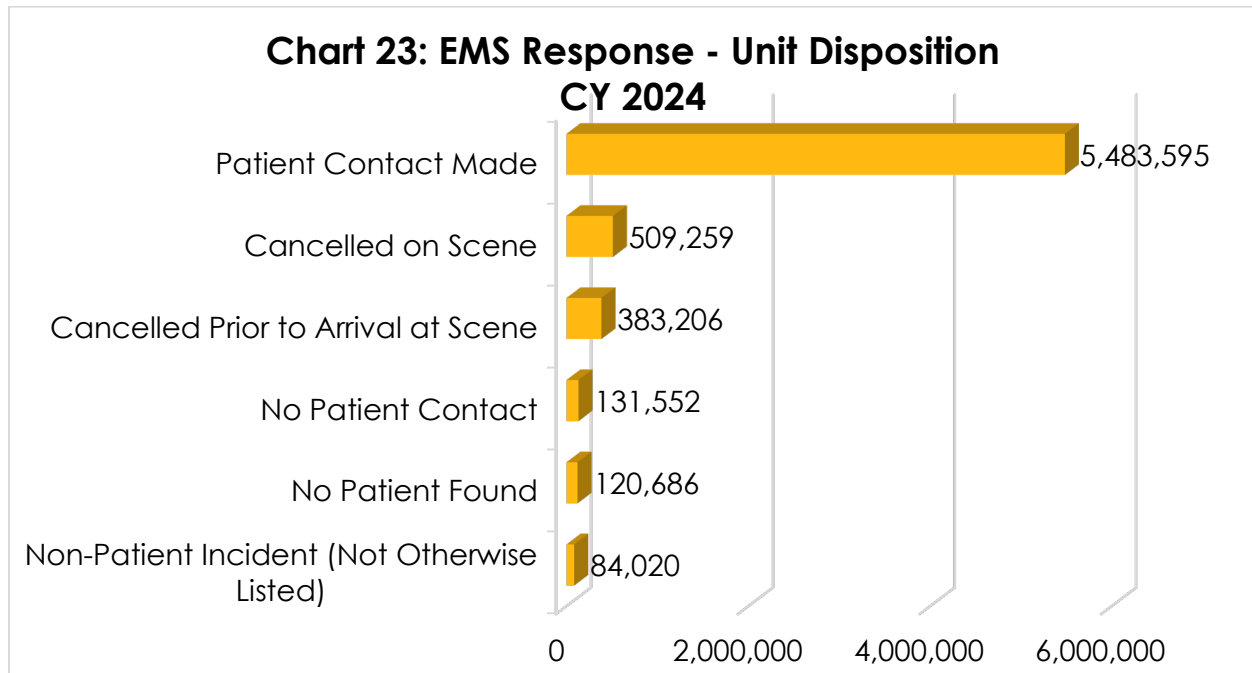
The Provider Agency Level of service is the level of service which the agency provides EMS care for every request for service. The levels shown are entered at the provider level.

