



# EMSA Pre-Hospital and Traffic Safety Data Report Calendar Years 2013 and 2014

Emergency Medical Services Authority  
California Health and Human Services Agency



EMSA #R001-2016



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*The content of this report is the sole responsibility of the author(s) and does not necessarily represent the official views of the Centers for Disease Control and Prevention, the National Highway Traffic Safety Administration, or the California Office of Traffic Safety.*

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# Emergency Medical Services Authority (EMSA) Pre-Hospital and Traffic Safety Data Report— Calendar Years 2013 and 2014

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EMSA is pleased to release the first annual Emergency Medical Services (EMS) Safety Data Report for Calendar Years (CY) 2013 and 2014. EMSA is committed to generating reports that can be of use to the Local Emergency Medical Services Agencies (LEMSAs), local providers, and other partners such as hospitals, governmental agencies, and other health care entities. The LEMSAs reporting data to the California EMS Information System (CEMSIS) encompass county populations that represent approximately 35% (13,657,745) of California's total population of 38,907,642.<sup>1</sup> While the data reflect a limited portion of all emergency services provided to the state's total population, it does provide an insightful picture of the services provided.

## **PURPOSE OF THE ANNUAL REPORT**

The purpose of this report is to provide a general description of statewide emergency medical services for CY 2013 and CY 2014 in an effort to comply with EMSA's mandate to annually report on the effectiveness of EMS systems related to the system's impact on death and disability (HSC 1797.121).

## **BACKGROUND**

EMSA has made data quality and analysis a priority over the past three years. Stakeholders in the EMS system recently have engaged in discussions with EMSA regarding modifications to data collection and evaluation. In addition, EMSA recently formed an Executive Data Advisory Group (EDAG) consisting of three local EMS agency administrators and three medical directors to develop a cooperative strategy for improving EMS data and its application of services. EMSA looks forward to continuing to work with stakeholders to develop useful, quality data to improve EMS system effectiveness.

EMSA currently collects data from 20 (61%) of the 33 LEMSAs through CEMSIS<sup>2</sup>, although the number of LEMSAs submitting data during reporting period 2013-2014 ranged from 10 to 17. The data collected through these agencies is obtained from the local providers within specific LEMSA geographic service areas and are then submitted from the LEMSA to Inland Counties Emergency Medical Agency (ICEMA), which has a contractual relationship with EMSA to serve as the agent for CEMSIS using the software application ImageTrend. ImageTrend is available to all 33 California LEMSAs for use free of charge but the LEMSAs must retain a vendor that interfaces with ImageTrend. Participating LEMSAs are able to access their data on this application at any time to run reports or view the data for their individual LEMSA. LEMSA's may view only their own data; they may not view the data from other LEMSAs.

Data in this report are descriptive only and are not intended to provide any in-depth statistical

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<sup>1</sup> Census Data, California Department of Finance: <http://www.dof.ca.gov/research/demographic/reports/estimates/e-2/view.php>

<sup>2</sup> As of Dec 2014, the following LEMSAs reported to EMSA: Central California; Contra Costa, El Dorado; ICEMA; Marin; Monterey; Mountain Valley; Napa; North Coast; Northern California; San Benito; San Francisco; San Luis Obispo; Santa Cruz; Sierra Sacramento Valley; Ventura; and Yolo.

information. A report with more statistical depth is dependent on more data being submitted.

The 17 LEMSAs (of 33) which reflect data for this report include:

Central California EMS *	Northern California EMS
Contra Costa County EMS *	San Benito County EMS *
El Dorado County EMS	San Francisco County EMS
Inland Counties EMS Agency (ICEMA)	San Luis Obispo County EMS
Marin County EMS *	Santa Cruz County EMS *
Monterey County EMS	Sierra-Sacramento EMS
Mountain Valley EMS	Ventura County EMS *
Napa County EMS	Yolo County EMS *
North Coast EMS	

*\*LEMSAs that submitted data beginning in 2014*

## DATA SUBMISSION

Historically, EMS data collection in California has been decentralized with the local EMS agencies collecting and organizing their data in the way that best meets their specific needs or resources. This focus on local control is unique to California; other states generally have a more direct relationship with the local data submittal process. This emphasis on local control impacts the data quality because EMSA has no control over the providers' data collection process. That responsibility and authority belong to the LEMSAs which have contractual relationships with the providers that address issues such as staff training and data entry that may impact the data collection process. This local control underscores the importance of data collaboration amongst EMSA, LEMSAs, and the providers to develop quality data. EMSA aims to foster such collaboration through various work groups and stakeholder events.

## EVALUATION AND REGIONAL DATA

### *Evaluation*

The intent of CEMSIS is to provide a means to study variations in data quality and to address those variations where possible. To accomplish this, 100% of local participation from both LEMSAs and providers is required. When this is accomplished, it is estimated that CEMSIS will catalogue over 3 million EMS events per year. EMSA will use these data to develop and coordinate high quality emergency medical care in California through activities such as:

- healthcare quality programs which monitor 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.

Receipt of 100% of data from 100% of providers and LEMSAs will provide tools to improve data quality throughout the data collection process and provide support to include specialty care data for stroke, STEMI, and EMSC (Emergency Medical Services for Children) as well as efforts for future Health Information Exchange (HIE) projects.

**Regional Data**

EMSA aims to develop regional data to allow LEMSAs to get a sense of how the local areas are doing in comparison to a larger regional area. This is useful because LEMSAs submitting data are only able to see their own data on the ImageTrend system; organizing data into regions allows LEMSAs to evaluate their services relative to regional data and provides a mechanism for LEMSAs to view and address regional needs.

The regions used in this report are based on various geographic elements such as location and population. EMSA recognizes that, in the future, EMS stakeholders may prefer a different configuration of constituent counties other than the current organization for this report in the future. In this initial report, only provider and call volume data are used as a sample of how regional data may be grouped.

**Region 1** is composed of: Coastal Valleys; Northern California; North Coast; and Sierra-Sacramento Valley. These LEMSAs were grouped in region because they are largely rural.

**Region 2** is composed of: Marin; Napa; Solano; Contra Costa; Alameda; Santa Clara; San Mateo; Santa Cruz; and San Francisco. These LEMSAs were grouped in this region because they are largely urban and coastal.

**Region 3** is composed of: Yolo; Sacramento; El Dorado; San Joaquin; Mountain Valley; Merced; and Tuolumne. These LEMSAs were grouped in this region because they have an urban / rural mix in the central valley.

**Region 4** is composed of: San Benito; Monterey, San Luis Obispo; Santa Barbara; and Ventura. These LEMSAs were grouped in this region because they are largely coastal and rural.

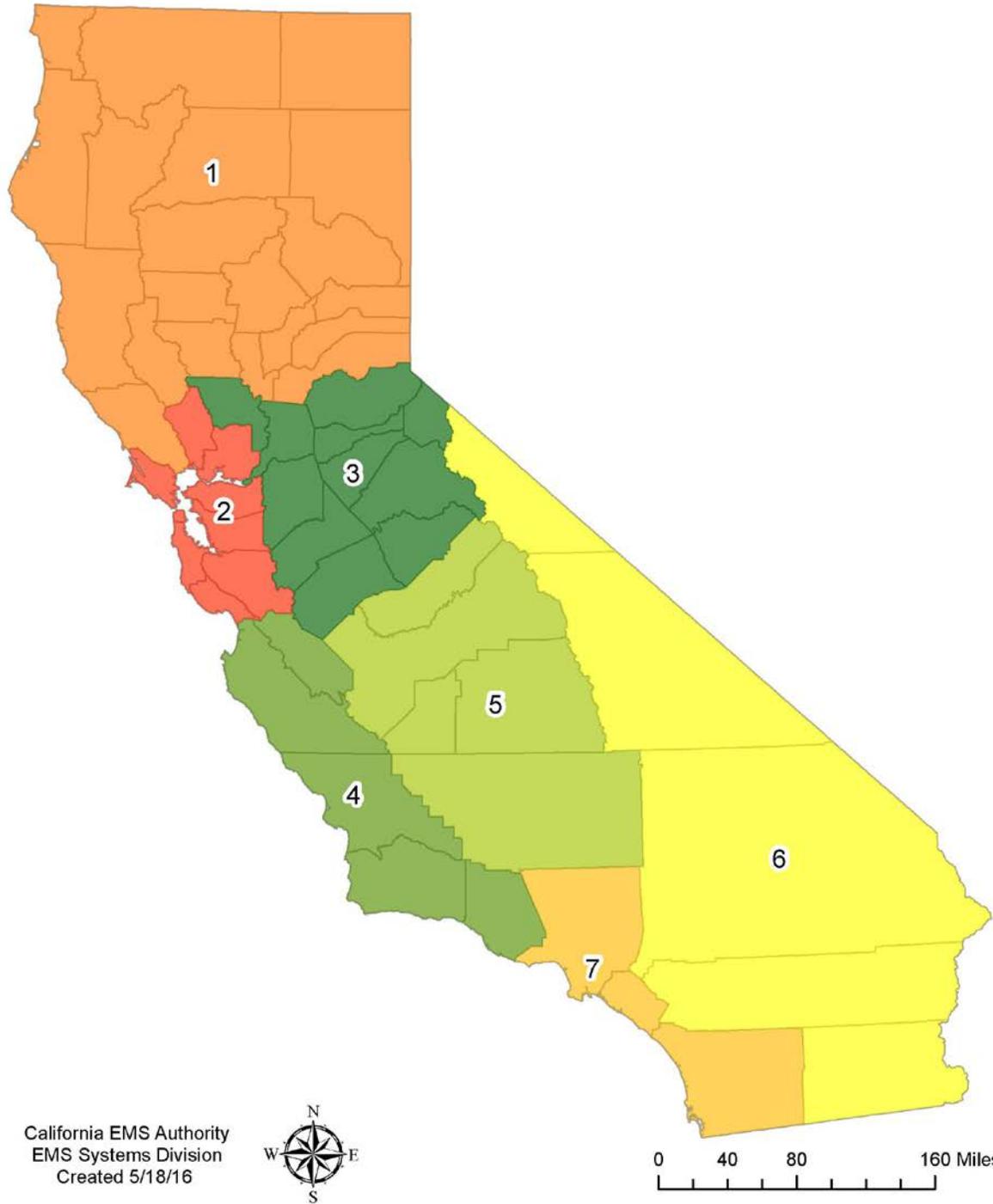
**Region 5** is: Central California and Kern. These LEMSAs were grouped in this region because they are largely rural and inland.

**Region 6** is: ICEMA; Riverside; and Imperial. These LEMSAs were grouped in this region because they are largely similar.

**Region 7** is: Los Angeles; San Diego; and Orange. These LEMSAs were grouped in this region because they are all highly urban.

It should be noted that while none of the three LEMSAs in Region 7 reported during the two year period of this report, data are now being submitted from one of the Region 7 LEMSAs.

# California Data Regions



## **STATUTORY AUTHORITY AND RESPONSIBILITY**

EMSA aims to meet the mandate specified in HS 1797.102 to evaluate the statewide effectiveness of the local emergency medical services, need for additional emergency care services, and coordination of emergency medical. HSC 1797.103 (f) further identifies that one of the required elements of an EMS system is data collection and evaluation. EMSA's intent is to achieve these mandates for the purposes of detecting practices in patient care and trends in patient movement and adjusting EMS systems accordingly via data collection from the LEMSAs.

Additionally, the development of quality improvement guidelines must be established pursuant to HS 1797.174. In order to meet this mandate, the continuum-of-care from dispatch to pre-hospital to hospital disposition must be clearly specified to support an understanding of how care provided by EMS personnel translates to improved outcomes and system effectiveness.

EMS Systems Quality Improvement regulations have been established that define the requirements for local EMS agencies, EMS service providers, and base hospitals in their role as part of the EMS system (CCR, Title 22, Division 9, Chapter 12). These requirements include, but are not limited to, the implementation of an EMSA approved EMS Quality Improvement program (EMS QI) and the use of defined indicators to assess the local EMS system as found in EMSA #166, Appendix E: "California EMS System Core Quality Measures".

EMSA plans to re-open the EMS System Quality Improvement regulations for amendments to implement the newly enacted legislations of AB503, AB1129, AB1223, and SB19 (effective January 2016) and include data regulations. This process is in support of the recently enacted legislation, AB 503, which states that EMSA will set "minimum standards for the implementation of data collection, including system operation, patient outcome, and performance quality improvement." This will affect CY 2016 data.

## **DATA COLLECTION SYSTEM**

Data presented in this report were collected in CEMSIS based on the Version 2.2.1 standards from the National Emergency Medical Services Information System (NEMSIS). Local agencies obtain data from their providers and send those data to CEMSIS on a voluntary basis; in return, the LEMSAs gain access to digital analytic tools for creating comprehensive reports on their own data. To both improve local data quality and to prepare California EMS for upcoming national health information exchange expectations, EMSA and local agencies will adopt new national data standards known as NEMSIS Version 3.4, which will become the default standard effective January 1, 2017.

## **DATA TRANSITION**

NEMSIS is implementing an updated dataset (Version 3.4) that will provide an improved, nationally standardized tool for a more detailed data collection and analysis. While this new version may provide an avenue for improved data, the primary data quality issue in California appears to be at the point of data entry in the field. As data collection processes and efforts continue to grow and improve, EMSA's ability to trend key EMS issues over time will promote stronger relationships among all stakeholders across the entire continuum-of-care spectrum for EMS patients and improve the local data entry processes.

## METHODOLOGY

The data in this report are extracted from CEMSIS which is maintained by ICEMA, the EMSA data manager contractor. The data in this report are obtained from 17 LEMSAs which in turn submit data from approximately 877 providers. The CEMSIS system offers two regions for data collection and storage: a transactional region and a cube or OLAP region. The data for this report were pulled from the transactional region because the data is more robust. LEMSAs submit data to this system on their own individual schedule, so that data could be submitted daily, annually, or on any other schedule in between. For this reason the report reflects data for 2013 and 2014 because submissions for those calendar years have stabilized and are most likely to have been completed by 2016. EMSA expects to generate reports annually for each two-year period from this point on. The next report will be for the period of 2014–2015.

The data submitted from LEMSAs to CEMSIS for this report were sent to the LEMSAs from the providers and were generated using both electronic and paper systems. Future data collection will only be electronic as mandated by the recent legislation in AB 503 which requires that all data submitted by providers to LEMSAs must be done electronically and in a format consistent with the most recent NEMSIS data collection system. This will be reflected in the CY 2015 and 2016 report. Because of local control, the LEMSAs and the providers may use any electronic data system they prefer; this means there is often a significant degree of data mapping that must occur to move the data successfully from the provider to the LEMSA, the LEMSA to CEMSIS, and successfully pass the validation tests for ImageTrend. For the period of time of this report, differences in data definitions existed. It is unknown to what degree this difference in definitions may impact the data. This report reflects only simple frequencies and does not address any duplicate counts. The run dates for all the data ranges from March 30, 2016 to April 27, 2016. Calendar Year 2015 was not included in this report because statewide data are not collected on a specific schedule and much of CY 2015 is still being submitted.

## SELECTED DATA ELEMENTS

This report presents 48 tables and related pie charts based largely on the use of 12 data elements in the NEMSIS Version 2.2.1 software application. The data elements are listed below:

Data Element Name	Data Element Code	Accepts Null Values
CMS Defined Service Level	E07_34	Yes
EMS Cause of Injury	E10_01	Yes
Gender	E06_11	Yes
Patient Race	E06_12	Yes
Patient Age	E06_14	Yes
Patient Age Units	E06_15	Yes
Patient Ethnicity	E06_13	Yes
Primary Payment Method	E07_01	Yes
Provider's Primary Impression	E09_15	Yes
Procedures	E19_03	Yes
Type of Service Requested	E02_04	No
Incident/Patient Disposition	E20_10	No

Source: NEMSIS Version 2.2.1

## DATA LIMITATIONS

Several limitations are present in the EMS data for CY 2013 and 2014.

### ***Data Definitions***

The EMS data collection system in CY 2013 and 2014 did not mandate a specific data dictionary, which impacts the accuracy and quality of the data submitted. This has allowed the local agencies as well as the individual providers to work with their individual software vendors to define each data element as they wish. These non-standard definitions dilute data quality and introduce complexities which confound accurate data analysis; however, EMSA and its partners are moving toward more standardized data definitions for future reports.

### ***Time Periods***

Data submitted during this time period began July 2013 resulting in data for only a six month period in 2013. Prior to that time another data system was in use which did not transition well into the current ImageTrend system.

### ***Mapping***

Most of the data submitted to CEMSIS is data mapped to the NEMSIS data elements and/or value. EMS data submission is typically a two-step process. Data is mapped from the providers to a LEMSA then from a LEMSA to CEMSIS. Disparate data mapping will negatively impact data quality.

### ***Null Values***

Null values include data which were coded as shown below.

- Not Applicable
- Not Recorded
- Not Reporting
- Not Available
- Not Known
- Blanks (*in some cases, the blank is a null value when no specific code is listed*)

The NEMSIS Version 2.2.1 standards have several status levels for data: Mandatory, Required, and Optional. Mandatory means that a value MUST be entered, but the value cannot be a null; required means that a value MUST be entered and that value can be a null; Optional means no value is needed. Most of the data elements in this report have a “required” status, meaning the system will accept null values. Unknown or null values appear in many NEMSIS / CEMSIS data elements that are not mandatory. It is possible that the presence of the unknown values reflect data entry processes in the field, although it is not known at this time what the specific processes may be. This use of the null values, as found in a high number of records, decreases the usefulness and significance of the data. The distribution of this report spotlights the need for data quality review by EMS providers and educational efforts by provider agencies and LEMSAs.

The matrix below indicates the tables where there are unknown or null value counts.

Data Element Name	Data Element Code	Null/Unknown Count 2013	Null/Unknown Count 2014	Table Name
Type of Service Requested	E02_04	0	0	Table A
CMS Defined Service Level	E07_34	398,784	540,354	Table B
Type of Service Requested by Region	E02_04	0	0	Table C1
Type of Service Requested by LEMSA	E02_04	0	0	Table D1
Type of Service Requested by Provider Type	E02_04	23,680	22,419	Table E1
Cause of Injury	E10_01	31,313	30,612	Table G
Primary Impression	E09_15	424,761	461,592	Table H1
Procedures	E19_03	Unknown	Unknown	Table I
Incident/Patient Disposition	E20_10	2,525	4,286	Table J
Gender	E06_11	130,754	167,461	Table K
Age	E06_14	130,323	165,791	Table M
Patient Race	E06_12	593,143	571,012	Table L1
Primary Payment Method	E07_01	468,720	497,477	Table N
Patient Ethnicity	E06_13	503,334	605,256	Table L3
Primary Method of Payment	E07_01	653,032	779,401	Table N
Provider Type	D01_08	23,680	22,420	Table E1

**NOTE:** Total Calls for 2013 and 2014 are **923,643** and **1,091,545**, respectively

### **Electronic Patient Care Records (ePCRs)**

The transition from paper to electronic records is an on-going process. Most of the providers within the LEMSAs have updated their processes to an electronic data collection format; however, as of January 2016 about 30% of the local provider services are still using paper reports and it is not clear when they will be able to transition to a fully electronic system. Use of paper charts increases the opportunity for data errors.

## **DATA PROFILE**

### **Totals**

The EMS data for CY 2013 and 2014 shows an 18.2% (168,106) increase in calls from CY 2013 to CY 2014 (923,643 to 1,091,749). Of these calls, 911 calls increased 21% (160,277) from 2013 to 2014 (774,654 to 934,931). Interfacility transfers (scheduled and unscheduled) increased 6.1% (5,209) from 2013 to 2014 (80,133 to 85,342).

### **Type of Service Requested (E02\_04) – 911 Calls**

The number of 911 calls increased 21.0% from CY 2013 (774,654) to 2014 (934,931), yet the percent of 911 from all calls was similar for both years (84% in 2013 and 86% in 2014). The table below shows the percent of 911 calls by LEMSA. Most LEMSAs show a percentage rate of 911 calls that hover between the high 70s to the high 90s; however, San Luis Obispo and San Francisco are lower at mid-20s and mid-50s, respectively. One LEMSA presents numbers that suggest all calls to that LEMSA are 911 calls.

EMS Calls by LEMSA (E02_04)	All Calls		911 Calls			
	CY 2013	CY 2014	CY 2013	CY 2014		
	Count	Count	Count	Count	2013	2014
Central California EMS	187,695	179,340	146,499	141,105	78.1%	78.7%
Contra Costa County EMS	85,629	90,135	85,586	90,135	99.9%	100.0%
El Dorado County EMS	12,732	3,173	10,651	2,831	83.7%	89.2%
Inland Counties EMS	266,022	341,664	222,251	292,625	83.5%	85.6%
Marin County EMS	12,109	14,846	12,109	14,846	100.0%	100.0%
Monterey County EMS	29,709	30,535	26,342	27,424	88.7%	89.8%
Mountain Valley EMS	62,826	60,931	49,299	48,893	78.5%	80.2%
Napa County EMS	14,790	15,234	12,232	13,049	82.7%	85.7%
North Coast EMS	366	22,282	314	18,092	85.8%	81.2%
Northern California EMS	10,667	10,100	8,416	7,780	78.9%	77.0%
San Benito County EMS	2,857	2,937	2,507	2,739	87.7%	93.3%
San Francisco County EMS	36,553	28,662	19,844	14,588	54.3%	50.9%
San Luis Obispo County EMS	14,610	18,666	3,568	4,328	24.4%	23.2%
Santa Cruz County EMS	22,836	32,617	22,781	32,569	99.8%	99.9%
Sierra-Sacramento Valley EMS	58,145	113,738	54,248	105,252	93.3%	92.5%
Ventura County EMS	88,993	108,019	81,544	101,073	91.6%	93.6%
Yolo County EMS	17,104	18,666	16,463	17,417	96.3%	93.3%
<b>TOTAL CALLS</b>	<b>923,643</b>	<b>1,091,545</b>	<b>774,654</b>	<b>934,746</b>	<b>83.9%</b>	<b>85.6%</b>

### ***Defined Service Levels (E07\_34)***

A little less than 50% of the service levels were coded as unknown or not available with 398,784 of 923,643 in 2013 and 540,354 of 1,091,545 in 2014. This represents an increase of 141,570 over the two year period. Defined Service Levels indicate how the patient was transported, for example with BLS, ALS, or by air service.

### ***Cause of Injury (E10\_01)***

Cause of Injury is somewhat confusing because only patients who are noted both as having a possible injury (E09\_04) **and** also are noted as having a traumatic injury (Primary Impression E09\_15 **or** Secondary Impression E09\_16) are included in the count. Only about 11% of the patients served meet these criteria: 89,887 in 2013 and 168,106 in 2014. This accounts for about a 13% increase in this population served.

### ***Primary Payment (E07\_01)***

Null values were high in this data element as well, increasing 14% from 2013 to 2014 (653,032 to 779,401). The null values for this data element were 74% of the total in 2013 and 71% of the total in 2014. It is not clear why the count of this data element is skewed towards the unknown values. Of the values available, there is a large increase in persons covered by insurance, Medi-Cal (Medicaid), and Medi-Care. This is most likely a result of the Affordable Care Act.

***Provider Types (D01\_08)***

There was an increase of 107,615 (74%) from 2013 to 2014 in Fire providers. In CY 2013, 16% of providers were Fire (public). In CY 2014, 24% were Fire (EMS services by public) and 76% were private.

***Average Scene Time (Unit Arrived on Scene Date/Time E05\_06; Arrived at Patient Date/Time E05\_07; Patient Arrived at Destination Date/Time E05\_10)***

Overall, the average statewide scene time from arrival on the scene to the patient is 2 minutes and from the patient to destination is 26 minutes. These figures are very similar to the values by region where Region 1 is 2 minutes to the patient and 25 minutes to the destination; Region 6 is 4 minutes to the patient and 27 minutes to the destination; and all other regions reporting are 3 minutes to the patient and either 26 or 27 minutes to the destination. These figures are very similar for both 2013 and 2014.

***Cause of Injury (E10\_01)***

Of all the calls that met the Cause of Injury criteria (coded yes for Possible Injury E09\_04 and determined to be a traumatic injury), 42,270 are 2013 injuries (15,734 traffic and 26,536 non-traffic) and 51,950 are 2014 injuries (17,540 traffic and 34,410 non-traffic). Most of the traffic injuries in both years were vehicle traffic accidents (75% and 72%) while most of the non-traffic accidents were falls (53% and 59%). This increase from 2013 to 2014 may be moot because data for 2013 only reflected a 6-month data collection period.

***Primary Impression (E09\_15)***

The count of null values for Primary Impression approached one-half of the incidents counted (424,761 in 2013 and 461,592 in 2014). More troubling is the fact that the number of unknown primary impression rose 8.7 % (36,831) over the one year from CY 2013 to CY 2014; however, it should be noted that the overall percent of the calls that were coded unknown fell about 2.5% from 45.9% in 2013 to 42.2% in 2014. The decrease is encouraging, although a large number is of concern and may be indicative of a need for training at the local level for providers.

The most common Primary Impression related to Stroke or STEMI is Chest and Pain Discomfort (7% for both CY 2013 and 2014).

***Incident/Patient Disposition (E20\_10)***

The count of Patient Disposition appeared to be off by about 2,525 in CY 2013 and by about 4,286 in CY 2014. It is unclear why this is the case and EMSA is researching the matter.

Generally, the Incident/Patient Disposition shows the vast majority of patients (53% in 2013 and 47% in 2014) are transported by EMS but not with an indication if the transport is ALS or BLS. The next most frequent disposition is transported by ALS (15% in 2013 and 16% in 2014). The figures for calls cancelled are 12% for 2013 and 13% for 2014. About 10% (79,777 in 2013 and 103,860 in 2014) were calls where a patient was not transported.

**CONTACT**

For more information on this report, please contact Kathleen Bissell at 916-431-3687 or by email at [kathy.bissell-benabides@emsa.ca.gov](mailto:kathy.bissell-benabides@emsa.ca.gov) or email the EMSA Systems Division at [SysDivData@emsa.ca.gov](mailto:SysDivData@emsa.ca.gov).

# Data Analysis

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This report contains limited data analysis because the data are only simple descriptive statistics. The data are limited because of the high number of unknown or null values that occur in this report. The chart on page 8 indicates the tables with unknown or null values.

Because of this high number of unknown values, it is very difficult to provide a useful data analysis for this report. EMSA anticipates improved data as we move to the NEMSIS version 3.4 for data collection and expects to be able to provide more extensive analysis of the data when that occurs. For this report, EMSA has organized the data to highlight specific issues in lieu of the more in-depth data analysis.

Below are data that have been organized in this report to coordinate with stakeholders. This includes organizing the data as follows:

- **Traffic and Non-Traffic:** This is to support efforts to collect data to increase highway safety.
- **Age:** This is to support efforts to collect data in support of the EMS for Children’s program which funds EMS service aimed at patients 0 through age 14 years. The report also organized data for patients aged 64 and over to support public health efforts aimed at older persons. Finally, the report organized the data to reflect service to persons up to age 26 to support the Affordable Care Act (ACA) which allows parents to keep dependents on their health care plans until age 26.
- **Demographics:** This is to allow the reader to view the data in terms of race, ethnicity, and gender in addition to age as described above. Ethnicity and race seem to have large numbers of “null” values so it is unclear how useful the data may be for these elements. It should be noted, however, that of the race values available, the group least likely to call for 911 appears to be Asian. It is not clear why. Gender has a much smaller number of “null” values and appears to reflect almost an even split between females and males.
- **Primary Source of Payment:** This was included to support data analysis aimed at the Affordable Care Act. It is expected that the source for payment will move to Insurance and Medi-Cal (Medicaid) which would reflect the increased use of the ACA.

EMSA hopes the data in this report are useful to the reader. We expect future reports will incorporate feedback received from LEMSAs or other stakeholders from this document.

# EMS ANNUAL REPORT DATA

## Section 1: General Reports

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TABLE A: Total EMS Calls Calendar Year 2013 and 2014							
Type of Service Requested: E02_04	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
911 Calls (Arrive at Scene)	774,654	84%	934,931	86%	160,277	21%	(↑)
Interfacility Transfer (Scheduled)	64,127	7%	62,348	6%	-1,779	-3%	(↓)
Interfacility Transfer (Unscheduled)	16,006	2%	22,994	2%	6,988	44%	(↑)
Medical Transport	51,698	6%	47,954	4%	-3,744	-7%	(↓)
Standby	14,297	2%	18,262	2%	3,965	28%	(↑)
Other*	2,861	0%	5,260	0%	2,399	84%	(↑)
<b>Total EMS Calls</b>	<b>923,643</b>	<b>100%</b>	<b>1,091,749</b>	<b>100%</b>	<b>168,106</b>	<b>18%</b>	<b>(↑)</b>

\*Other includes values of  $\leq 1\%$ : Community Paramedicine; Flagdown/Walk-in Emergent; Flagdown/Walk-in Non-emergent; Intercept; Mutual Aid, and Not Available.

**Comments:**

It is not clear why the Interfacility Transfer (Unscheduled) increased by 44% from 2013 to 2014 and why Medical Transport and scheduled Interfacility Transport fell within the same period.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

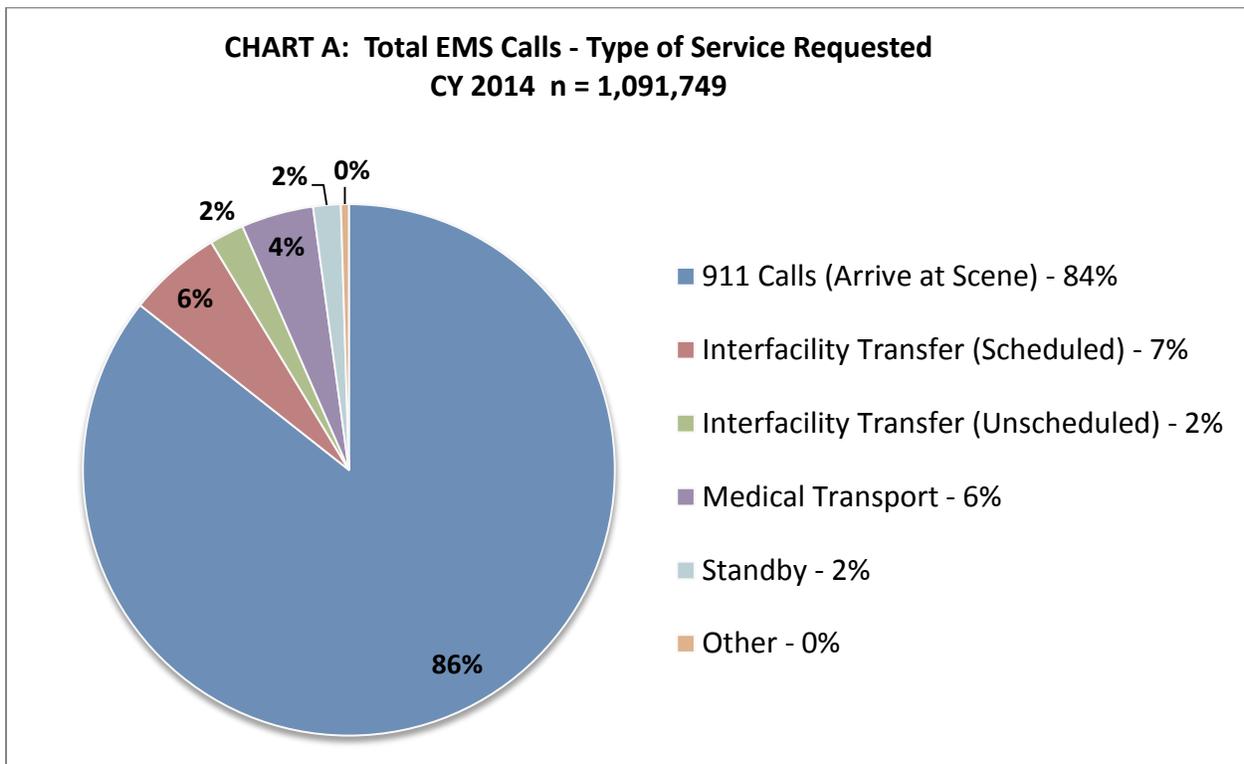
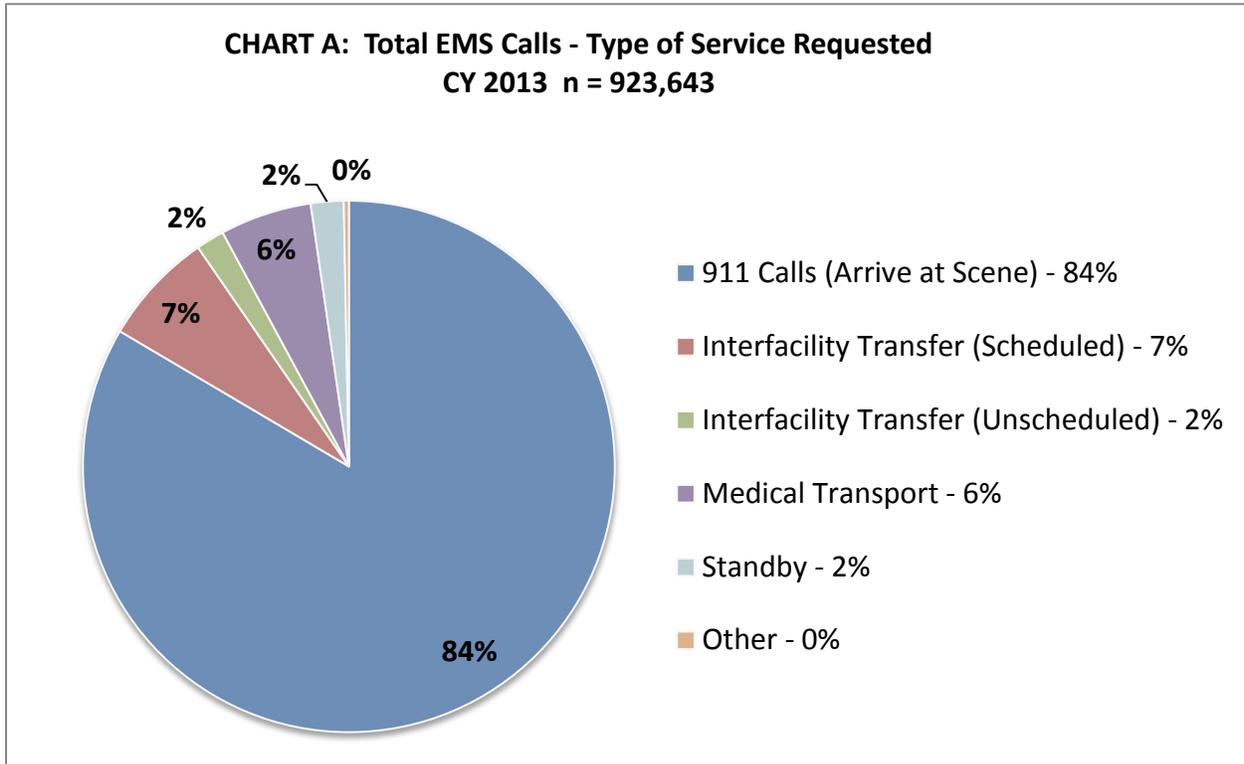
Source: CEMIS

Run Date Range: 2016-03-30 to 2016-04-27

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*\*Other includes values of ≤ 1%: Community Paramedicine; Flagdown/Walk-in Emergent; Flagdown/Walk-in Non-emergent; Intercept; Mutual Aid, and Not Available.*

**TABLE B: CMS Defined Service Level  
Calendar Year 2013 and 2014**

CMS Defined Service Level (E07_34)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Advance Life Support (ALS level 1)	273,425	52%	298,685	54%	25,260	9%	(↑)
ALS, Level 1 Emergency	14,216	3%	24,973	5%	10,757	76%	(↑)
ALS, Level 2	185,983	35%	179,818	33%	-6,165	-3%	(↓)
BLS	43,288	8%	41,619	8%	-1,669	-4%	(↓)
BLS, Emergency	3,842	1%	1,330	0%	-2,512	-65%	(↓)
Fixed Wing (Airplane)	10	0%	81	0%	71	710%	(↑)
Paramedic Intercept	8	0%	10	0%	2	25%	(↑)
Rotary Wing (Helicopter)	94	0%	220	0%	126	134%	(↑)
Specialty Care Transport	3,993	1%	4,659	1%	666	17%	(↑)
<b>Total EMS Calls</b>	<b>524,859</b>	<b>100%</b>	<b>551,395</b>	<b>100%</b>	<b>26,536</b>	<b>5%</b>	<b>(↑)</b>

**Comments:**

The values noted above in **Table B** reflect only those values that are known: 524,859 for CY 2013 and 551,395 for CY 2014. The total count of Unavailable or null values is 398,784 (43%) for 2013 and 540,354 (49%) for 2014.

In terms of data change, the largest increase appears to be in air ambulance or related services (fixed wing and helicopter). Additional providers became may have been available in 2014. Additionally, there appeared to be a large decrease (-4,181) in BLS and a significant increase of 10,757 (76%) in ALS Level 1 Emergency services statewide. There did not appear to be a similar increase in the ALS Life Support statewide services.

The most likely reason for the decline in BLS numbers may be that many emergency response agencies appear to be moving away from BLS and towards ALS, because doing so offers the opportunity to provide a more compete level of care and also allows for a higher level of billing.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

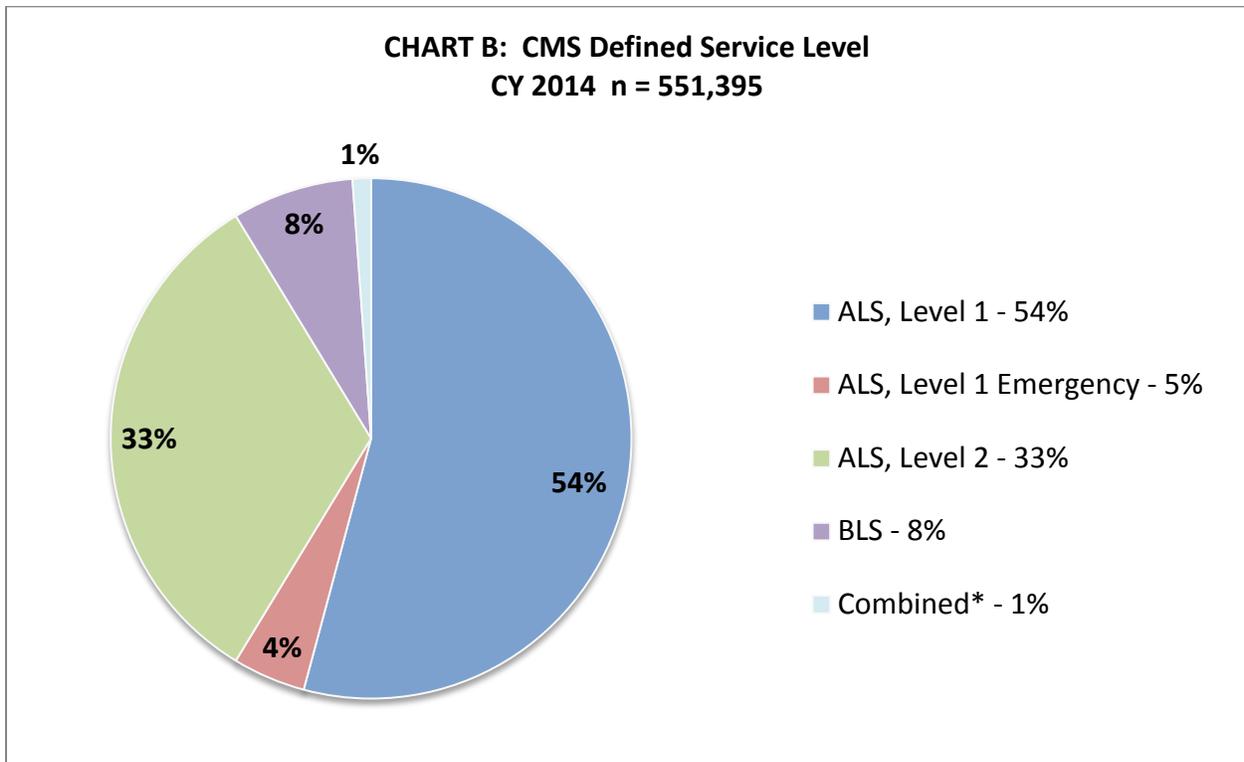
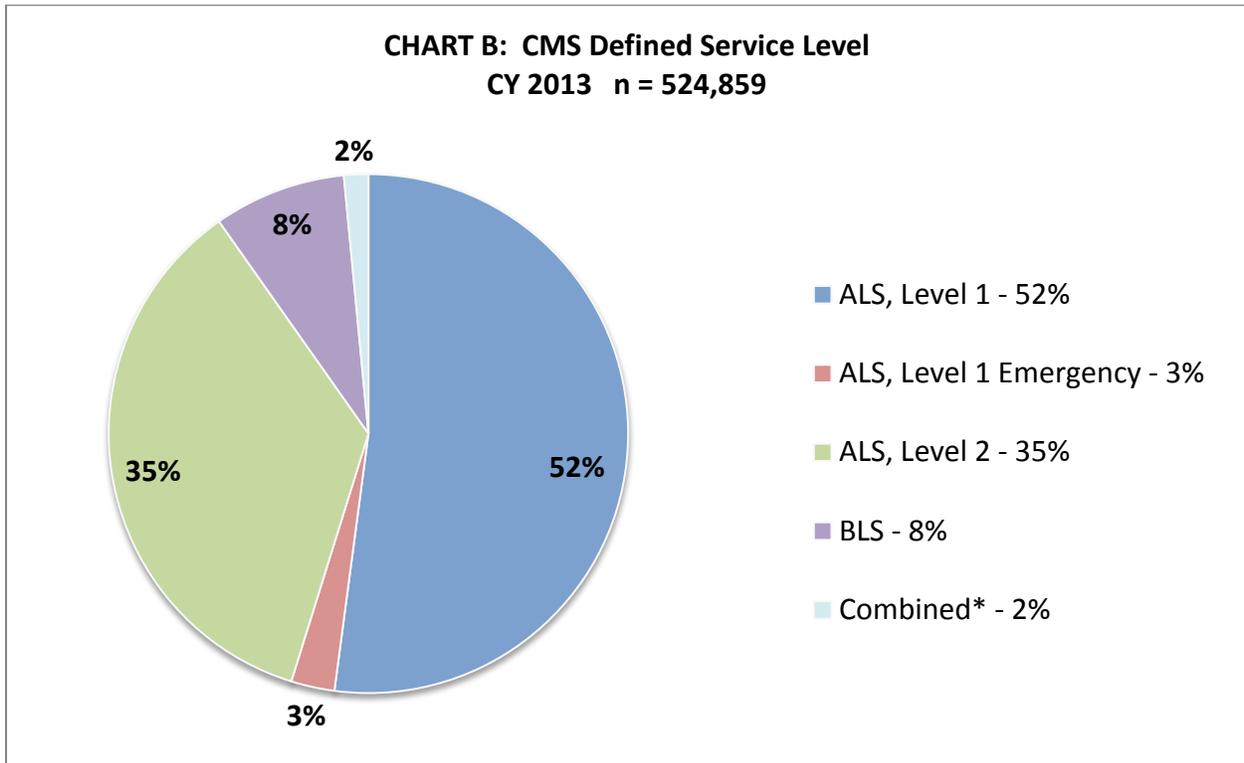
Source: CEMIS

Run Date Range: 2016-03-30 to 2016-04-27

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\*Combined includes values of ≤ 1%: BLS, Emergency; Fixed Wing (Airplane); Paramedic Intercept; Rotary Wing (Helicopter); and Specialty Care Transport.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
 SysDivData@emsa.ca.gov  
 916-322-4336 Ext. 742

**TABLE C1: All EMS Calls by Region  
Calendar Year 2013 and 2014**

All EMS Calls by Region (E02_04)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Region 1	69,178	7%	146,120	13%	76,942	111%	(↑)
Region 2	171,917	19%	181,494	17%	9,577	6%	(↑)
Region 3	92,662	10%	82,770	8%	-9,892	-11%	(↓)
Region 4	136,169	15%	160,361	15%	24,192	18%	(↑)
Region 5	187,695	20%	179,340	16%	-8,355	-4%	(↓)
Region 6	266,022	29%	341,664	31%	75,642	28%	(↑)
Region 7	0	0%	0	0%	0	0%	
<b>Total EMS Calls by Region</b>	<b>923,643</b>	<b>100%</b>	<b>1,091,749</b>	<b>100%</b>	<b>168,106</b>	<b>18%</b>	<b>(↑)</b>

**Region 1** is composed of: Coastal Valleys; Northern California; North Coast; and Sierra-Sacramento Valley. These LEMSAs were grouped in region because they are largely rural.

**Region 2** is composed of: Marin; Napa; Solano; Contra Costa; Alameda; Santa Clara; San Mateo; Santa Cruz; and San Francisco. These LEMSAs were grouped in this region because they are largely urban and coastal.

**Region 3** is composed of: Yolo; Sacramento; El Dorado; San Joaquin; Mountain Valley; Merced; and Tuolumne. These LEMSAs were grouped in this region because they are largely rural and in the central valley.

**Region 4** is composed of: San Benito; Monterey, San Luis Obispo; Santa Barbara; and Ventura. These LEMSAs were grouped in this region because they are largely coastal and rural.

**Region 5** is: Central California and Kern. These LEMSAs were grouped in this region because they are largely rural and inland

**Region 6** is: ICEMA; Riverside; and Imperial. These LEMSAs were grouped in this region because they are largely similar.

**Region 7** is: Los Angeles; San Diego; and Orange. These LEMSAs were grouped in this region because they are all highly urban.