**Chart 22: EMS Response - Provider Agency Level of Service
CY 2024**

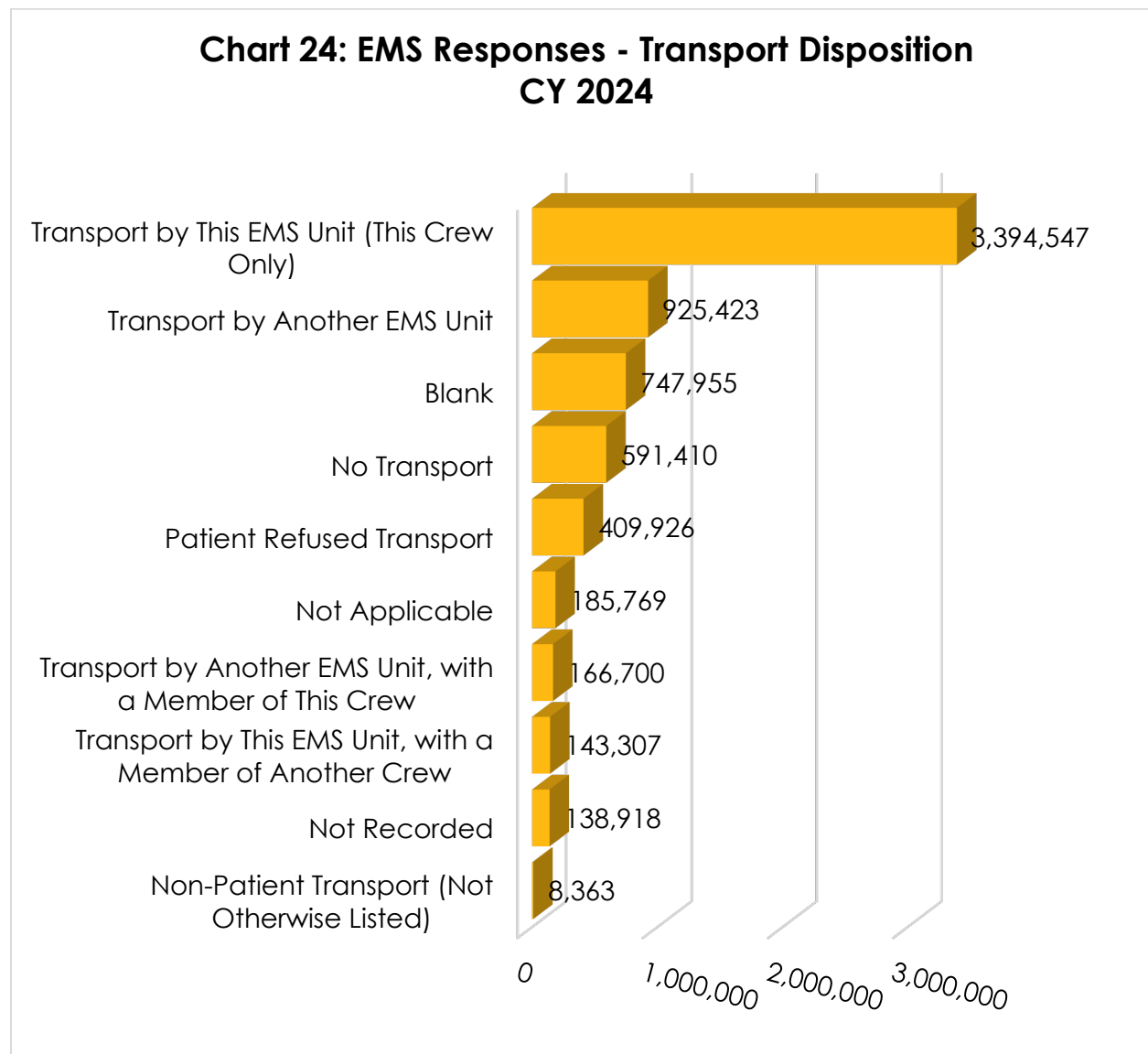


Dispositions

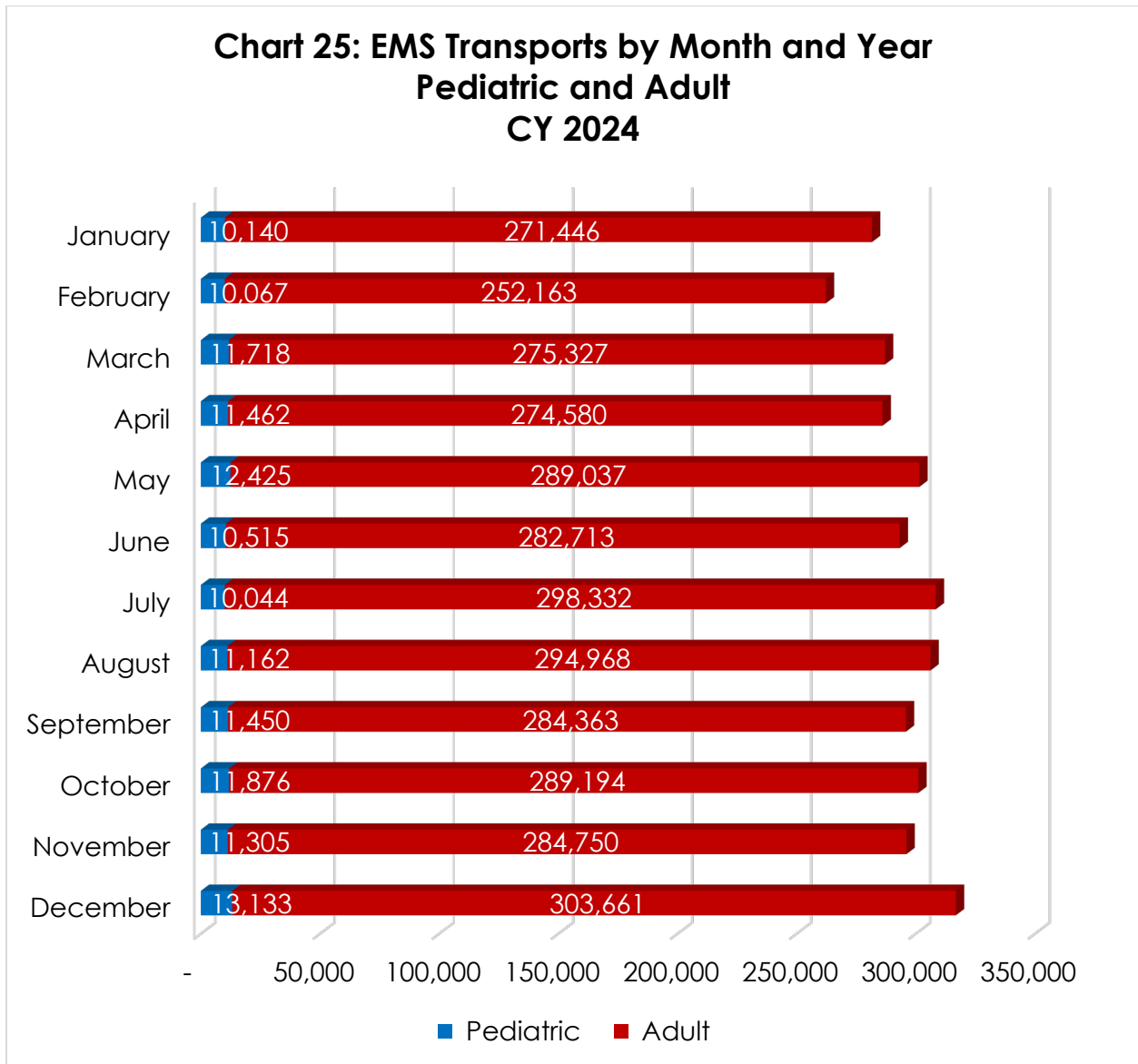
Unit Dispositions is the patient disposition for an EMS event identifying whether patient contact was made.



Transport disposition is for an EMS event identifying whether a transport occurred and by which unit. This data element was previous part of eDisposition.12 in V3.4, which has since been retired.