### **Comments:**

This report organizes the data into seven regions based on rural versus urban populations and geography. This table reflects the total call volume for each region. For the period of the report, none of the counties in region 7 were submitting data to CEMSIS; although data are now being received for Region 7.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

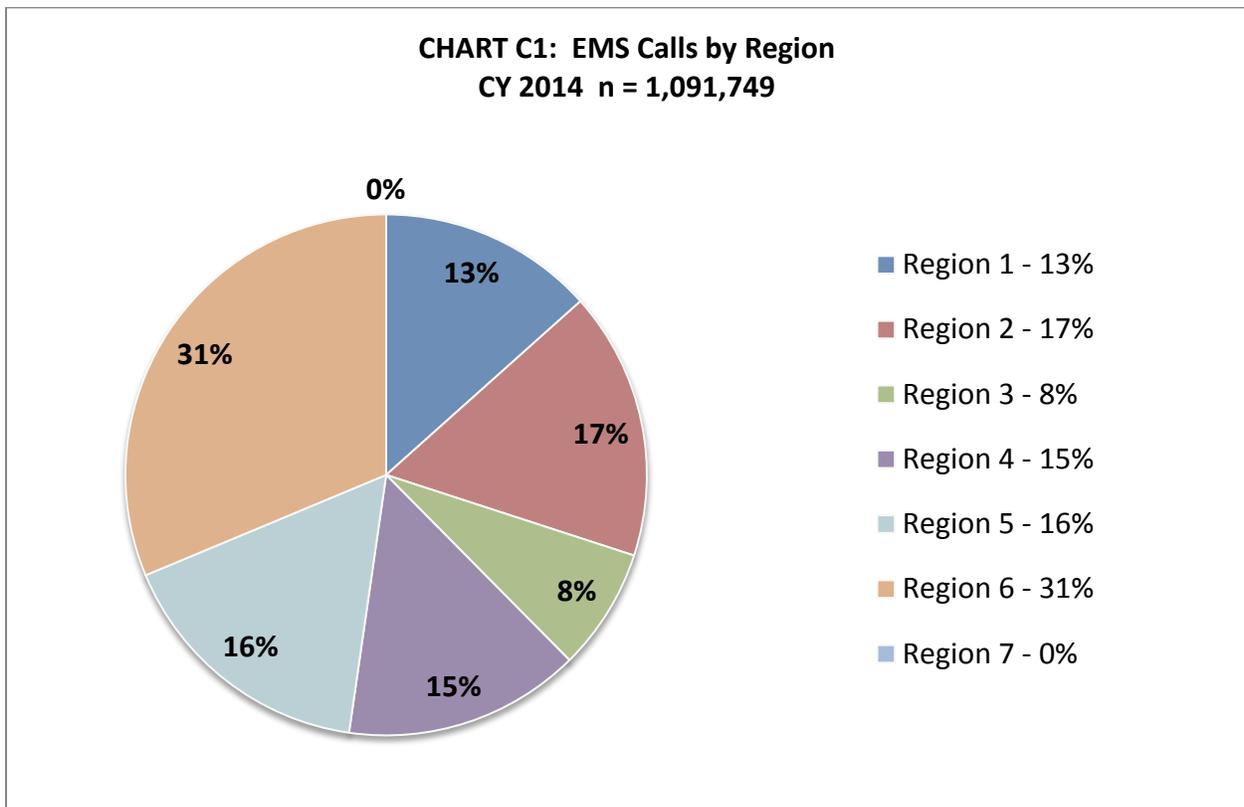
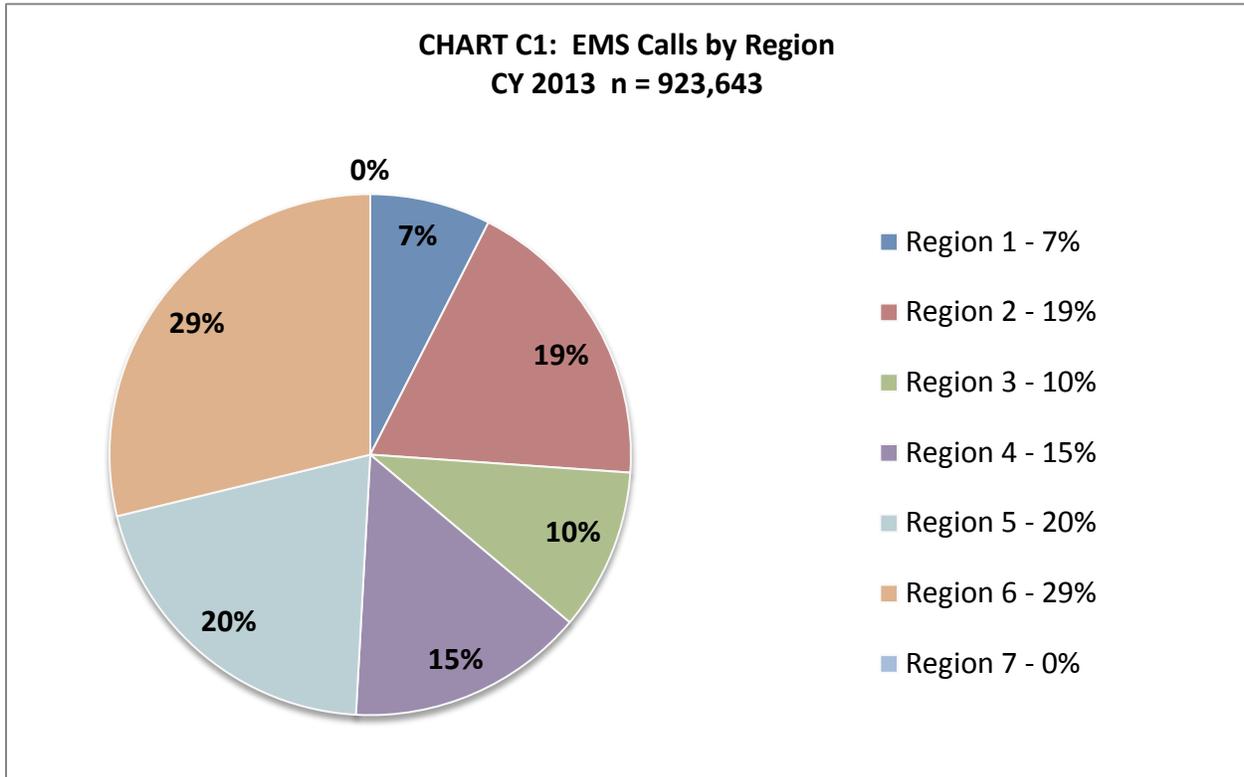
Source: CEMSIS

Run Date Range: 2016-03-30 to 2016-04-27

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Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMIS  
 Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE C2: EMS 911 Calls by Region  
Calendar Year 2013 and 2014**

911 Calls by Region (E02_04)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Region 1	62,978	8%	131,124	14%	68,146	108%	(↑)
Region 2	152,552	20%	165,186	18%	12,634	8%	(↑)
Region 3	76,413	10%	69,141	7%	-7,272	-10%	(↓)
Region 4	113,961	15%	135,750	15%	21,789	19%	(↑)
Region 5	146,499	19%	141,105	15%	-5,394	-4%	(↓)
Region 6	222,251	29%	292,625	31%	70,374	32%	(↑)
Region 7	0	0%	0	0%	0	0%	
<b>Total EMS Calls by Region</b>	<b>774,654</b>	<b>100%</b>	<b>934,931</b>	<b>100%</b>	<b>160,277</b>	<b>21%</b>	<b>(↑)</b>

**Comments:**

The highest number of calls are in Regions 6 and 2. Region 2 is in the Bay Area and includes San Francisco and Region 6 is in the southern part of the state where there are several state and national parks, including Death Valley. It may be these numbers reflect vacationers as opposed to residents of the region.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

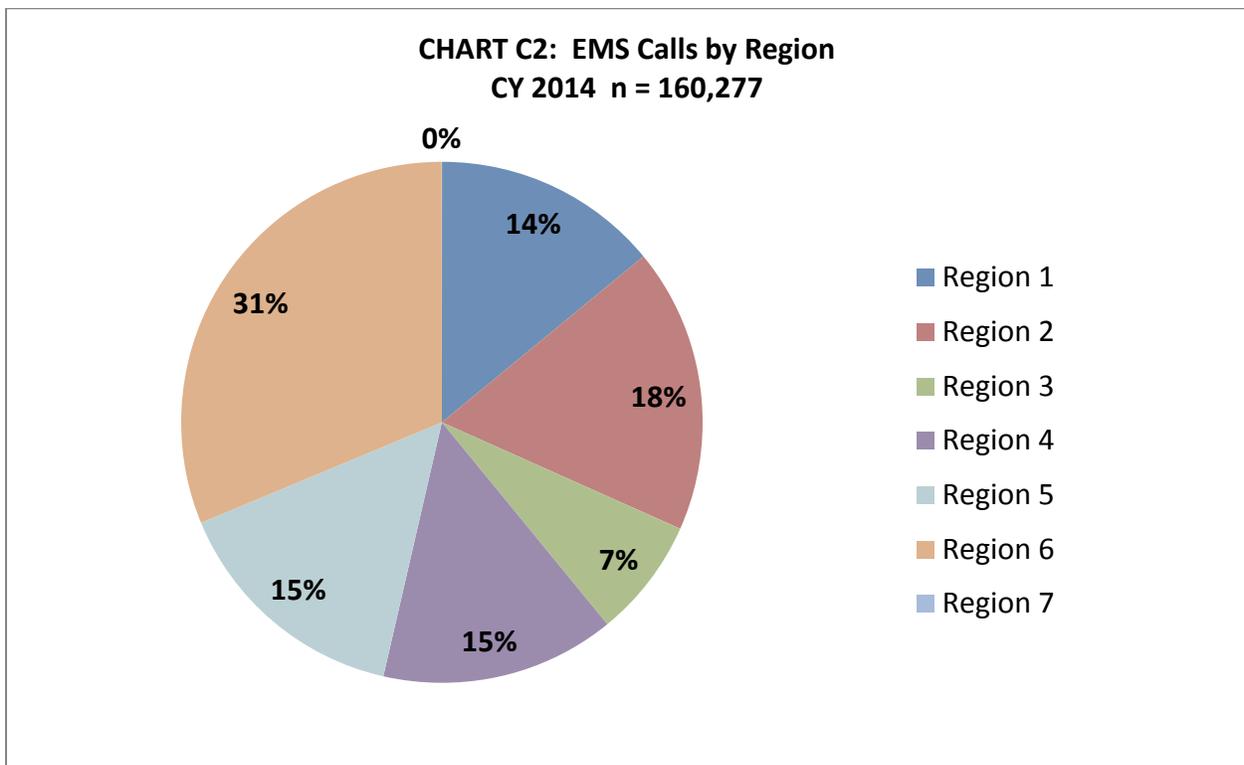
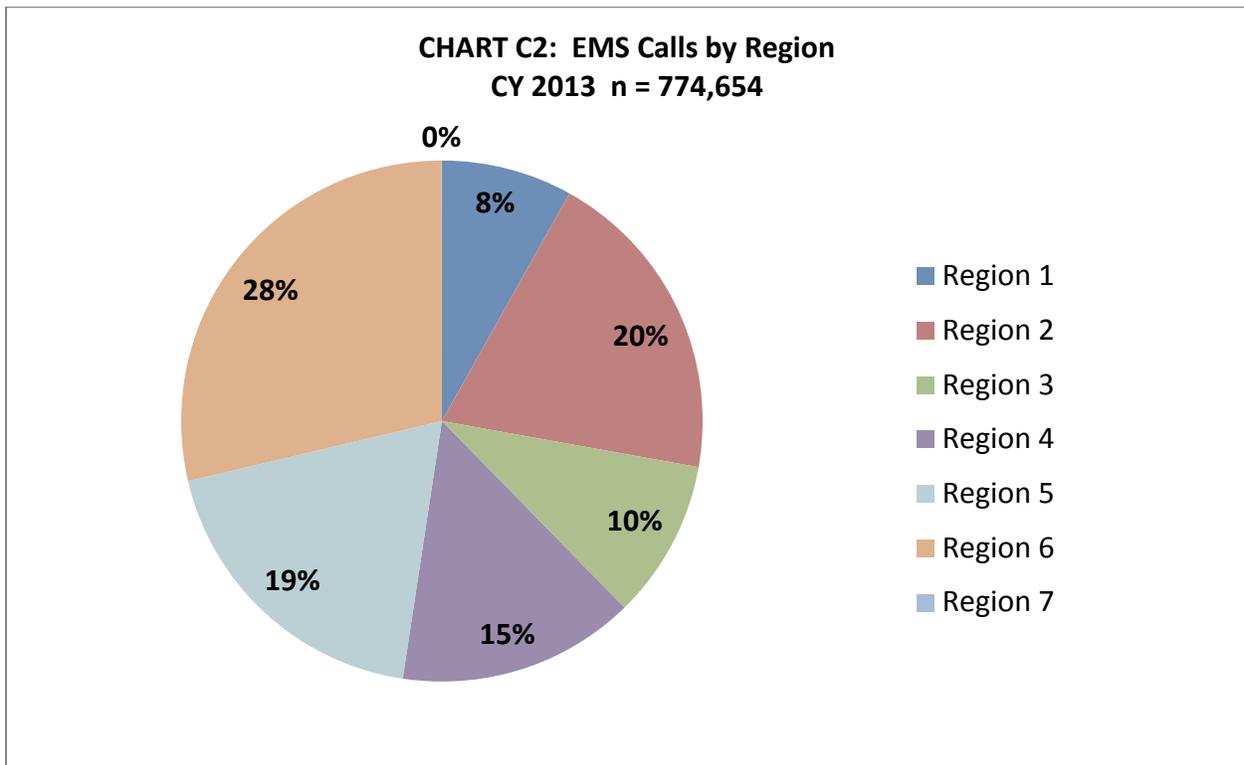
Source: CEMISIS

Run Date Range: 2016-03-30 to 2016-04-27

Contact:

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Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
 SysDivData@emsa.ca.gov  
 916-322-4336 Ext. 742

TABLE D1: EMS Calls by LEMSA Calendar Year 2013 and 2014							
EMS Calls by LEMSA (E02_04)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Central California EMS	187,695	20%	179,340	16%	-8,355	-4%	(↓)
Contra Costa County EMS	85,629	9%	90,135	8%	4,506	5%	(↑)
El Dorado County EMS	12,732	1%	3,173	0%	-9,559	-75%	(↓)
Inland Counties EMS	266,022	29%	341,664	31%	75,642	28%	(↑)
Marin County EMS	12,109	1%	14,846	1%	2,737	23%	(↑)
Monterey County EMS	29,709	3%	30,535	3%	826	3%	(↑)
Mountain Valley EMS	62,826	7%	60,931	6%	-1,895	-3%	(↓)
Napa County EMS	14,790	2%	15,234	1%	444	3%	(↑)
North Coast EMS	366	0%	22,282	2%	21,916	5,988%	(↑)
Northern California EMS	10,667	1%	10,100	1%	-567	-5%	(↓)
San Benito County EMS	2,857	0%	2,937	0%	80	3%	(↑)
San Francisco County EMS	36,553	4%	28,662	3%	-7,891	-22%	(↓)
San Luis Obispo County EMS	14,610	2%	18,666	2%	4,056	28%	(↑)
Santa Cruz County EMS	22,836	2%	32,617	3%	9,781	43%	(↑)
Sierra-Sacramento Valley EMS	58,145	6%	113,738	10%	55,593	96%	(↑)
Ventura County EMS	88,993	10%	108,019	10%	19,026	21%	(↑)
Yolo County EMS	17,104	2%	18,666	2%	1,562	9%	(↑)
<b>Total EMS Calls by LEMSA</b>	<b>923,643</b>	<b>100%</b>	<b>1,091,545</b>	<b>100%</b>	<b>167,902</b>	<b>18%</b>	<b>(↑)</b>

**Comments:**

North Coast began operations in late 2013, so there are relatively few calls reflected in the CY 2013 data. The LEMSAs with the highest count of calls are Central California and Inland Counties (ICEMA). Counties which did not report data to CEMISIS in 2013 and 2014 include: Alameda, Coastal Valleys (Humboldt), Coastal Valleys (Sonoma), Imperial, Kern, Los Angeles, Merced, Orange, Riverside, Sacramento, San Diego, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Solano, and Tuolumne.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

Source: CEMISIS

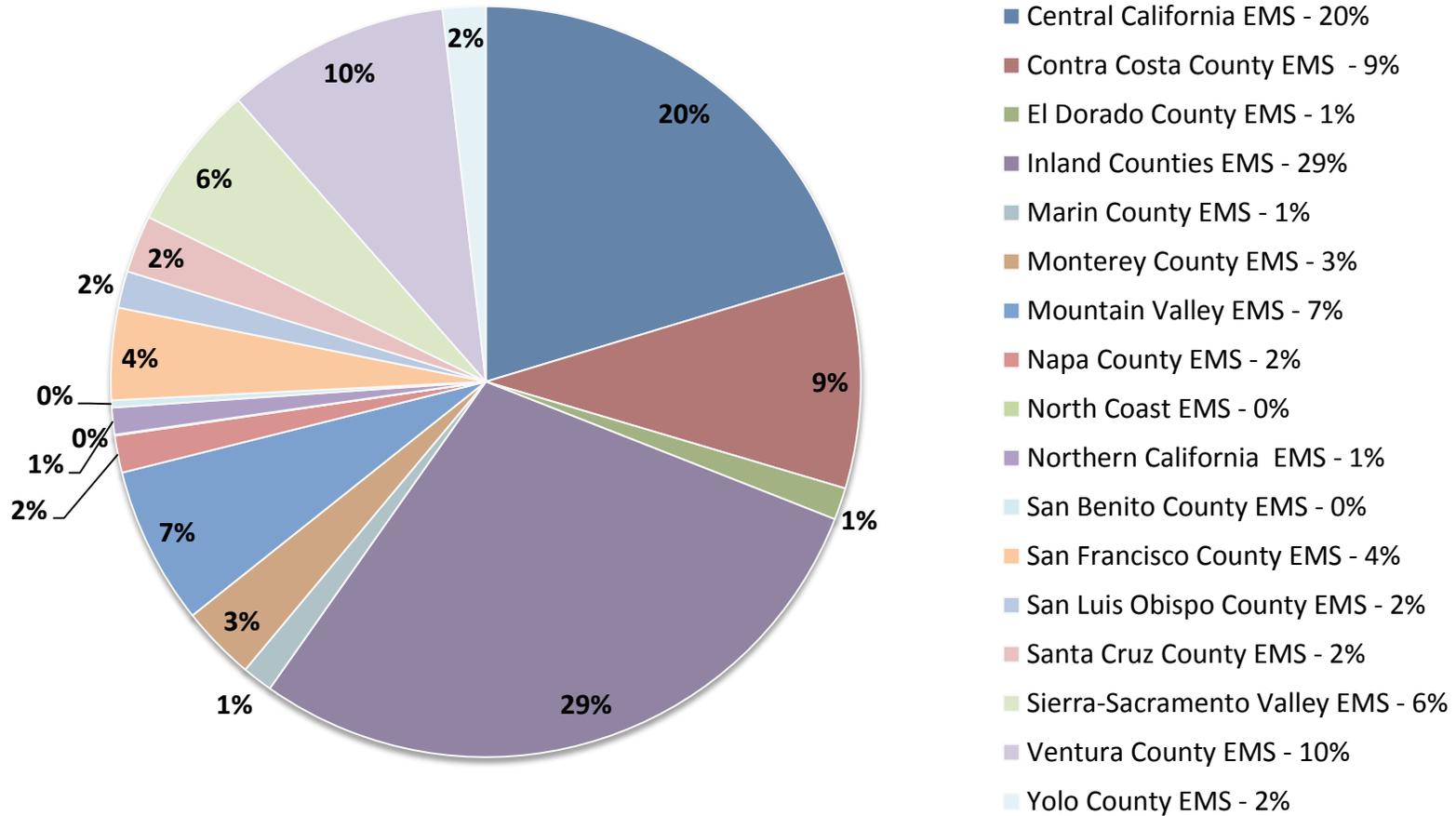
Run Date Range: 2016-03-30 to 2016-04-27

Contact:

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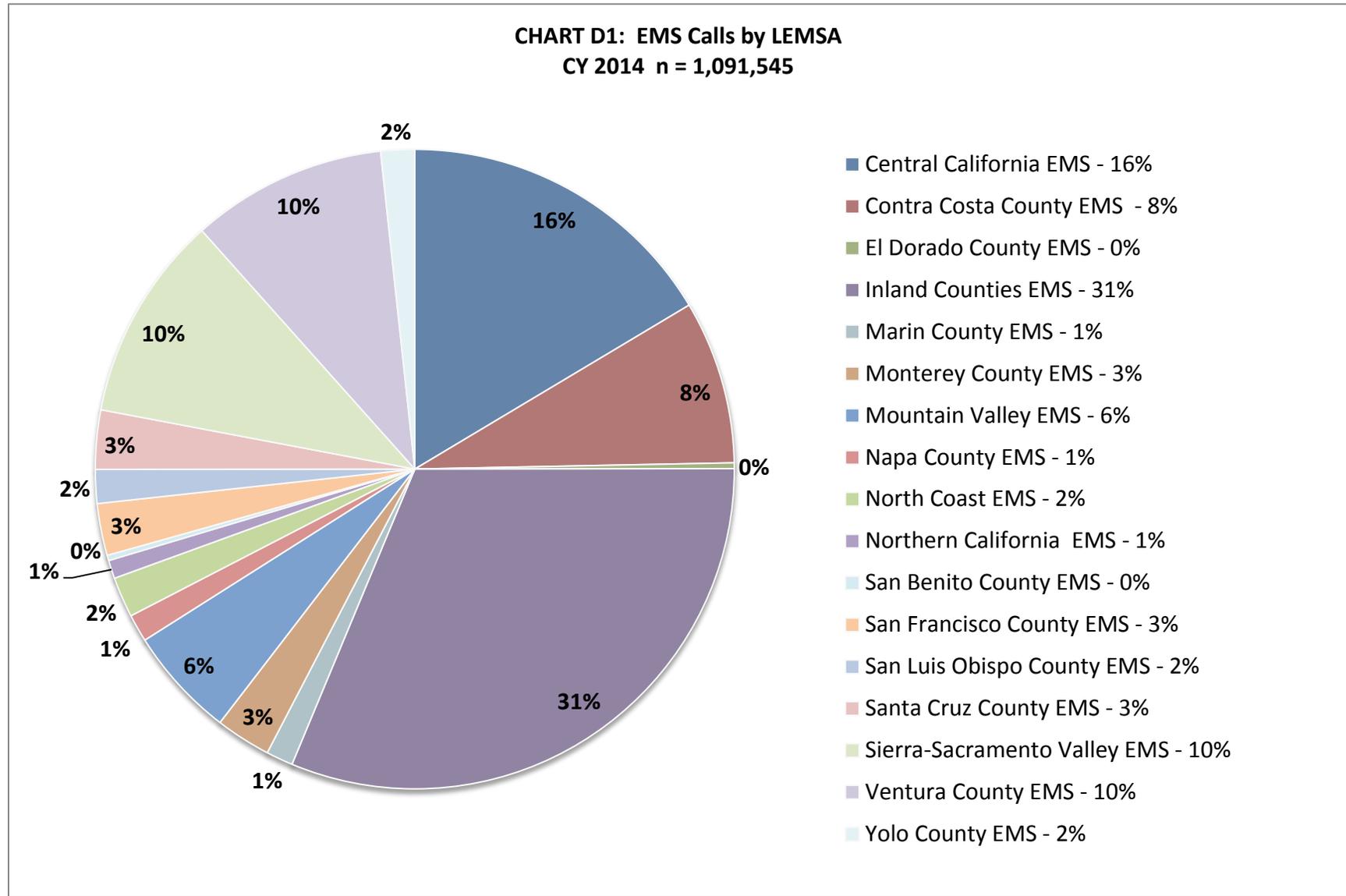
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**CHART D1: EMS Calls by LEMSA  
CY 2013 n = 923,643**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMESIS  
 Run Date Range: 2016-03-30 to 2016-04-27

**CHART D1: EMS Calls by LEMSA**  
**CY 2014 n = 1,091,545**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
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 916-322-4336 Ext. 742

<b>TABLE D2: 911 Calls by LEMSA Calendar Year 2013 and 2014</b>							
<b>911 Calls by LEMSA (E02_04)</b>	<b>CY 2013</b>		<b>CY 2014</b>		<b>Change</b>		
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Change</b>	<b>% Change</b>	<b>Status</b>
Central California EMS	146,499	19%	141,105	15%	-5,394	-4%	(↓)
Contra Costa County EMS	85,586	11%	90,135	10%	4,549	5%	(↑)
El Dorado County EMS	10,651	1%	2,831	0%	-7,820	-73%	(↓)
Inland Counties EMS	222,251	29%	292,625	31%	70,374	32%	(↑)
Marin County EMS	12,109	2%	14,846	2%	2,737	23%	(↑)
Monterey County EMS	26,342	3%	27,424	3%	1,082	4%	(↑)
Mountain Valley EMS	49,299	6%	48,893	5%	-406	-1%	(↓)
Napa County EMS	12,232	2%	13,049	1%	817	7%	(↑)
North Coast EMS	314	0%	18,092	2%	17,778	5662%	(↑)
Northern California EMS	8,416	1%	7,780	1%	-636	-8%	(↓)
San Benito County EMS	2,507	0%	2,739	0%	232	9%	(↑)
San Francisco County EMS	19,844	3%	14,588	2%	-5,256	-26%	(↓)
San Luis Obispo County EMS	3,568	0%	4,328	0%	760	21%	(↑)
Santa Cruz County EMS	22,781	3%	32,569	3%	9,788	43%	(↑)
Sierra-Sacramento Valley EMS	54,248	7%	105,252	11%	51,004	94%	(↑)
Ventura County EMS	81,544	11%	101,073	11%	19,529	24%	(↑)
Yolo County EMS	16,463	2%	17,417	2%	954	6%	(↑)
<b>Total EMS Calls by LEMSA</b>	<b>774,654</b>	<b>100%</b>	<b>934,746</b>	<b>100%</b>	<b>160,092</b>	<b>21%</b>	<b>(↑)</b>

**Comments:** Of the two LEMSAs with the highest numbers of 911 calls, the percent of 911 calls of the total calls are:

- Central California – 146,499 of 187,695 (78%) for 2013 and 141,105 of 179,340 (79%) for 2014
- Inland Counties – 222,251 of 266,022 (84%) for 2013 and 292,625 of 341,664 (86%) for 2014

North Coast began operations in late 2013, so there are relatively few calls reflected in the CY 2013 data.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

Source: CEMIS

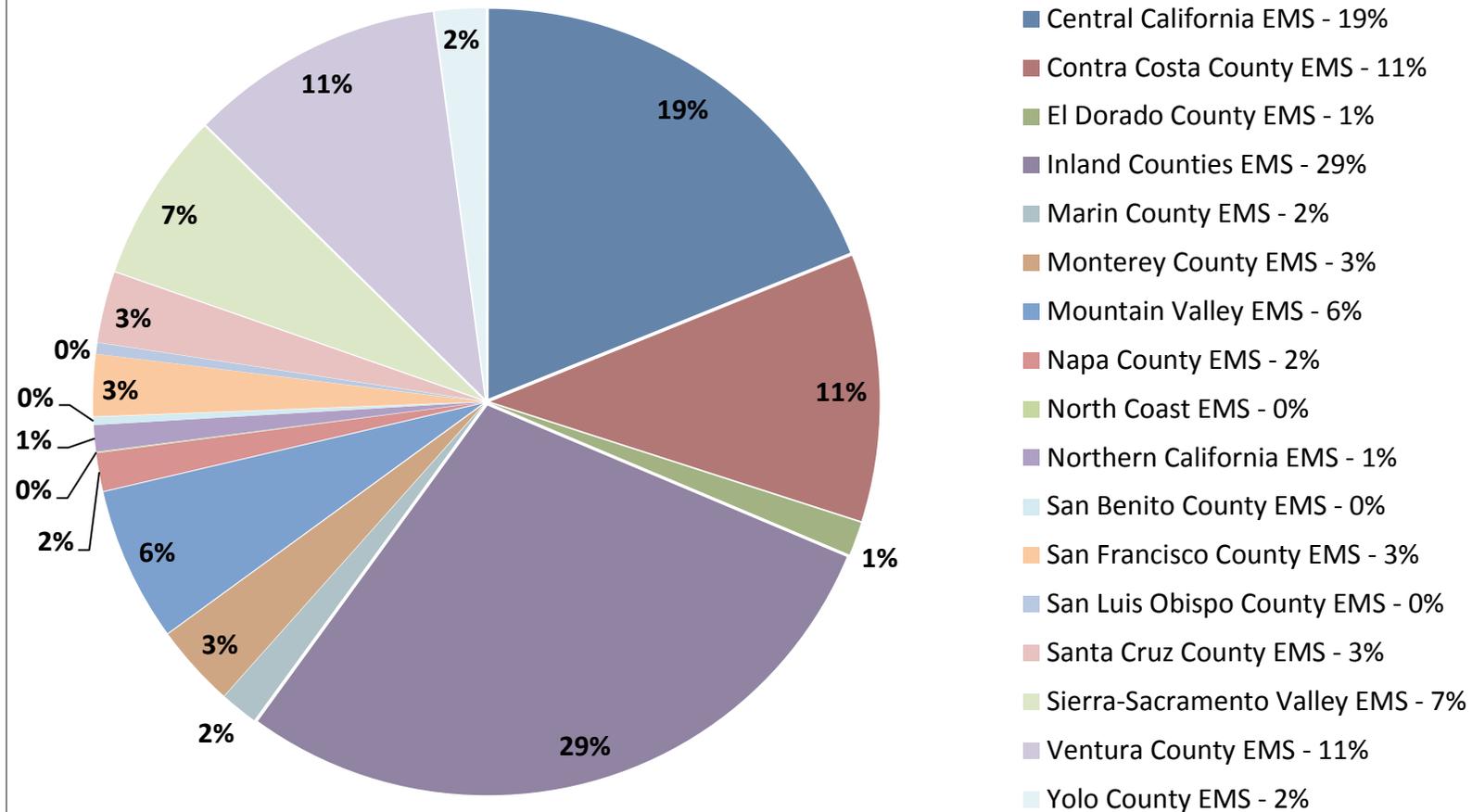
Run Date Range: 2016-03-30 to 2016-04-27

Contact:

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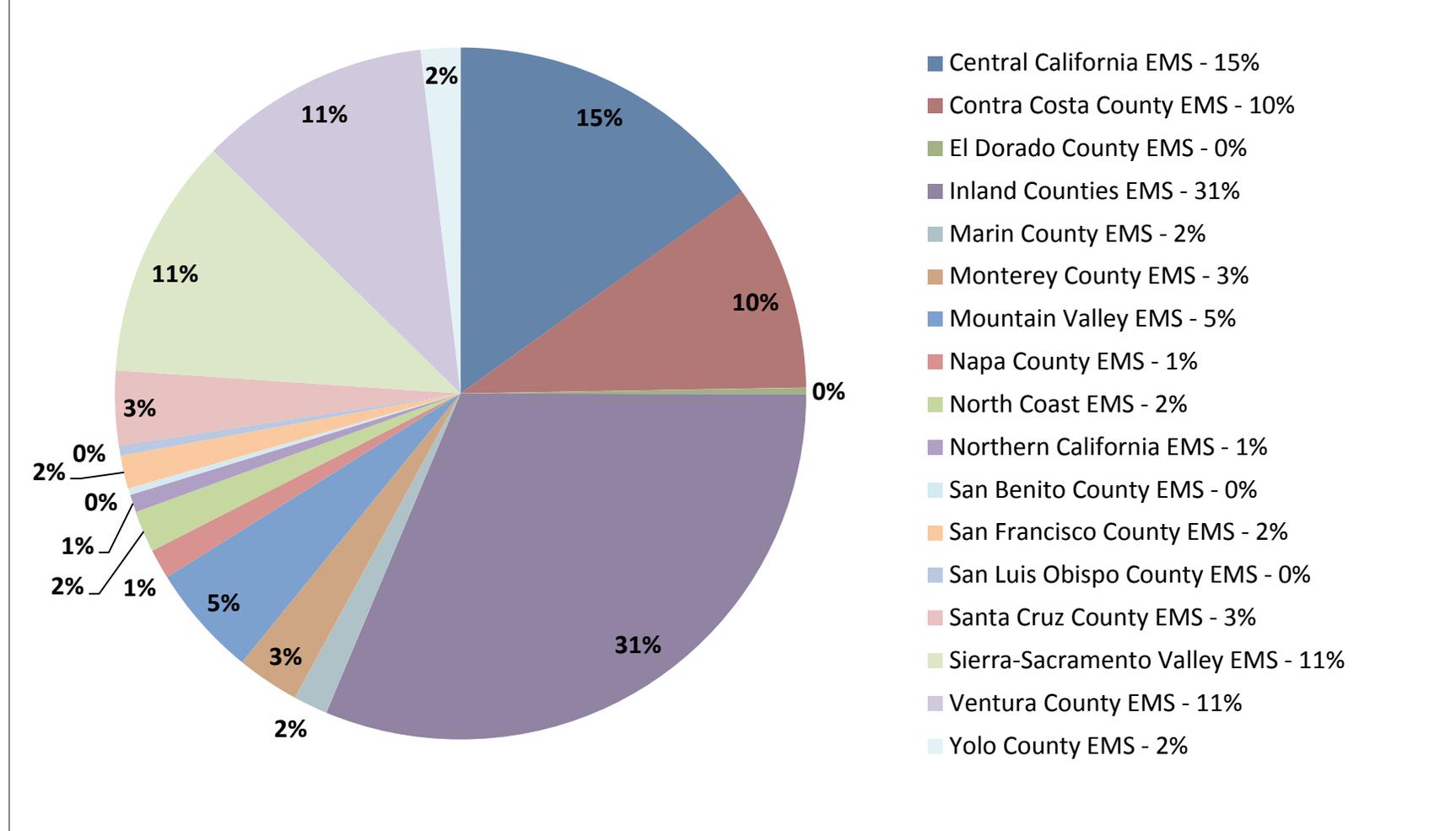
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**CHART D2: 911 Calls by LEMSA  
CY 2013 n = 774,654**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

**CHART D2: 911 Calls by LEMSA  
CY 2014 n = 934,746**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

**TABLE E1: All EMS Calls by Provider Types  
Calendar Year 2013 and 2014**

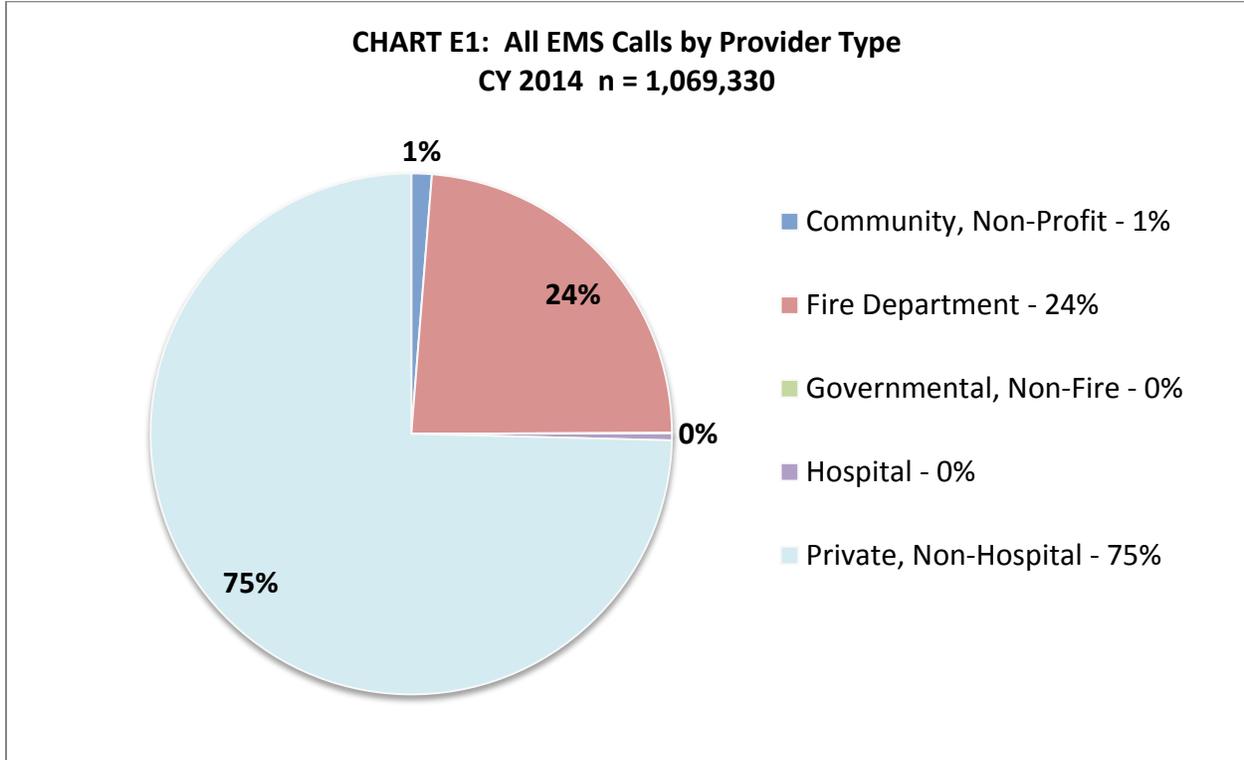
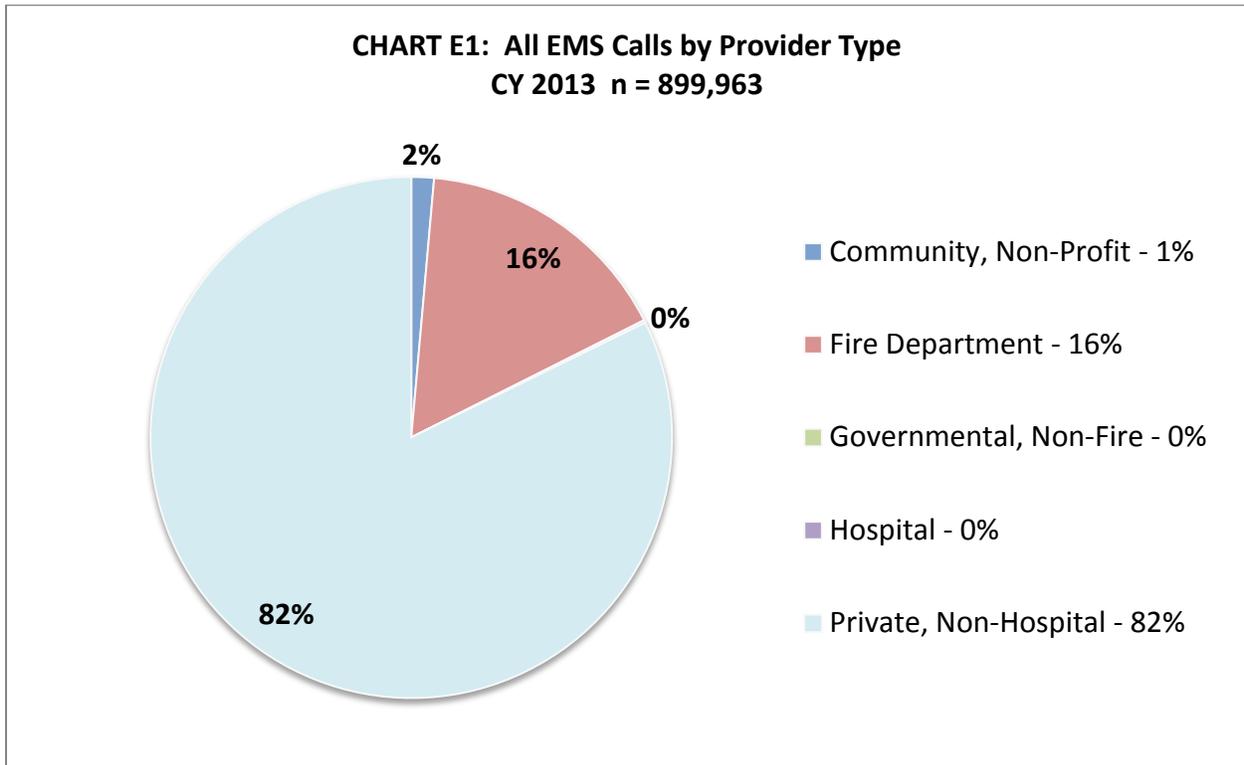
Provider Types (D01_08)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	12,608	1%	13,524	1%	916	7%	(↑)
Fire Department	145,496	16%	253,111	24%	107,615	74%	(↑)
Governmental, Non-Fire	260	0%	353	0%	93	36%	(↑)
Hospital	1,242	0%	4,630	0%	3,388	273%	(↑)
Private, Non-Hospital	740,357	82%	797,712	75%	57,355	8%	(↑)
<b>Total Provider Types</b>	<b>899,963</b>	<b>100%</b>	<b>1,069,330</b>	<b>100%</b>	<b>169,367</b>	<b>19%</b>	<b>(↑)</b>

**Comments:**

The table above reflects the break out of provider types statewide. There are 23,680 (2.5%) unknown values in 2013 and 22,419 (2.5%) in 2014. These figures are not included on the chart. All of the providers from hospitals are in Region 1.

In CY 2013, 16% of providers were Fire. In CY 2014, 24% were Fire. The increase in Fire was 107,615 or 74% from 2013 to 2014.