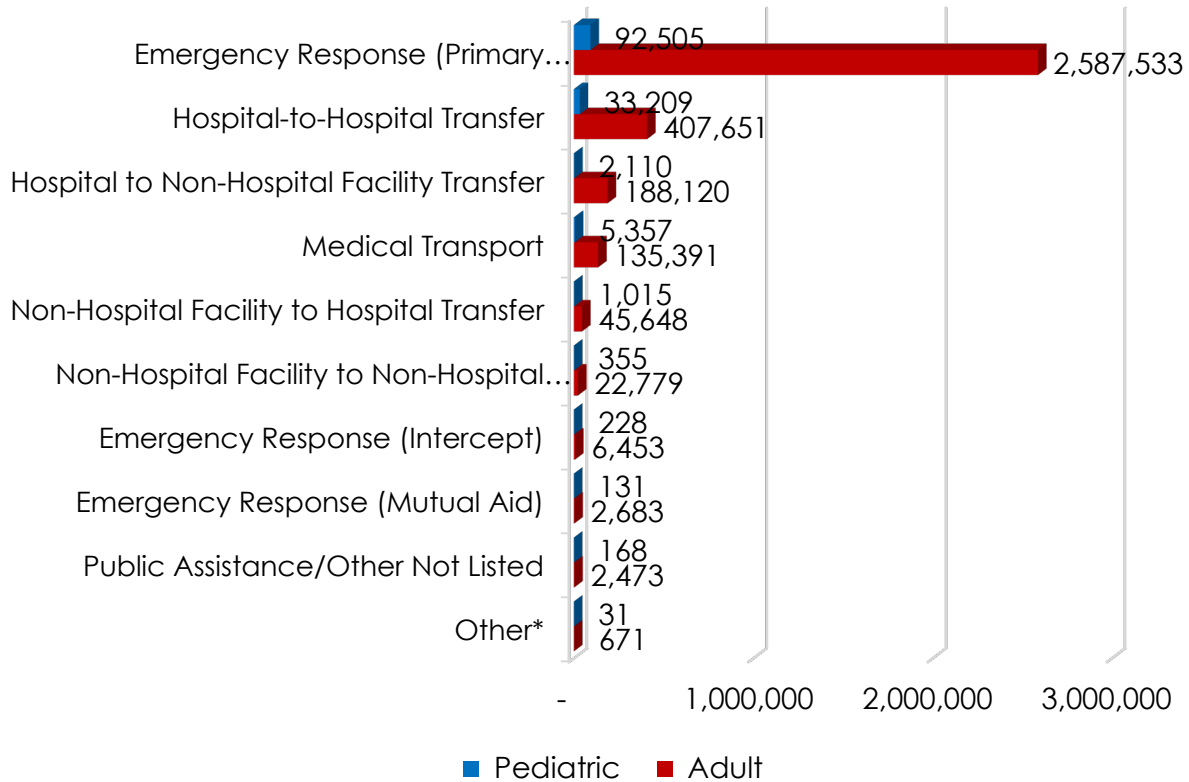


SECTION 3: STATEWIDE EMS TRANSPORT DATA



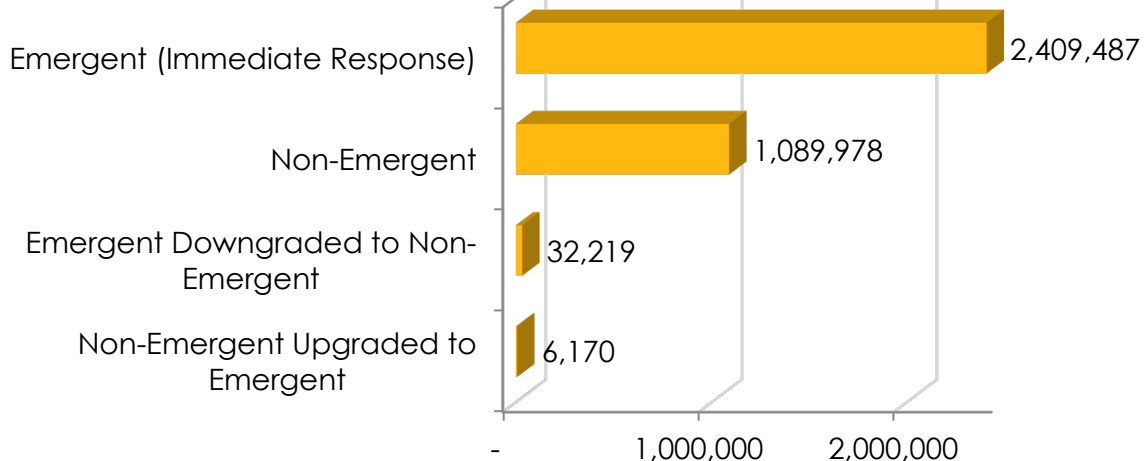
**Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.*

**Chart 26: EMS Transports - Type of Service Requested
Pediatric and Adult
CY 2024**



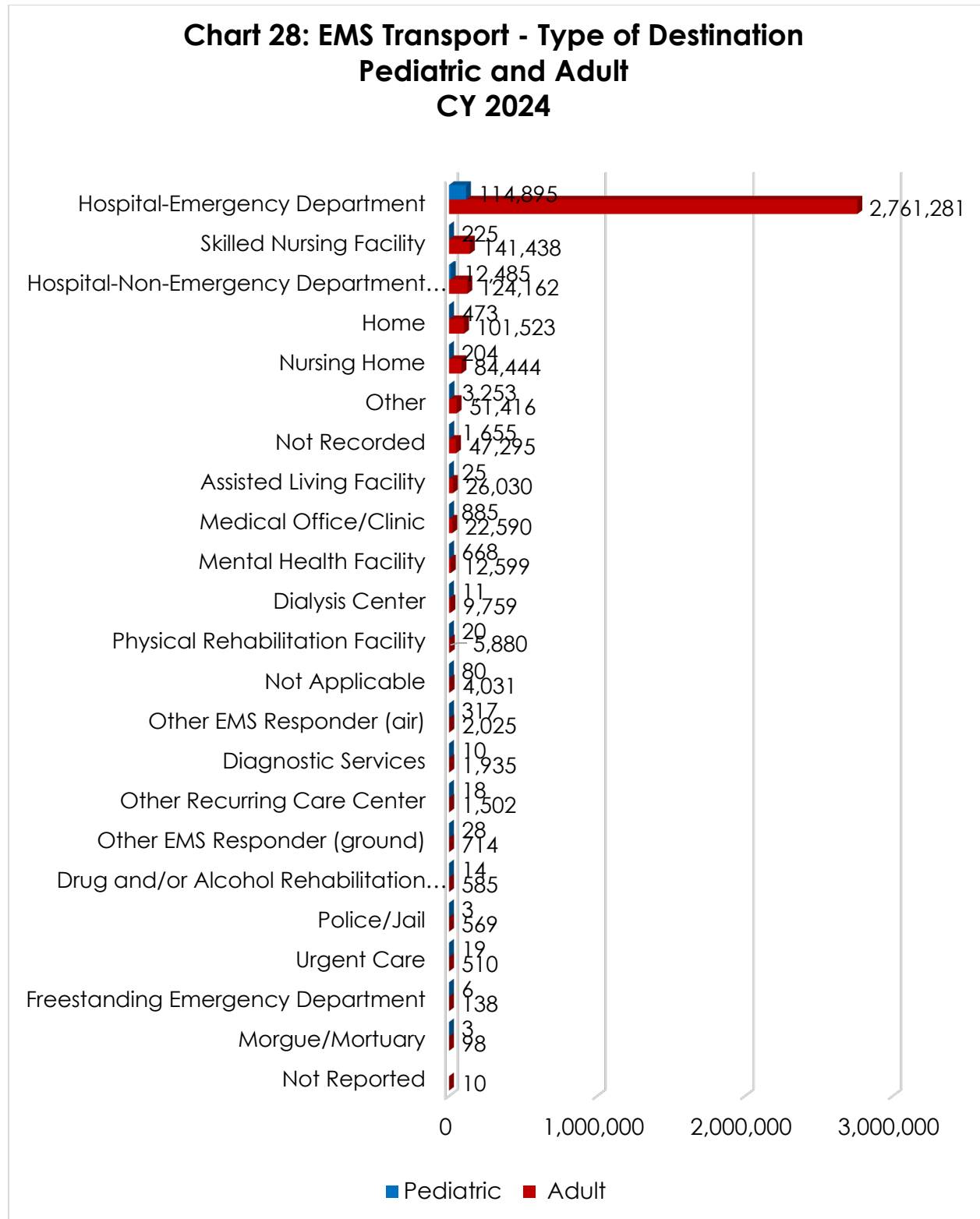
*Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.

**Chart 27: EMS Transport Mode Scene
CY 2024**



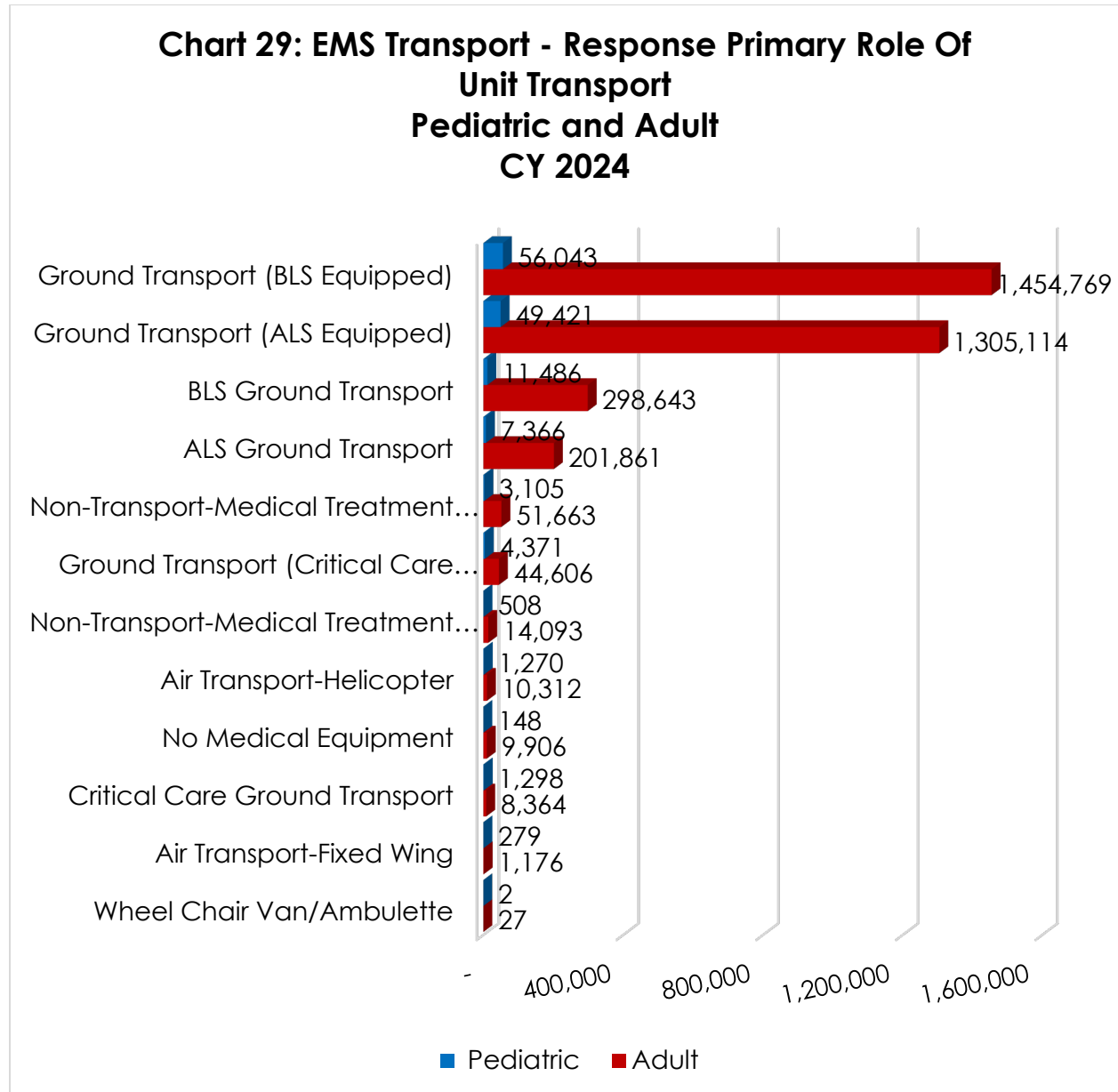
EMS Transport Destinations

**Chart 28: EMS Transport - Type of Destination
Pediatric and Adult
CY 2024**



*Pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.