The 23,680 blanks in 2013 and 22,420 blanks in 2014 are all in Region 4.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

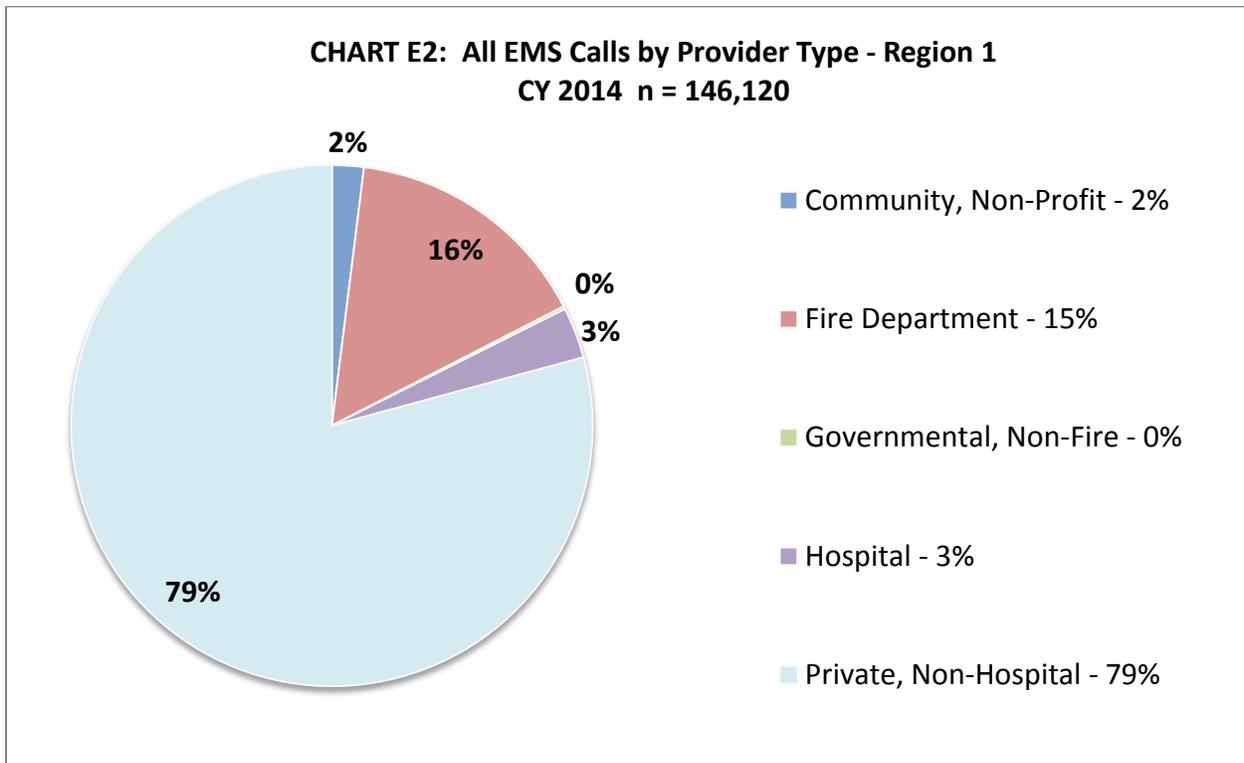
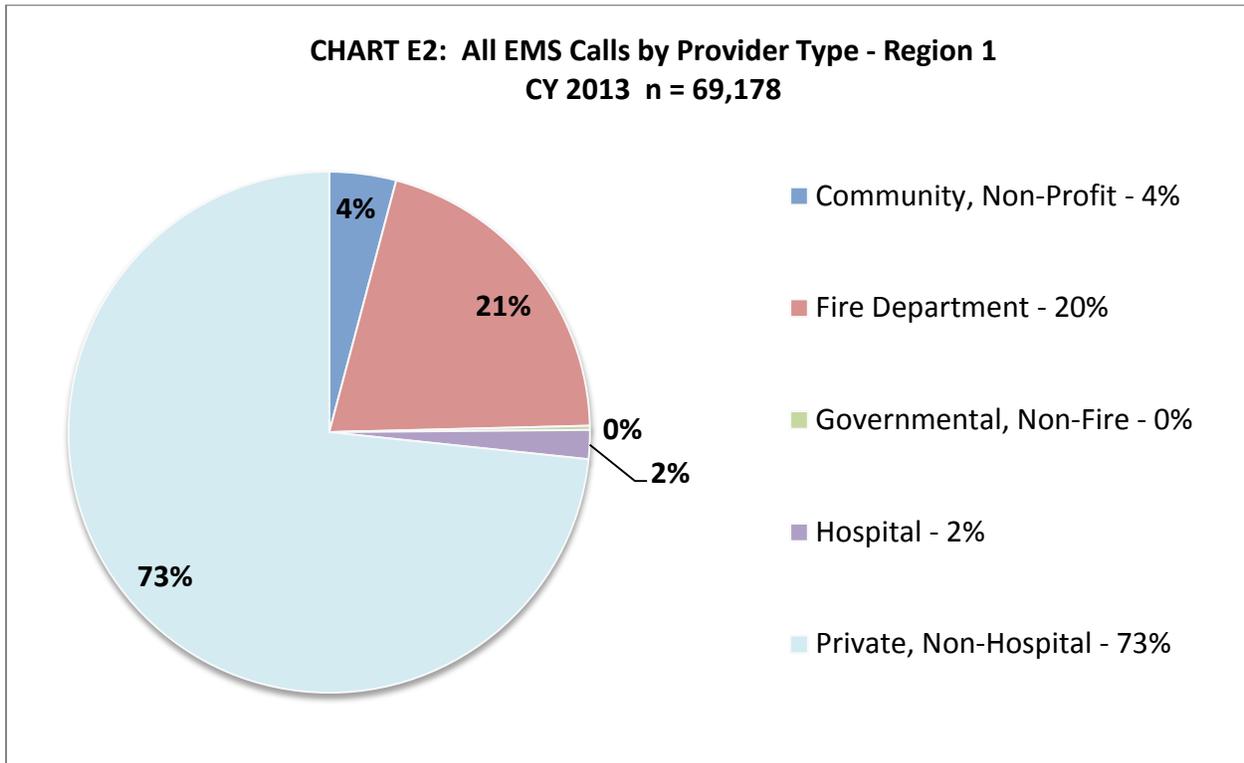
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**TABLE E2: All EMS Calls by Provider Type - Region 1  
Calendar Year 2013 and 2014**

Provider Type By Region 1	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	2,862	4%	2,880	2%	18	1%	(↑)
Fire Department	14,160	20%	22,591	15%	8,431	60%	(↑)
Governmental, Non-Fire	179	0%	259	0%	80	45%	(↑)
Hospital	1,242	2%	4,630	3%	3,388	273%	(↑)
Private, Non-Hospital	50,735	73%	115,760	79%	65,025	128%	(↑)
<b>Total Provider Type By Region 1</b>	<b>69,178</b>	<b>100%</b>	<b>146,120</b>	<b>100%</b>	<b>76,942</b>	<b>111%</b>	<b>(↑)</b>

**Comments:**

In CY 2013, 20% (14,160) of providers were Fire and 80% (55,018) were non-fire. In CY 2014, 16% (22,591) were Fire and 84% (123,529) were non-fire.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMESIS  
 Run Date Range: 2016-03-30 to 2016-04-27

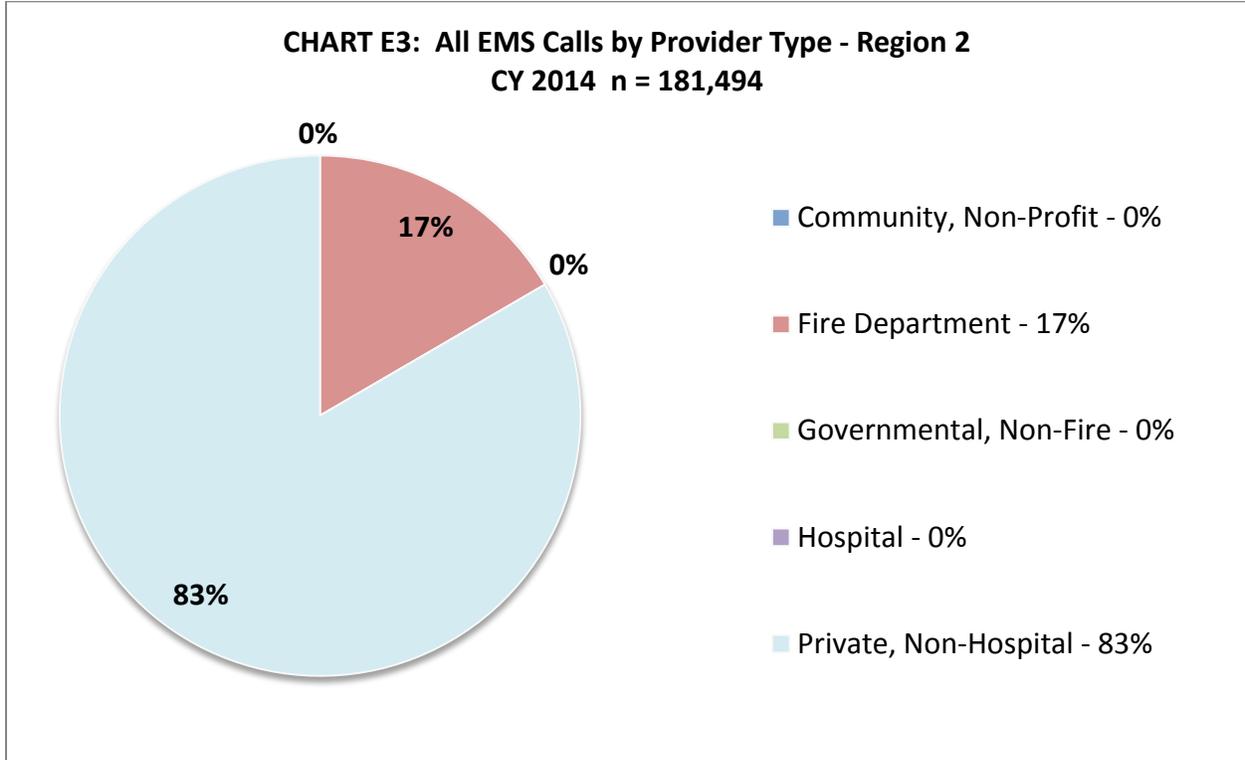
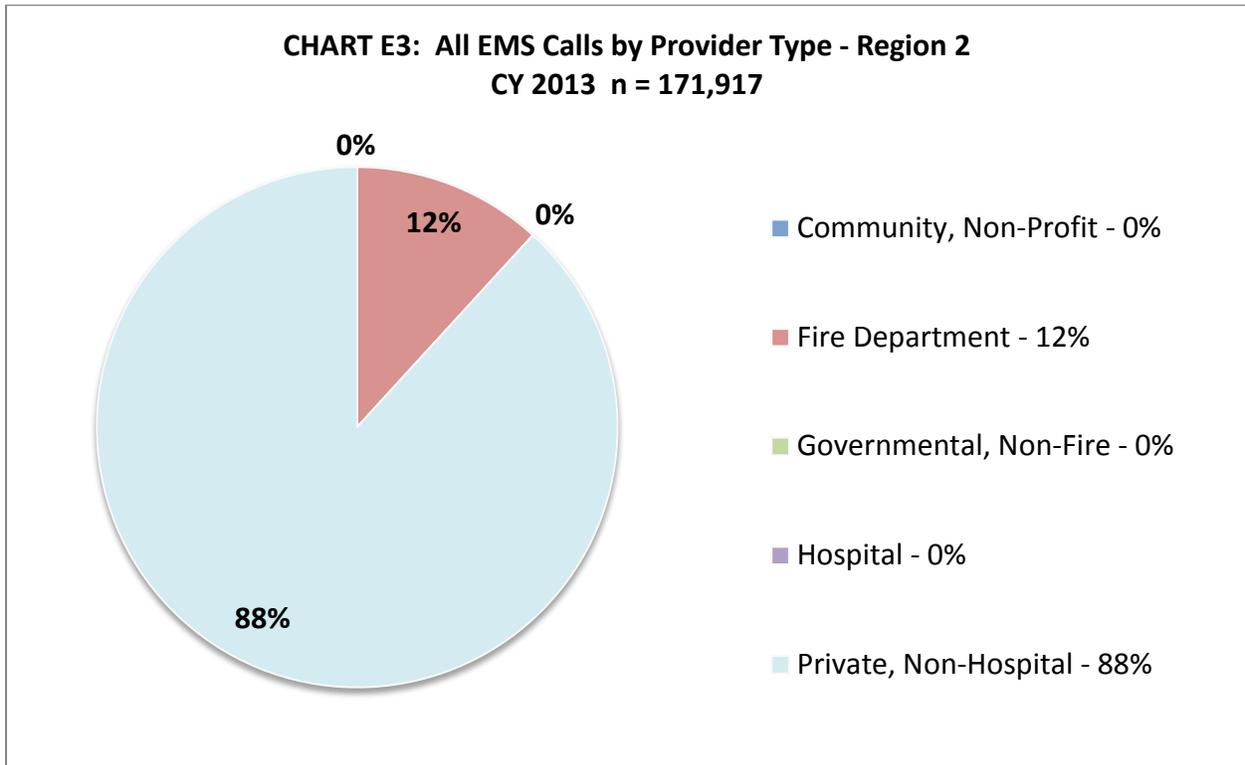
Contact:  
 SysDivData@emsa.ca.gov  
 916-322-4336 Ext. 742

**TABLE E3: All EMS Calls by Provider Type - Region 2  
Calendar Year 2013 and 2014**

Provider Type By Region 2	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	0	0%	0	0%	0	0%	
Fire Department	20,274	12%	30,127	17%	9,853	49%	(↑)
Governmental, Non-Fire	0	0%	0	0%	0	0%	
Hospital	0	0%	0	0%	0	0%	
Private, Non-Hospital	151,643	88%	151,367	83%	-276	0%	
<b>Total Provider Type by Region 2</b>	<b>171,917</b>	<b>100%</b>	<b>181,494</b>	<b>100%</b>	<b>9,577</b>	<b>6%</b>	<b>(↑)</b>

**Comments:**

In CY 2013, 12% of providers were Fire and 88% were non-Fire. In CY 2014, 17% were Fire and 83% were non-Fire.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE E4: All EMS Calls by Provider Type - Region 3  
Calendar Year 2013 and 2014**

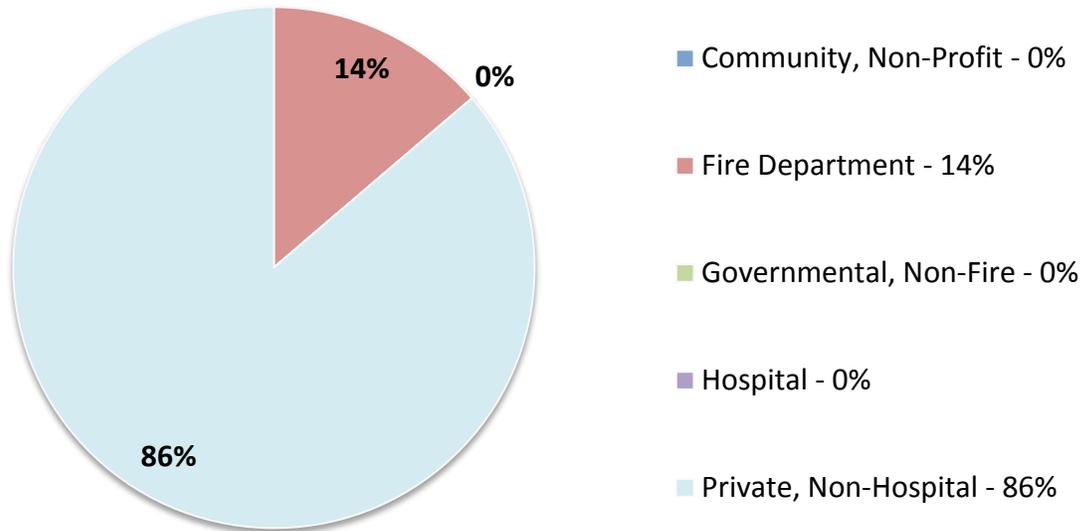
Provider Type By Region 3	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	0	0%	0	0%	0	0%	
Fire Department	12,732	14%	3,173	4%	-9,559	-75%	(↓)
Governmental, Non-Fire	0	0%	0	0%	0	0%	
Hospital	0	0%	0	0%	0	0%	
Private, Non-Hospital	79,930	86%	79,597	96%	-333	0%	(↓)
<b>Total Provider Type by Region 3</b>	<b>92,662</b>	<b>100%</b>	<b>82,770</b>	<b>100%</b>	<b>-9,892</b>	<b>-11%</b>	<b>(↓)</b>

**Comments:**

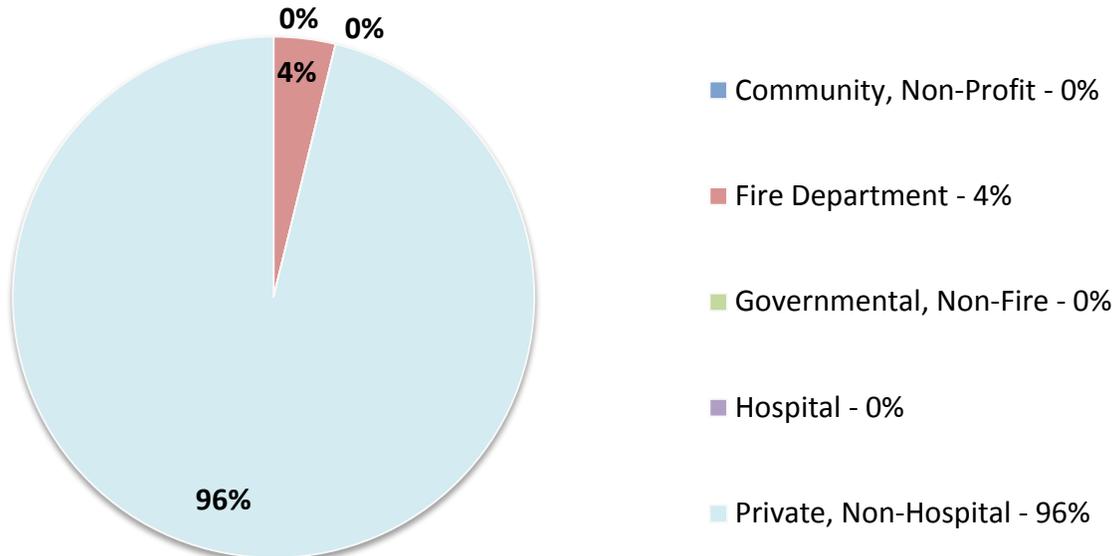
In CY 2013, 14% of providers were Fire and 86% were non-Fire. In CY 2014, 4% were Fire and 96% were non-Fire.

It is not clear what drove the decrease in Fire counts from 12,732 to 3,173 over the one year period. EMSA is reviewing the counts.

**CHART E4: All EMS Calls by Provider Type - Region 3  
CY 2013 n = 92,662**



**CHART E4: All EMS Calls by Provider Type - Region 3  
CY 2014 n = 82,770**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMSI  
Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE E5: All EMS Calls by Provider Type - Region 4  
Calendar Year 2013 and 2014**

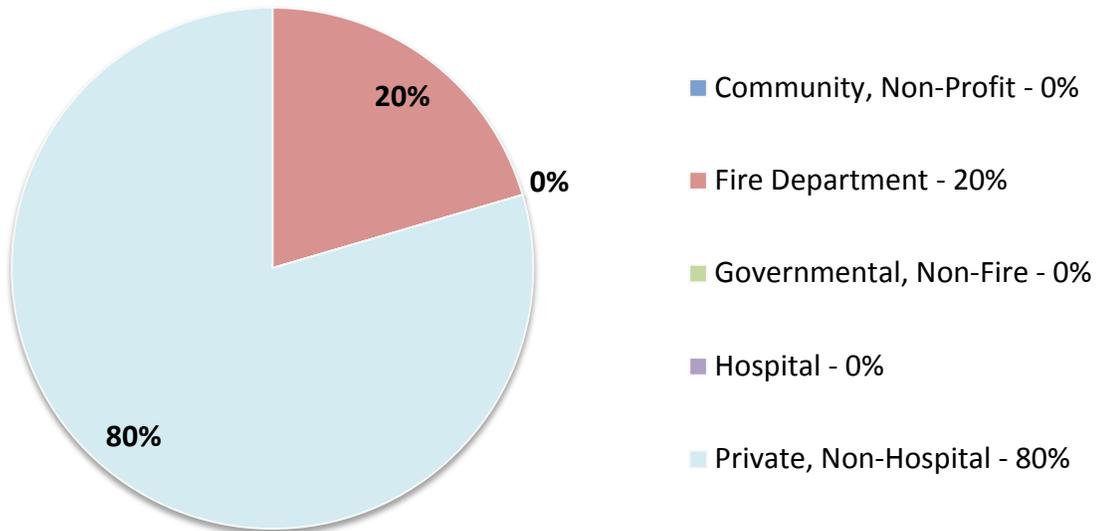
Provider Type By Region 4	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	0	0%		0%	0	0%	
Fire Department	23,019	20%	46,833	34%	23,814	103%	(↑)
Governmental, Non-Fire	0	0%		0%	0	0%	
Hospital	0	0%		0%	0	0%	
Private, Non-Hospital	89,470	80%	91,108	66%	1,638	2%	(↑)
<b>Total Provider Type by Region 4</b>	<b>112,489</b>	<b>100%</b>	<b>137,941</b>	<b>100%</b>	<b>25,452</b>	<b>23%</b>	<b>(↑)</b>

**Comments:**

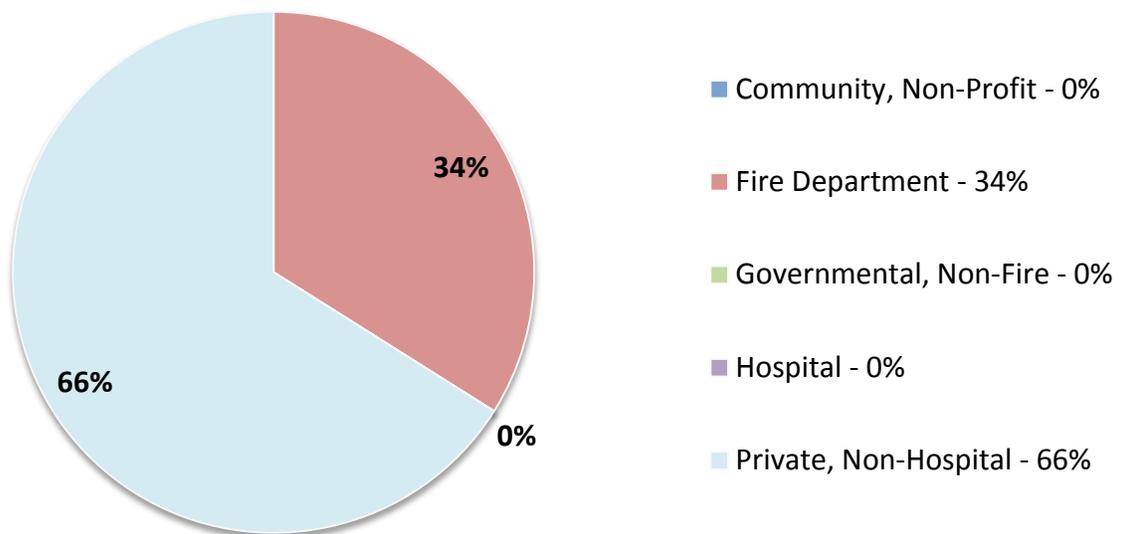
In CY 2013 20% of providers were Fire and 80% were non-Fire. In 2014, CY 34% was Fire and 66% were non-Fire.

There are 23,680 blanks in 2013 and 22,420 blanks in 2014.

**CHART E5: All EMS Calls by Provider Type - Region 4  
CY 2013 n = 112,489**



**CHART E5: All EMS Calls by Provider Type - Region 4  
CY 2014 n = 137,941**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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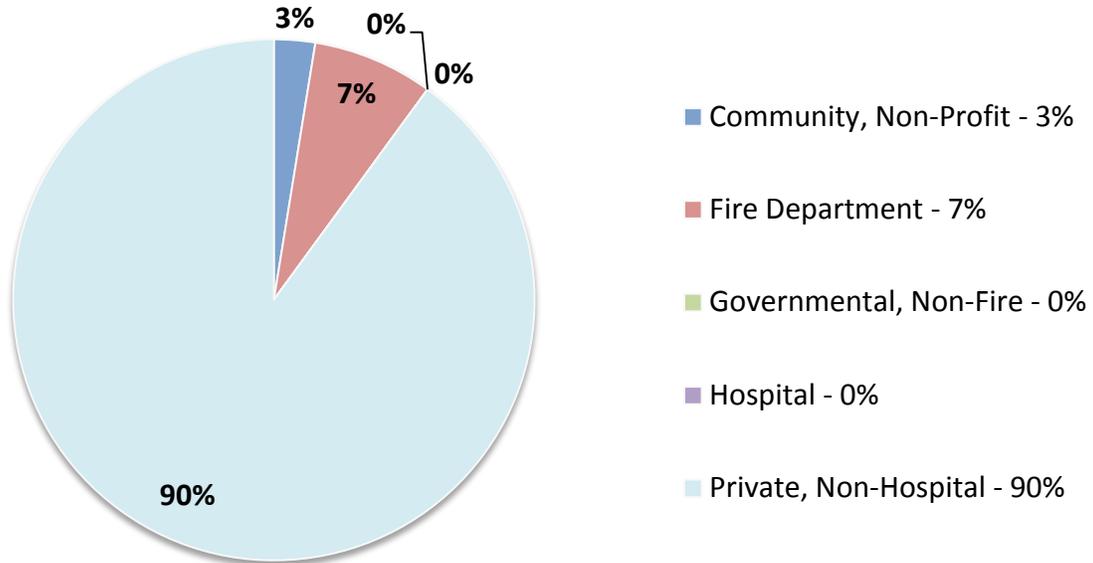
**TABLE E6: All EMS Calls by Provider Type - Region 5  
Calendar Year 2013 and 2014**

Provider Type By Region 5	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	4,786	3%	4,919	3%	133	3%	(↑)
Fire Department	14,055	7%	31,140	17%	17,085	122%	(↑)
Governmental, Non-Fire	0	0%	0	0%	0	0%	
Hospital	0	0%	0	0%	0	0%	
Private, Non-Hospital	168,854	90%	143,281	80%	-25,573	-15%	(↓)
<b>Total Provider Type by Region 5</b>	<b>187,695</b>	<b>100%</b>	<b>179,340</b>	<b>100%</b>	<b>-8,355</b>	<b>-4%</b>	<b>(↑)</b>

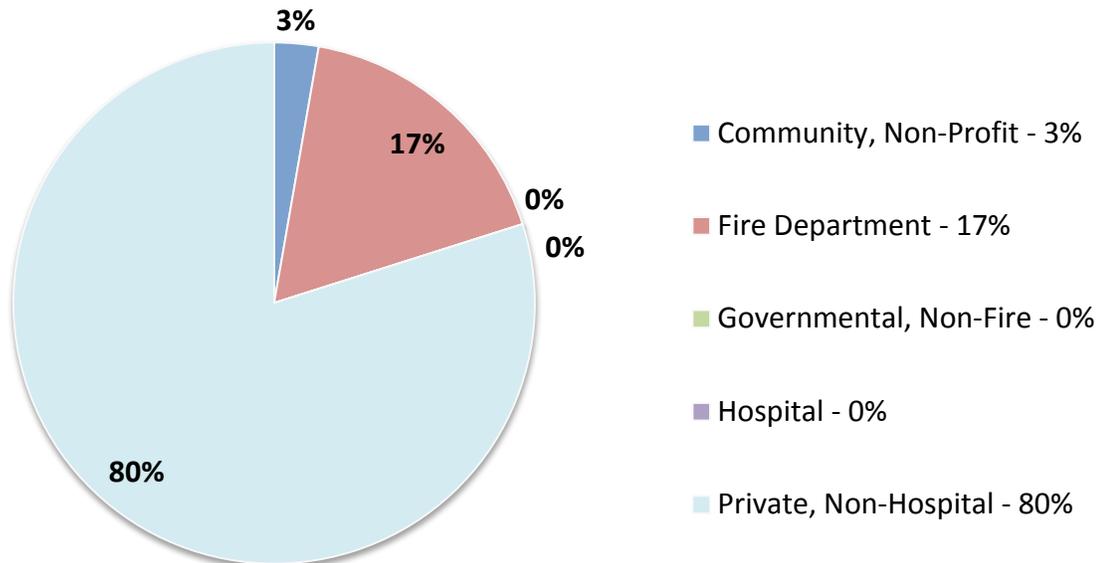
**Comments:**

In CY 2013, 7% of providers were Fire and 93% were non-Fire. In CY 2014, 17% were Fire and 83% were non-Fire.

**CHART E6: All EMS Calls by Provider Type - Region 5  
CY 2013 n = 187,695**



**CHART E6: All EMS Calls by Provider Type - Region 5  
CY 2014 n = 179,340**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMIS  
Run Date Range: 2016-03-30 to 2016-04-27

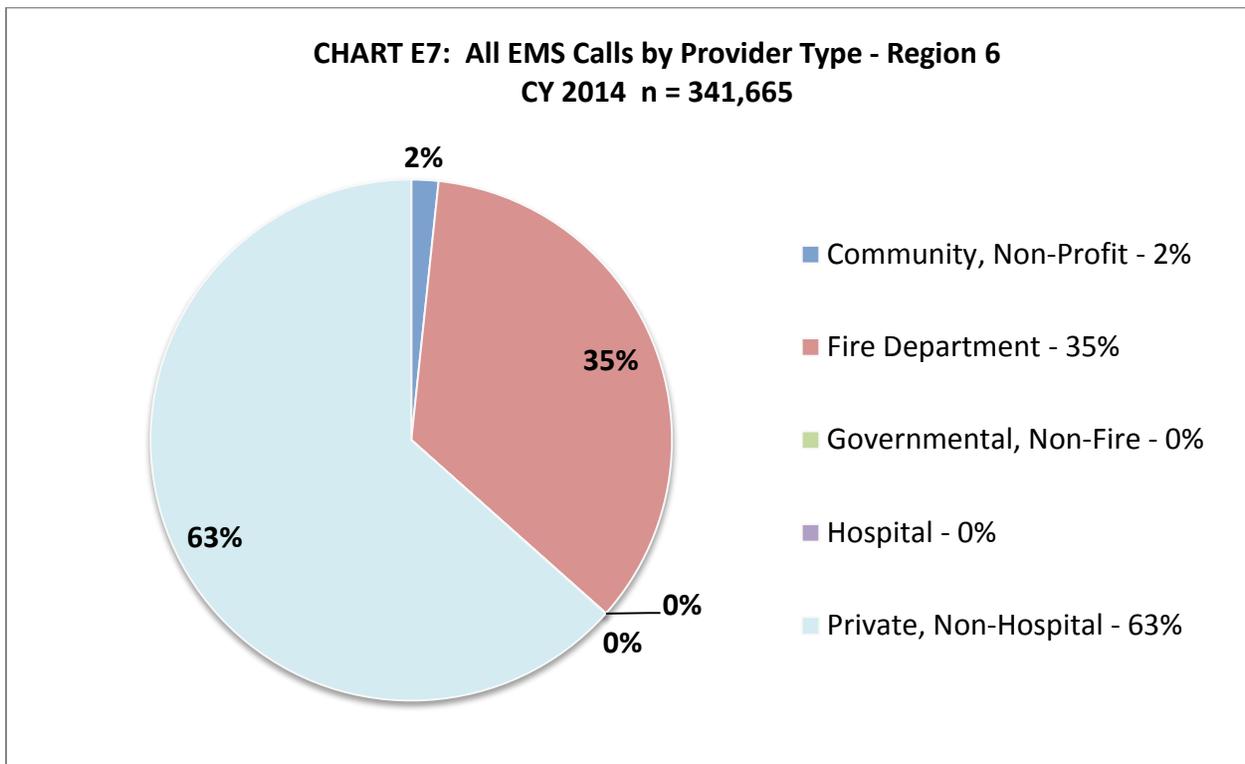
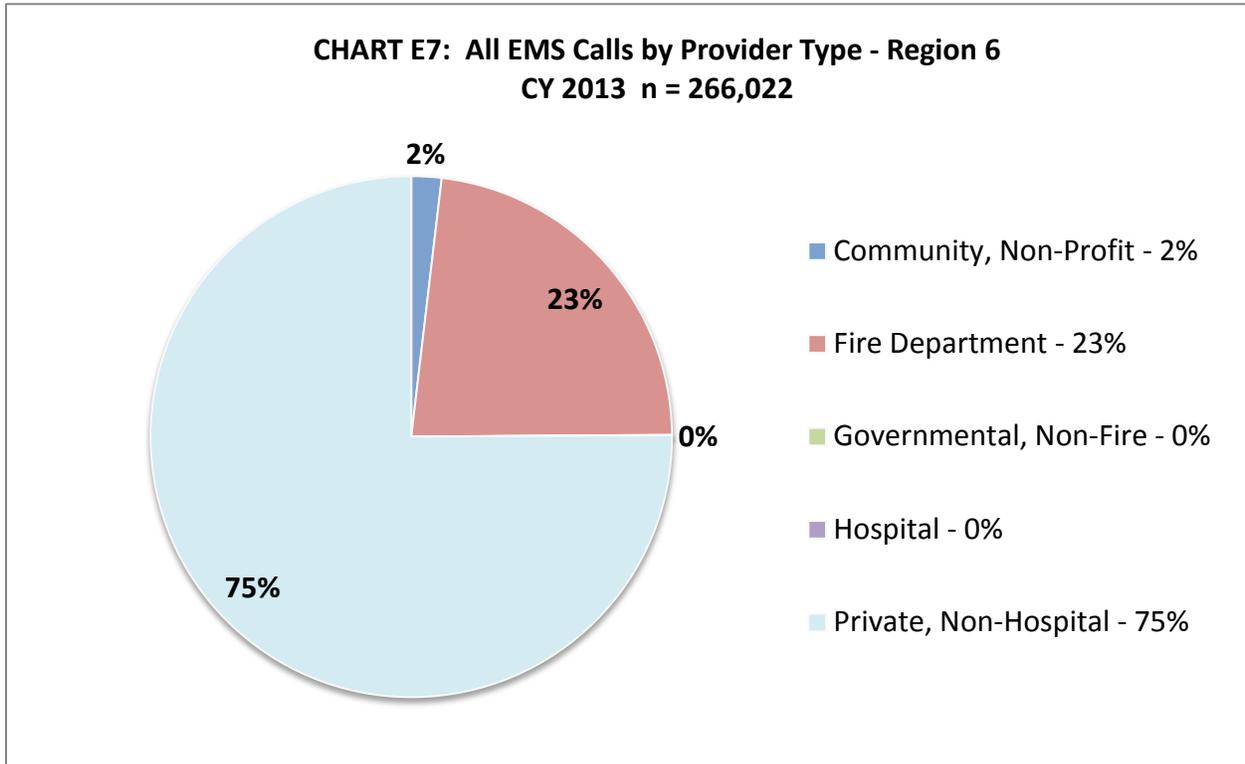
Contact:  
SysDivData@emsa.ca.gov  
916-322-4336 Ext. 742

**TABLE E7: All EMS Calls by Provider Type - Region 6  
Calendar Year 2013 and 2014**

Provider Type By Region 6	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Community, Non-Profit	4,960	2%	5,725	2%	765	15%	(↑)
Fire Department	61,256	23%	119,247	35%	57,991	95%	(↑)
Governmental, Non-Fire	81	0%	94	0%	13	16%	(↑)
Hospital	0	0%	0	0%	0	0%	
Private, Non-Hospital	199,725	75%	216,599	63%	16,874	8%	(↑)
<b>Total Provider Type by Region 6</b>	<b>266,022</b>	<b>100%</b>	<b>341,665</b>	<b>100%</b>	<b>75,643</b>	<b>28%</b>	<b>(↑)</b>

**Comments:**

In CY 2013, 23% of providers were Fire and 77% was non-Fire. In CY 2014, 35% were Fire and 65% was non-Fire.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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TABLE F1: Average Scene Time Calendar Year 2013 and 2014					
Average Scene Time (E05_06; E05_07; E05_10)	CY 2013	CY 2014	Change		
	Time in Minutes	Time in Minutes	Change	% Change	Status
Time between arrival on Scene and Patient	3	3	0	0%	
Time between arrived at patient and destination	26	26	0	0%	

**Comments:**

Average Scene Time calculations are based on Arrived at Scene (E05\_06); Arrived at Patient (E05\_07); and Arrived at Destination (E05\_10).

**TABLE F2: Average Scene Time by Region  
Calendar Year 2013 and 2014**

Average Scene Time by Region	CY 2013		CY 2014		Change		
	Scene & Patient (mins)	Patient & Destination (mins)	Scene & Patient (mins)	Patient & Destination (mins)	Change	% Change	Status
Region 1	2	25	2	24	0	0%	(↑)
Region 2	3	27	3	27	0	0%	(↑)
Region 3	3	26	3	26	0	0%	(↑)
Region 4	3	26	3	25	0	0%	(↑)
Region 5	3	26	3	25	0	0%	(↑)
Region 6	4	27	4	26	0	0%	(↑)

**Region 1** is composed of: Coastal Valleys; Northern California; North Coast; and Sierra-Sacramento Valley. These LEMSAs were grouped in region because they are largely rural

**Region 2** is composed of: Marin; Napa; Solano; Contra Costa; Alameda; Santa Clara; San Mateo; Santa Cruz; and San Francisco. These LEMSAs were grouped in this region because they are largely urban and coastal.

**Region 3** is composed of: Yolo; Sacramento; El Dorado; San Joaquin; Mountain Valley; Merced; and Tuolumne. These LEMSAs were grouped in this region because they are largely rural and in the central valley.

**Region 4** is composed of: San Benito; Monterey, San Luis Obispo; Santa Barbara; and Ventura. These LEMSAs were grouped in this region because they are largely coastal and rural.

**Region 5** is: Central California and Kern. These LEMSAs were grouped in this region because they are largely rural and inland

**Region 6** is: ICEMA; Riverside; and Imperial. These LEMSAs were grouped in this region because they are largely similar.

**Region 7** is: Los Angeles; San Diego; and Orange. These LEMSAs were group in this region because they are all highly urban.

**Comments:**

Average Scene Time calculations are based on Arrived at Scene (E05\_06); Arrived at Patient (E05\_07); and Arrived at Destination (E05\_10).

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

Source: CEMSIS

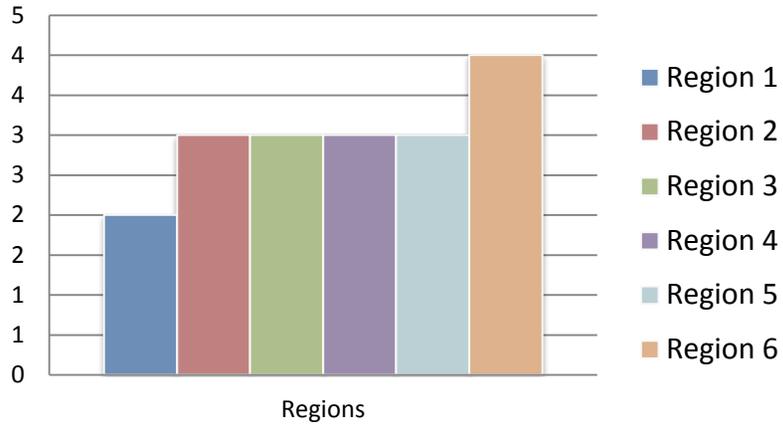
Run Date Range: 2016-03-30 to 2016-04-27

Contact:

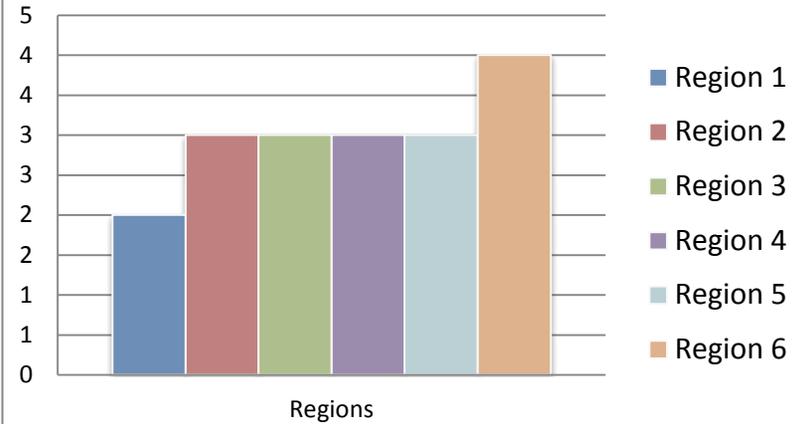
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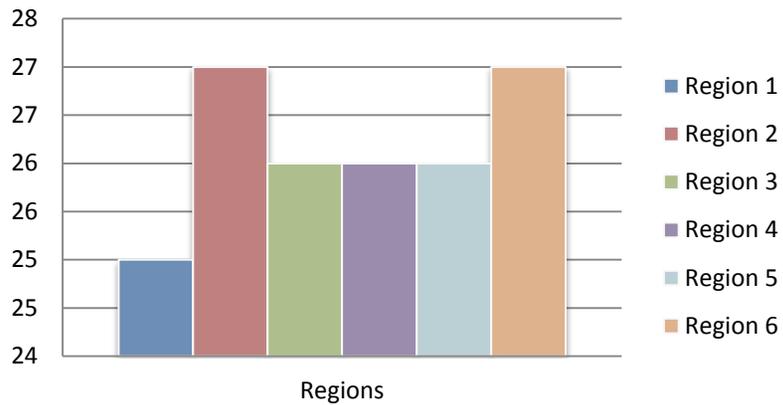
**Chart F2: Average Scene Time by Region  
Scene & Patient; CY 2013**



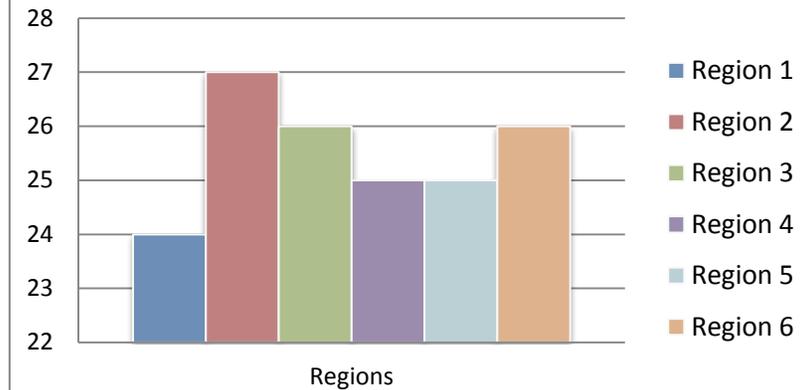
**Chart F2: Average Scene Time by Region  
Scene & Patient; CY 2014**



**Chart F2: Average Scene Time by Region  
Patient & Destination; CY 2013**



**Chart F2: Average Scene Time by Region  
Patient & Destination; CY 2014**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMIS  
Run Date Range: 2016-03-30 to 2016-04-27

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# EMS ANNUAL REPORT DATA

## Section 2: Cause of Injury

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**TABLE G1: Cause of Injury (Traffic: On and Off Road)  
Calendar Year 2013 and 2014**

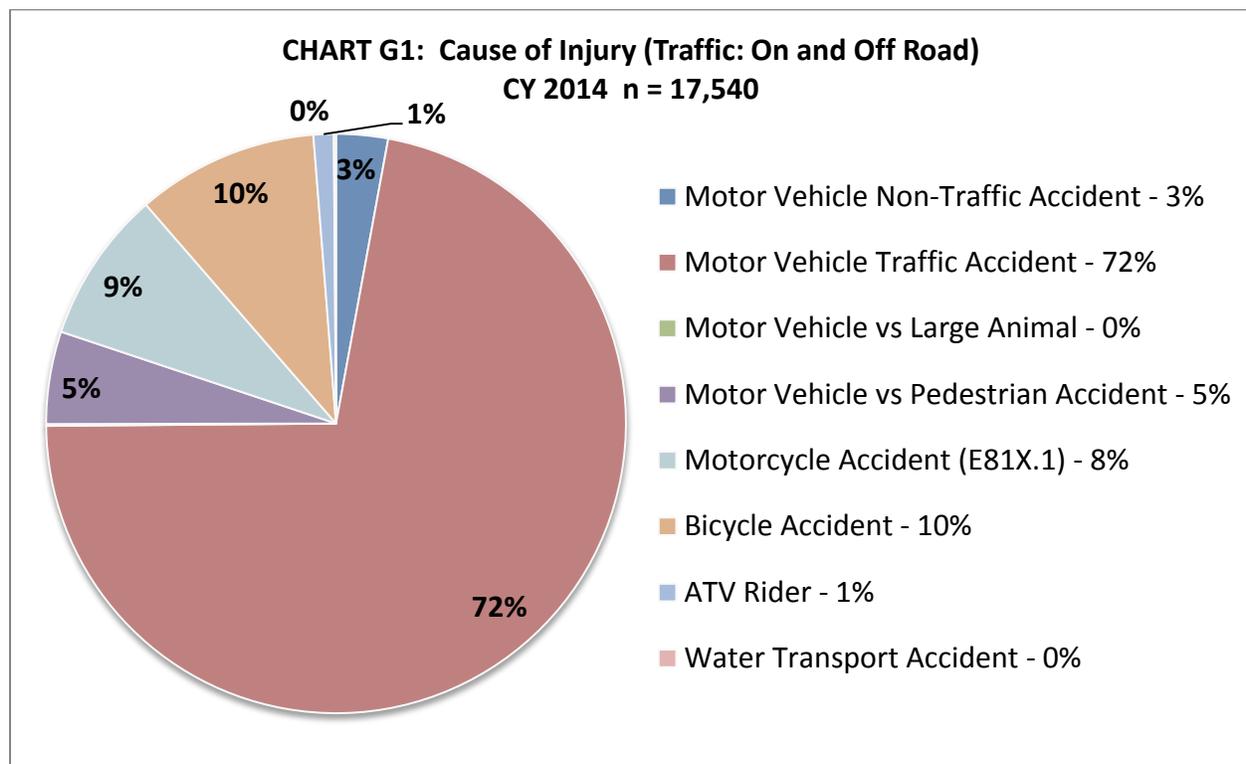
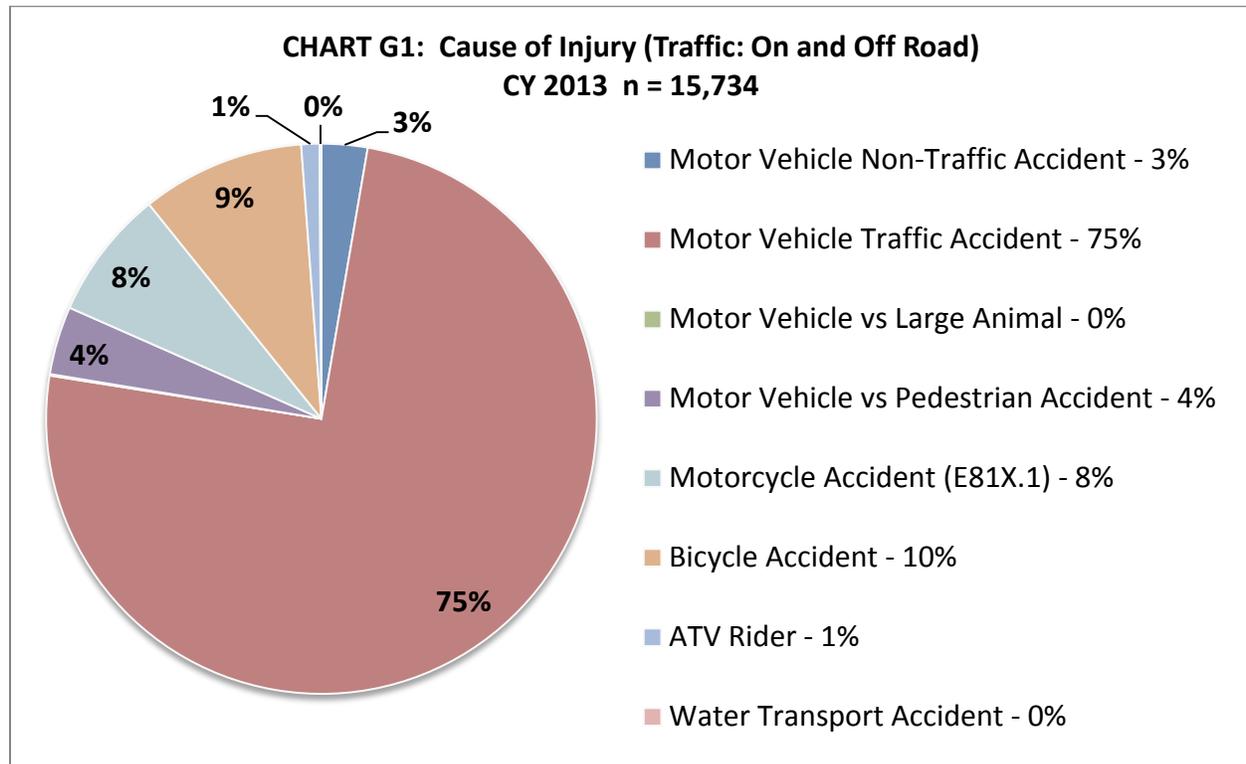
Cause of Injury (Traffic: On and Off Road) (E10_01)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	424	3%	506	3%	82	19%	(↑)
Motor Vehicle Traffic Accident	11,772	75%	12,626	72%	854	7%	(↑)
Motor Vehicle vs. Large Animal	14	0%	18	0%	4	29%	(↑)
Motor Vehicle vs. Pedestrian Accident	631	4%	905	5%	274	43%	(↑)
Motorcycle Accident (E81X.1)	1,198	8%	1,489	8%	291	24%	(↑)
Bicycle Accident	1,510	10%	1,777	10%	267	18%	(↑)
ATV Rider	168	1%	198	1%	30	18%	(↑)
Water Transport Accident	17	0%	21	0%	4	24%	(↑)
<b>Total Cause of Injury (Traffic: On and Off Road)</b>	<b>15,734</b>	<b>100%</b>	<b>17,540</b>	<b>100%</b>	<b>1,806</b>	<b>11%</b>	<b>(↑)</b>

**Comments:**

The count in this table reflects only those patients for whom POSSIBLE INJURY (E09\_04) was selected **AND** Primary or Secondary Impression equals Traumatic Injury. Therefore, the total in this table reflects the counts of patients that were noted as YES for E09\_04 in 2013 and 2014 **AND** were noted under either Primary Impression (E09\_15) or Secondary Impression (E09\_16).

The total number of Injuries for Traffic and Non-Traffic in 2013 and 2014, respectively, was 42,270 (15,734 and 17,540) and 51,950 (26,536 and 34,410).