Primary Role of Provider Agency Transport



EMS Transport Time

EMS Times: Adult

Response Time is calculated by (Time of Dispatch to Time Arrived at Scene)

Scene Time is calculated by (Time Arrived at Scene to Time left Scene)

Transport Time is calculated by (Time Left Scene to Time Arrived at Hospital)

Table 3: EMS Transport Times (Median) of Adult Patients CY 2024			
Primary Impression	Response Time	Scene Time	Transport Time
Chest Pain - STEMI	0:06:55	0:14:27	0:12:00
Non-Traumatic Body Pain	0:08:17	0:14:24	0:13:23
Stroke / CVA / TIA	0:06:59	0:14:19	0:11:01
Traumatic Injury (T14.90)	0:07:19	0:14:07	0:13:02

Table 4: EMS Transport Times (90th Percentile) of Adult Patients CY 2024			
Primary Impression	Response Time	Scene Time	Transport Time
Chest Pain - STEMI	0:19:20	0:28:51	0:33:17
Non-Traumatic Body Pain	0:25:50	0:33:25	0:29:38
Stroke / CVA / TIA	0:18:47	0:27:46	0:27:47
Traumatic Injury	0:16:28	0:27:06	0:28:28

EMS Times: Pediatric

Transport Time is calculated by (Time Left Scene to Time Arrived at Hospital)

Scene Time is calculated by (Time Arrived at Scene to Time left Scene)

Response Time is calculated by (Time of Dispatch to Time Arrived at Scene)

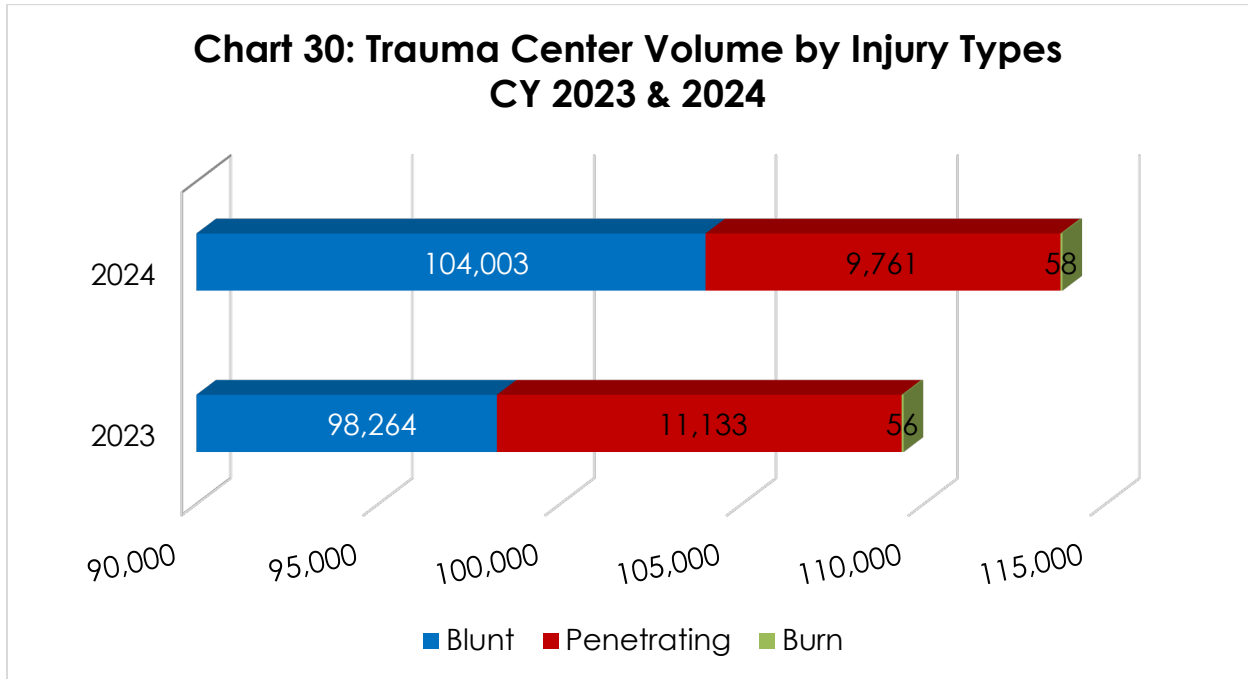
The values for pediatrics are derived only from patients 14 and under; no other filters are used and have not gone through a cleaning process.