Of these calls with a Cause of Injury, 31,313 in 2013 and 30,612 in 2014 have no specific injury selected. This decrease in the Null values increases the usefulness of the data.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

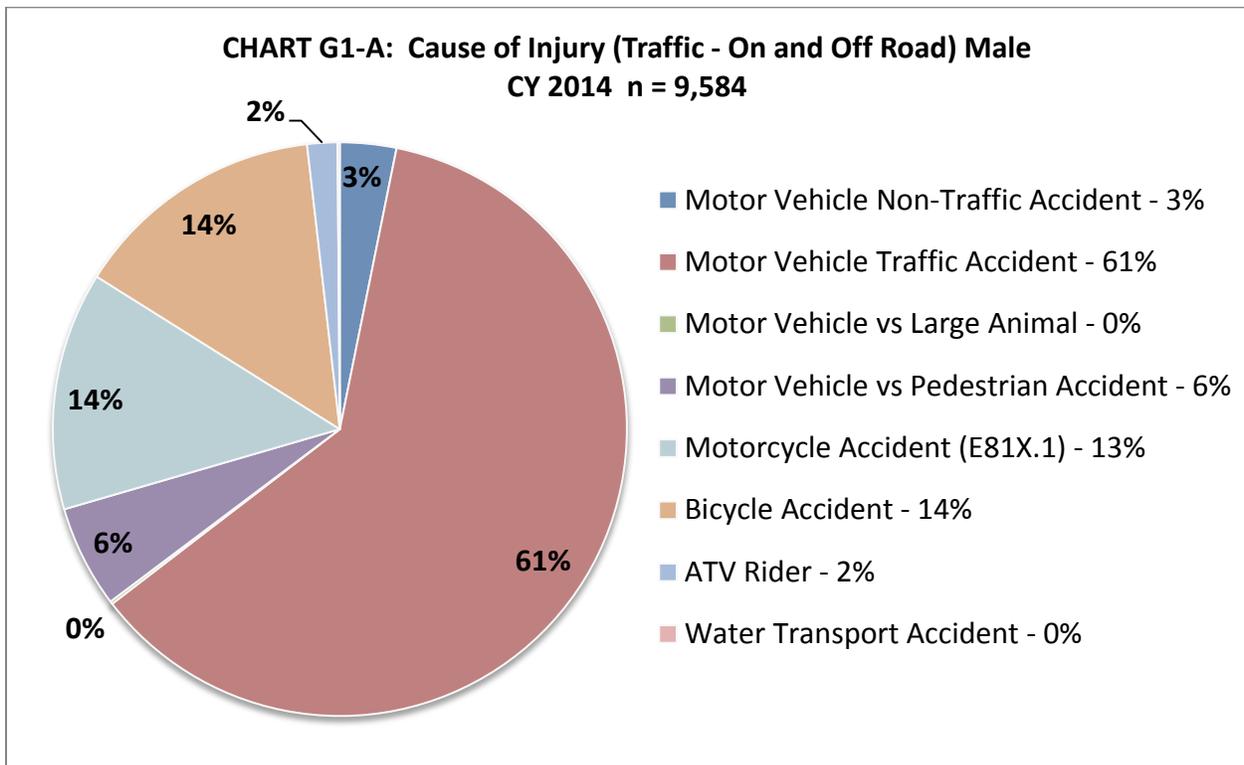
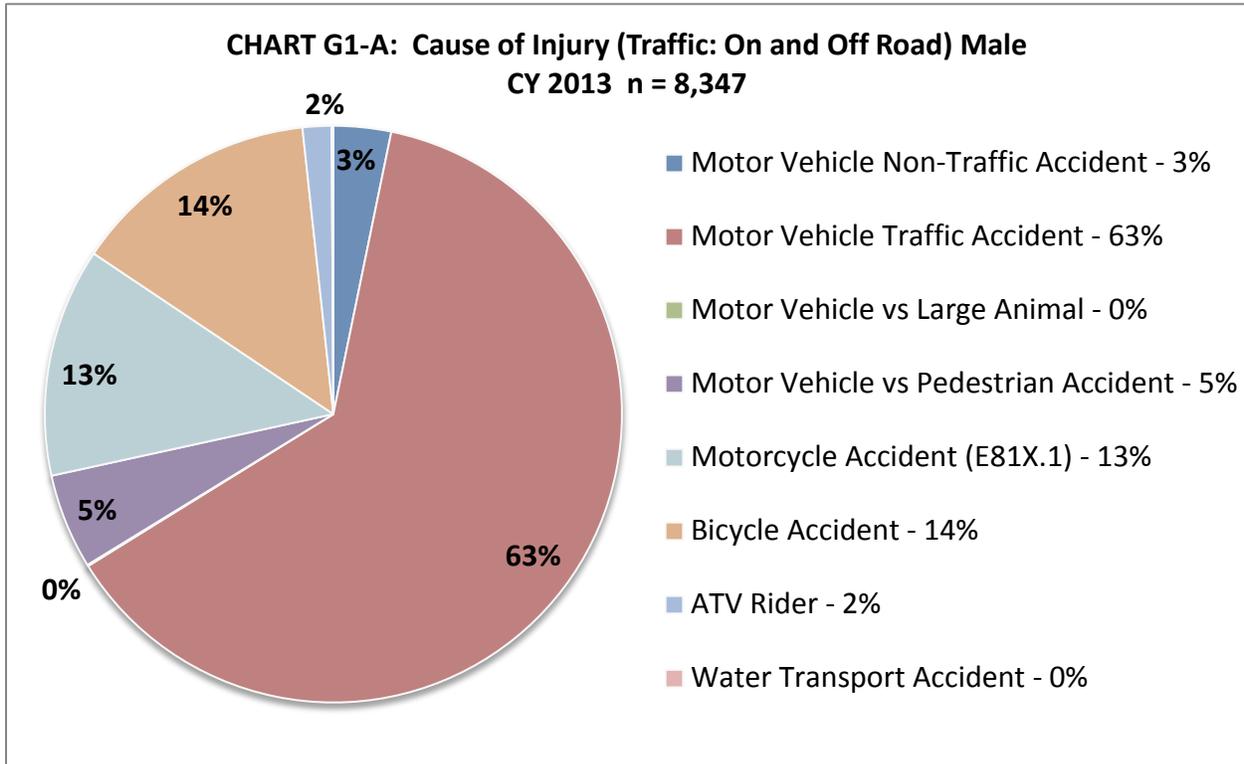
Contact:  
 SysDivData@emsa.ca.gov  
 916-322-4336 Ext. 742

**TABLE G1-A: Cause of Injury (Traffic: On and Off Road) Male  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Male	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	269	3%	304	3%	35	13%	(↑)
Motor Vehicle Traffic Accident	5,254	63%	5,885	61%	631	12%	(↑)
Motor Vehicle vs. Large Animal	6	0%	15	0%	9	150%	(↑)
Motor Vehicle vs. Pedestrian Accident	445	5%	552	6%	107	24%	(↑)
Motorcycle Accident (E81X.1)	1,071	13%	1,287	13%	216	20%	(↑)
Bicycle Accident	1,159	14%	1,366	14%	207	18%	(↑)
ATV Rider	135	2%	163	2%	28	21%	(↑)
Water Transport Accident	8	0%	12	0%	4	50%	(↑)
<b>Total Cause of Injury (Traffic: On and Off Road) Male</b>	<b>8,347</b>	<b>100%</b>	<b>9,584</b>	<b>100%</b>	<b>1,237</b>	<b>15%</b>	<b>(↑)</b>

**Comments:**

The most common cause of injury for male patients is Motor Vehicle Traffic Accident. Bicycle and Motorcycle Accidents is the next most common.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
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**TABLE G1-B: Cause of Injury (Traffic: On and Off Road) Female  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Female	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	154	2%	200	3%	46	30%	(↑)
Motor Vehicle Traffic Accident	6,491	88%	6,723	85%	232	4%	(↑)
Motor Vehicle vs. Large Animal	8	0%	3	0%	-5	-63%	(↓)
Motor Vehicle vs. Pedestrian Accident	186	3%	352	4%	166	89%	(↑)
Motorcycle Accident (E81X.1)	126	2%	201	3%	75	60%	(↑)
Bicycle Accident	345	5%	411	5%	66	19%	(↑)
ATV Rider	33	0%	35	0%	2	6%	(↑)
Water Transport Accident	9	0%	9	0%	0	0%	
<b>Total Cause of Injury (Traffic: On and Off Road) Female</b>	<b>7,352</b>	<b>100%</b>	<b>7,934</b>	<b>100%</b>	<b>582</b>	<b>8%</b>	<b>(↑)</b>

**Comments:**

The most common cause of injury for female patients is Motor Vehicle Traffic Accident.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

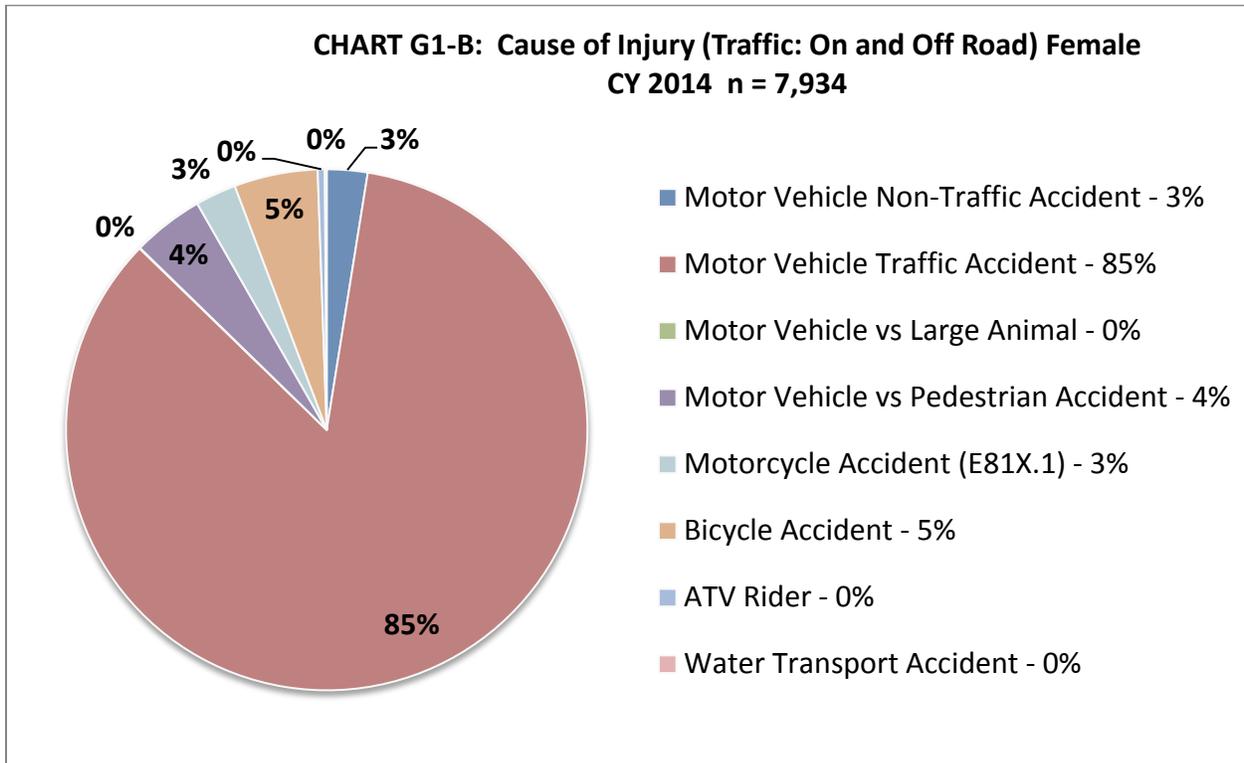
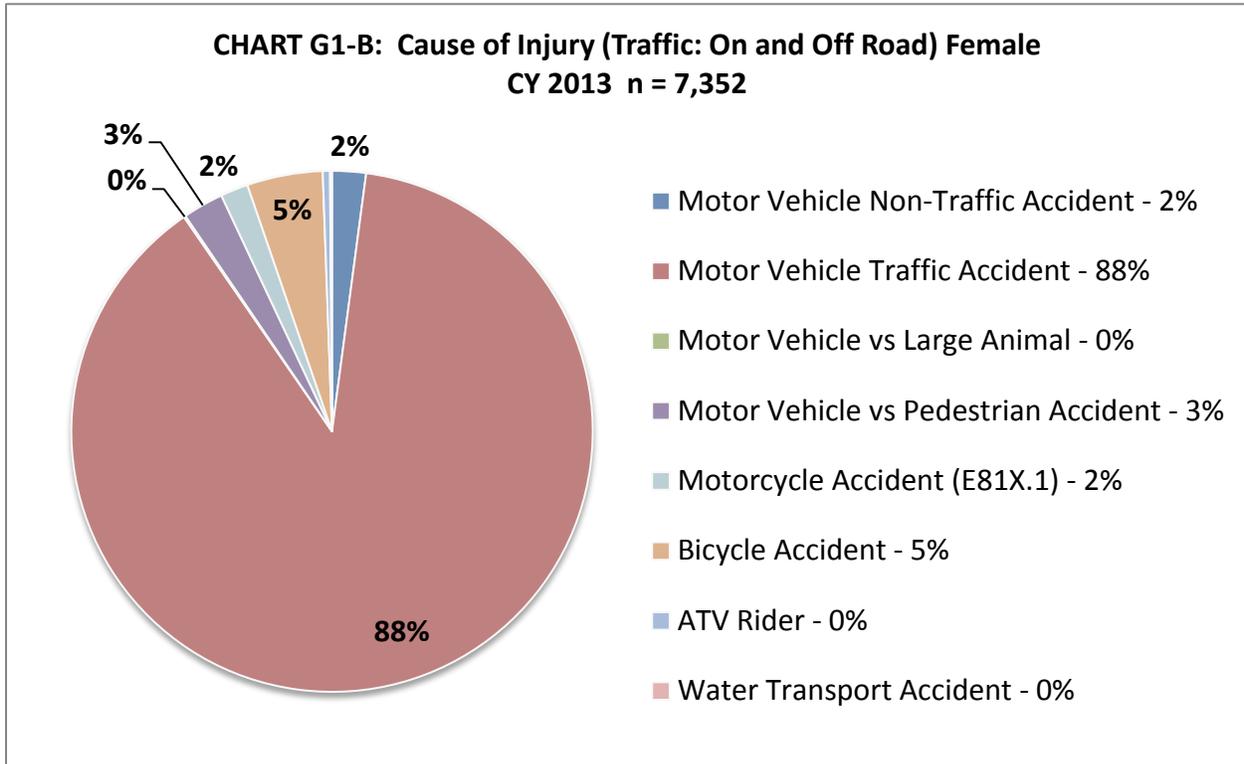
Source: CEMESIS

Run Date Range: 2016-03-30 to 2016-04-27

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Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

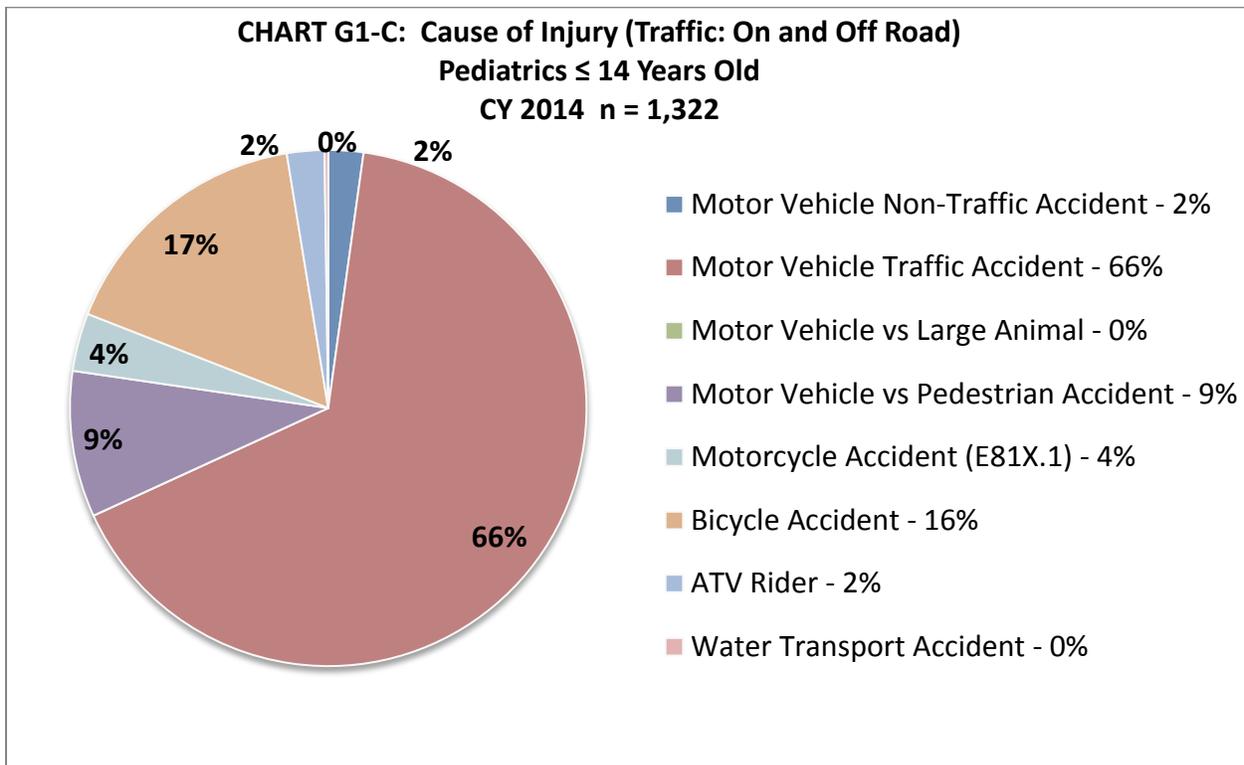
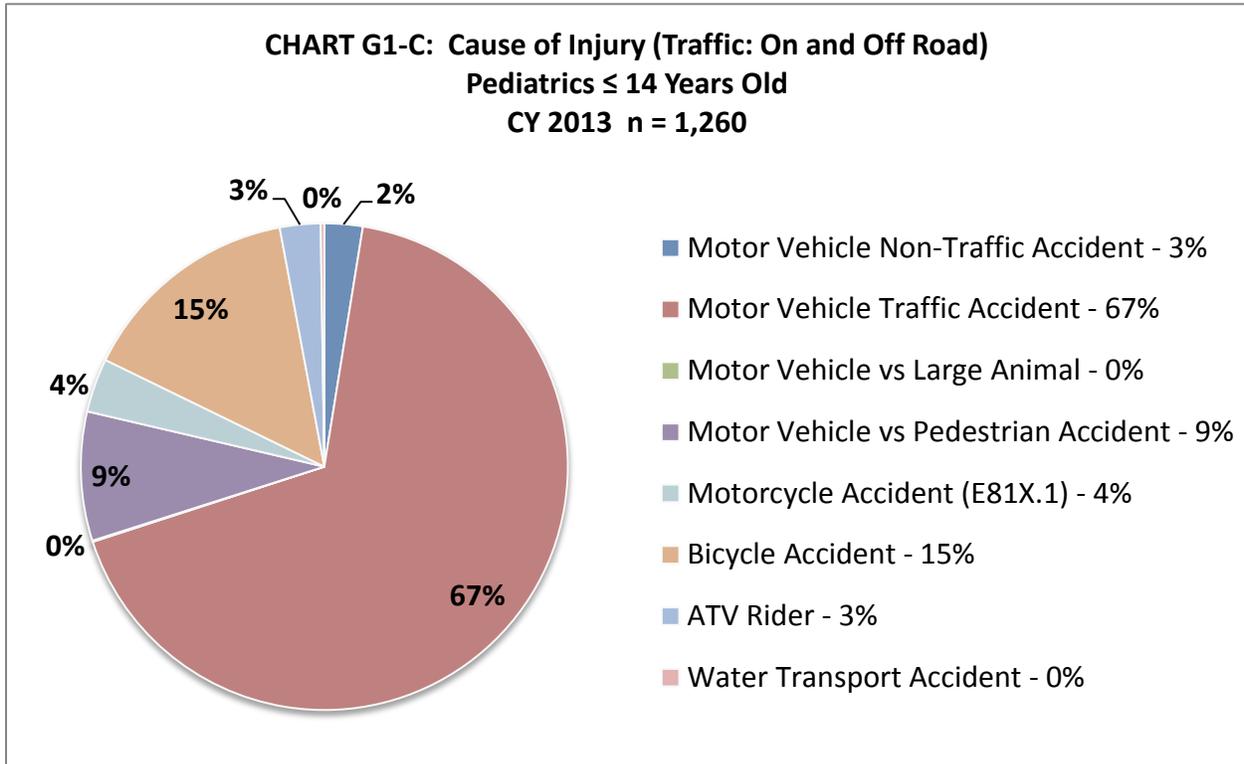
Contact:  
 SysDivData@emsa.ca.gov  
 916-322-4336 Ext. 742

**TABLE G1-C: Cause of Injury (Traffic: On and Off Road) Pediatrics ≤ 14 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Pediatrics ≤ 14 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	32	3%	29	2%	-3	-9%	(↓)
Motor Vehicle Traffic Accident	850	67%	872	66%	22	3%	(↑)
Motor Vehicle vs. Large Animal	1	0%	0	0%	-1	-100%	(↓)
Motor Vehicle vs. Pedestrian Accident	108	9%	121	9%	13	12%	(↑)
Motorcycle Accident (E81X.1)	45	4%	48	4%	3	7%	(↑)
Bicycle Accident	187	15%	218	16%	31	17%	(↑)
ATV Rider	34	3%	31	2%	-3	-9%	(↓)
Water Transport Accident	3	0%	3	0%	0	0%	
<b>Total COI (Traffic: On and Off Road) ≤ 14 Years Old</b>	<b>1,260</b>	<b>100%</b>	<b>1,322</b>	<b>100%</b>	<b>62</b>	<b>5%</b>	<b>(↑)</b>

**Comments:**

The most common cause of injury for patients aged 0–14 years is Motor Vehicle Traffic Accident. Bicycle Accident is the next most common.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
 SysDivData@emsa.ca.gov  
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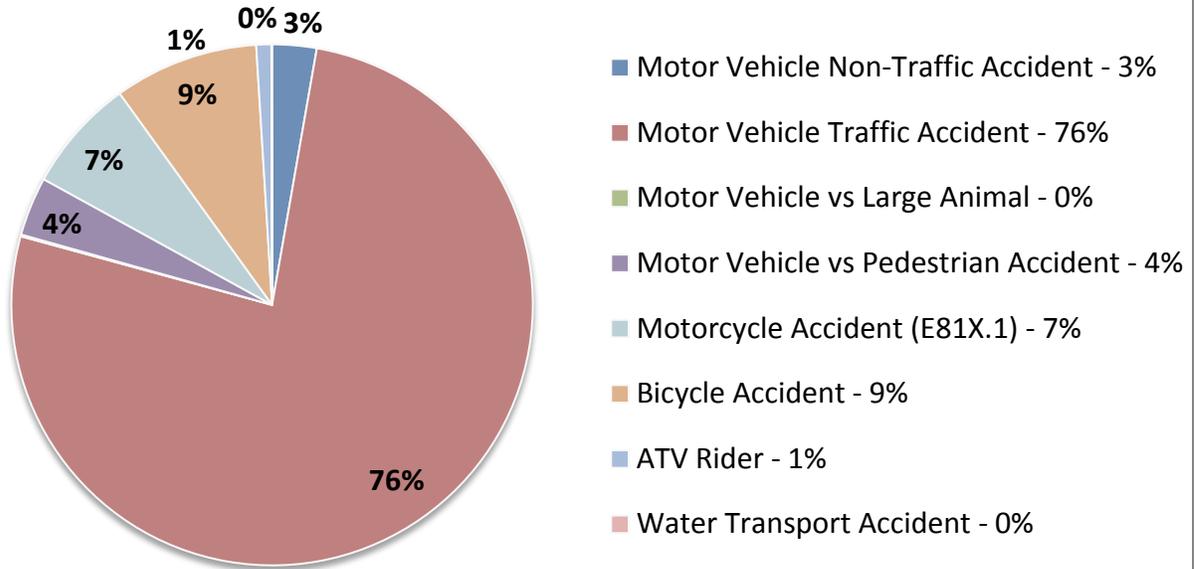
**TABLE G1-D: Cause of Injury (Traffic: On and Off Road) Adolescents 15–26 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Adolescents 15–26 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	127	3%	167	3%	40	31%	(↑)
Motor Vehicle Traffic Accident	3,534	76%	3,861	74%	327	9%	(↑)
Motor Vehicle vs. Large Animal	5	0%	1	0%	-4	-80%	(↓)
Motor Vehicle vs. Pedestrian Accident	169	4%	253	5%	84	50%	(↑)
Motorcycle Accident (E81X.1)	326	7%	454	9%	128	39%	(↑)
Bicycle Accident	414	9%	427	8%	13	3%	(↑)
ATV Rider	43	1%	77	1%	34	79%	(↑)
Water Transport Accident	2	0%	6	0%	4	200%	(↑)
<b>Total COI (Traffic: On and Off Road) Adolescents 15–26 Years Old</b>	<b>4,620</b>	<b>100%</b>	<b>5,246</b>	<b>100%</b>	<b>626</b>	<b>14%</b>	<b>(↑)</b>

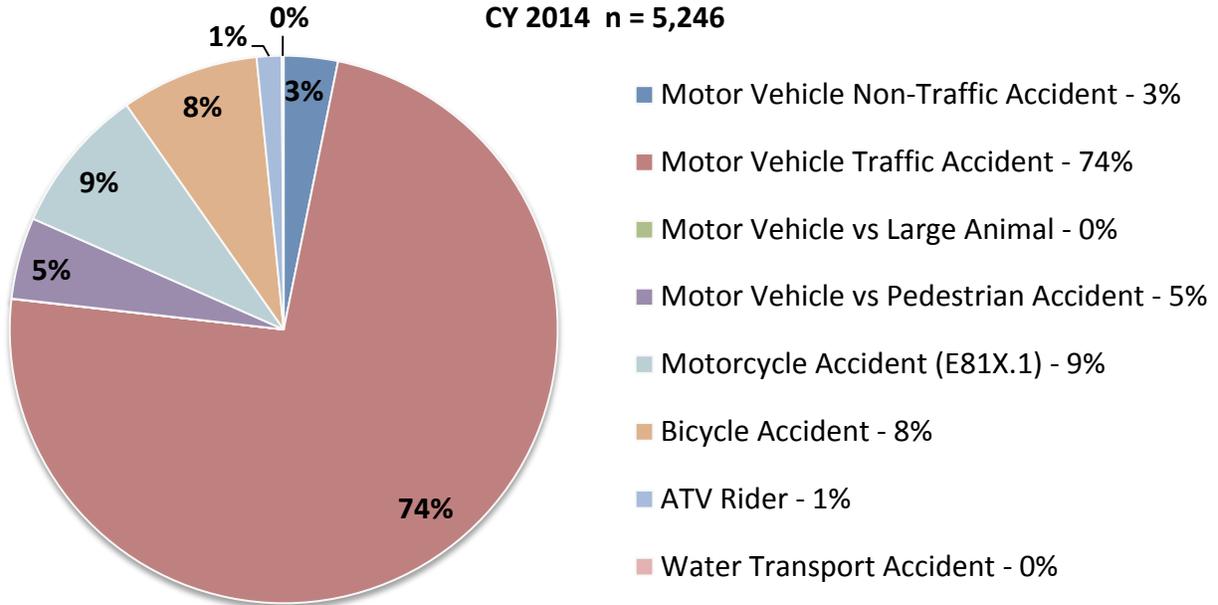
**Comments:**

The most common cause of injury for patients aged 15–26 years is Motor Vehicle Traffic Accident. Bicycle Accident is the next most common.

**CHART G1-D: Cause of Injury (Traffic: On and Off Road)  
Adolescents 15-26 Years Old  
CY 2013 n = 4,620**



**CHART G1-D: Cause of Injury (Traffic: On and Off Road)  
Adolescents 15-26 Years Old  
CY 2014 n = 5,246**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE G1-E: Cause of Injury (Traffic: On and Off Road) Adults 27–44 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Adults 27-44 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	115	3%	138	3%	23	20%	(↑)
Motor Vehicle Traffic Accident	3,269	76%	3,499	73%	230	7%	(↑)
Motor Vehicle vs. Large Animal	2	0%	8	0%	6	300%	(↑)
Motor Vehicle vs. Pedestrian Accident	136	3%	193	4%	57	42%	(↑)
Motorcycle Accident (E81X.1)	400	9%	470	10%	70	18%	(↑)
Bicycle Accident	333	8%	394	8%	61	18%	(↑)
ATV Rider	59	1%	55	1%	-4	-7%	(↓)
Water Transport Accident	6	0%	8	0%	2	33%	(↑)
<b>Total COI (Traffic: On and Off Road) Adults 27–44 Years Old</b>	<b>4,320</b>	<b>100%</b>	<b>4,765</b>	<b>100%</b>	<b>445</b>	<b>10%</b>	<b>(↑)</b>

**Comments:**

The most common cause of injury for patients aged 27–44 years is Motor Vehicle Traffic Accident. Motorcycle Accident and Bicycle Accident are the next most common.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

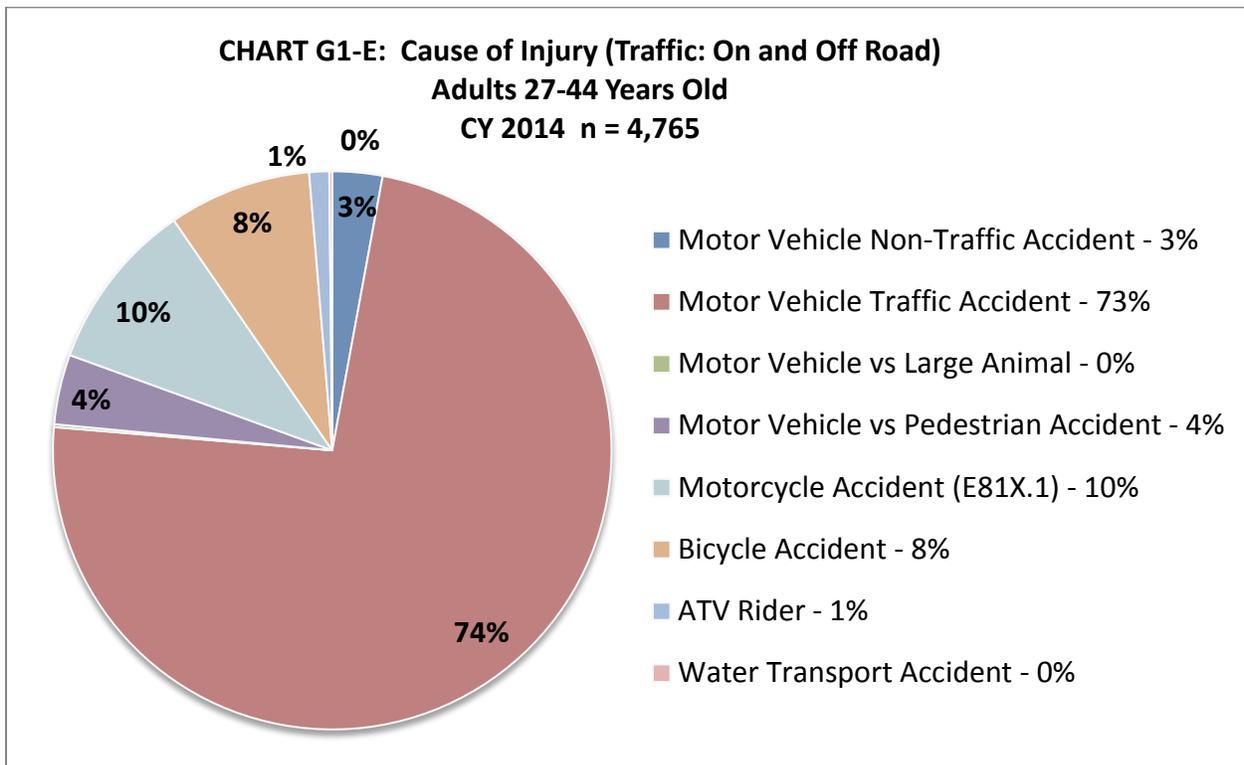
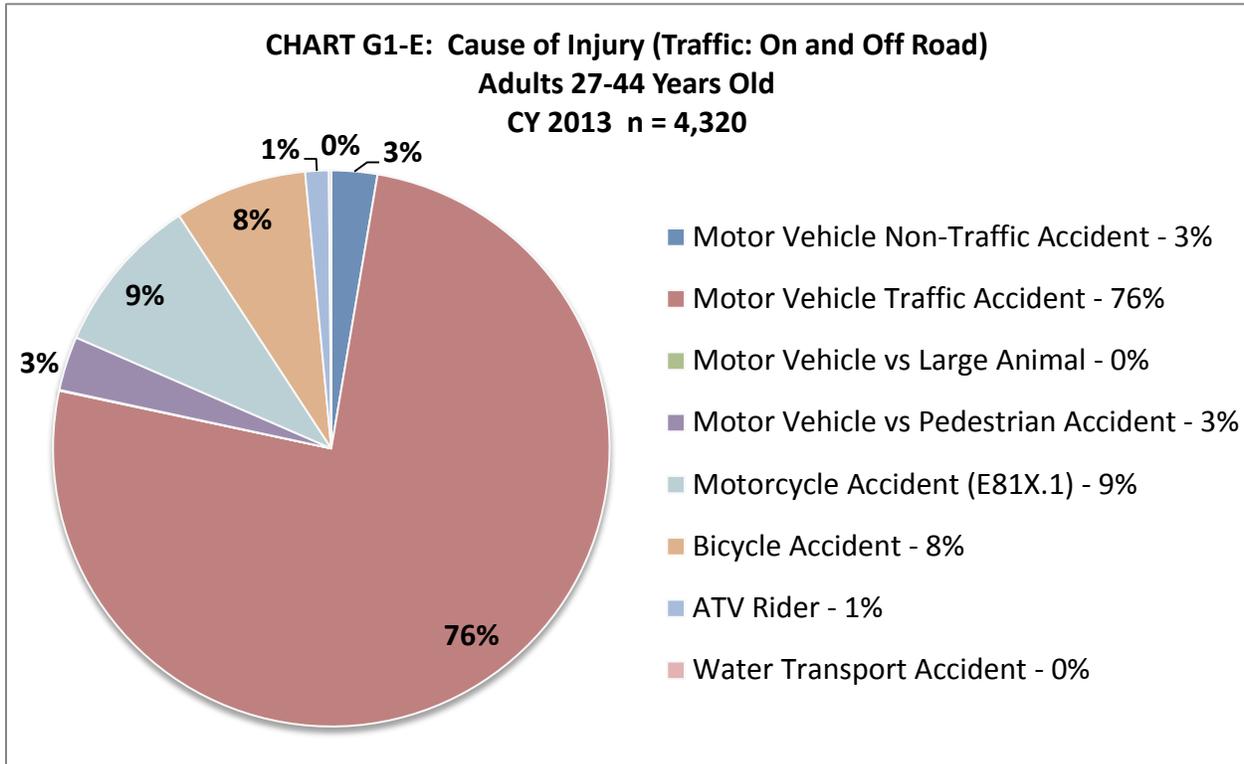
Source: CEMESIS

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Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE G1-F: Cause of Injury (Traffic: On and Off Road) Adults 45–63 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Adult 45-63 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	98	3%	109	2%	11	11%	(↑)
Motor Vehicle Traffic Accident	2,787	71%	2,984	68%	197	7%	(↑)
Motor Vehicle vs. Large Animal	3	0%	5	0%	2	67%	(↓)
Motor Vehicle vs. Pedestrian Accident	166	4%	241	6%	75	45%	(↑)
Motorcycle Accident (E81X.1)	357	9%	412	9%	55	15%	(↑)
Bicycle Accident	462	12%	592	14%	130	28%	(↑)
ATV Rider	29	1%	28	1%	-1	-3%	(↓)
Water Transport Accident	6	0%	3	0%	-3	-50%	(↓)
<b>Total COI (Traffic: On and Off Road) Adult 45–63 Years Old</b>	<b>3,908</b>	<b>100%</b>	<b>4,374</b>	<b>100%</b>	<b>466</b>	<b>12%</b>	<b>(↑)</b>

**Comments:**

The most common cause of injury for patients aged 45–63 years is Motor Vehicle Traffic Accident. Bicycle Accident is the next most common.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

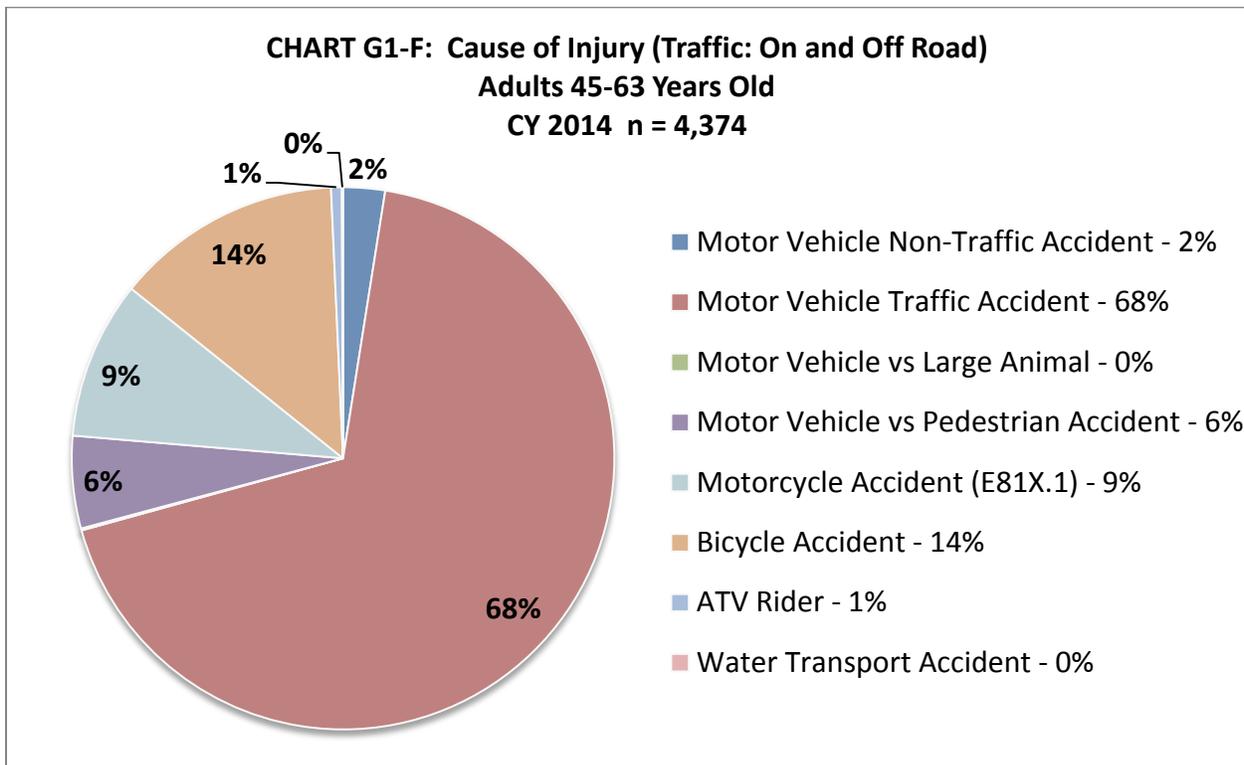
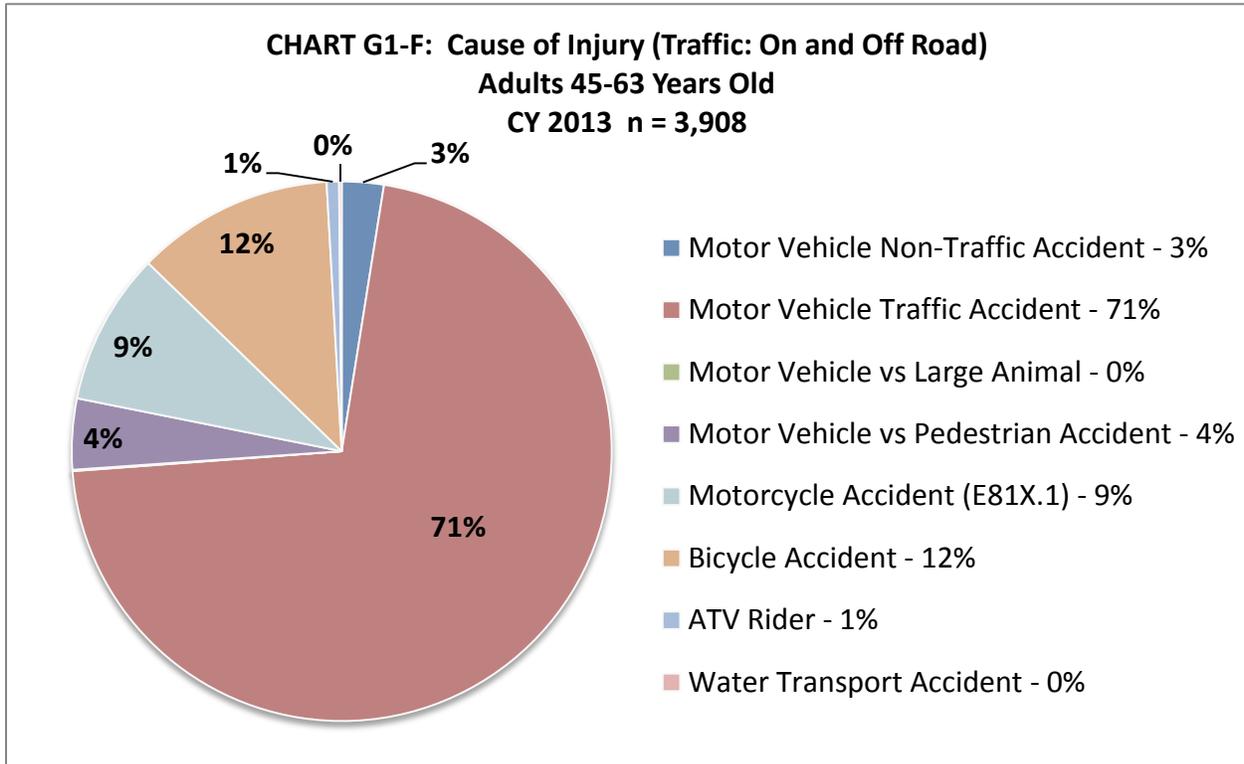
Source: CEMESIS

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Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

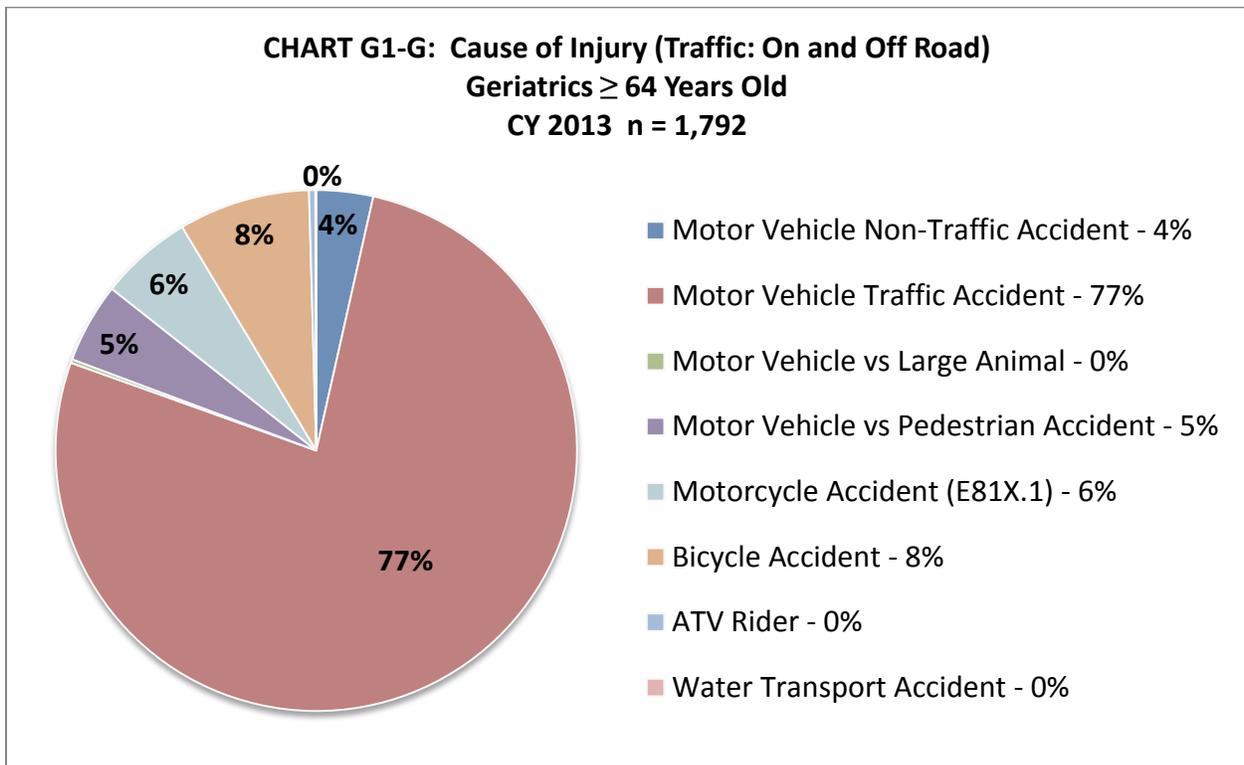
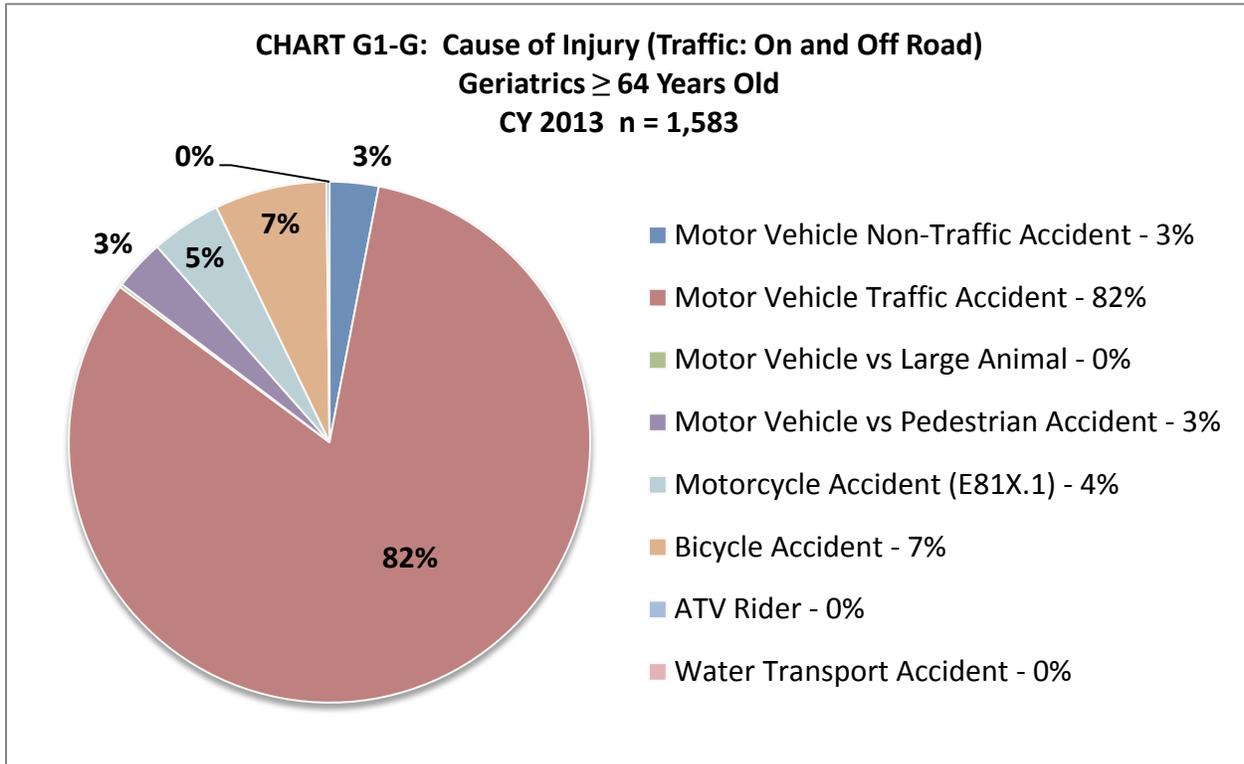
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**TABLE G1-G: Cause of Injury (Traffic: On and Off Road) Geriatrics ≥ 64 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Traffic: On and Off Road) Geriatrics ≥ 64 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Motor Vehicle Non-Traffic Accident	48	3%	63	4%	15	31%	(↑)
Motor Vehicle Traffic Accident	1,300	82%	1,379	77%	79	6%	(↑)
Motor Vehicle vs. Large Animal	3	0%	4	0%	1	33%	(↑)
Motor Vehicle vs. Pedestrian Accident	50	3%	89	5%	39	78%	(↑)
Motorcycle Accident (E81X.1)	69	4%	103	6%	34	49%	(↑)
Bicycle Accident	110	7%	146	8%	36	33%	(↑)
ATV Rider	3	0%	7	0%	4	133%	(↑)
Water Transport Accident	0	0%	1	0%	1	100%	(↑)
<b>Total COI (Traffic: On and Off Road) Geriatrics ≥ 64 Years Old</b>	<b>1,583</b>	<b>100%</b>	<b>1,792</b>	<b>100%</b>	<b>209</b>	<b>13%</b>	<b>(↑)</b>

**Comments:**

The most common cause of injury for patients aged 64 + years is Motor Vehicle Traffic Accident. Bicycle Accident is the next most common.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMIS  
 Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE G2: Cause of Injury (Non-Traffic)  
Calendar Year 2013 and 2014**

Cause of Injury (Non-Traffic)	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	2,175	8%	2,928	9%	753	35%	(↑)
Bites	332	1%	389	1%	57	17%	(↑)
Cut/Pierce	567	2%	757	2%	190	34%	(↑)
Falls	14,157	53%	20,376	59%	6,219	44%	(↑)
Firearm Assault	1,400	5%	1,356	4%	-44	-3%	(↓)
Other Injury	1,273	5%	1,646	5%	373	29%	(↑)
Stabbing/Cutting Assault	922	3%	956	3%	34	4%	(↑)
Struck by Blunt/Thrown Object	2,940	11%	2,845	8%	-95	-3%	(↓)
All Else	2,770	10%	3,157	37%	7,712	22%	(↑)
<b>Total Cause of Injury (Non-Traffic)</b>	<b>26,536</b>	<b>100%</b>	<b>34,410</b>	<b>100%</b>	<b>7,874</b>	<b>30%</b>	<b>(↑)</b>

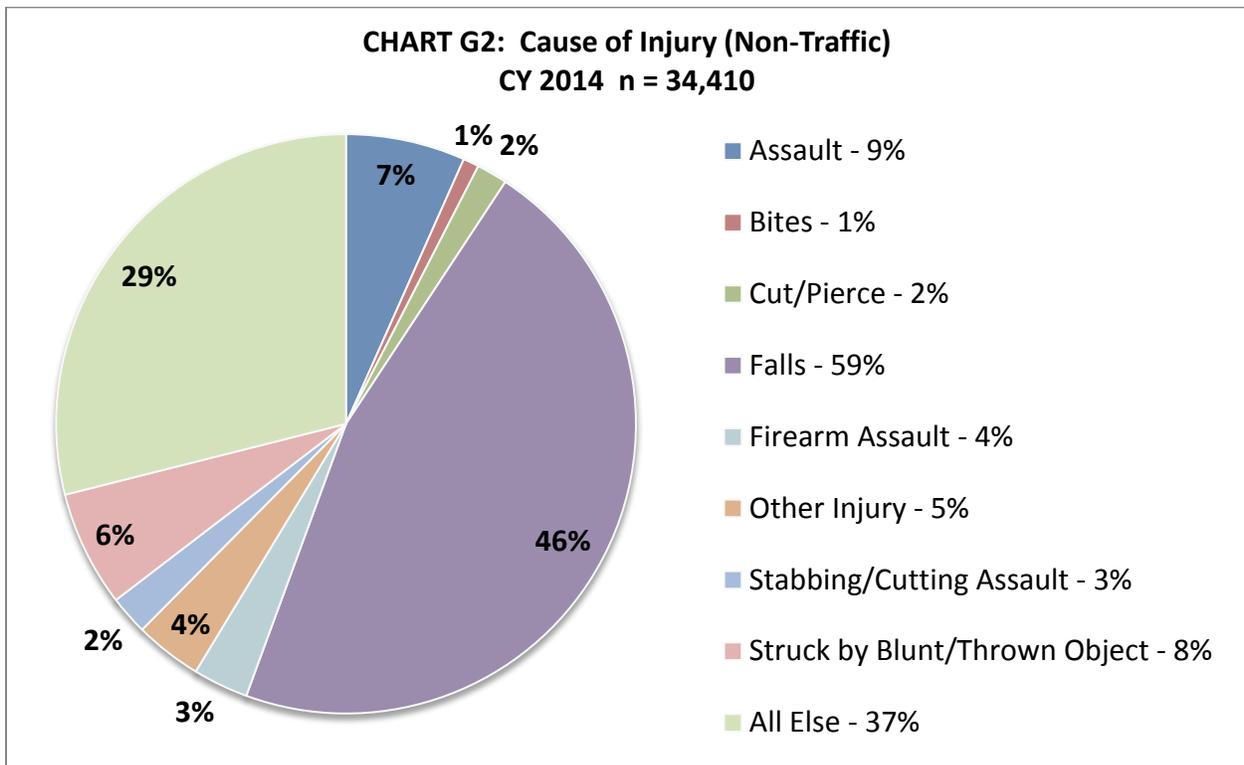
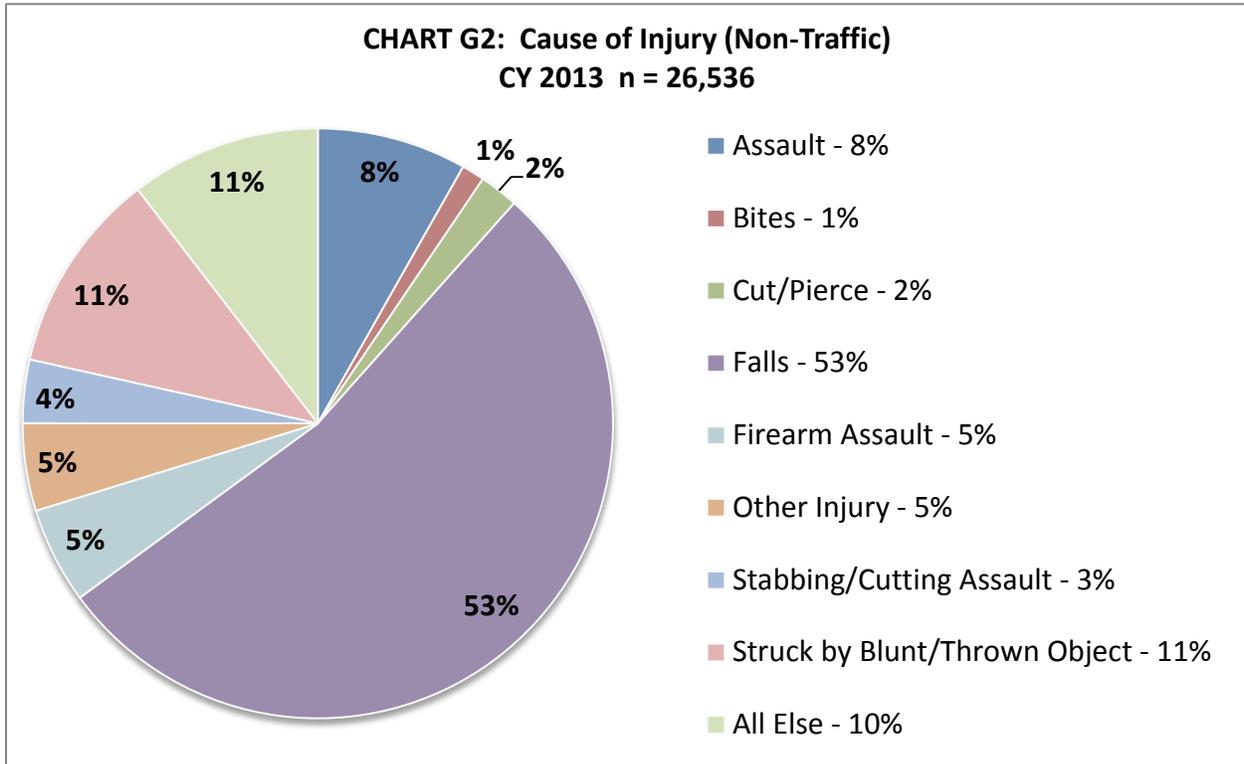
**Comments:**

The count in this table reflects only those patients for whom POSSIBLE INJURY (E09\_04) was selected **AND** Primary or Secondary Impression equals Traumatic Injury. Therefore, the total in this table reflects the counts of patients that were noted as YES for E09\_04 in 2013 and 2014 **AND** were noted under either Primary Impression (E09\_15) or Secondary Impression (E09\_16).

The total number of Injuries for Traffic and Non-Traffic in 2013 and 2014, respectively, was 42,270 (15,734 and 17,540) and 51,950 (26,536 and 34,410).

Of these calls with a Cause of Injury, 31,313 in 2013 and 30,612 in 2014 have no specific injury selected. This decrease in the Null values increases the usefulness of the data.

It should be noted that each of the individual "All Else" counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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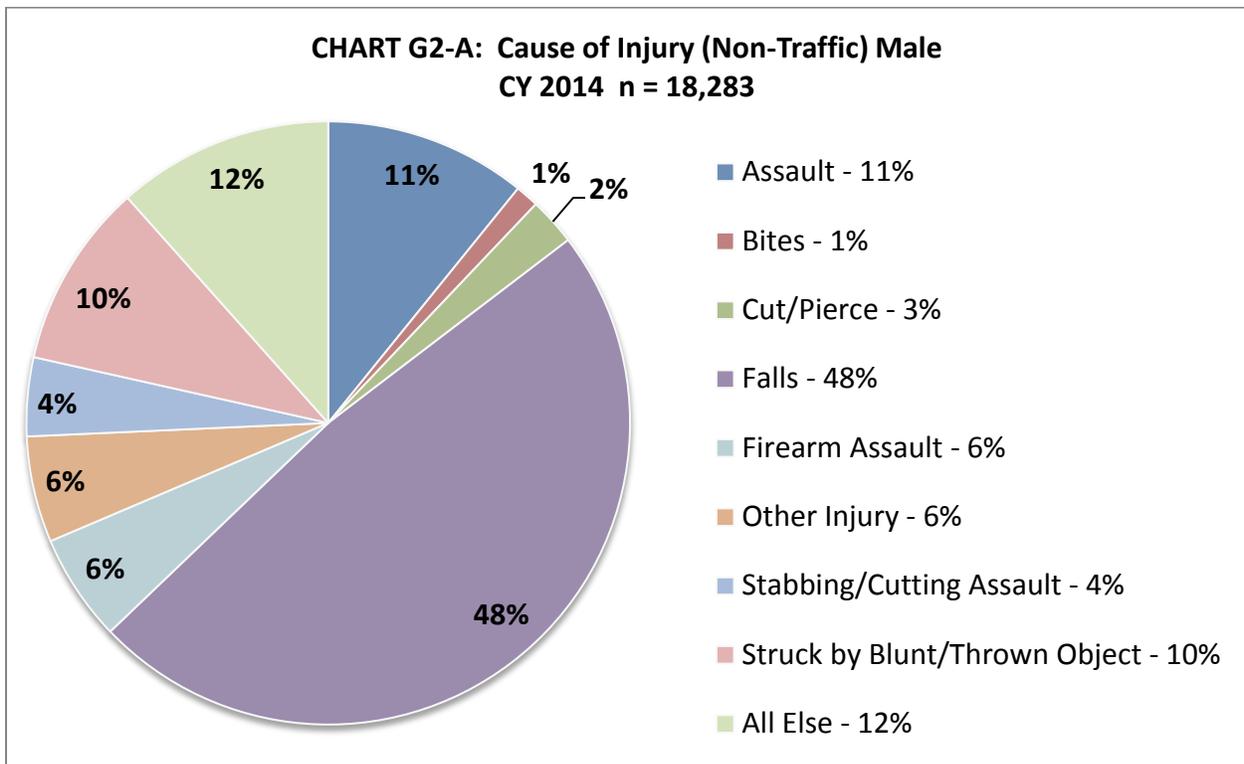
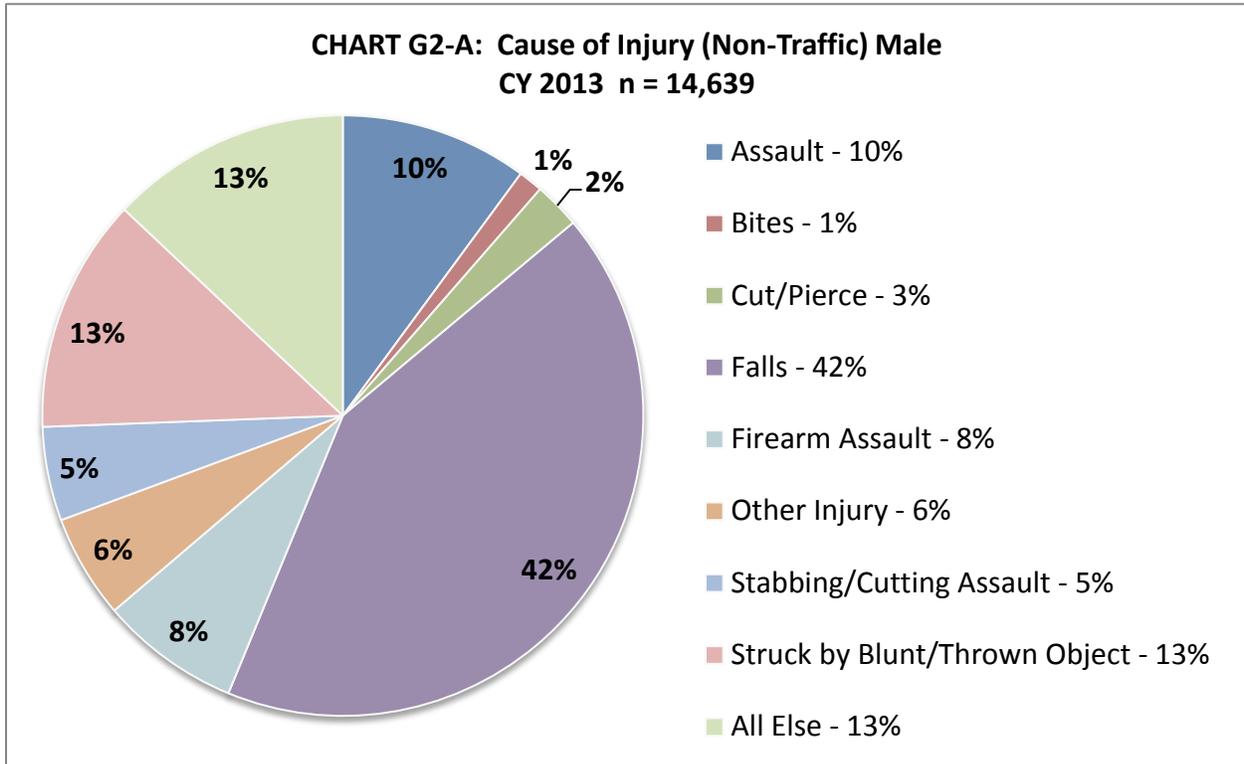
**TABLE G2-A: Cause of Injury (Non-Traffic) Male  
Calendar Year 2013 and 2014**

Cause of Injury (Non-Traffic) Male	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	1,477	10%	1,979	11%	502	34%	(↑)
Bites	192	1%	229	1%	37	19%	(↑)
Cut/Pierce	366	3%	466	3%	100	27%	(↑)
Falls	6,195	42%	8,816	48%	2,621	42%	(↑)
Firearm Assault	1,103	8%	1,051	6%	-52	-5%	(↓)
Other Injury	818	6%	1,041	6%	223	27%	(↑)
Stabbing/Cutting Assault	741	5%	771	4%	30	4%	(↑)
Struck by Blunt/Thrown Object (E968.2)	1,850	13%	1,813	10%	-37	-2%	(↓)
All Else	1,897	13%	2,117	12%	220	12%	(↑)
<b>Total Cause of Injury (Non-Traffic) Male</b>	<b>14,639</b>	<b>100%</b>	<b>18,283</b>	<b>100%</b>	<b>3,644</b>	<b>25%</b>	<b>(↑)</b>

**Comments:**

The Non-Traffic Cause of Injury is largely from falls. The next most common causes are Struck Object and Assault.

It should be noted that each of the individual "All Else" counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
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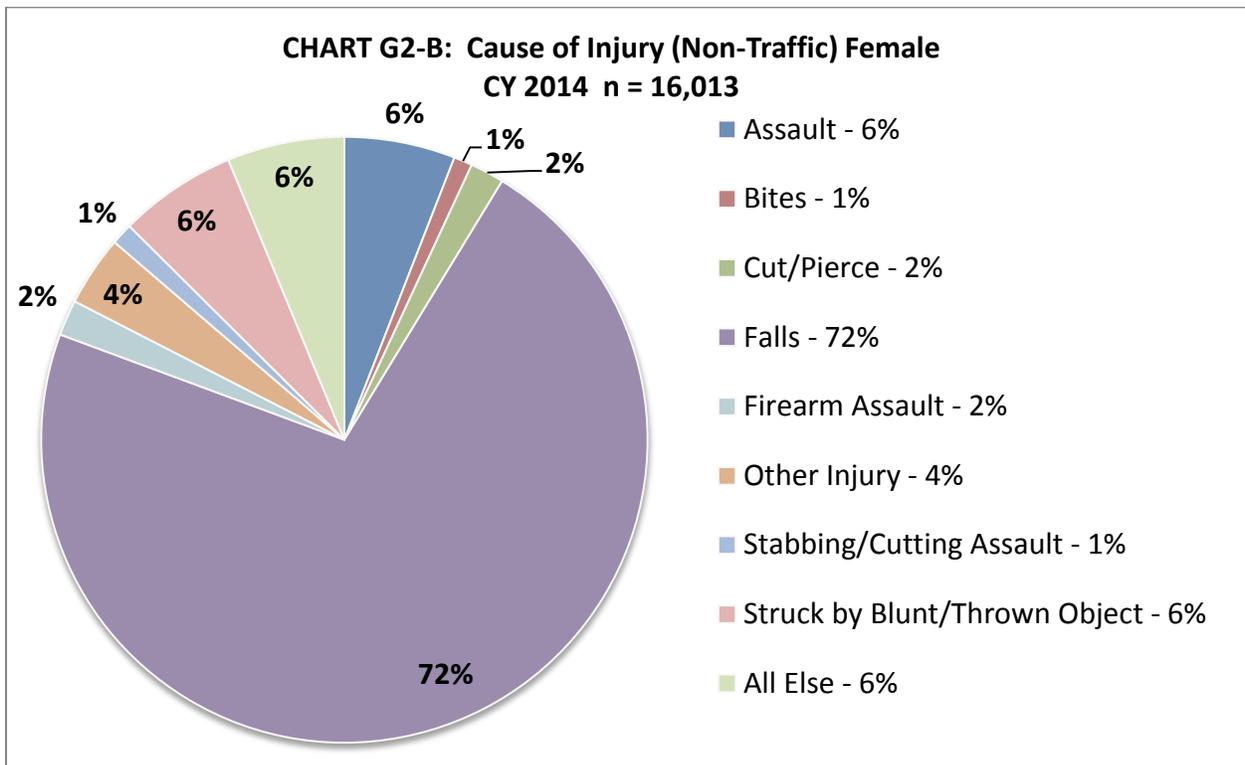
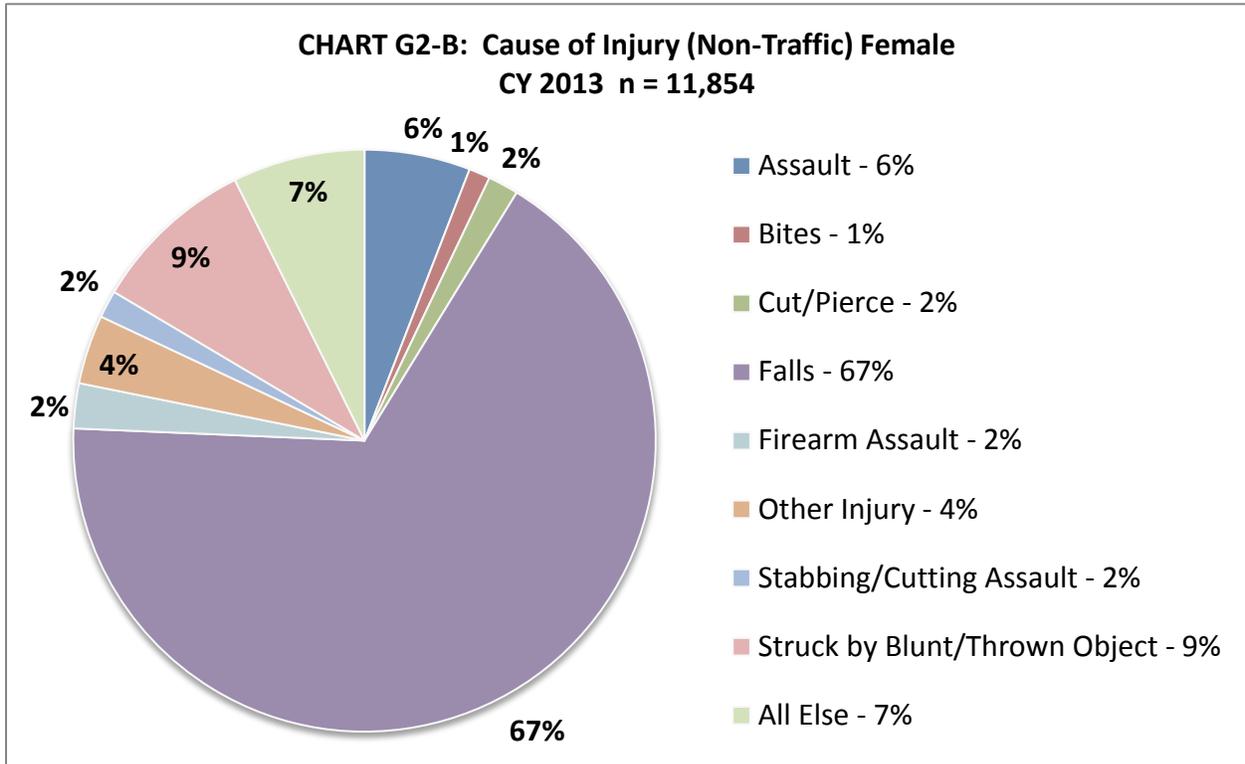
**TABLE G2-B: Cause of Injury (Non-Traffic) Female  
Calendar Year 2013 and 2014**

Cause of Injury (Non-Traffic) Female	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	697	6%	947	6%	250	36%	(↑)
Bites	140	1%	158	1%	18	13%	(↑)
Cut/Pierce	201	2%	290	2%	89	44%	(↑)
Falls	7,932	67%	11,519	72%	3,587	45%	(↑)
Firearm Assault	296	2%	305	2%	9	3%	(↑)
Other Injury	455	4%	601	4%	146	32%	(↑)
Stabbing/Cutting Assault	181	2%	184	1%	3	2%	(↑)
Struck by Blunt/Thrown Object (E968.2)	1,082	9%	1,008	6%	-74	-7%	(↓)
All Else	870	7%	1,001	6%	131	15%	(↑)
<b>Total Cause of Injury (Non-Traffic) Female</b>	<b>11,854</b>	<b>100%</b>	<b>16,013</b>	<b>100%</b>	<b>4,159</b>	<b>35%</b>	<b>(↑)</b>

**Comments:**

The Non-Traffic Cause of Injury is largely from falls. The next most common causes are Struck Object or Assault.

It should be noted that each of the individual "All Else" counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
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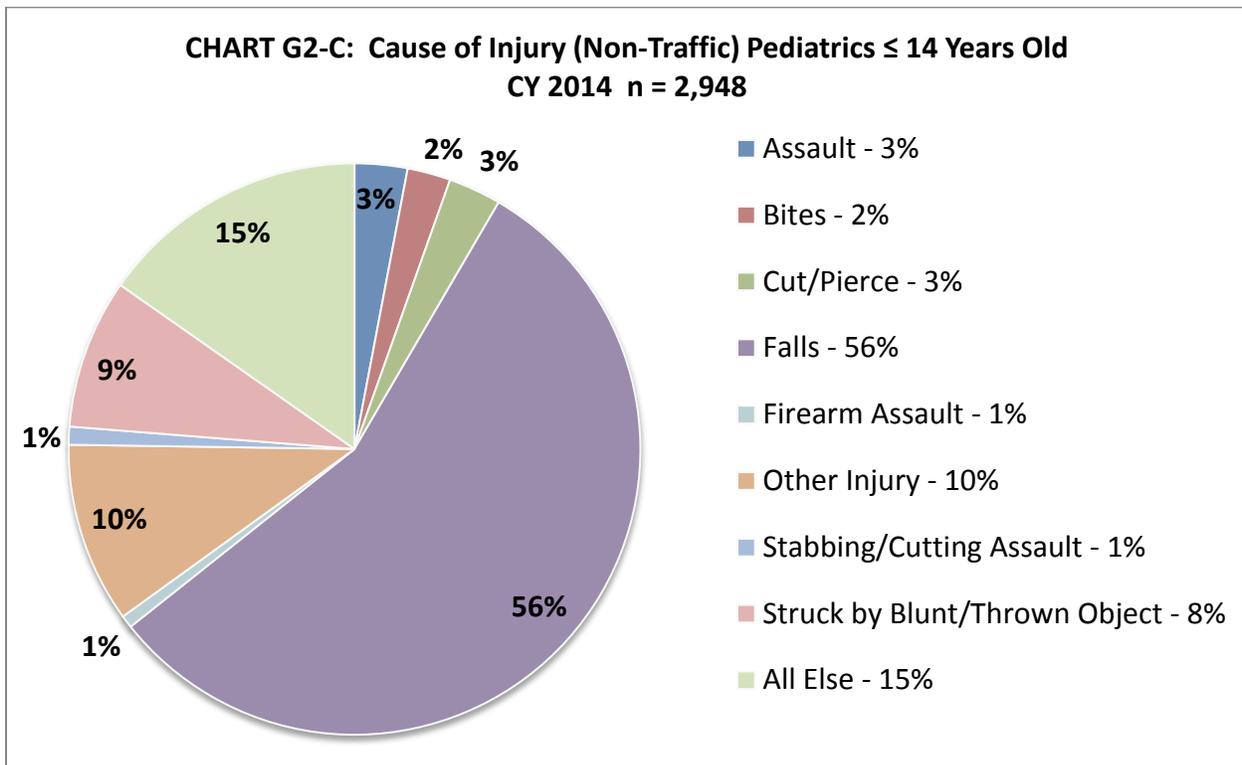
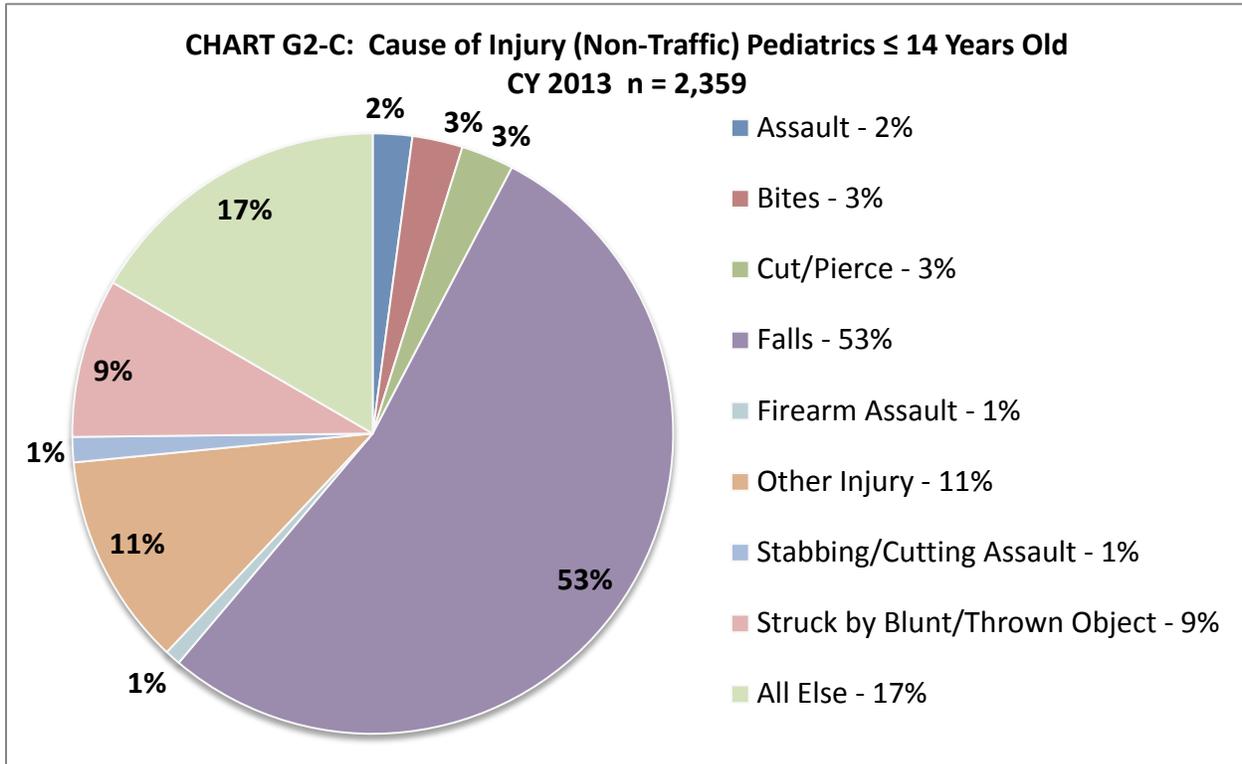
**TABLE G2-C: Cause of Injury (Non-Traffic) Pediatrics ≤ 14 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Non-Traffic) Pediatrics ≤ 14 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	50	2%	88	3%	38	76%	(↑)
Bites	64	3%	72	2%	8	13%	(↑)
Cut/Pierce	67	3%	88	3%	21	31%	(↑)
Falls	1,262	53%	1,648	56%	386	31%	(↑)
Firearm Assault	20	1%	21	1%	1	5%	(↑)
Other Injury	270	11%	301	10%	31	11%	(↑)
Stabbing/Cutting Assault	32	1%	30	1%	-2	-6%	(↓)
Struck by Blunt/Thrown Object (E968.2)	202	9%	250	8%	48	24%	(↑)
All Else	392	17%	450	15%	58	15%	(↑)
<b>Total COI (Non-Traffic) ≤ 14 Years Old</b>	<b>2,359</b>	<b>100%</b>	<b>2,948</b>	<b>100%</b>	<b>589</b>	<b>25%</b>	<b>(↑)</b>

**Comments:**

The Non-Traffic Cause of Injury is largely from falls. The next most common causes are All Else.

It should be noted that each of the individual “All Else” counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE G2-D: Cause of Injury (Non-Traffic) Adolescents 15–26 Years Old  
Calendar Year 2013 and 2014**

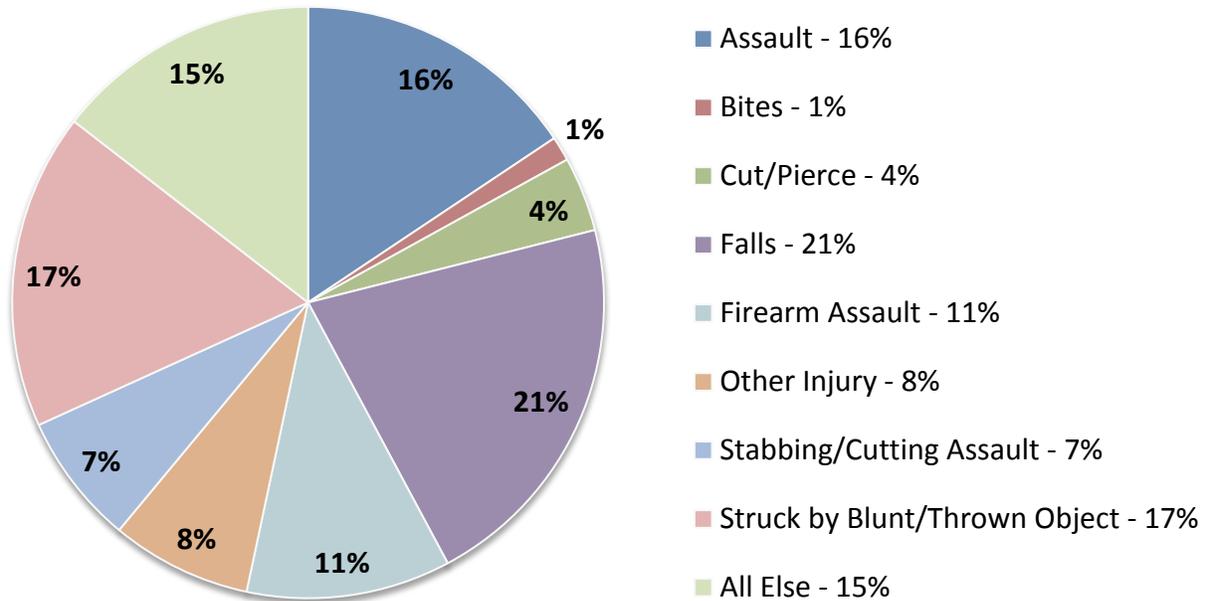
Cause of Injury (Non-Traffic) Adolescents 15–26 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	742	16%	897	17%	155	21%	(↑)
Bites	64	1%	63	1%	-1	-2%	(↓)
Cut/Pierce	194	4%	209	4%	15	8%	(↑)
Falls	1,003	21%	1,296	25%	293	29%	(↑)
Firearm Assault	530	11%	499	9%	-31	-6%	(↓)
Other Injury	365	8%	470	9%	105	29%	(↑)
Stabbing/Cutting Assault	341	7%	332	6%	-9	-3%	(↓)
Struck by Blunt/Thrown Object (E968.2)	821	17%	760	14%	-61	-7%	(↓)
All Else	689	15%	752	14%	63	9%	(↑)
<b>Total COI (Non-Traffic) Adolescents 15–26 Years Old</b>	<b>4,749</b>	<b>100%</b>	<b>5,278</b>	<b>100%</b>	<b>529</b>	<b>11%</b>	<b>(↑)</b>

**Comments:**

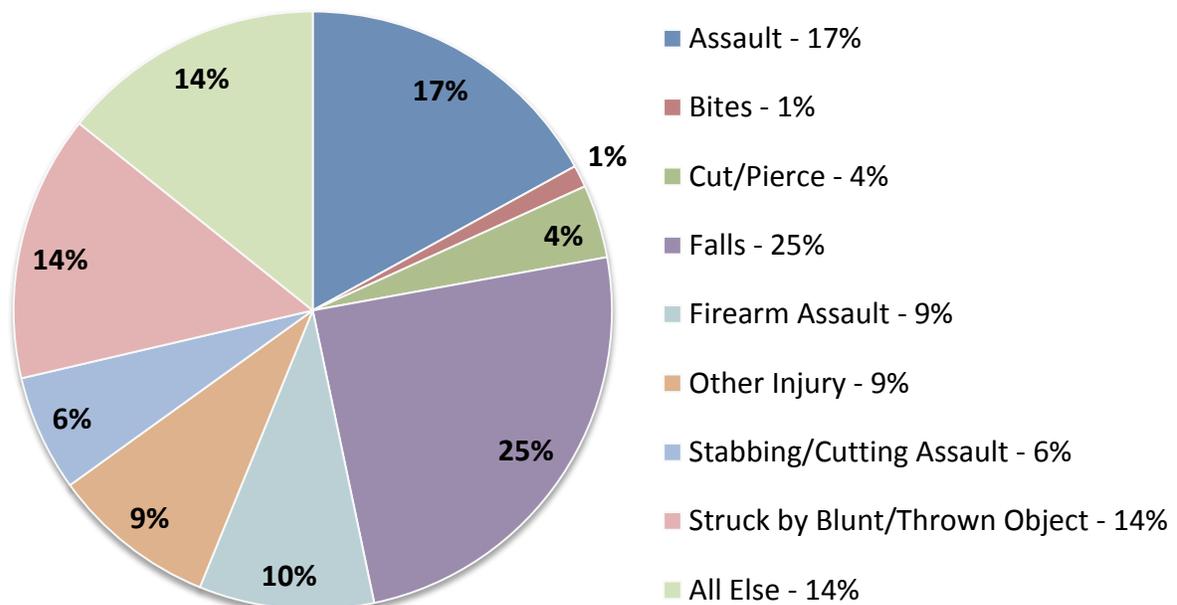
The Non-Traffic Cause of Injury is largely from falls. The next most common causes are Struck Object, Assault, and Firearms.

It should be noted that each of the individual “All Else” counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.

**CHART G2-D: Cause of Injury (Non-Traffic) Adolescents 15-26 Years Old  
CY 2013 n = 4,749**



**CHART G2-D: Cause of Injury (Non-Traffic) Adolescents 15-26 Years Old  
CY 2014 n = 5,278**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMIS  
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**TABLE G2-E: Cause of Injury (Non-Traffic) Adults 27–44 Years Old  
Calendar Year 2013 and 2014**

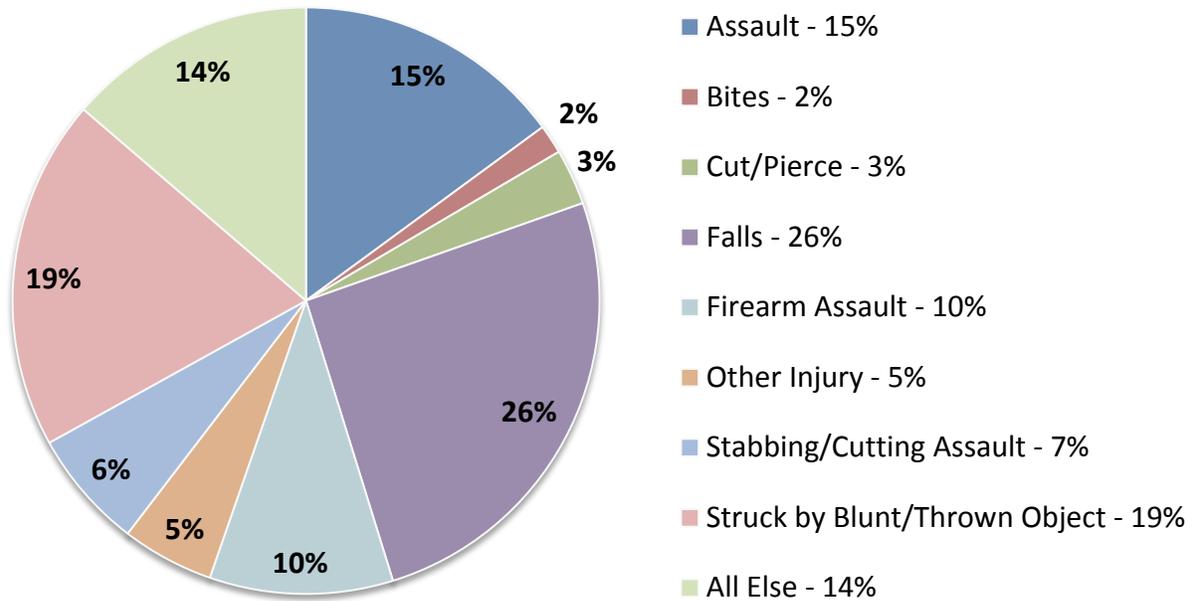
Cause of Injury (Non-Traffic) Adults 27–44 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	790	15%	1,133	18%	343	43%	(↑)
Bites	85	2%	118	2%	33	39%	(↑)
Cut/Pierce	163	3%	233	4%	70	43%	(↑)
Falls	1,356	26%	1,674	27%	318	23%	(↑)
Firearm Assault	535	10%	510	8%	-25	-5%	(↓)
Other Injury	269	5%	370	6%	101	38%	(↑)
Stabbing/Cutting Assault	347	7%	382	6%	35	10%	(↑)
Struck by Blunt/Thrown Object (E968.2)	1,025	19%	944	15%	-81	-8%	(↓)
All Else	725	14%	803	13%	78	11%	(↑)
<b>Total COI (Non-Traffic) Adults 27–44 Years Old</b>	<b>5,295</b>	<b>100%</b>	<b>6,167</b>	<b>100%</b>	<b>872</b>	<b>16%</b>	<b>(↑)</b>

**Comments:**

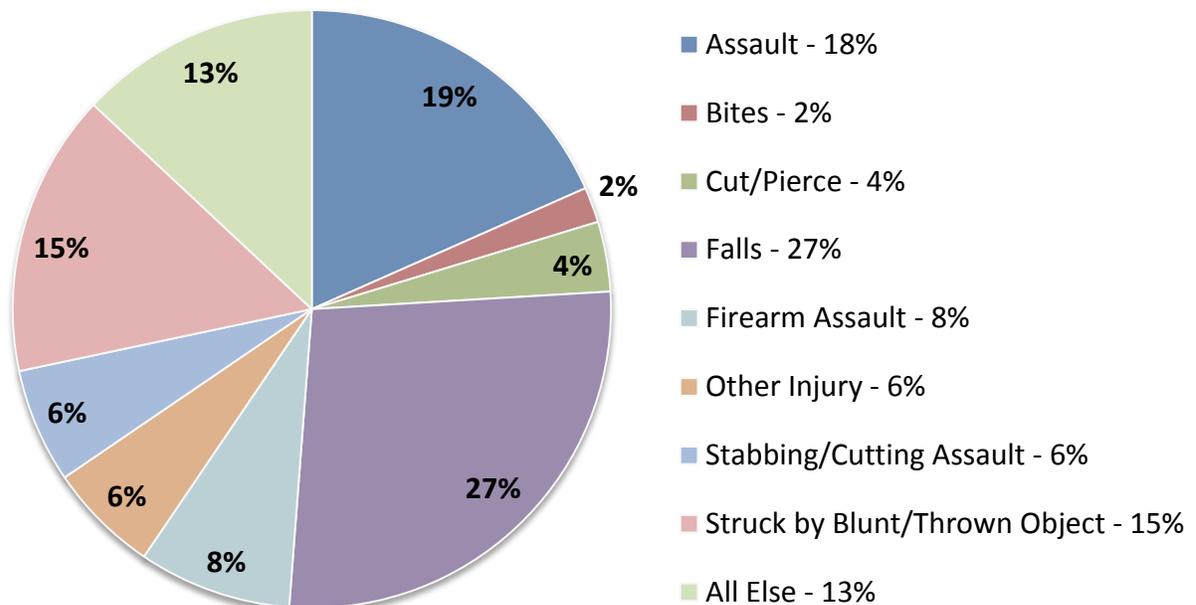
The Non-Traffic Cause of Injury is largely from falls. The next most common causes are Struck Object and Assault.

It should be noted that each of the individual “All Else” counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.