Table 5: EMS Transport Times (Median) of Pediatric Patients CY 2024			
Primary Impression	Response Time	Scene Time	Transport Time
Behavioral/Psychiatric Crisis	0:13:19	0:18:09	0:22:00
Non-Traumatic Body Pain	0:08:06	0:16:18	0:19:10
Stroke / CVA / TIA	0:06:47	0:12:00	0:13:54
Traumatic Injury	0:07:11	0:13:55	0:16:25

Table 6: EMS Transport Times (90 th Percentile) of Pediatric Patients CY 2024			
Primary Impression	Response Time	Scene Time	Transport Time
Behavioral/Psychiatric Crisis	0:50:34	0:37:49	1:38:13
Non-Traumatic Body Pain	0:43:12	0:40:39	0:58:00
Stroke / CVA / TIA	0:13:34	0:20:51	0:30:13
Traumatic Injury	0:17:50	0:28:00	0:38:45

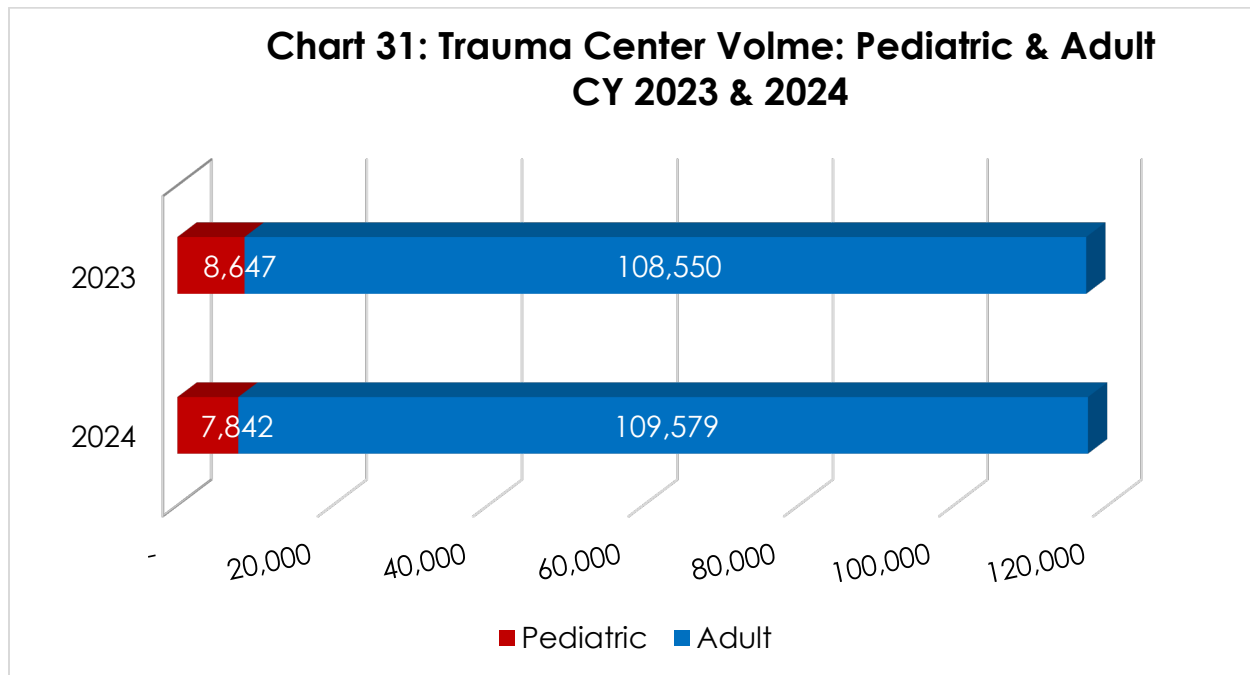
SECTION 4: STATEWIDE TRAUMA DATA

Trauma Center Volume: Injury Types

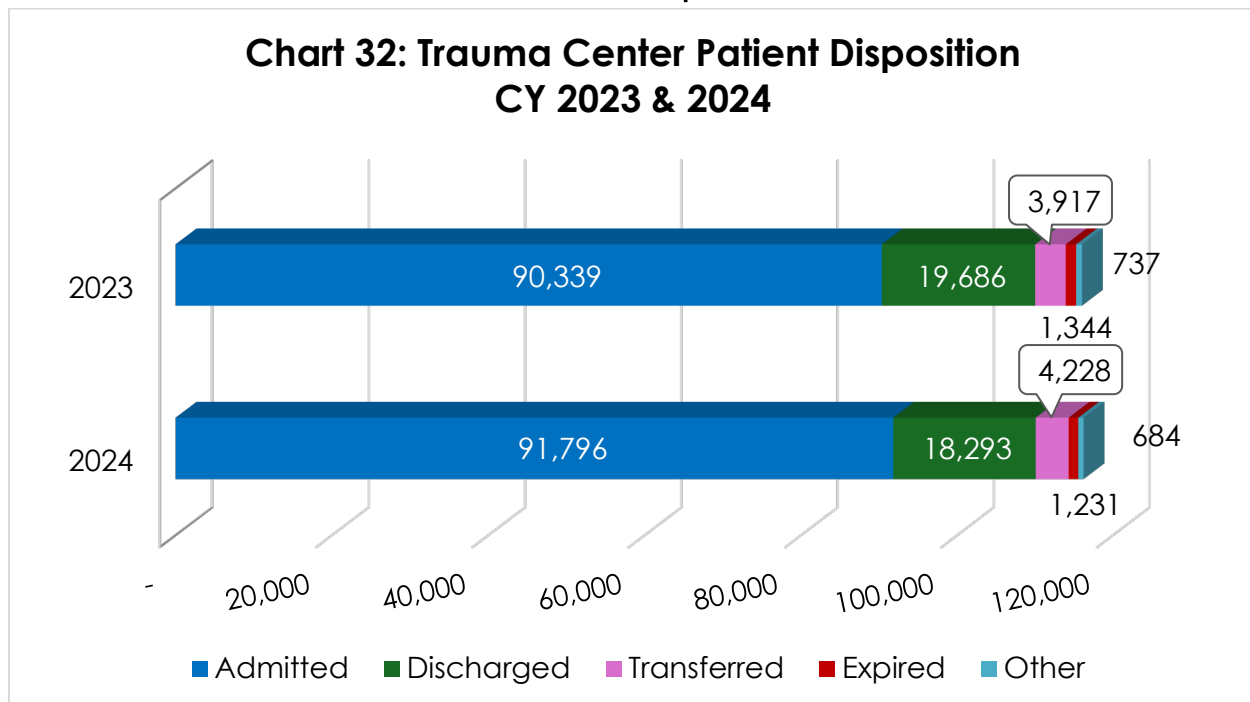


*n=117,435 (2024 data).