**CHART G2-E: Cause of Injury (Non-Traffic) Adults 27-44 Years Old  
CY 2013 n = 5,295**



**CHART G2-E: Cause of Injury (Non-Traffic) Adults 27-44 Years Old  
CY 2014 n = 6,167**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE G2-F: Cause of Injury (Non-Traffic) Adults 45–63 Years Old  
Calendar Year 2013 and 2014**

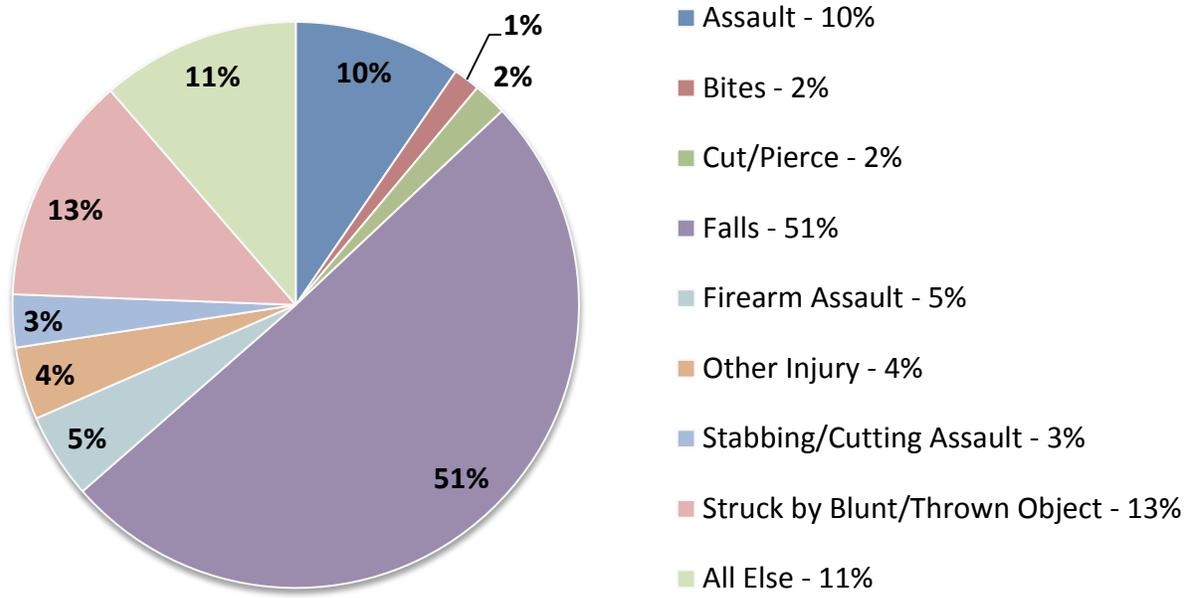
Cause of Injury (Non-Traffic) Adults 45–63 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	516	10%	716	10%	200	39%	(↑)
Bites	82	2%	94	1%	12	15%	(↑)
Cut/Pierce	103	2%	166	2%	63	61%	(↑)
Falls	2,730	51%	3,796	55%	1,066	39%	(↑)
Firearm Assault	263	5%	273	4%	10	4%	(↑)
Other Injury	224	4%	280	4%	56	25%	(↑)
Stabbing/Cutting Assault	163	3%	168	2%	5	3%	(↑)
Struck by Blunt/Thrown Object (E968.2)	705	13%	693	10%	-12	-2%	(↓)
All Else	612	11%	707	10%	95	16%	(↑)
<b>Total COI (Non-Traffic) Adults 45–63 Years Old</b>	<b>5,398</b>	<b>100%</b>	<b>6,893</b>	<b>100%</b>	<b>1,495</b>	<b>28%</b>	<b>(↑)</b>

**Comments:**

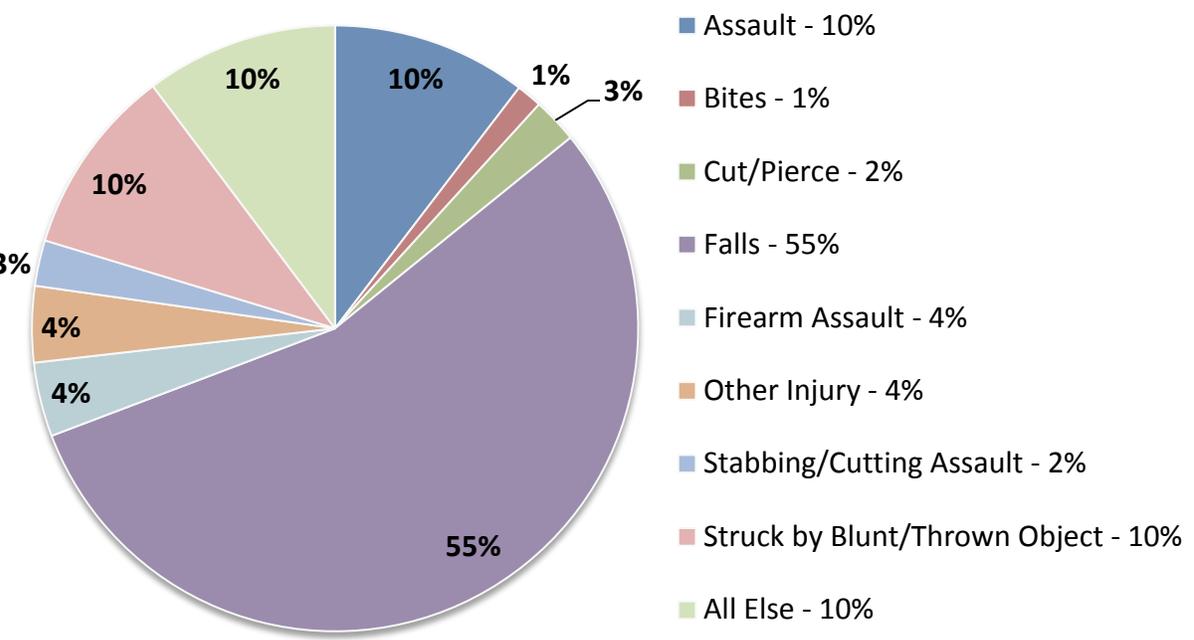
The Non-Traffic Cause of Injury is largely from falls. The next most common causes are Struck Object and Assault.

It should be noted that each of the individual “All Else” counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.

**CHART G2-F: Cause of Injury (Non-Traffic) Adults 45-63 Years Old  
CY 2013 n = 5,398**



**CHART G2-F: Cause of Injury (Non-Traffic) Adults 45-63 Years Old  
CY 2014 n = 6,893**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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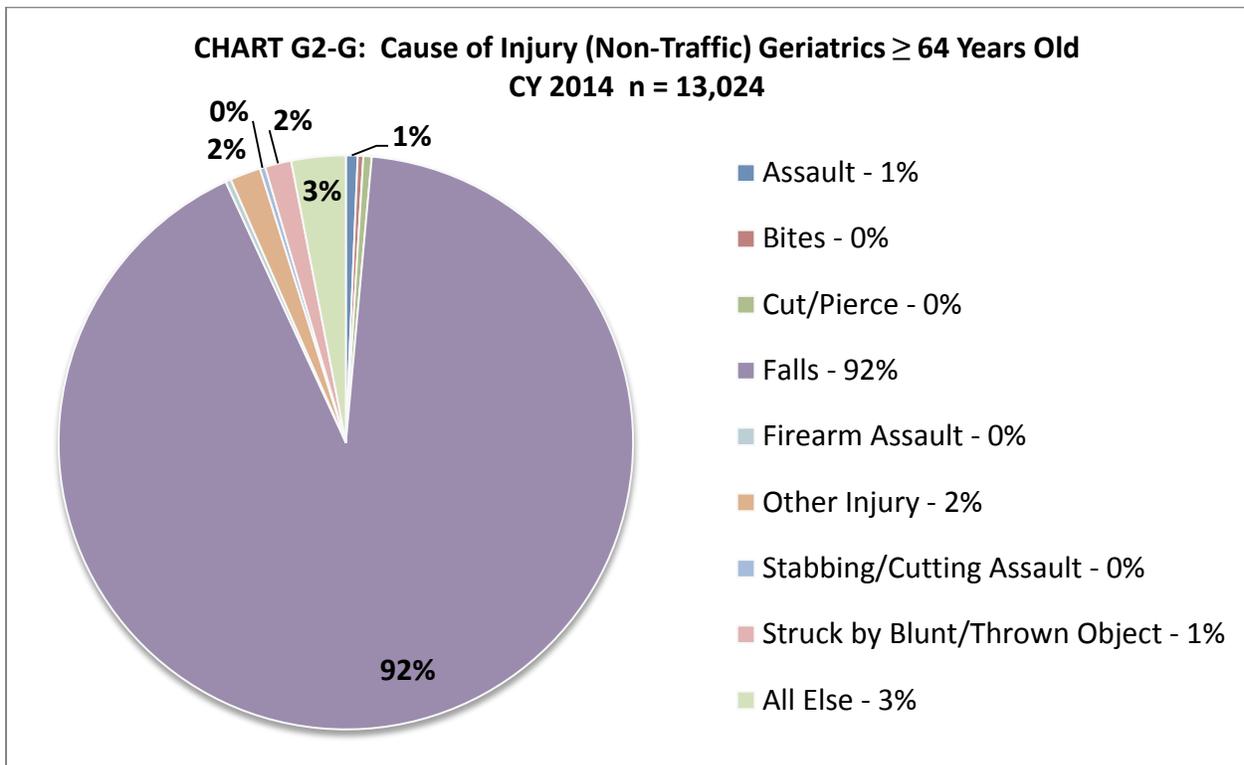
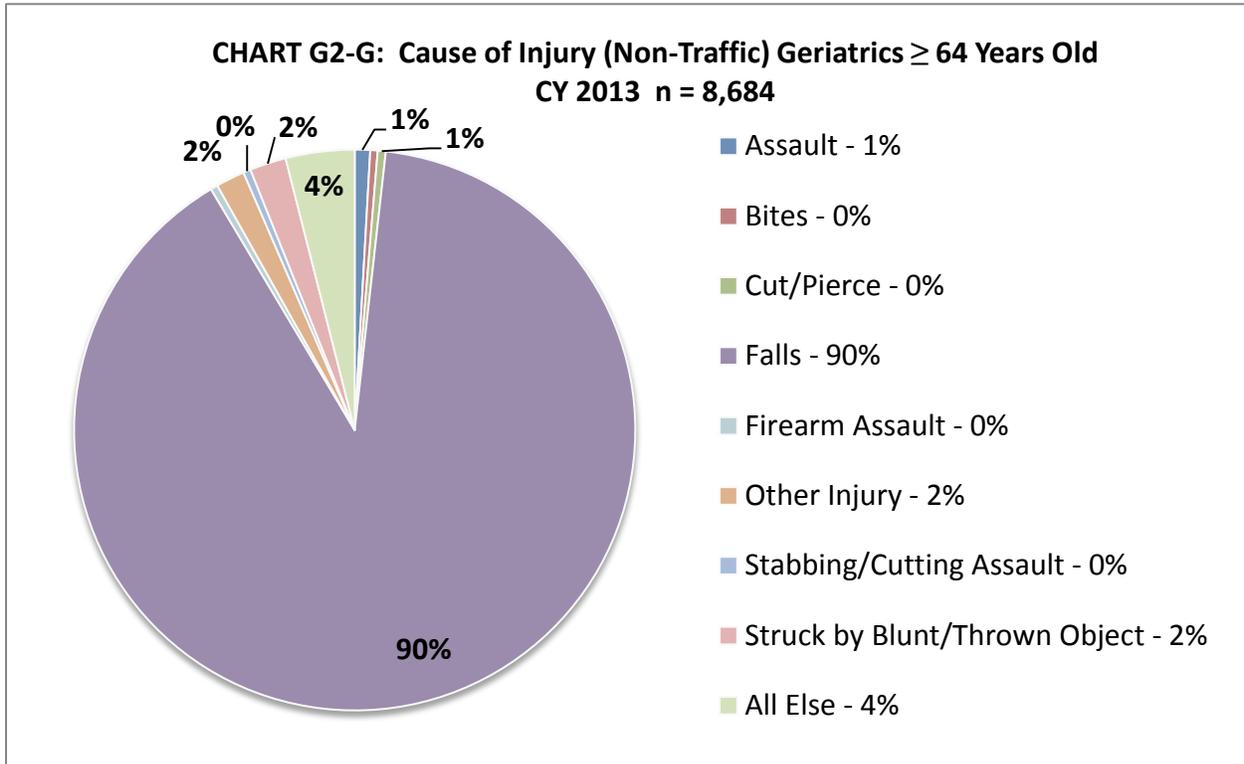
**TABLE G2-G: Cause of Injury (Non-Traffic) Geriatrics ≥ 64 Years Old  
Calendar Year 2013 and 2014**

Cause of Injury (Non-Traffic) Geriatrics ≥ 64 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Assault	77	1%	86	1%	9	12%	(↑)
Bites	37	0%	41	0%	4	11%	(↑)
Cut/Pierce	40	0%	61	0%	21	53%	(↑)
Falls	7,787	90%	11,941	92%	4,154	53%	(↑)
Firearm Assault	36	0%	41	0%	5	14%	(↑)
Other Injury	144	2%	224	2%	80	56%	(↑)
Stabbing/Cutting Assault	37	0%	40	0%	3	8%	(↑)
Struck by Blunt/Thrown Object (E968.2)	182	2%	192	1%	10	5%	(↑)
All Else	344	4%	398	3%	54	16%	(↑)
<b>Total COI (Non-Traffic) Geriatrics ≥ 64 Years Old</b>	<b>8,684</b>	<b>100%</b>	<b>13,024</b>	<b>100%</b>	<b>4,340</b>	<b>50%</b>	<b>(↑)</b>

**Comments:**

The Non-Traffic Cause of Injury is largely from falls. The next most common causes are Struck Object and Other Injury.

It should be noted that each of the individual “All Else” counts were less than 1% of the values returned. A complete list of the Causes of Injury for the All Else category can be found on page 123 in Appendix B at the end of this report.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMESIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
 SysDivData@emsa.ca.gov  
 916-322-4336 Ext. 742

# EMS ANNUAL REPORT DATA

## Section 3

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**TABLE H1: Selected Stroke/STEMI EMS Primary Impression  
Calendar Year 2013 and 2014**

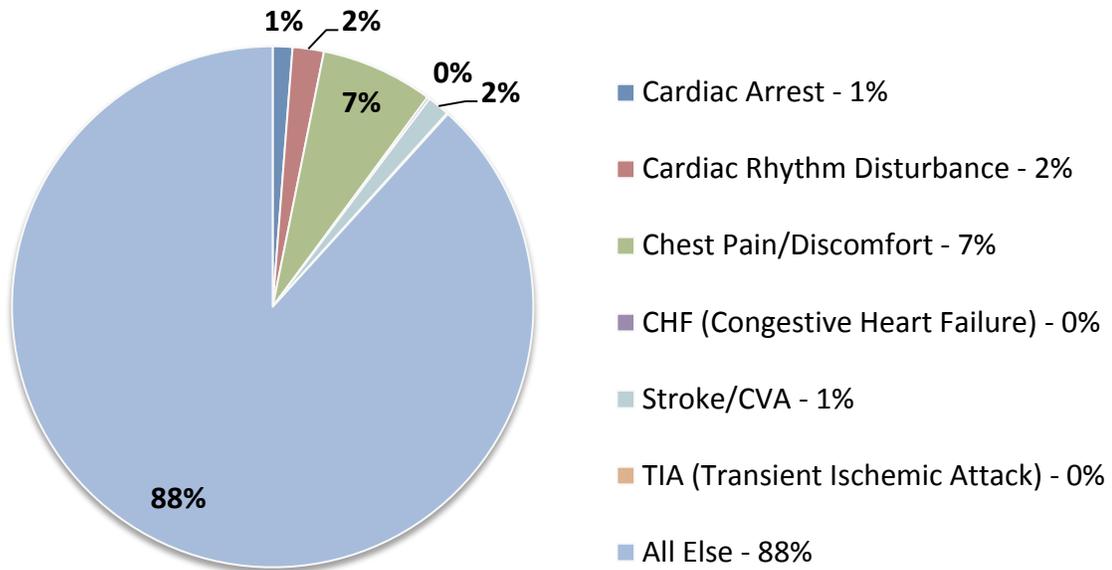
Selected EMS Primary Impression	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Cardiac Arrest	6,092	1%	7,472	1%	1,380	23%	(↑)
Cardiac Rhythm Disturbance	9,662	2%	10,422	2%	760	8%	(↑)
Chest Pain/Discomfort	34,738	7%	41,830	7%	7,092	20%	(↑)
CHF (Congestive Heart Failure)	786	0%	1,110	0%	324	41%	(↑)
Stroke/CVA	6,921	1%	8,349	1%	1,428	21%	(↑)
TIA (Transient Ischemic Attack)	357	0%	495	0%	138	39%	(↑)
All Else	440,326	88%	560,479	89%	120,153	27%	(↑)
<b>Total EMS Cases</b>	<b>498,882</b>	<b>100%</b>	<b>630,157</b>	<b>100%</b>	<b>131,275</b>	<b>26%</b>	<b>(↑)</b>

**Comments:**

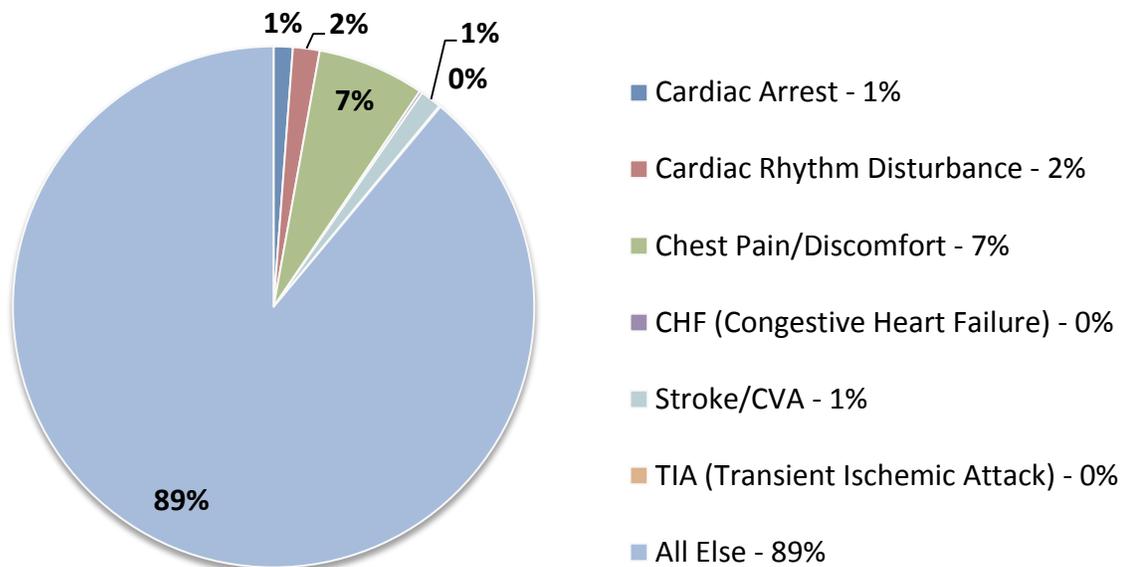
The data reflect a large number of calls where no Primary Impression is noted by the field staff. This could be indicative of several things, including: staff field training with ePCRs or other data collection tools, placement of the information in the text or narrative area of the ePCR, or issues related to the provider software when the data are submitted to the LEMSA. One concern is the increase of 9% of the calls coded as “Unavailable”. This increase may reflect a need for more field staff training.

A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

**CHART H1: Selected Stroke/STEMI EMS Primary Impressions  
CY 2013 n = 498,882**



**CHART H1: Selected Stroke/STEMI EMS Primary Impressions  
CY 2014 n = 630,157**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMIS  
Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
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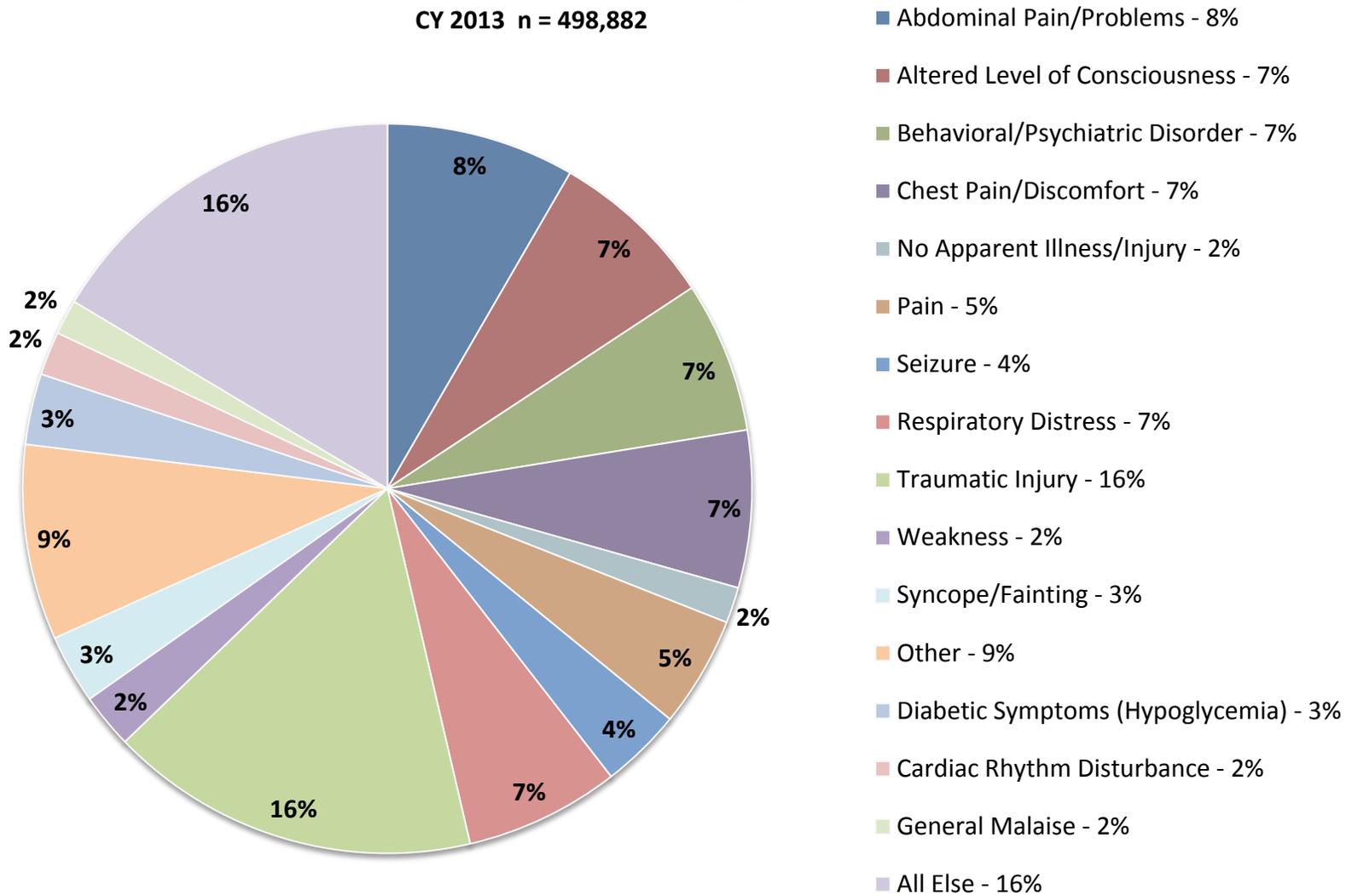
**TABLE H2: Top 15 Most Common Primary Impression  
Calendar Year 2013 and 2014**

Most Common Primary Impression	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Abdominal Pain/Problems	41,678	8%	48,968	8%	7,290	17%	(↑)
Altered Level of Consciousness	36,782	7%	48,518	8%	11,736	32%	(↑)
Behavioral/Psychiatric Disorder	33,426	7%	39,042	6%	5,616	17%	(↑)
Chest Pain/Discomfort	34,738	7%	41,830	7%	7,092	20%	(↑)
No Apparent Illness/Injury	7,935	2%	12,748	2%	4,813	61%	(↑)
Pain	24,507	5%	43,872	7%	19,365	79%	(↑)
Seizure	17,923	4%	20,737	3%	2,814	16%	(↑)
Respiratory Distress	34,261	7%	41,570	7%	7,309	21%	(↑)
Traumatic Injury	81,981	16%	88,336	14%	6,355	8%	(↑)
Weakness	12,107	2%	21,238	3%	9,131	75%	(↑)
Syncope/Fainting	15,298	3%	19,353	3%	4,055	27%	(↑)
Other	43,200	9%	65,021	10%	21,821	51%	(↑)
Diabetic Symptoms (Hypoglycemia)	15,663	3%	15,168	2%	-495	-3%	(↓)
Cardiac Rhythm Disturbance	9,662	2%	10,422	2%	760	8%	(↑)
General Malaise	7,715	2%	9,495	2%	1,780	23%	(↑)
All Else	82,006	16%	103,839	16%	21,833	27%	(↑)
<b>Total Primary Impression</b>	<b>498,882</b>	<b>100%</b>	<b>630,157</b>	<b>100%</b>	<b>131,275</b>	<b>26%</b>	<b>(↑)</b>

**Comments:**

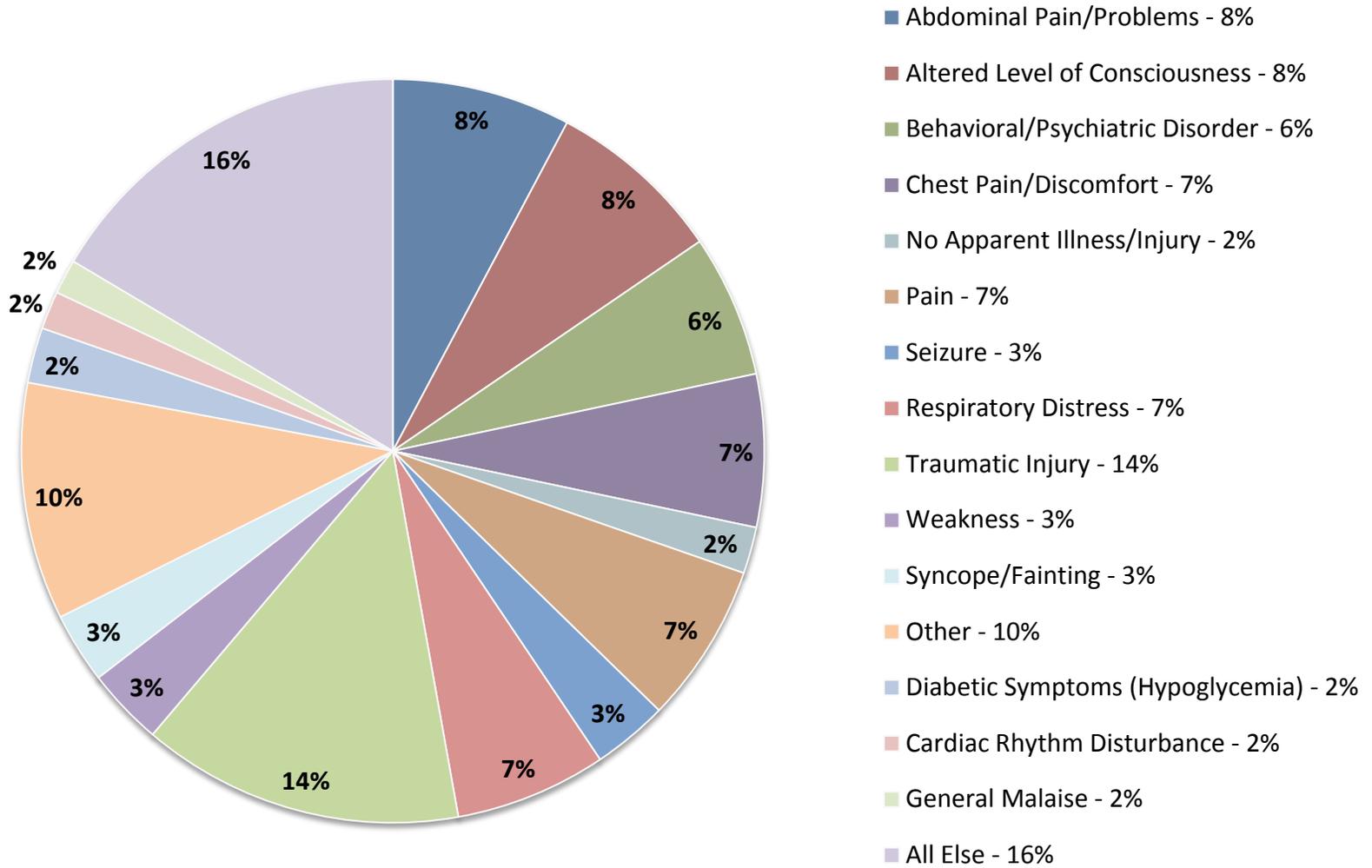
A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

**CHART H2: Top 15 Most Common Primary Impression  
CY 2013 n = 498,882**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMSIS  
Run Date Range: 2016-03-30 to 2016-04-27

**CHART H2: Top 15 Most Common Primary Impression  
CY 2014 n = 630,157**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

**TABLE H3: Top 15 Primary Impression Pediatrics ≤ 14 years old  
Calendar Year 2013 and 2014**

Top 15 Primary Impression Pediatrics ≤ 14 years old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Abdominal Pain/Problems	1,125	4%	1,011	3%	-114	-10%	(↓)
Airway Obstruction	587	2%	704	2%	117	20%	(↑)
Allergic Reaction	595	2%	657	2%	62	10%	(↑)
Altered Level of Consciousness	1,006	3%	1,329	4%	323	32%	(↑)
Behavioral/Psychiatric Disorder	1,565	5%	1,926	5%	361	23%	(↑)
Fever	796	3%	1,054	3%	258	32%	(↑)
Nausea/Vomiting (Unknown Etiology)	273	1%	429	1%	156	57%	(↑)
No Apparent Illness/Injury	1,022	3%	1,606	5%	584	57%	(↑)
Other	3,551	12%	4,172	12%	621	17%	(↑)
Pain	1,206	4%	2,422	7%	1,216	101%	(↑)
Poisoning/Drug Ingestion	423	1%	509	1%	86	20%	(↑)
Respiratory Distress	2,671	9%	3,048	9%	377	14%	(↑)
Seizure	3,857	13%	4,191	12%	334	9%	(↑)
Syncope/Fainting	594	2%	742	2%	148	25%	(↑)
Traumatic Injury	6,916	24%	7,273	20%	357	5%	(↑)
All Else	3,142	11%	4,550	13%	1,408	45%	(↑)
<b>Total PI Pediatrics ≤ 14 years old</b>	<b>29,329</b>	<b>100%</b>	<b>35,623</b>	<b>100%</b>	<b>6,294</b>	<b>21%</b>	<b>(↑)</b>

**Comments:**

Pain and Nausea/Vomiting (Unknown Etiology) are the Primary Impressions that have increased the most (101% and 60%, respectively) although the actual number of calls with these impressions is very low (less than 5%). The most common Primary Impression for children is trauma which was 14% in 2013 and 13% in 2014; the number of calls with traumatic injury increased 417 or 6% from 6,923 in 2013 to 7,340 in 2014.

A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

Source: CEMESIS

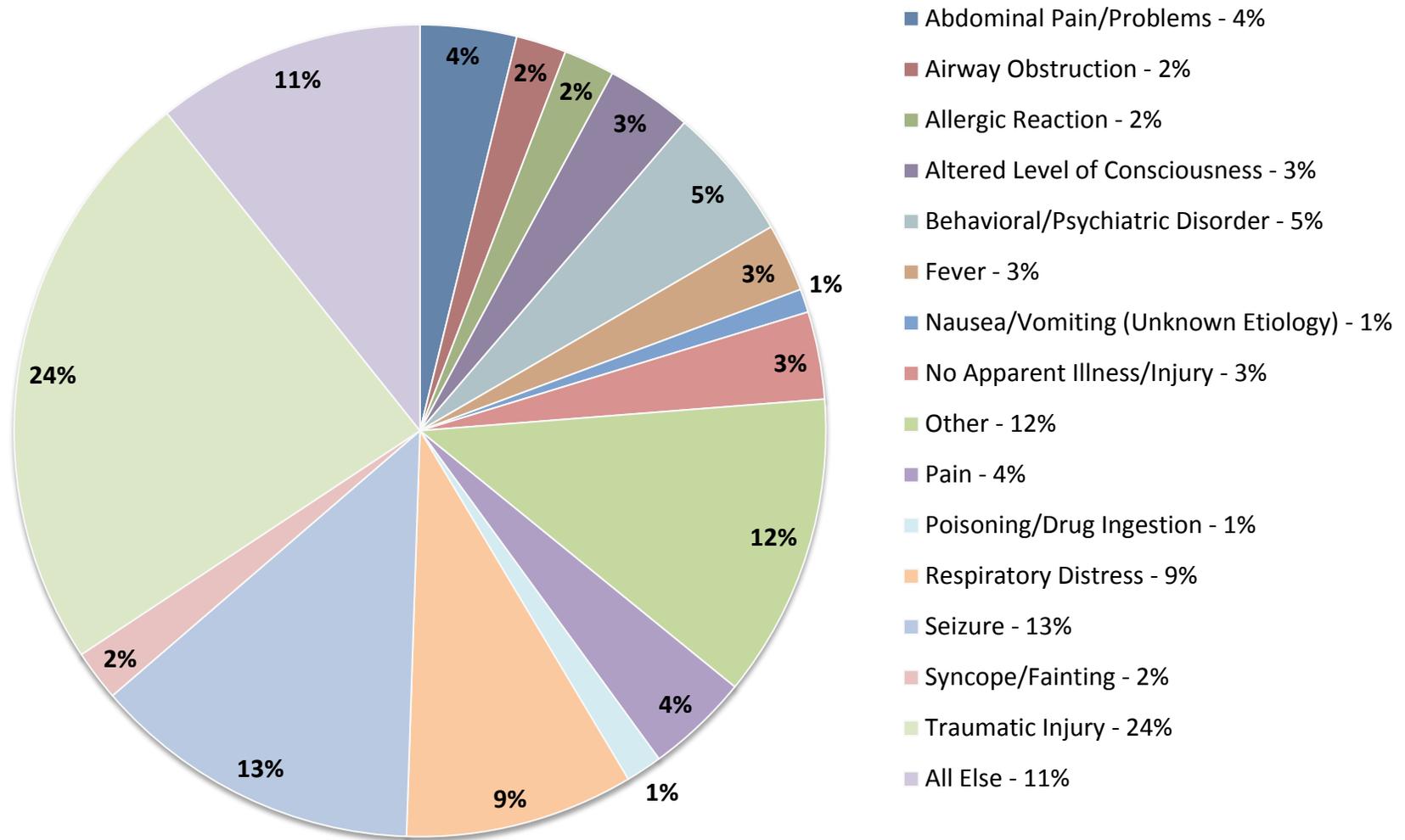
Run Date Range: 2016-03-30 to 2016-04-27

Contact:

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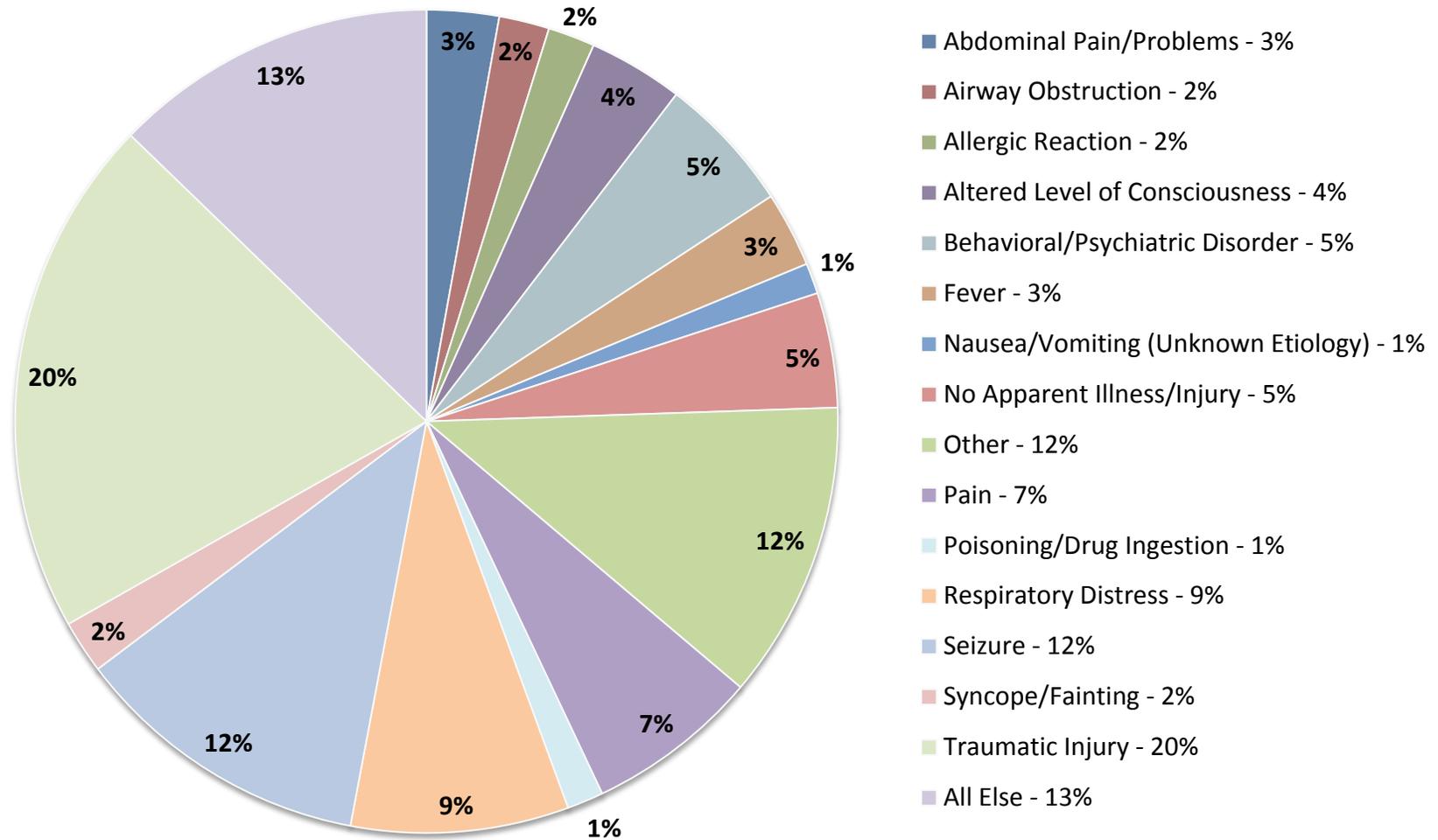
916-322-4336 Ext. 742

**CHART H3: Top 15 Primary Impression Pediatrics ≤ 14 years old  
CY 2013 n = 29,329**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMESIS  
Run Date Range: 2016-03-30 to 2016-04-27

**CHART H3: Top 15 Primary Impression Pediatrics ≤ 14 years old  
CY 2014 n = 35,623**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

**TABLE H4: Top 15 Primary Impression Adolescents 15–26 Years Old  
Calendar Year 2013 and 2014**

Top 15 Primary Impression Adolescents 15–26 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Abdominal Pain/Problems	5,166	9%	6,149	8%	983	19%	(↑)
Altered Level of Consciousness	3,098	5%	4,205	6%	1,107	36%	(↑)
Behavioral/Psychiatric Disorder	8,120	14%	9,563	13%	1,443	18%	(↑)
Chest Pain/Discomfort	1,401	2%	1,731	2%	330	24%	(↑)
ETOH Abuse	730	1%	1,174	2%	444	61%	(↑)
Nausea/Vomiting (Unknown Etiology)	631	1%	998	1%	367	58%	(↑)
No Apparent Illness/Injury	1,002	2%	1,675	2%	673	67%	(↑)
Other	4,350	7%	5,371	7%	1,021	23%	(↑)
Pain	3,163	5%	6,156	8%	2,993	95%	(↑)
Poisoning/Drug Ingestion	1,747	3%	2,465	3%	718	41%	(↑)
Pregnancy/OB Delivery	946	2%	835	1%	-111	-12%	(↓)
Respiratory Distress	1,517	3%	1,999	3%	482	32%	(↑)
Seizure	3,296	5%	4,006	5%	710	22%	(↑)
Syncope/Fainting	1,919	3%	2,485	3%	566	29%	(↑)
Traumatic Injury	15,263	25%	16,364	22%	1,101	7%	(↑)
All Else	7,597	13%	10,379	14%	2,782	37%	(↑)
<b>Total PI Adolescents 15–26 years old</b>	<b>59,946</b>	<b>100%</b>	<b>75,555</b>	<b>100%</b>	<b>12,827</b>	<b>26%</b>	<b>(↑)</b>

**Comments:**

Similarly to persons aged at or below 14 years of age, this group, ages 15–26, has a high number of calls where Pain is the Primary Impression; however, this age group also has a large number of calls a for ETOH abuse (alcohol abuse) where the increase is 445 (60%) for the number of calls. Other Primary Impressions with a large number of calls and a big percent increase are: Nausea/Vomiting (Unknown Etiology) which has an increase of 367 or 58%; No Apparent Illness which has an increase of 673 or 67%; and Pain which has an increase of 2,994 or 95%. This is the only group where the “Not Available” impression decreased (935 or 3%). A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

Source: CEMESIS

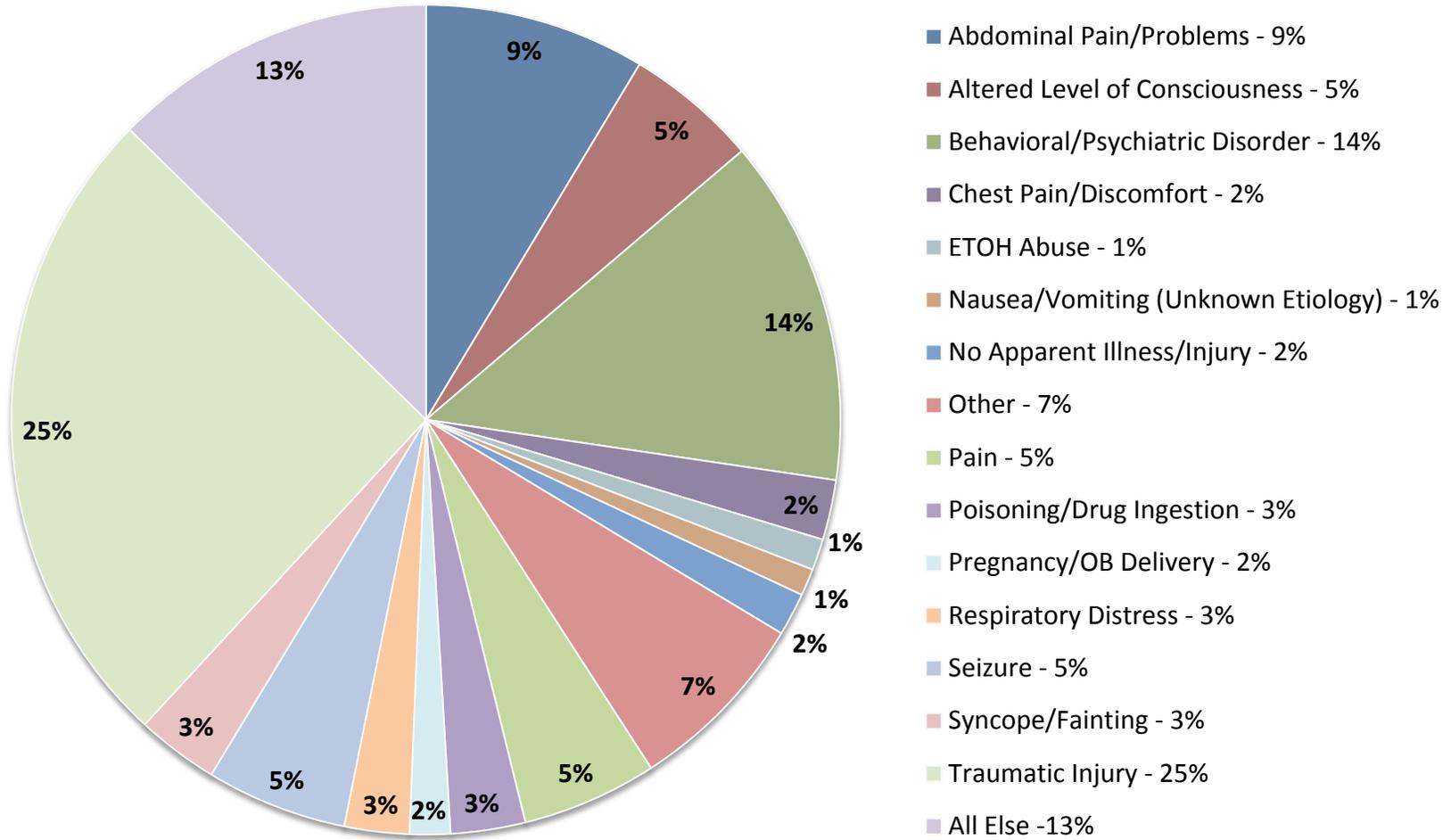
Run Date Range: 2016-03-30 to 2016-04-27

Contact:

SysDivData@emsa.ca.gov

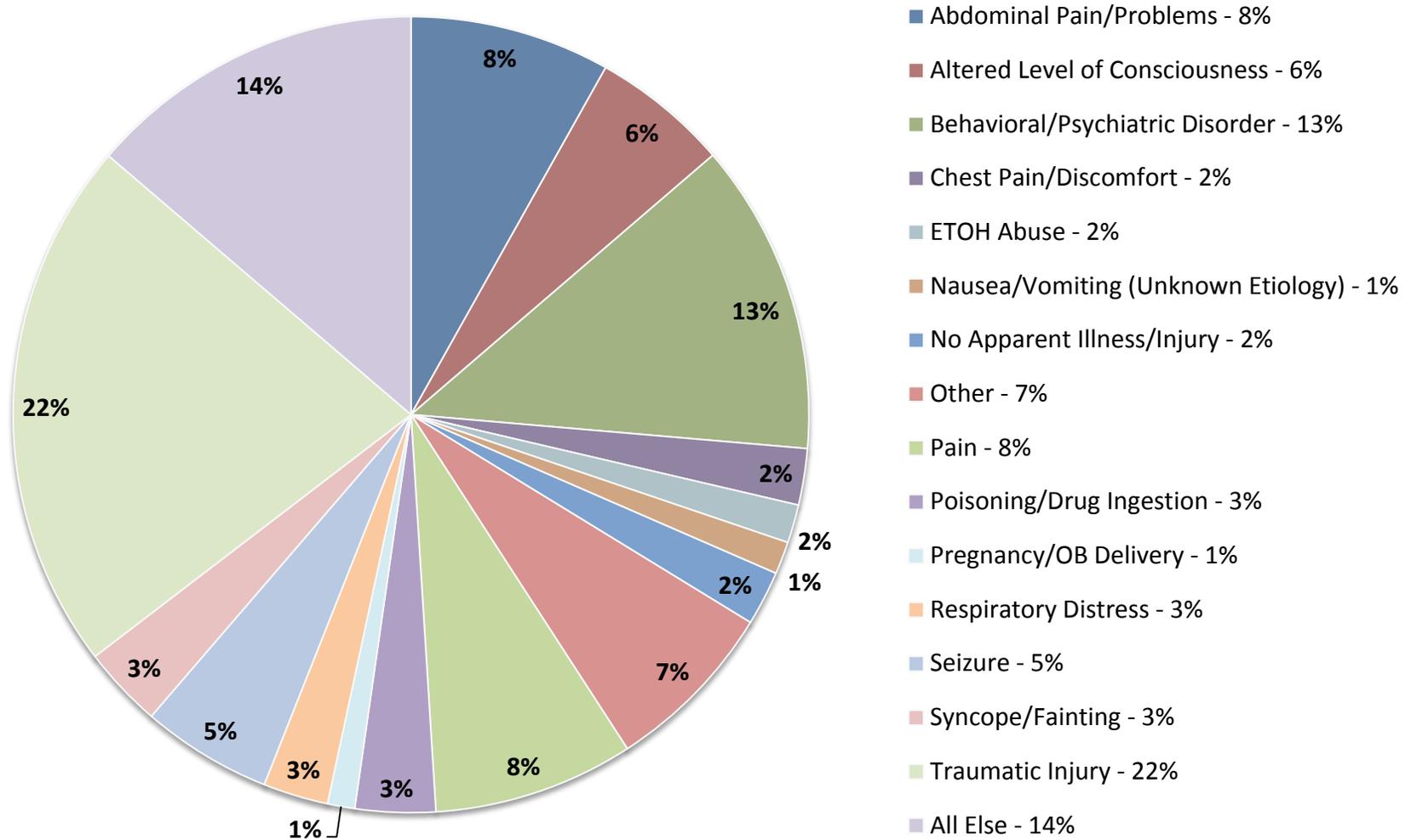
916-322-4336 Ext. 742

**CHART H4: Top 15 Primary Impression Adolescents 15-26 Years Old  
CY 2013 n = 59,946**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

**CHART H4: Top 15 Primary Impression Adolescents 15-26 Years Old  
CY 2014 n = 75,555**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMESIS  
Run Date Range: 2016-03-30 to 2016-04-27

**TABLE H5: Top 15 Primary Impression Adults 27–44 Years Old  
Calendar Year 2013 and 2014**

Top 15 Primary Impression Adult 27–44 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Abdominal Pain/Problems	9,432	11%	11,192	10%	1,760	19%	(↑)
Altered Level of Consciousness	5,081	6%	6,712	6%	1,631	32%	(↑)
Behavioral/Psychiatric Disorder	10,159	12%	11,877	11%	1,718	17%	(↑)
Chest Pain/Discomfort	5,095	6%	6,287	6%	1,192	23%	(↑)
ETOH Abuse	1,184	1%	1,971	2%	787	66%	(↑)
Nausea/Vomiting (Unknown Etiology)	980	1%	1,749	2%	769	78%	(↑)
No Apparent Illness/Injury	1,029	1%	1,812	2%	783	76%	(↑)
Other	6,280	7%	7,741	7%	1,461	23%	(↑)
Pain	4,411	5%	8,177	8%	3,766	85%	(↑)
Poisoning/Drug Ingestion	1,927	2%	2,576	2%	649	34%	(↑)
Respiratory Distress	2,578	3%	3,204	3%	626	24%	(↑)
Seizure	4,778	6%	5,494	5%	716	15%	(↑)
Syncope/Fainting	2,008	2%	2,648	2%	640	32%	(↑)
Traumatic Injury	16,238	19%	17,094	16%	856	5%	(↑)
Weakness	1,183	1%	1,966	2%	783	66%	(↑)
All Else	13,634	16%	18,079	17%	4,445	33%	(↑)
<b>Total PI Adults 27–44 Years Old</b>	<b>85,997</b>	<b>100%</b>	<b>108,579</b>	<b>100%</b>	<b>22,582</b>	<b>26%</b>	<b>(↑)</b>

**Comments:**

This group has five Primary Impressions with increases of more than 60%. Like the 15–26 age grouping, ETOH Abuse, Nausea/Vomiting, and Pain all have high percent increases, 66%, 79%, and 85%, respectively. This group also has large increases in weakness (66%) and No Apparent Injury (76%). The “Not Available” impression is the most common, but it has a very low percent increase (1%).