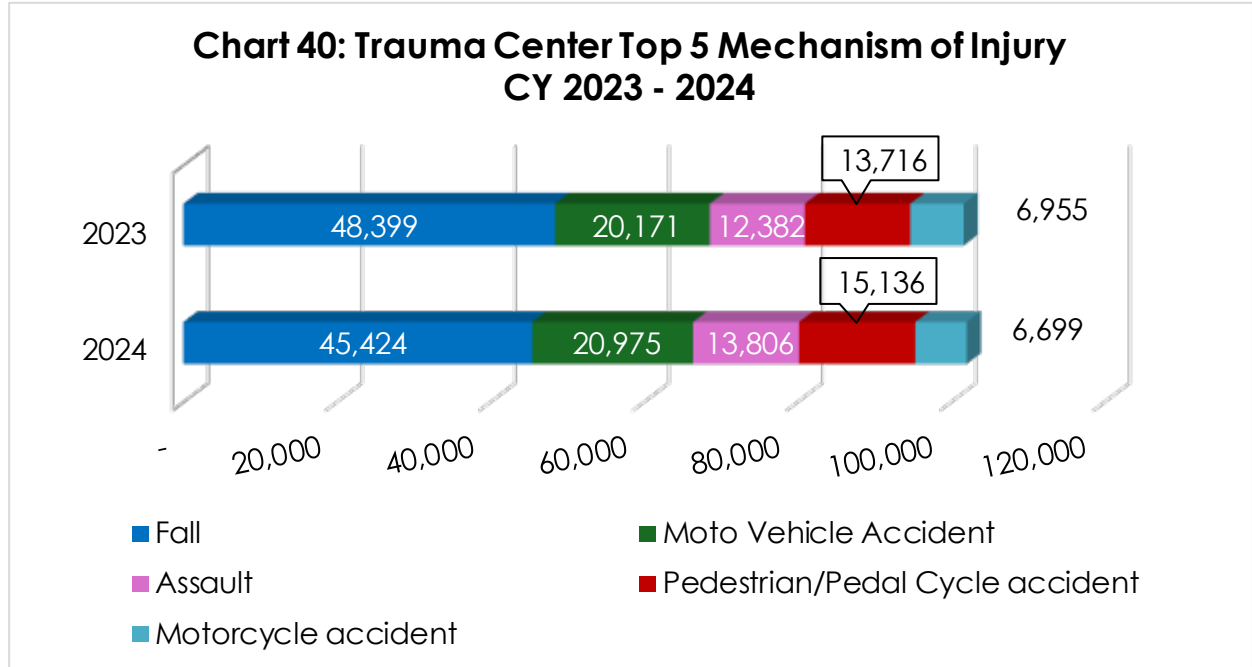
Trauma Center Volume: Adult vs Pediatrics