A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

Source: CEMIS

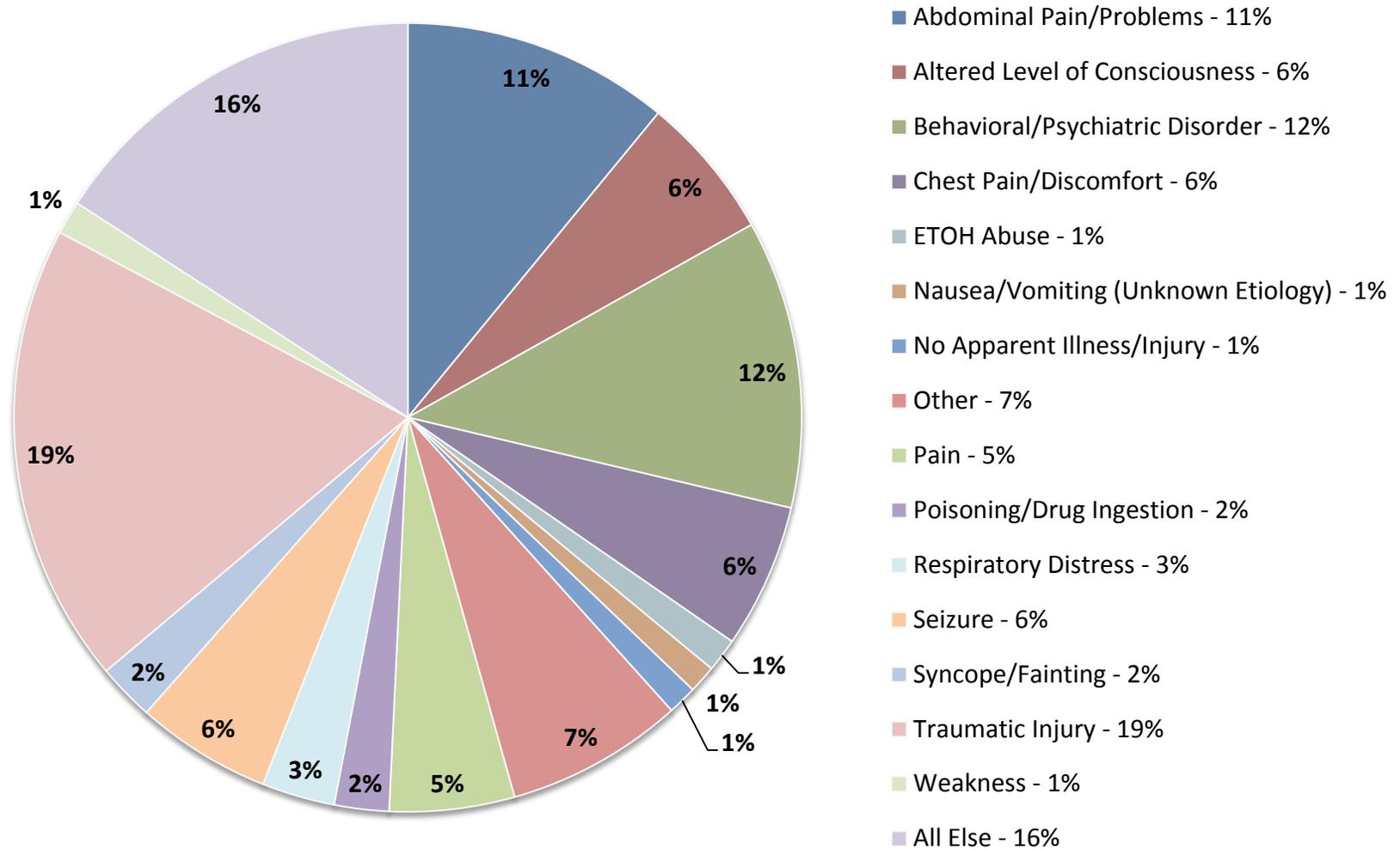
Run Date Range: 2016-03-30 to 2016-04-27

Contact:

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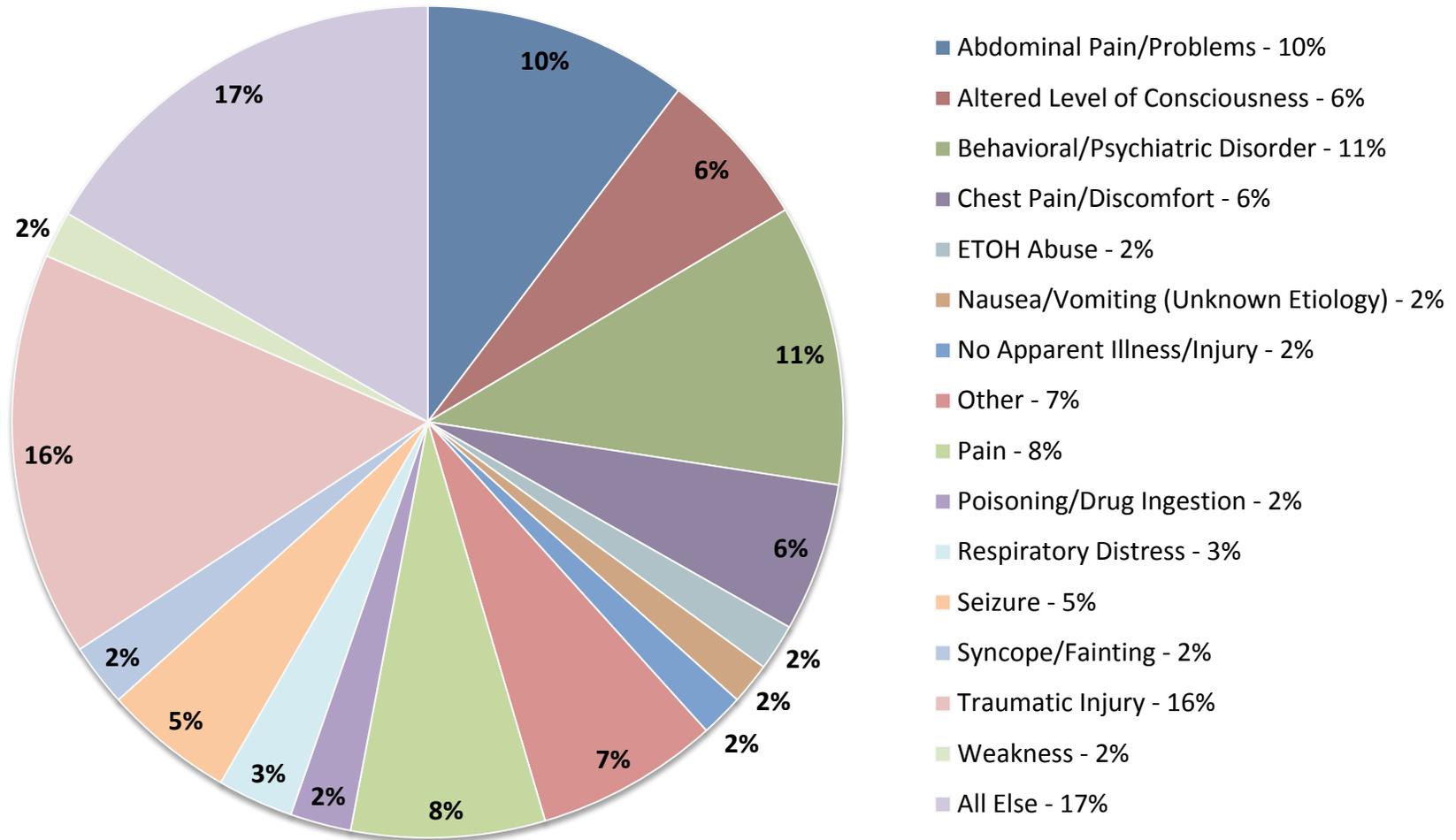
**CHART H5: Top Primary Impression Adults 27 - 44 Years Old  
CY 2013 n = 85,997**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMIS  
Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
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**CHART H5: Top Primary Impression Adults 27 - 44 Years Old  
CY 2014 n = 108,579**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMESIS  
Run Date Range: 2016-03-30 to 2016-04-27

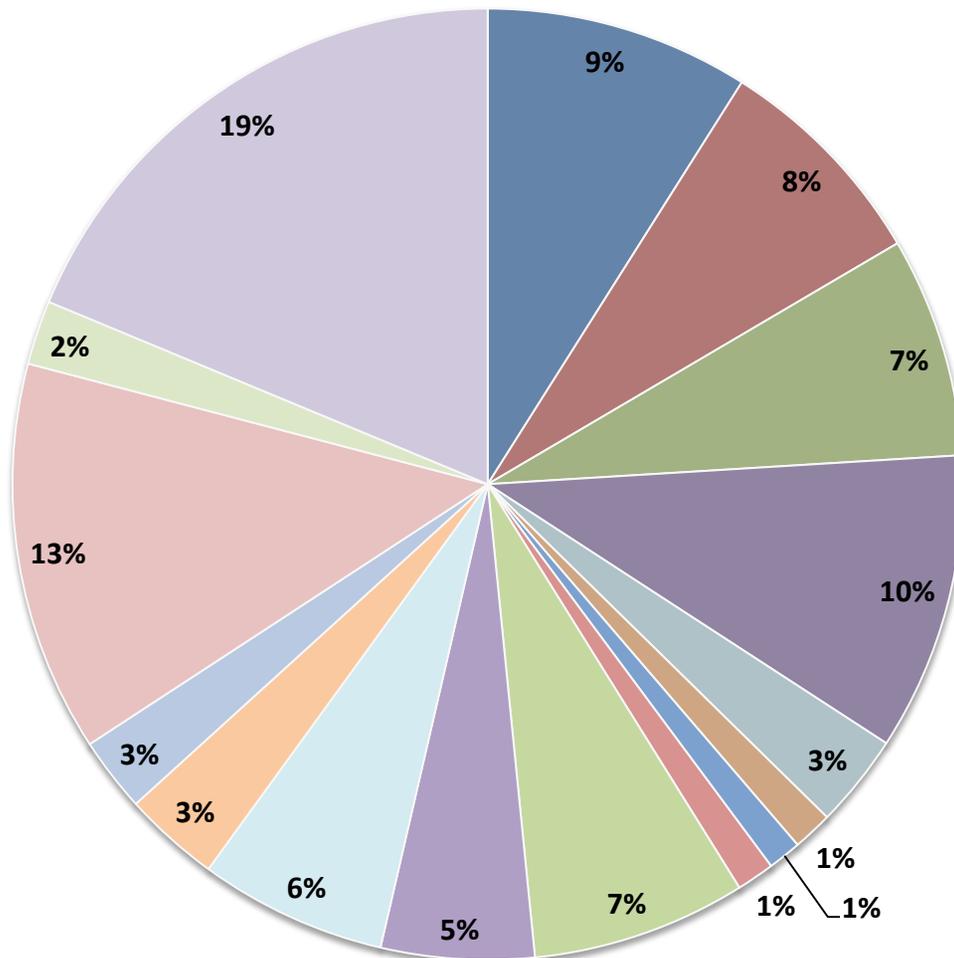
**TABLE H6: Top 15 Primary Impression Adults 45–63 Years Old  
Calendar Year 2013 and 2014**

Top 15 Primary Impression Adult 45–63 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Abdominal Pain/Problems	11,930	9%	14,125	8%	2,195	18%	(↑)
Altered Level of Consciousness	10,053	8%	13,395	8%	3,342	33%	(↑)
Behavioral/Psychiatric Disorder	9,941	7%	11,155	7%	1,214	12%	(↑)
Chest Pain/Discomfort	13,469	10%	16,238	10%	2,769	21%	(↑)
Diabetic Symptoms (Hypoglycemia)	4,222	3%	4,319	3%	97	2%	(↑)
ETOH Abuse	1,797	1%	2,989	2%	1,192	66%	(↑)
Nausea/Vomiting (Unknown Etiology)	1,508	1%	2,631	2%	1,123	74%	(↑)
No Apparent Illness/Injury	1,708	1%	2,804	2%	1,096	64%	(↑)
Other	9,692	7%	13,205	8%	3,513	36%	(↑)
Pain	6,926	5%	12,057	7%	5,131	74%	(↑)
Respiratory Distress	8,466	6%	10,674	6%	2,208	26%	(↑)
Seizure	4,346	3%	5,002	3%	656	15%	(↑)
Syncope/Fainting	3,361	3%	4,108	2%	747	22%	(↑)
Traumatic Injury	17,648	13%	18,613	11%	965	5%	(↑)
Weakness	2,897	2%	4,971	3%	2,074	72%	(↑)
All Else	24,895	19%	32,069	19%	7,174	29%	(↑)
<b>Total PI Adults 45–63 Years Old</b>	<b>132,859</b>	<b>100%</b>	<b>168,355</b>	<b>100%</b>	<b>35,496</b>	<b>27%</b>	<b>(↑)</b>

**Comments:**

Primary Impression profile for the 45–63 grouping is very similar to the 27–44 grouping, with five Primary Impressions having percent increases of more than 60%: ETOH Abuse (65%), Nausea/Vomiting (75%), Pain (74%), No Apparent Injury (64%), and Weakness (72%). It should be noted that while the largest number of PIs is “Not Available”, it is the impression with the lowest percent increase (0%). A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

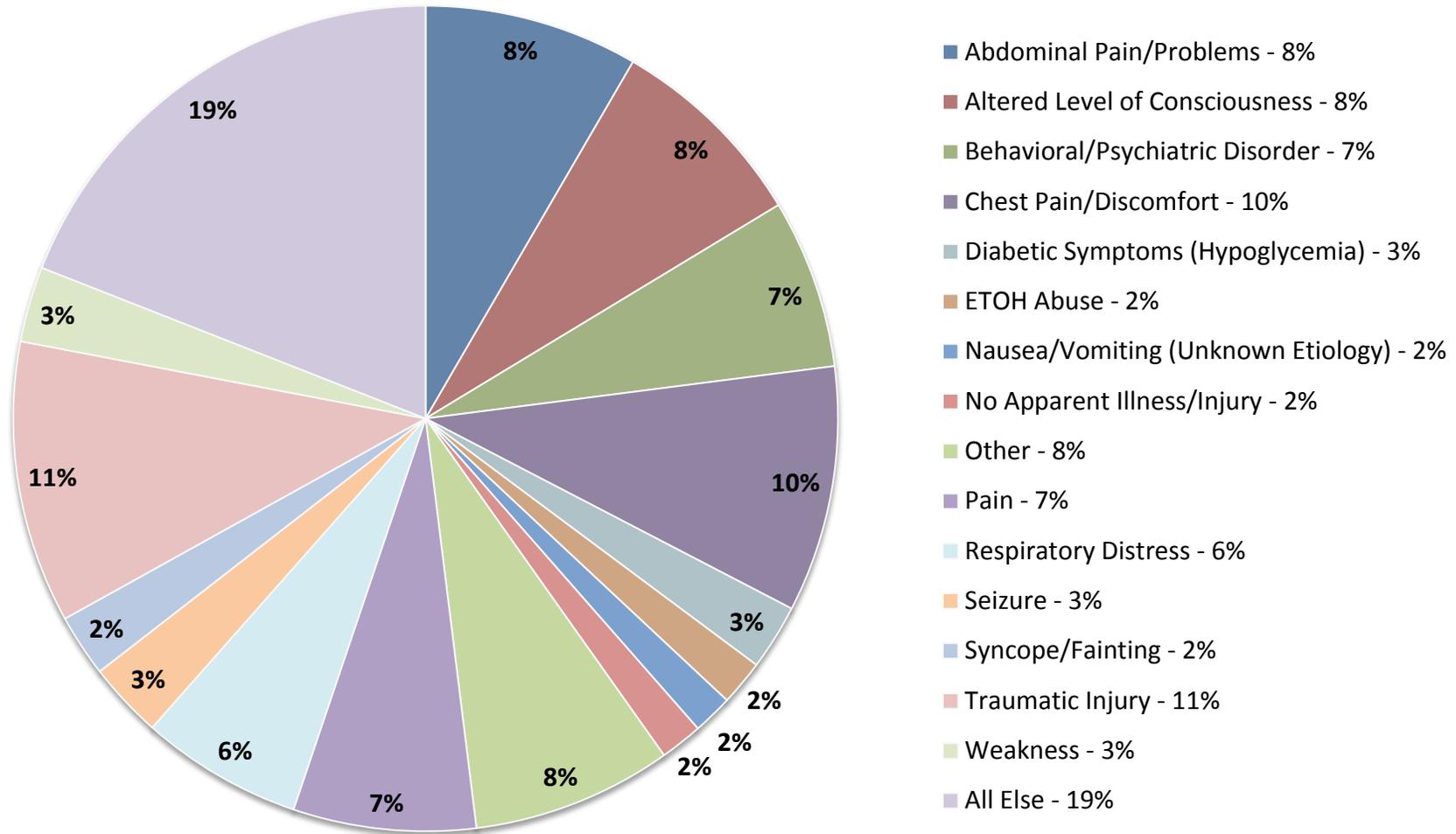
**CHART H6: Top 15 Primary Impression Adults 45 - 63 Years Old  
CY 2013 n = 132,859**



- Abdominal Pain/Problems - 9%
- Altered Level of Consciousness - 8%
- Behavioral/Psychiatric Disorder - 7%
- Chest Pain/Discomfort - 10%
- Diabetic Symptoms (Hypoglycemia) - 3%
- ETOH Abuse - 1%
- Nausea/Vomiting (Unknown Etiology) - 1%
- No Apparent Illness/Injury - 1%
- Other - 7%
- Pain - 5%
- Respiratory Distress - 6%
- Seizure - 3%
- Syncope/Fainting - 3%
- Traumatic Injury - 13%
- Weakness - 2%
- All Else - 19%

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

**CHART H6: Top 15 Primary Impression Adults 45 - 63 Years Old  
CY 2014 n = 168,355**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMESIS  
Run Date Range: 2016-03-30 to 2016-04-27

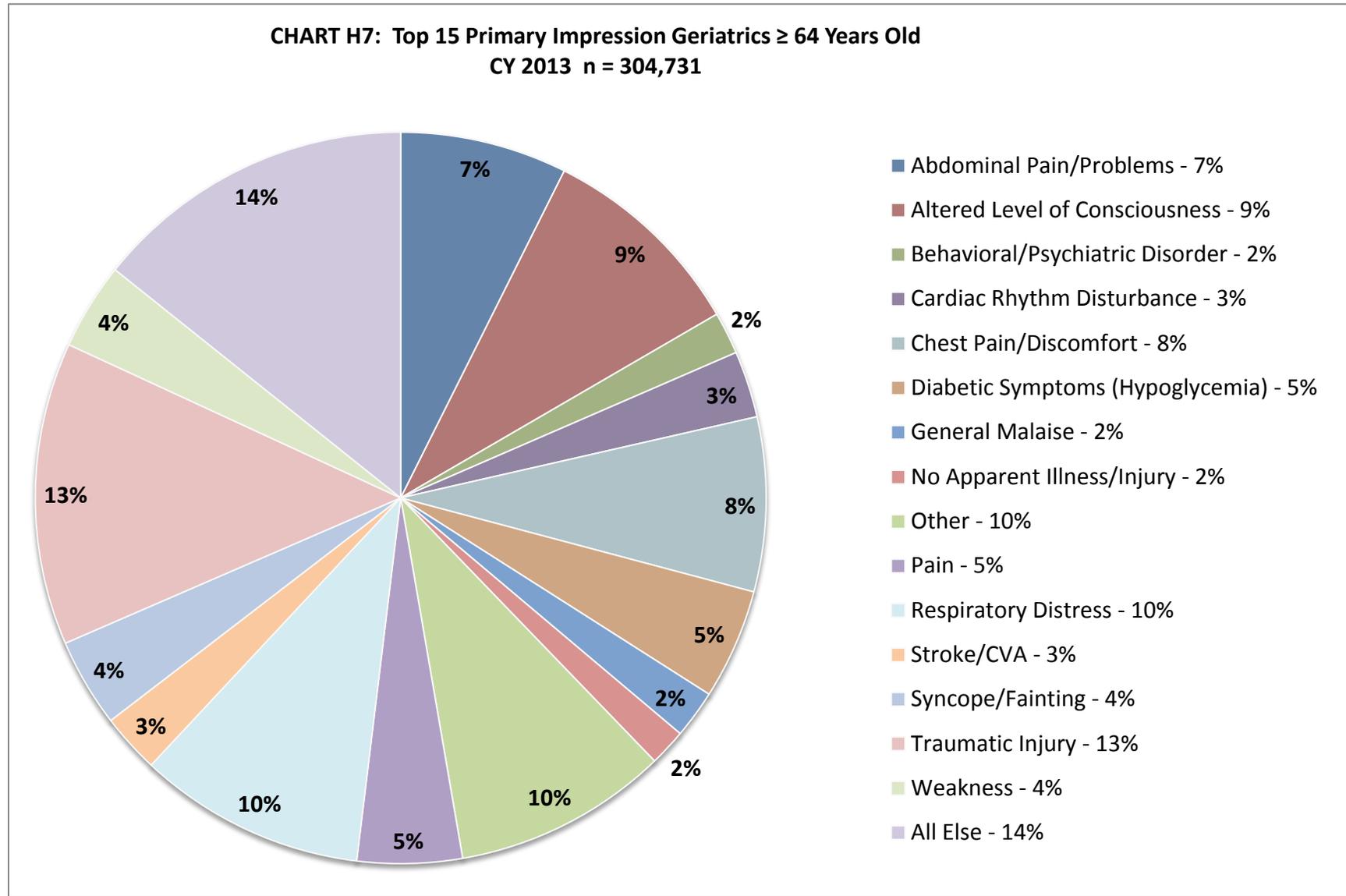
**TABLE H7: Top 15 Primary Impression Geriatrics ≥ 64 Years Old  
Calendar Year 2013 and 2014**

Top 15 Primary Impression Geriatric ≥ 64 Years Old	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Abdominal Pain/Problems	13,963	7%	16,052	7%	2,089	15%	(↑)
Altered Level of Consciousness	17,464	9%	22,771	9%	5,307	30%	(↑)
Behavioral/Psychiatric Disorder	3,528	2%	4,358	2%	830	24%	(↑)
Cardiac Rhythm Disturbance	5,563	3%	5,876	2%	313	6%	(↑)
Chest Pain/Discomfort	14,556	8%	17,260	7%	2,704	19%	(↑)
Diabetic Symptoms (Hypoglycemia)	9,227	5%	8,507	4%	-720	-8%	(↓)
General Malaise	4,018	2%	4,863	2%	845	21%	(↑)
No Apparent Illness/Injury	3,088	2%	4,781	2%	1,693	55%	(↑)
Other	17,969	10%	21,350	9%	3,381	19%	(↑)
Pain	8,772	5%	15,018	6%	6,246	71%	(↑)
Respiratory Distress	18,972	10%	22,548	9%	3,576	19%	(↑)
Stroke/CVA	4,956	3%	5,772	2%	816	16%	(↑)
Syncope/Fainting	7,394	4%	9,349	4%	1,955	26%	(↑)
Traumatic Injury	25,297	13%	28,441	12%	3,144	12%	(↑)
Weakness	7,262	4%	13,095	5%	5,833	80%	(↑)
All Else	26,986	14%	39,949	17%	12,963	48%	(↑)
<b>Total PI Geriatrics ≥ 64 Years Old</b>	<b>189,015</b>	<b>100%</b>	<b>239,990</b>	<b>100%</b>	<b>50,975</b>	<b>27%</b>	<b>(↑)</b>

**Comments:**

This group has only three Primary Impressions with increases over 50%: No Apparent Injury (55%); Pain (71%); and Weakness (80%) Diabetic Symptoms and Cardiac Rhythm Disturbance have decreased the most with the calls for Diabetes falling 721 (-8%) and Cardiac Rhythm Disturbance falling by 314 (6%). There is only a small increase in “Not Available” at only 2% (2,137). A complete list of the All Else category can be found on page 124 in Appendix B at the end of this report.

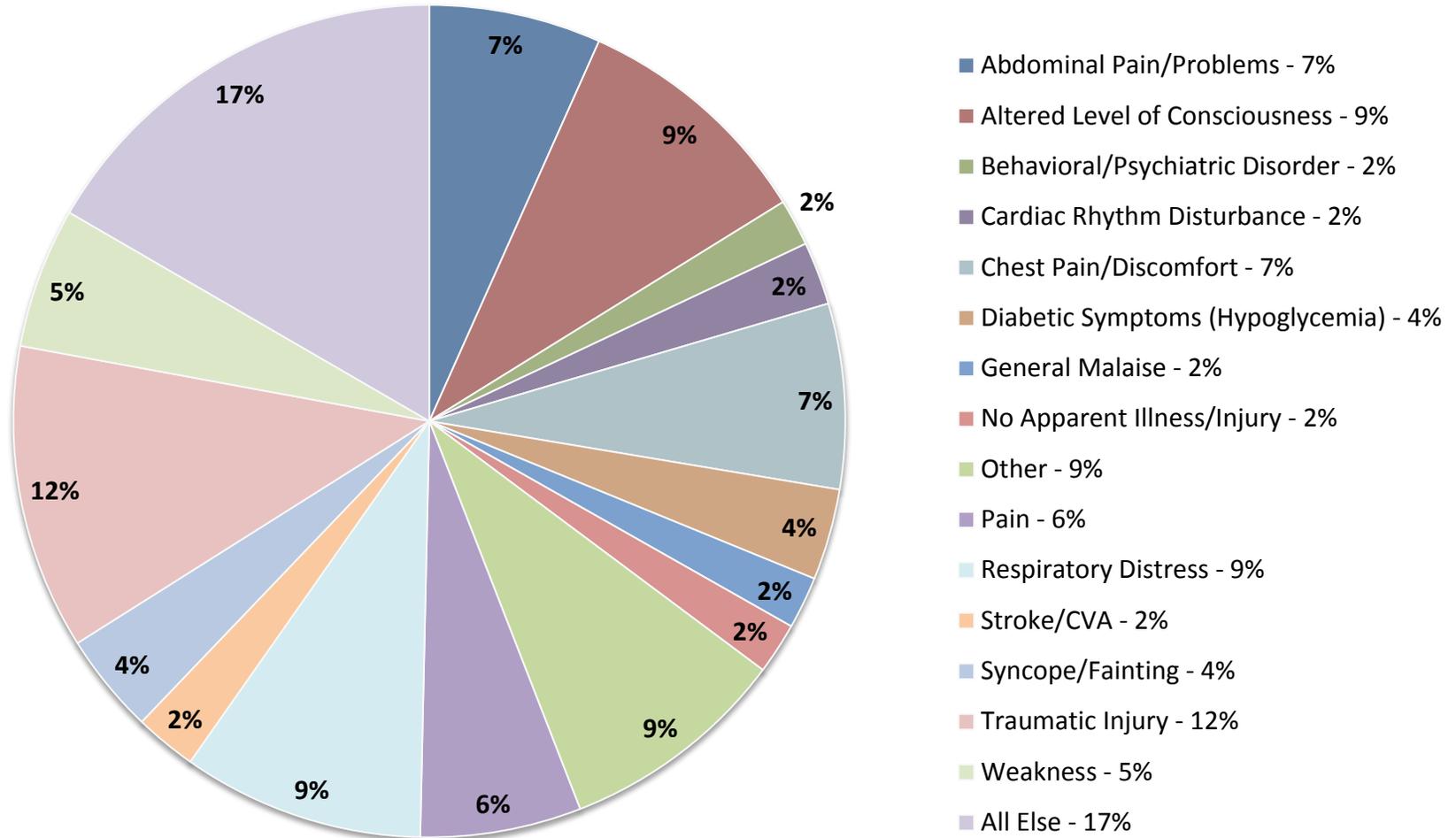
**CHART H7: Top 15 Primary Impression Geriatrics ≥ 64 Years Old  
CY 2013 n = 304,731**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

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**CHART H7: Top 15 Primary Impression Geriatrics ≥ 64 Years Old  
CY 2014 n = 357,755**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

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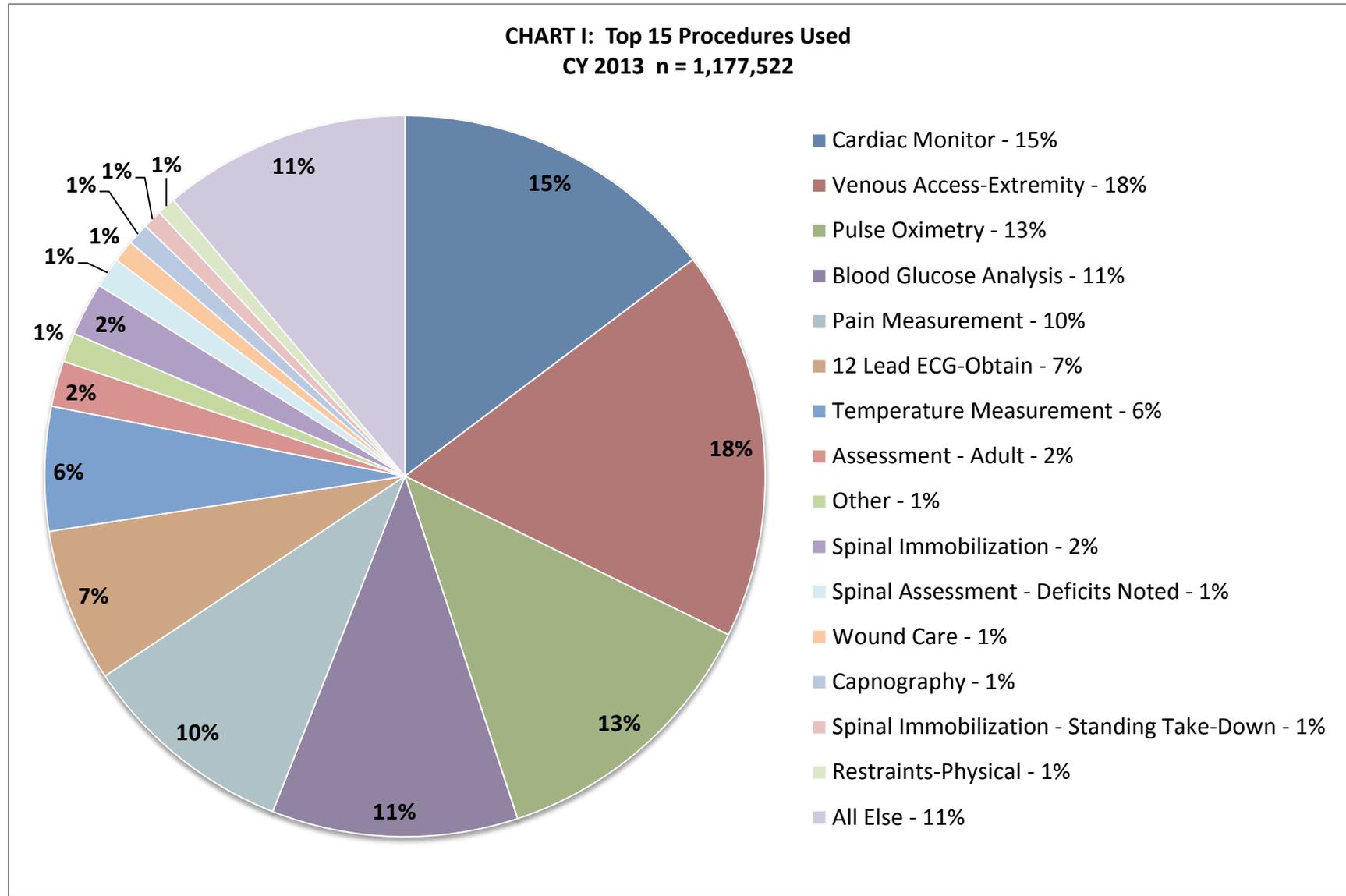
**TABLE I: Top 15 Procedures Used  
Calendar Year 2013 and 2014**

Top 15 Procedures Used	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Cardiac Monitor	173,649	15%	208,988	14%	35,339	20%	(↑)
Venous Access-Extremity	206,092	18%	226,869	15%	20,777	10%	(↑)
Pulse Oximetry	149,418	13%	209,044	14%	59,626	40%	(↑)
Blood Glucose Analysis	130,048	11%	150,659	10%	20,611	16%	(↑)
Pain Measurement	113,837	10%	186,694	13%	72,857	64%	(↑)
12 Lead ECG-Obtain	81,197	7%	116,690	8%	35,493	44%	(↑)
Temperature Measurement	65,558	6%	56,132	4%	-9,426	-14%	(↓)
Assessment - Adult	24,188	2%	37,785	3%	13,597	56%	(↑)
Other	15,446	1%	38,207	3%	22,761	147%	(↑)
Spinal Immobilization	28,212	2%	23,007	2%	-5,205	-18%	(↓)
Spinal Assessment - Deficits Noted	15,935	1%	4,248	0%	-11,687	-73%	(↓)
Wound Care	11,780	1%	13,367	1%	1,587	13%	(↑)
Capnography	11,469	1%	14,285	1%	2,816	25%	(↑)
Spinal Immobilization - Standing Take-Down	10,110	1%	10,590	1%	480	5%	(↑)
Restraints-Physical	9,792	1%	10,795	1%	1,003	10%	(↑)
All Else	130,791	11%	159,789	11%	28,998	22%	(↑)
<b>Total Procedures Used</b>	<b>1,177,522</b>	<b>100%</b>	<b>1,467,149</b>	<b>100%</b>	<b>289,627</b>	<b>25%</b>	<b>(↑)</b>

**Comments:**

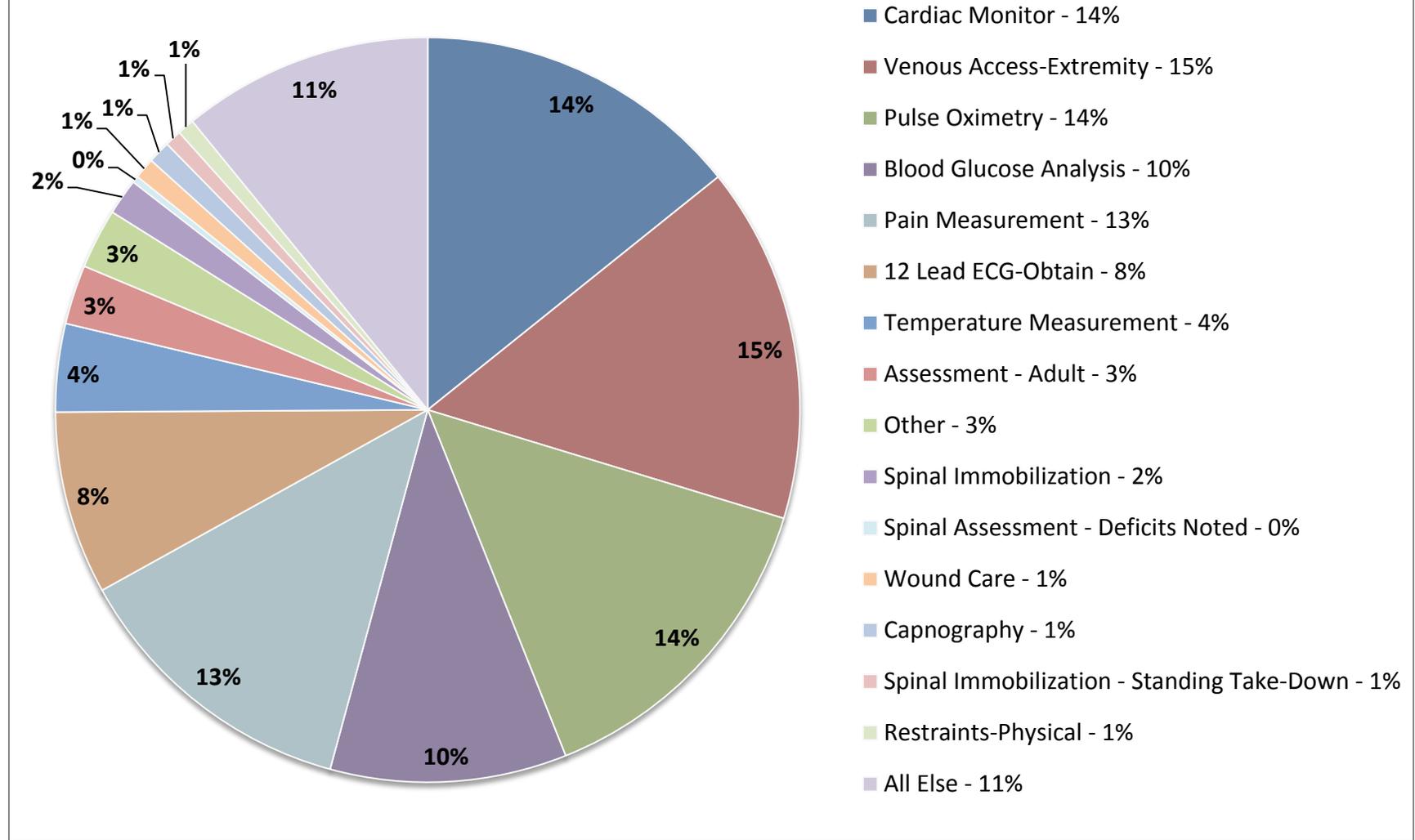
A complete list of the All Else category can be found on page 131 in Appendix B at the end of this report.