Trauma Center Patient Disposition

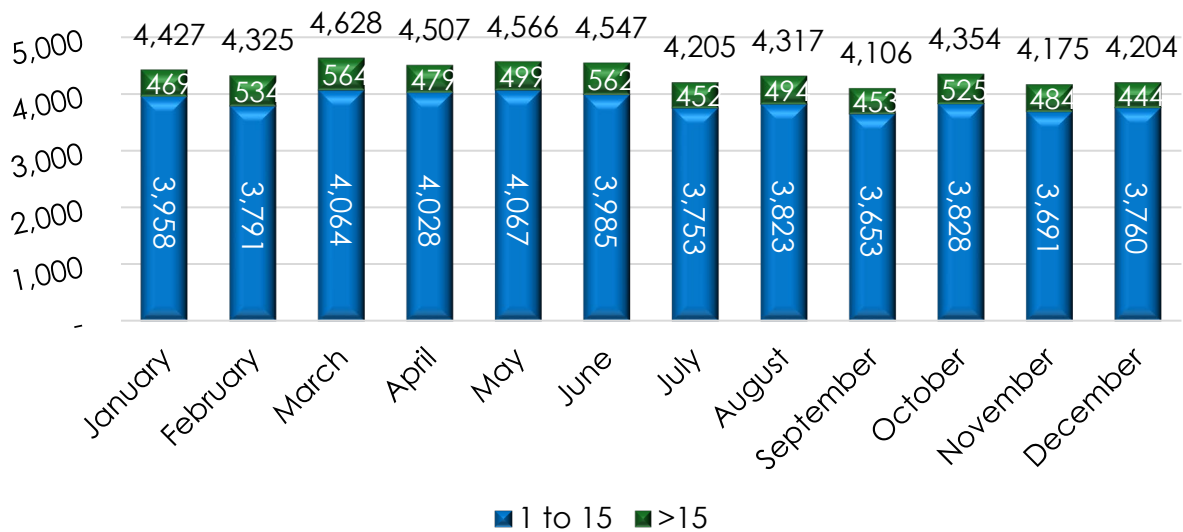


Trauma Center Mechanism of Injury

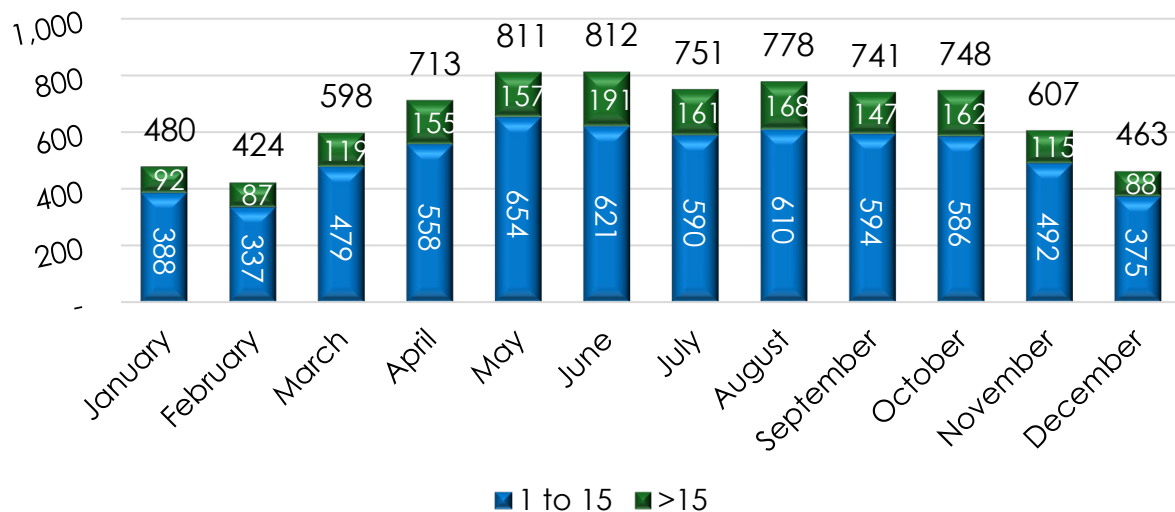


Trauma Center Injury Severity Score (ISS) by Mechanism of Injury

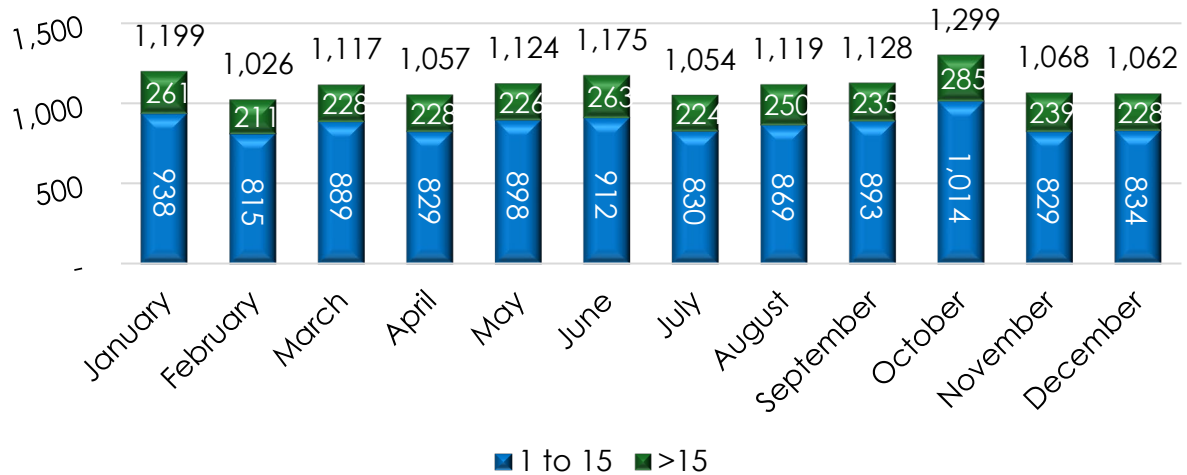
**Chart 34: Trauma Center ISS: Falls
CY 2024**



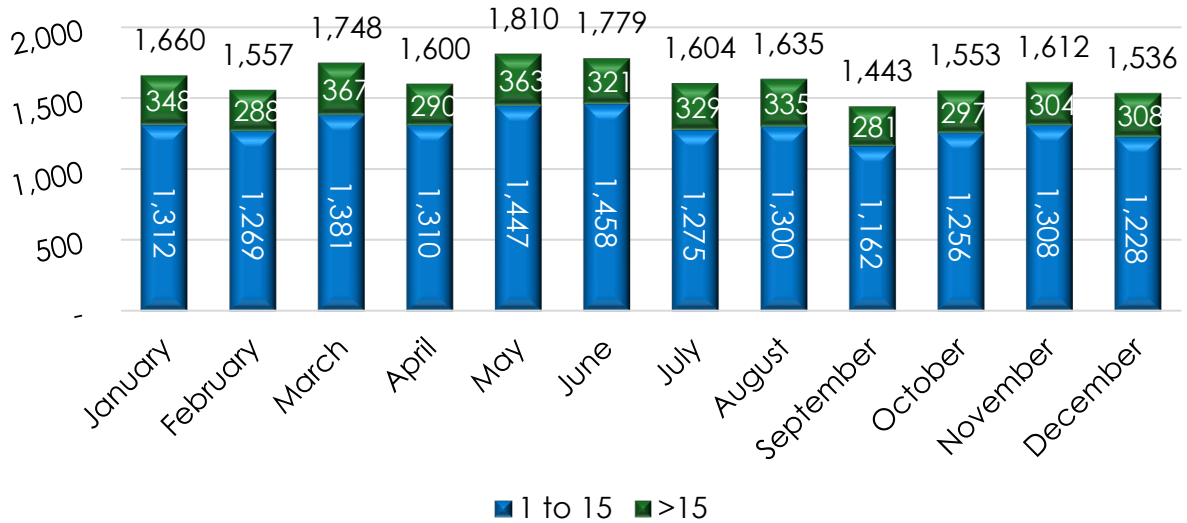
**Chart 35: Trauma Center ISS: Motorcycle Accident
CY 2024**



**Chart 36: Trauma Center ISS: Pedestrian/Pedal Cycle Accident
CY 2024**



**Chart 37: Trauma Center ISS - Motor Vehicle Accident
CY 2024**



**Chart 36: Trauma Center ISS - Assault
CY 2024**