**CHART I: Top 15 Procedures Used  
CY 2013 n = 1,177,522**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMESIS  
 Run Date Range: 2016-03-30 to 2016-04-27

**CHART I: Top 15 Procedures Used**  
**CY 2014 n = 1,467,149**



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

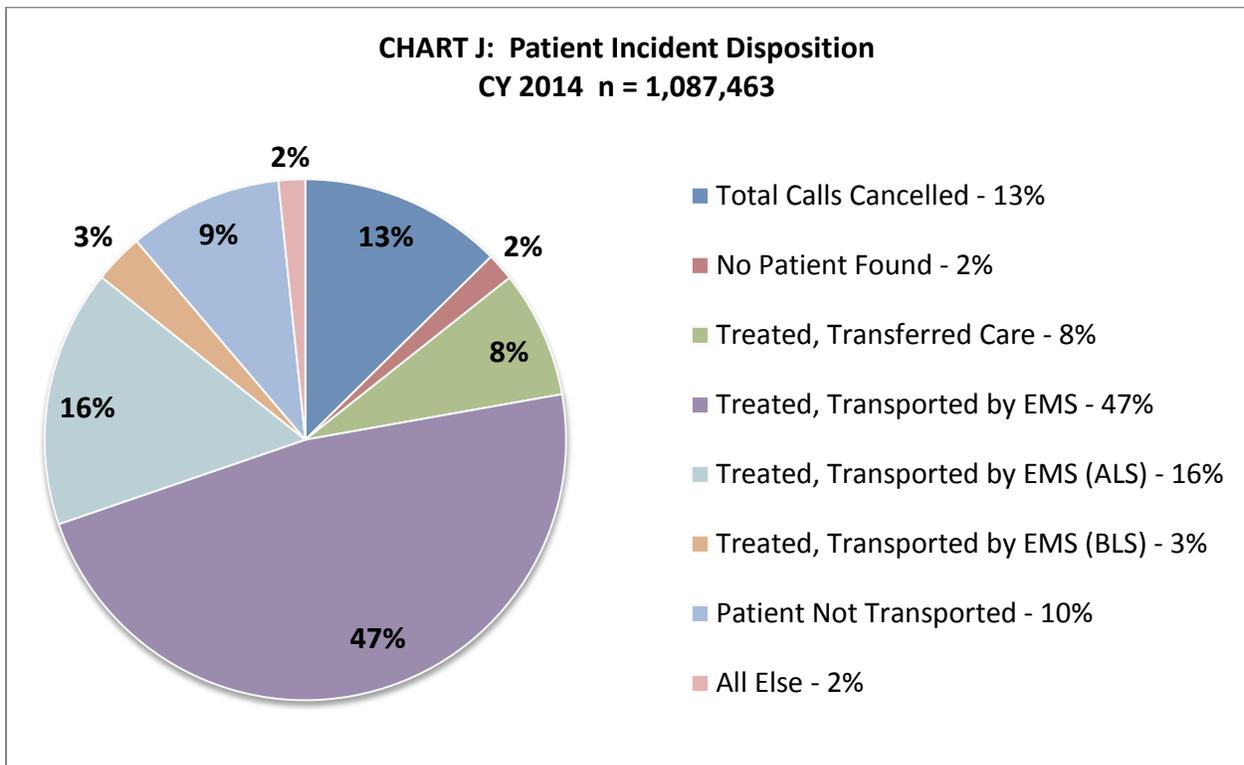
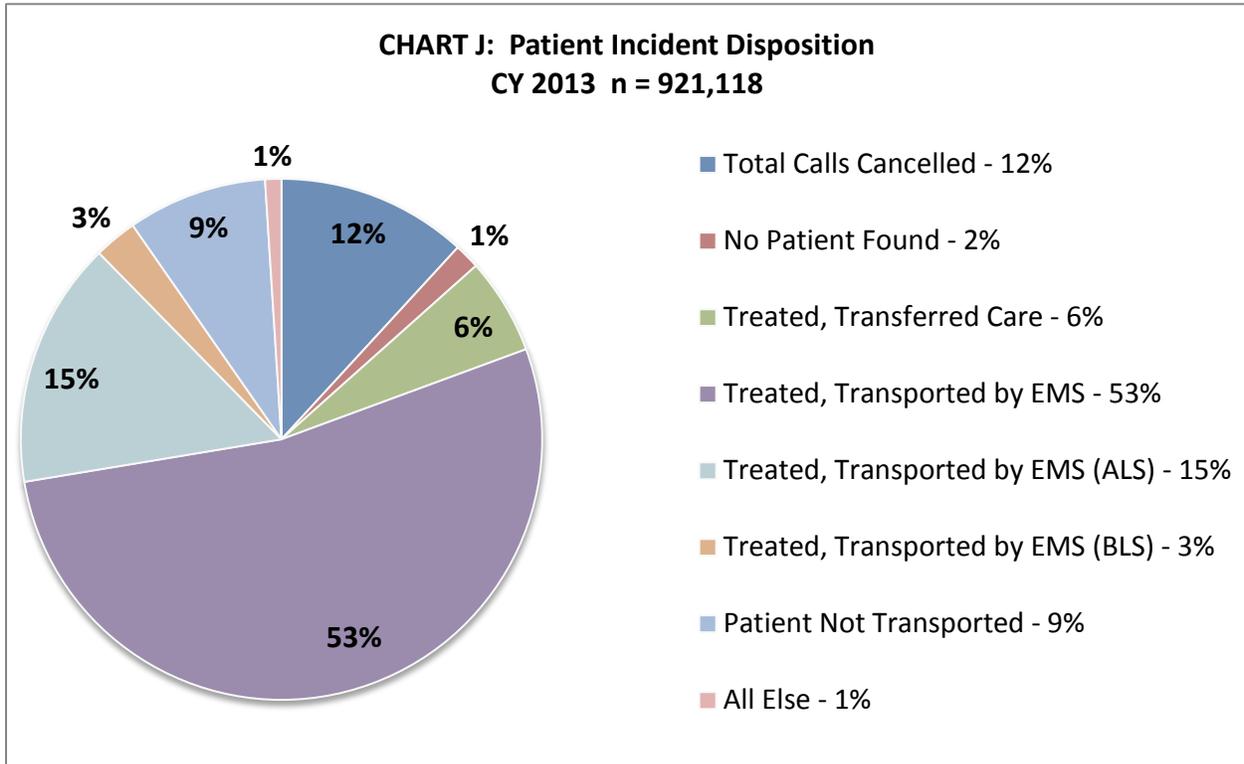
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 916-322-4336 Ext. 742

**TABLE J: Patient Incident Disposition  
Calendar Year 2013 and 2014**

Patient Incident Disposition: E20_10	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Total Calls Cancelled	108,622	12%	137,114	13%	28,492	26%	(↑)
No Patient Found	14,558	2%	18,657	2%	4,099	28%	(↑)
Treated, Transferred Care	55,101	6%	85,659	8%	30,558	55%	(↑)
Treated, Transported by EMS	488,393	53%	517,052	47%	28,659	6%	(↑)
Treated, Transported by EMS (ALS)	140,855	15%	173,734	16%	32,879	23%	(↑)
Treated, Transported by EMS (BLS)	24,532	3%	33,380	3%	8,848	36%	(↑)
Patient Not Transported*	79,777	9%	103,860	10%	24,083	30%	(↑)
All Else**	9,280	1%	18,007	2%	8,727	94%	(↑)
<b>Total EMS Calls</b>	<b>921,118</b>	<b>100%</b>	<b>1,087,463</b>	<b>100%</b>	<b>166,345</b>	<b>18%</b>	<b>(↑)</b>

\*Patient Not Transported includes values: Fatality on Scene, No Treatment Required and Patient Refused Care

\*\*All Else includes values of ≤ 1%: Standby; No Patient Contact; Ambulance Assist only, Treated and Released, Treated, Transported by Law Enforcement, Treated, Transported by Private Vehicle, and Unable to Locate Patient/Scene



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMISIS  
 Run Date Range: 2016-03-30 to 2016-04-27

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# EMS ANNUAL REPORT DATA

## Section 4: Demographics

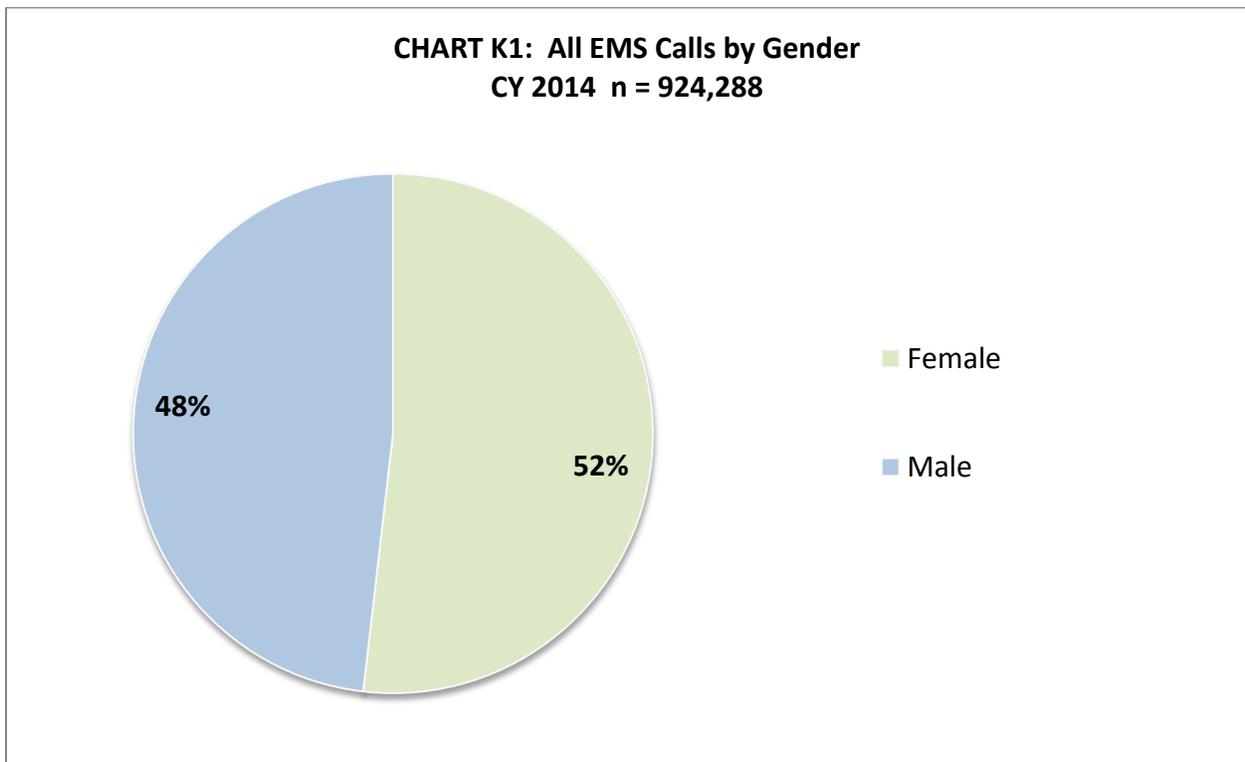
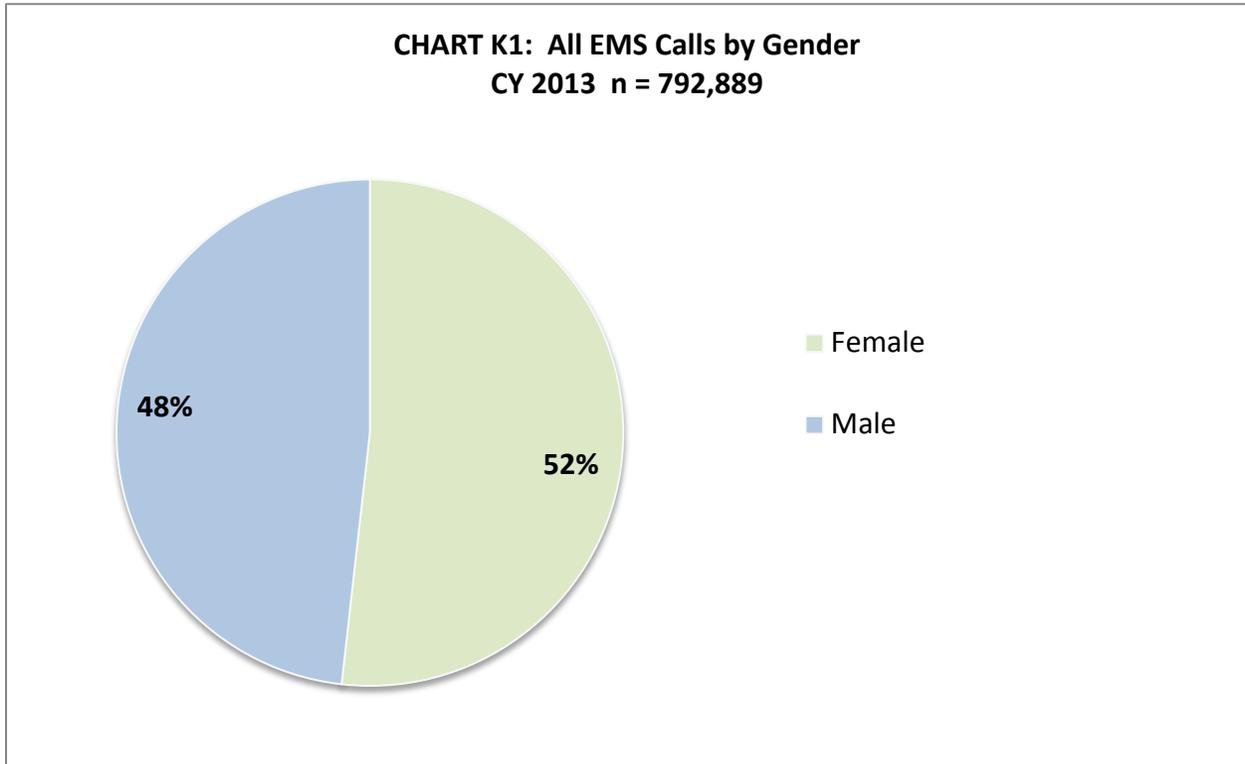
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**TABLE K1: All EMS Calls by Gender  
Calendar Year 2013 and 2014**

All EMS Calls by Gender	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Female	410,572	52%	479,042	52%	68,470	17%	(↑)
Male	382,317	48%	445,246	48%	62,929	16%	(↑)
<b>Total EMS Calls by Gender</b>	<b>792,889</b>	<b>100%</b>	<b>924,288</b>	<b>100%</b>	<b>131,399</b>	<b>17%</b>	<b>(↑)</b>

**Comments:**

It is not clear what the driver is for the count of "Not Available". It is possible this information is in the narrative.

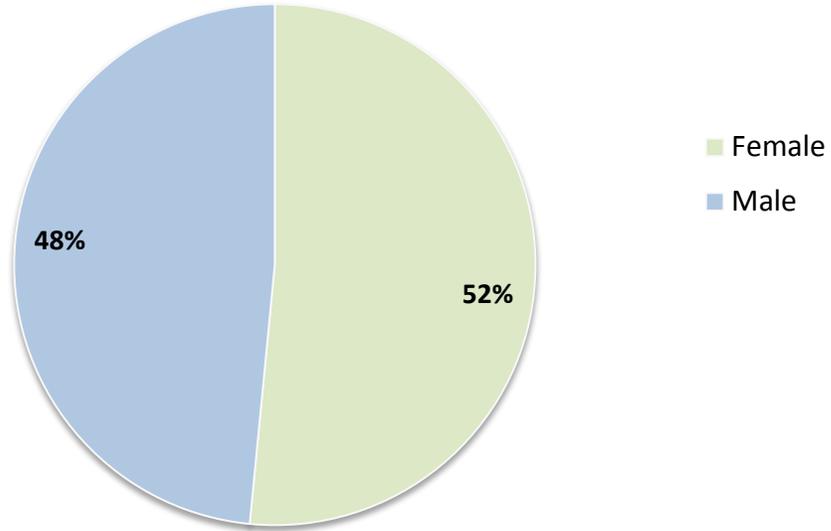


<b>TABLE K2: 911 Calls by Gender Calendar Year 2013 and 2014</b>							
<b>911 Calls by Gender</b>	<b>CY 2013</b>		<b>CY 2014</b>		<b>Change</b>		
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Change</b>	<b>% Change</b>	<b>Status</b>
Female	341,417	52%	406,400	52%	64,983	19%	(↑)
Male	321,058	48%	372,006	48%	50,948	16%	(↑)
<b>Total 911 Calls by Gender</b>	<b>662,475</b>	<b>100%</b>	<b>778,406</b>	<b>48%</b>	<b>64,983</b>	<b>17%</b>	<b>(↑)</b>

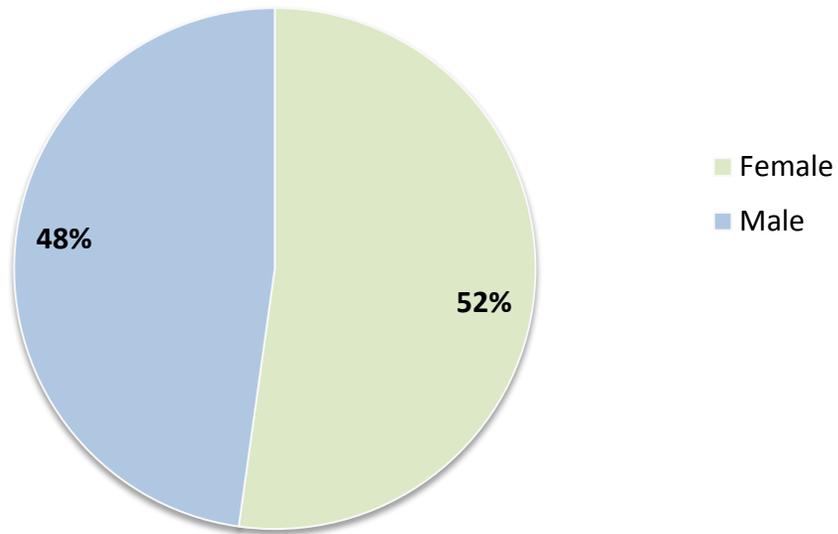
**Comments:**

It is not clear what the driver is for the count of "Not Available". It is possible this information is in the narrative.

**CHART K2: 911 Calls by Gender  
CY 2013 n = 662,475**



**CHART K2: 911 Calls by Gender  
CY 2014 n = 778,406**

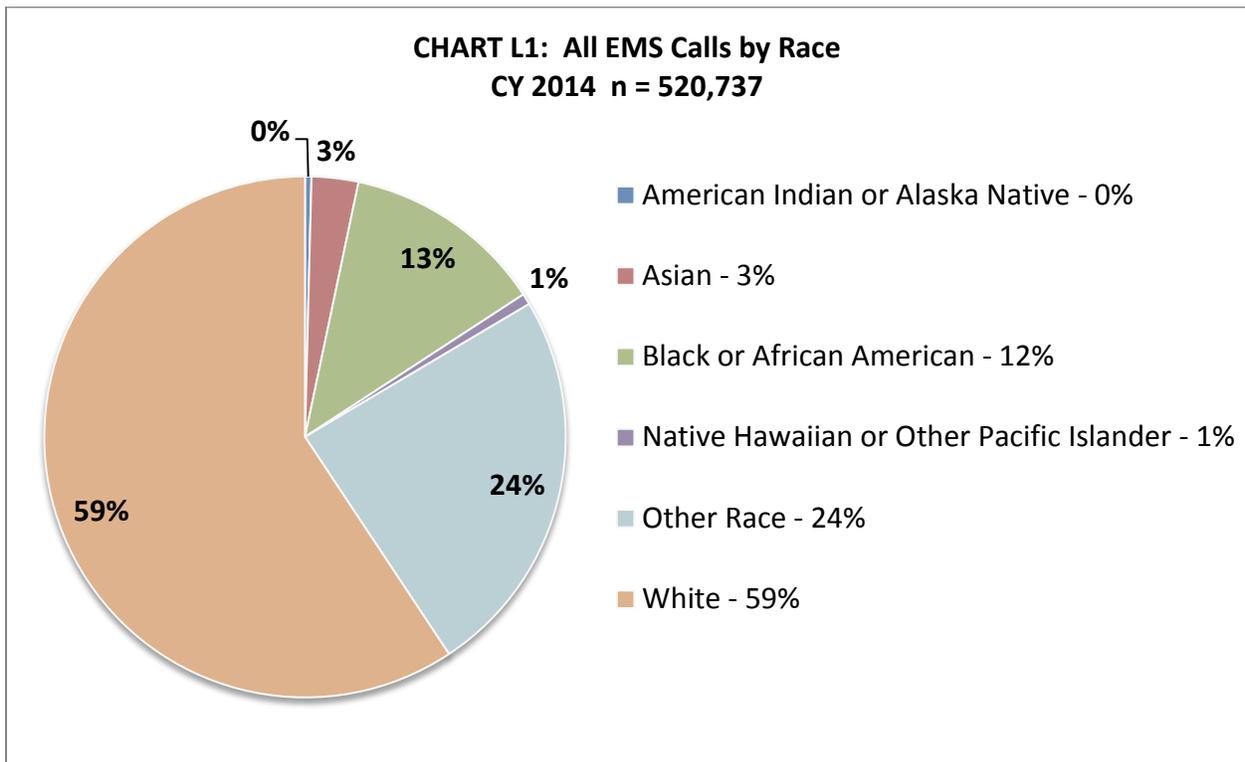
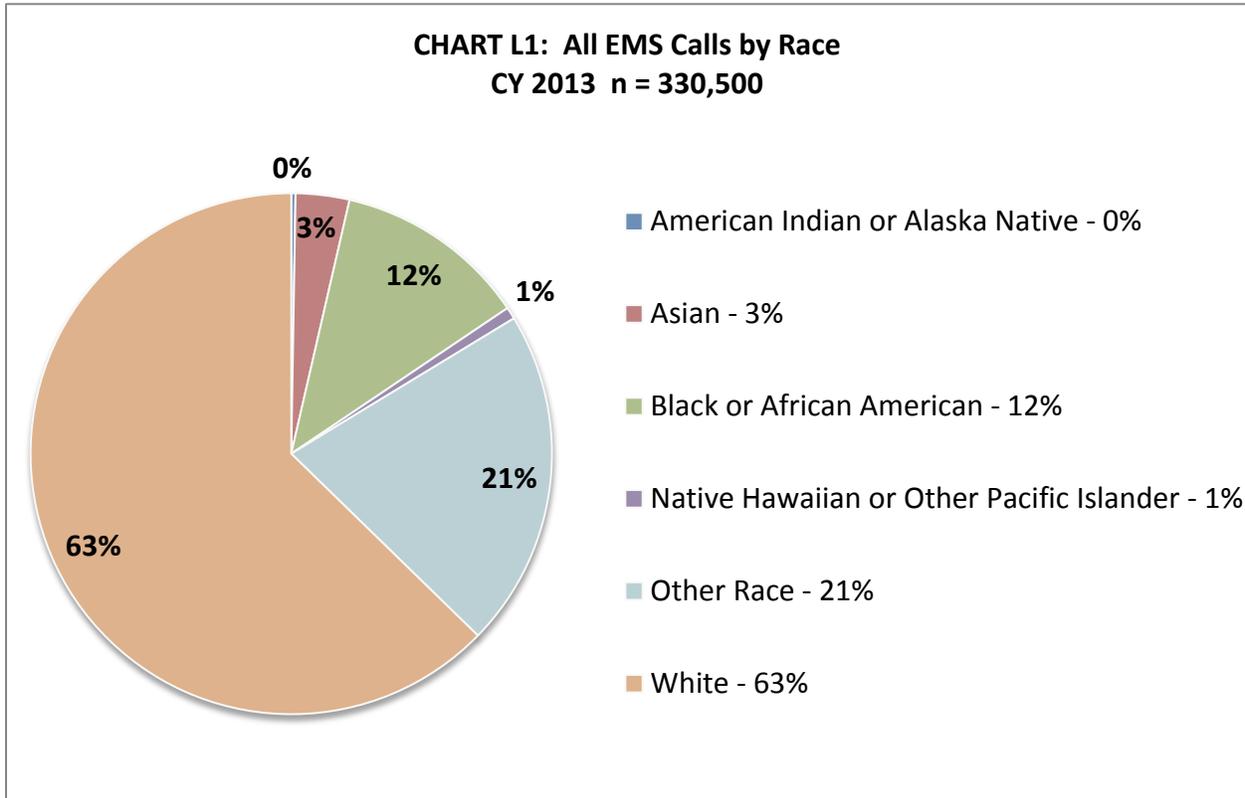


**TABLE L1: All EMS Calls by Race  
Calendar Year 2013 and 2014**

All EMS Calls by Race	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
American Indian or Alaska Native	871	0%	2,075	0%	1,204	138%	(↑)
Asian	11,006	3%	15,110	3%	4,104	37%	(↑)
Black or African American	39,551	12%	65,062	12%	25,511	65%	(↑)
Native Hawaiian or Other Pacific Islander	2,445	1%	3,552	1%	1,107	45%	(↑)
Other Race	69,405	21%	126,038	24%	56,633	82%	(↑)
White	207,222	63%	308,900	59%	101,678	49%	(↑)
<b>Total EMS Calls</b>	<b>330,500</b>	<b>100%</b>	<b>520,737</b>	<b>100%</b>	<b>190,237</b>	<b>58%</b>	<b>(↑)</b>

**Comments:**

The purpose for including race and ethnicity information is to get a sense if there are populations that may call less frequently for 911 emergency services. In this case, it may be hard to identify such populations because of the high number of “Not Available” codes. The Number of “Null” values for CYs 2013 and 2014 are 593,143 and 571,012, respectively. This approximates 50% of the counts as “null” values and limits the usefulness of the Race data.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMIS  
 Run Date Range: 2016-03-30 to 2016-04-27

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**TABLE L2: 911 Calls by Race  
Calendar Year 2013 and 2014**

911 Calls by Race	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
American Indian or Alaska Native	725	0%	1,727	0%	1,002	138%	(↑)
Asian	8,491	3%	12,098	3%	3,607	42%	(↑)
Black or African American	34,437	12%	57,988	13%	23,551	68%	(↑)
Native Hawaiian or Other Pacific Islander	2,074	1%	3,056	1%	982	47%	(↑)
Other Race	55,593	20%	105,637	24%	50,044	90%	(↑)
White	176,622	64%	266,417	60%	89,795	51%	(↑)
<b>Total 911 Calls by Race</b>	<b>277,942</b>	<b>100%</b>	<b>446,923</b>	<b>100%</b>	<b>168,981</b>	<b>61%</b>	<b>(↑)</b>

**Comments:**

The purpose for including race and ethnicity information is to get a sense if there are populations that may call less often for 911 emergency services. In this case, it may be hard to identify such populations because of the high number of “Not Available” codes.

Of the Race data provided, it appears that Asians are slightly less likely to call for 911 emergency services 77% in 2013 (8,491 of 11,006) and 80% in 2014 (12,098 of 15,010) than other groups which are generally in the mid 80 percent range. This suggests that more of the calls for the Asian population calls may be for Interfacility Transfer or Medical Transport.

The percent of 911 calls for the other groups are:

- Native American: 83% for both 2013 (725 of 871) and 2014 (1,727 of 2,075);
- African-American : 87% in 2013 (34,437 of 39,551) and 89% (57,988 of 65,062);
- Pacific Islander: 84% (2,074 of 2,445) in 2013 and 86% (3,056 of 3,552) in 2014;
- Other Race: 80% (55,593 of 69,405) in 2013 and 84% (105,637 of 126,038) in 2014; and
- White: 85% (176,622 of 207,222) in 2013 and 86% (266,417 of 308,900) in 2014.

Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.

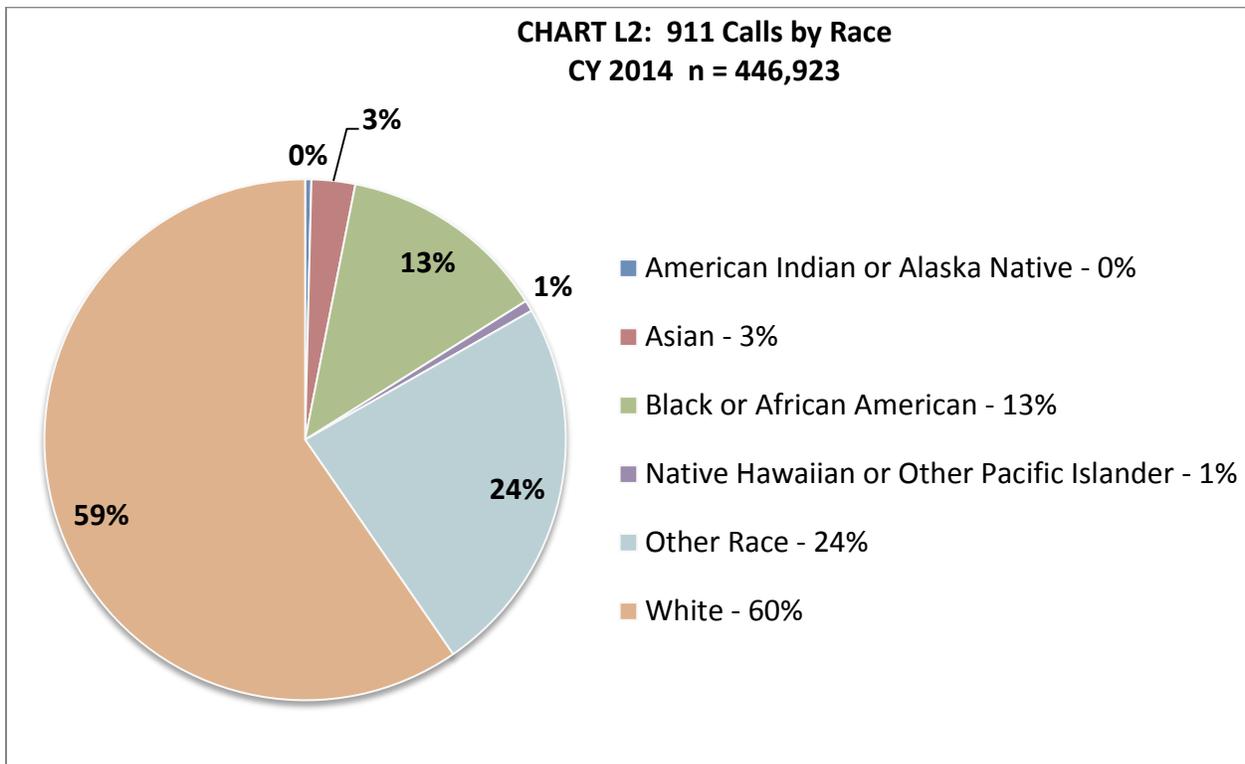
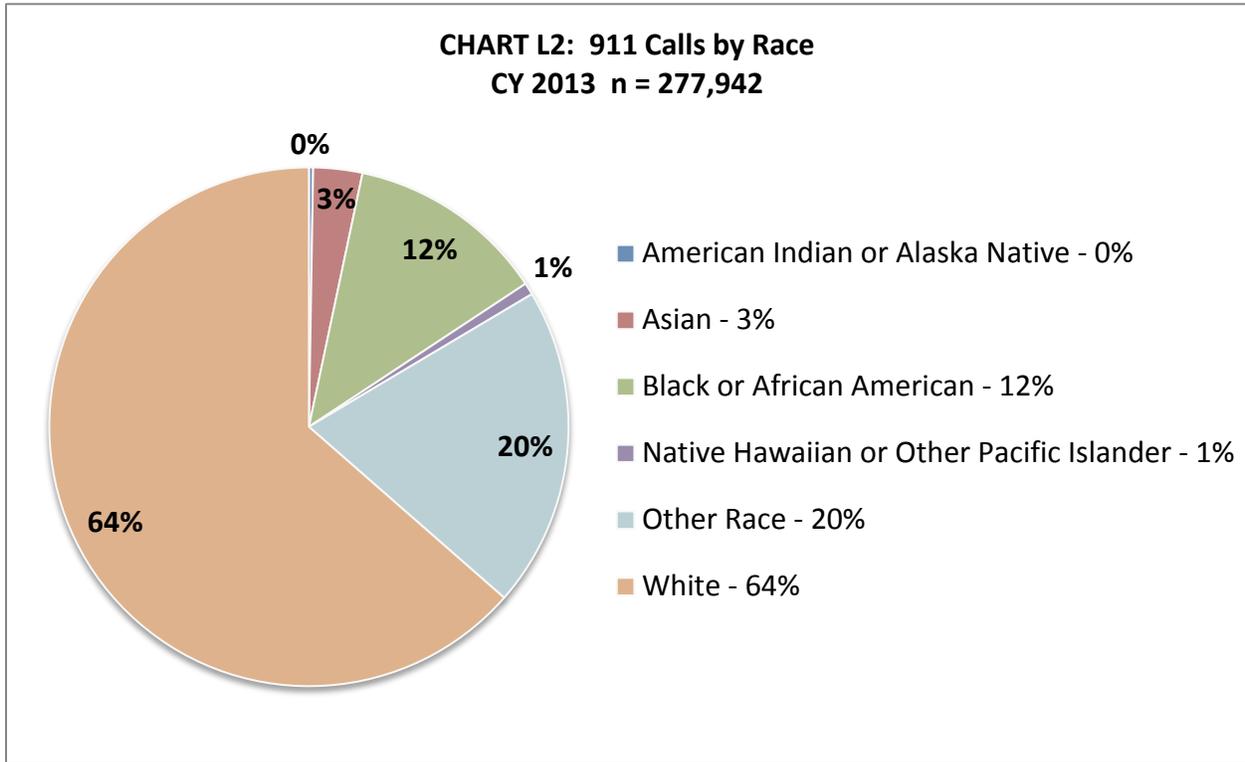
Source: CEMESIS

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 Source: CEMIS  
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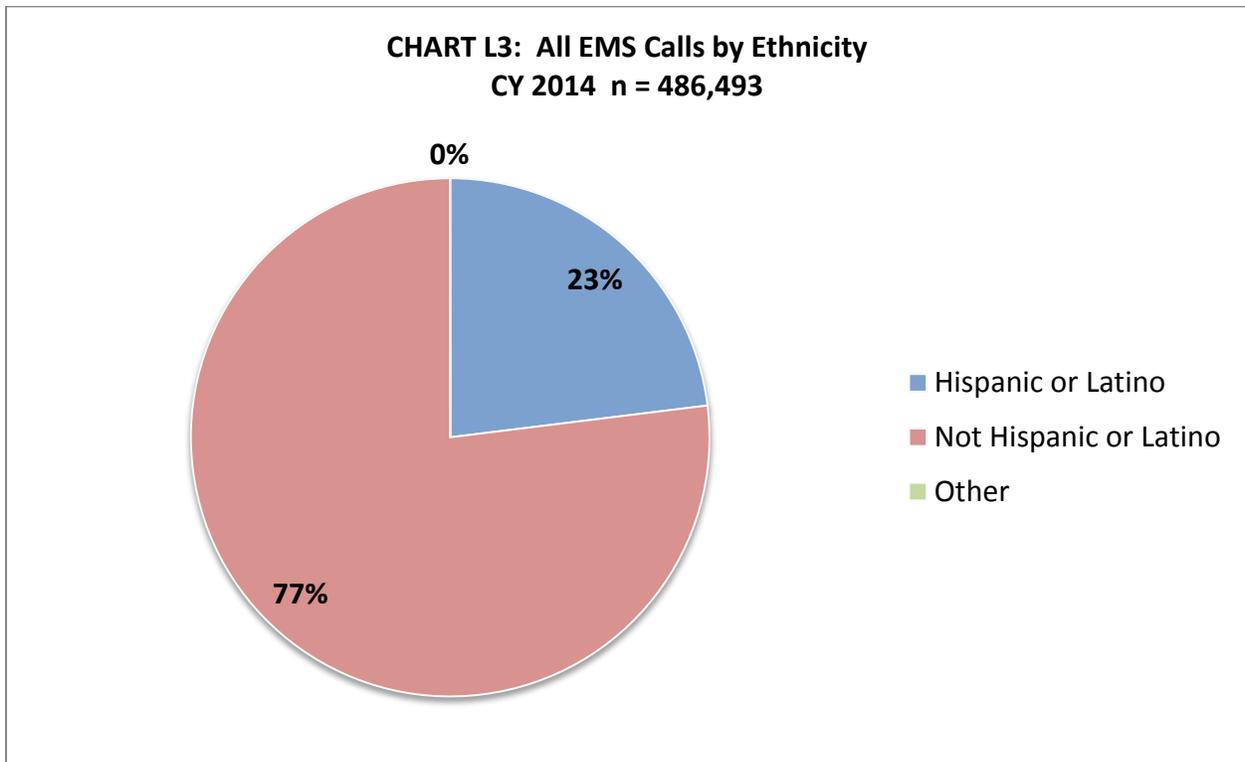
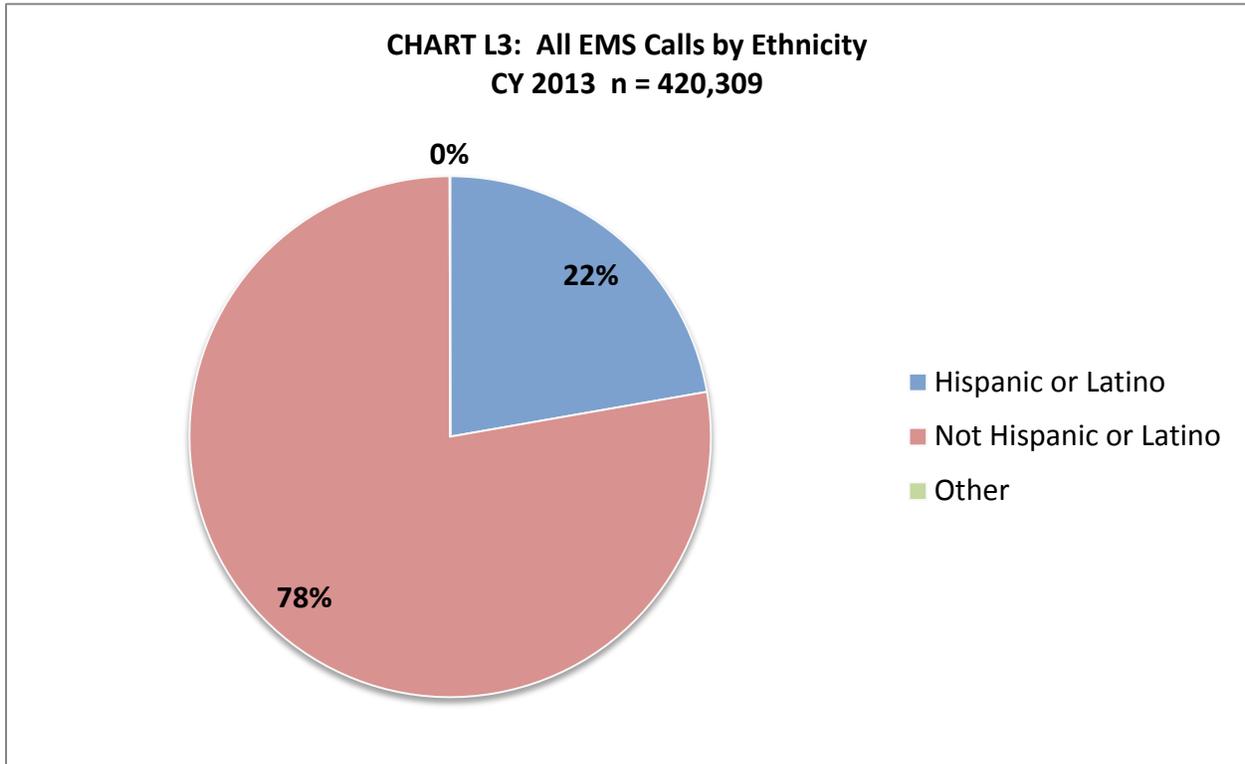
**TABLE L3: All EMS Calls by Ethnicity  
Calendar Year 2013 and 2014**

All EMS Calls by Ethnicity	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Hispanic or Latino	93,502	22%	112,087	23%	18,585	20%	(↑)
Not Hispanic or Latino	326,666	78%	374,337	77%	47,671	15%	(↑)
Other	141	0%	69	0%	-72	-51%	(↓)
<b>Total Calls by Ethnicity</b>	<b>420,309</b>	<b>100%</b>	<b>486,493</b>	<b>100%</b>	<b>66,184</b>	<b>16%</b>	<b>(↑)</b>

**Comments:**

Ethnicity and Race data are included to get a sense if there are populations which do not tend to call 911. This may reflect refugee or immigrant populations or other groups who may not use the EMS for a variety of reasons. This is included to help EMSA comply with the legislative mandate to provide data reflecting level of emergency medical services statewide.

It should be noted that ethnicity will not be collected in the 3.4 version of NEMESIS.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMSI  
Run Date Range: 2016-03-30 to 2016-04-27

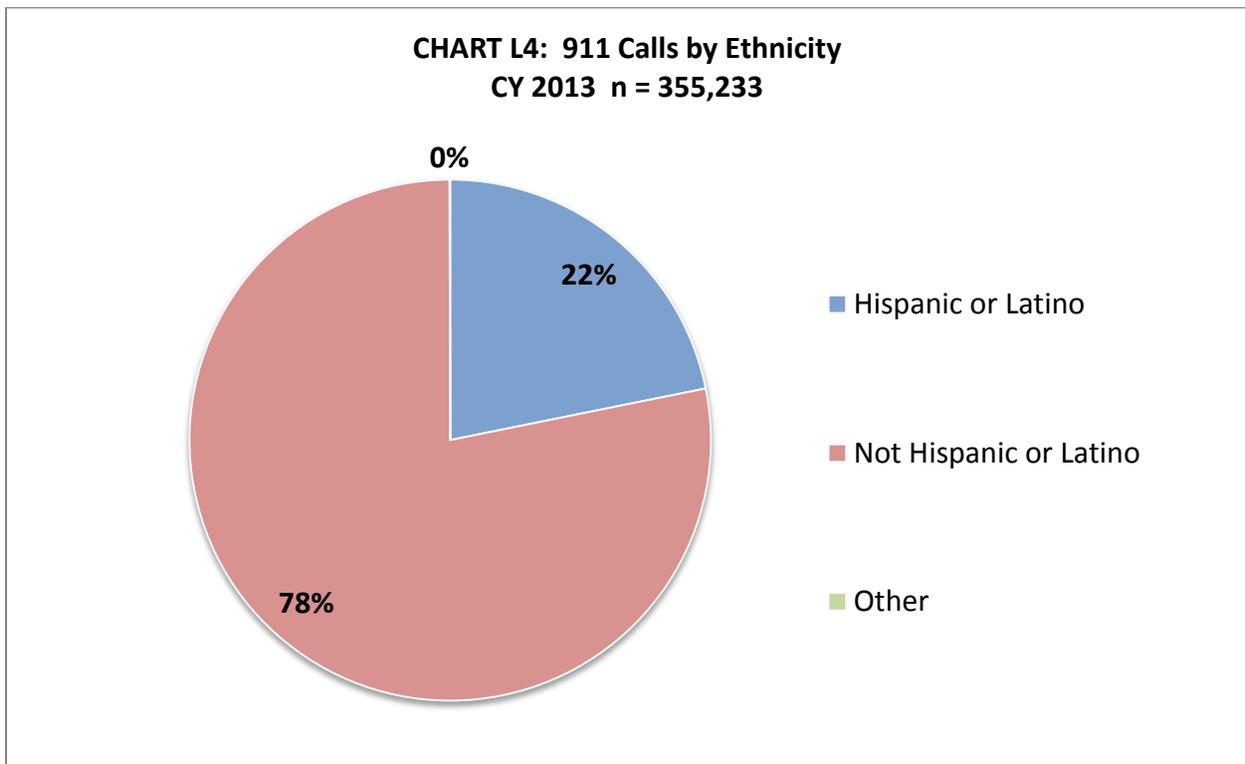
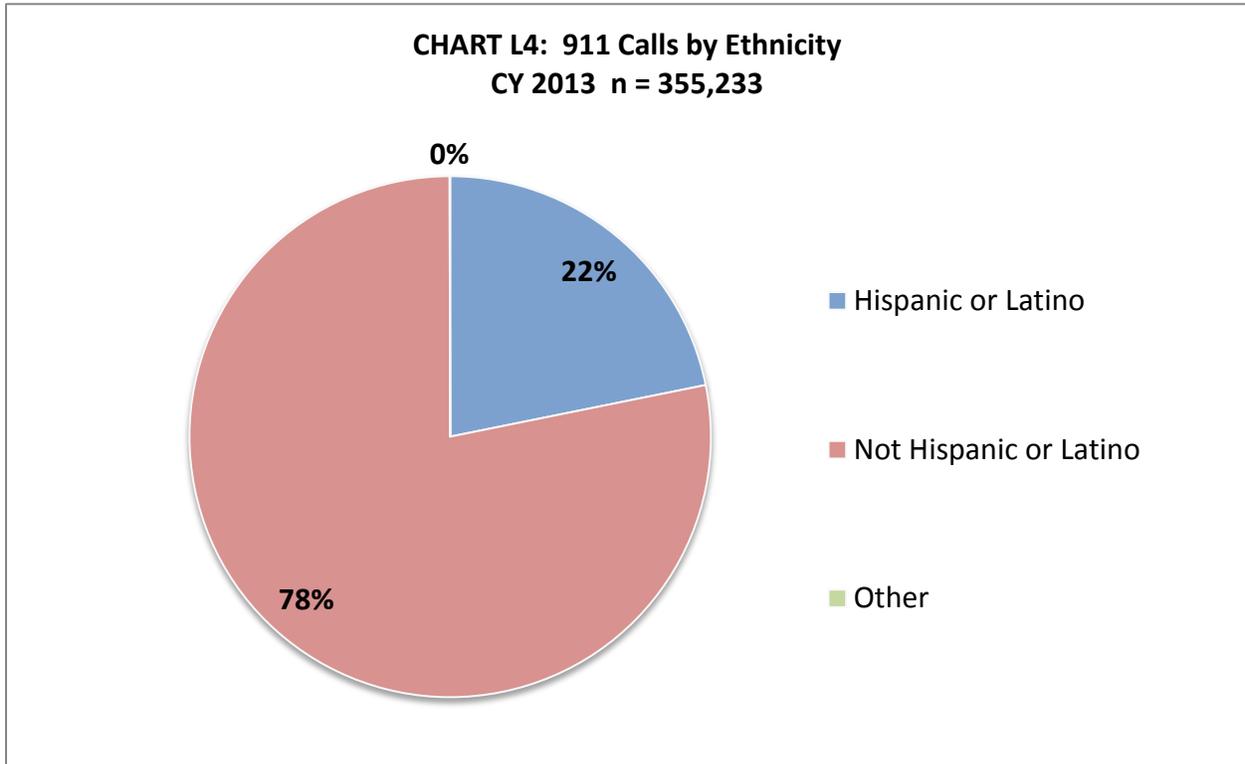
Contact:  
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**TABLE L4: 911 Calls by Ethnicity  
Calendar Year 2013 and 2014**

911 Calls by Ethnicity	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Hispanic or Latino	77,528	22%	94,674	23%	17,146	22%	(↑)
Not Hispanic or Latino	277,583	78%	321,554	77%	43,971	16%	(↑)
Other	122	0%	64	0%	-58	-48%	(↓)
<b>Total 911 Calls by Ethnicity</b>	<b>355,233</b>	<b>100%</b>	<b>416,292</b>	<b>100%</b>	<b>61,059</b>	<b>17%</b>	<b>(↑)</b>

**Comments:**

There appears to be almost no difference between Hispanic and non-Hispanic populations in the likelihood of calling 911. The Hispanic or Latino population calls for 911 are 22% (77,528 of 355,233) of the total calls while the non-Hispanic population calls for 911 are 78% (277,583 of 355,233) of the total calls in CY 2013.

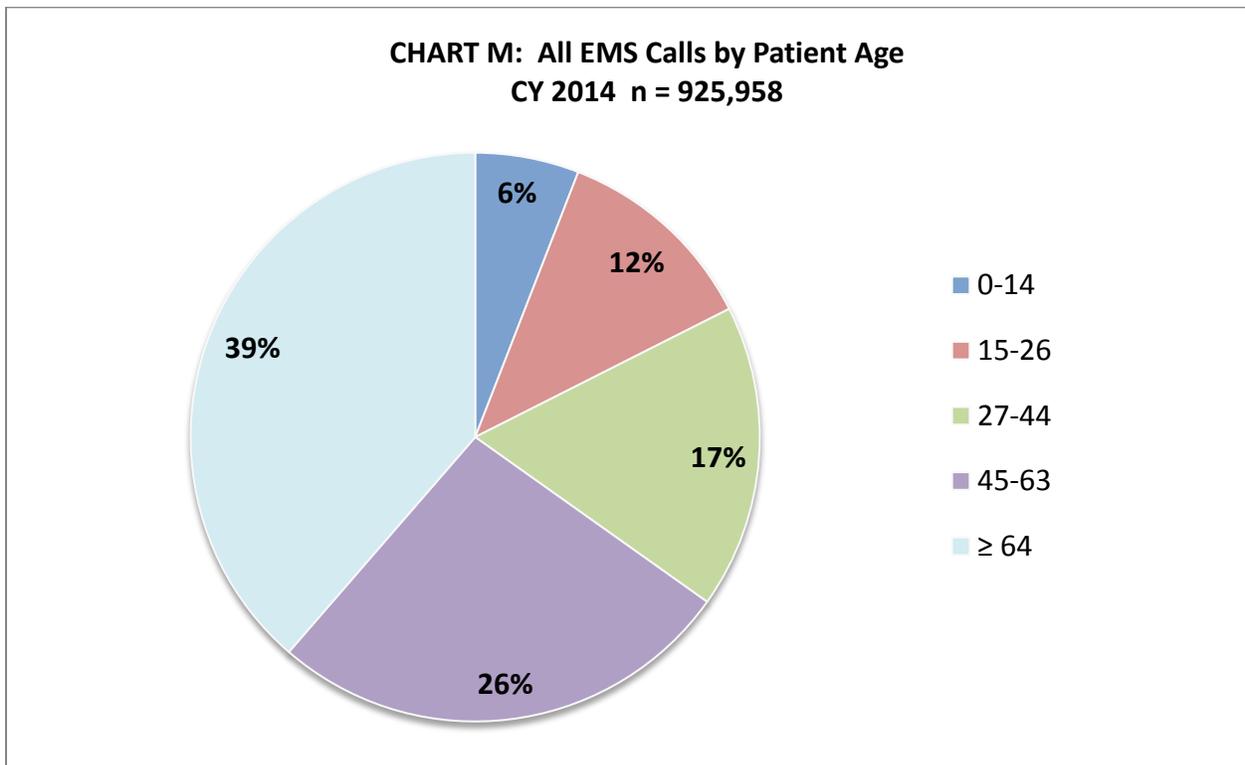
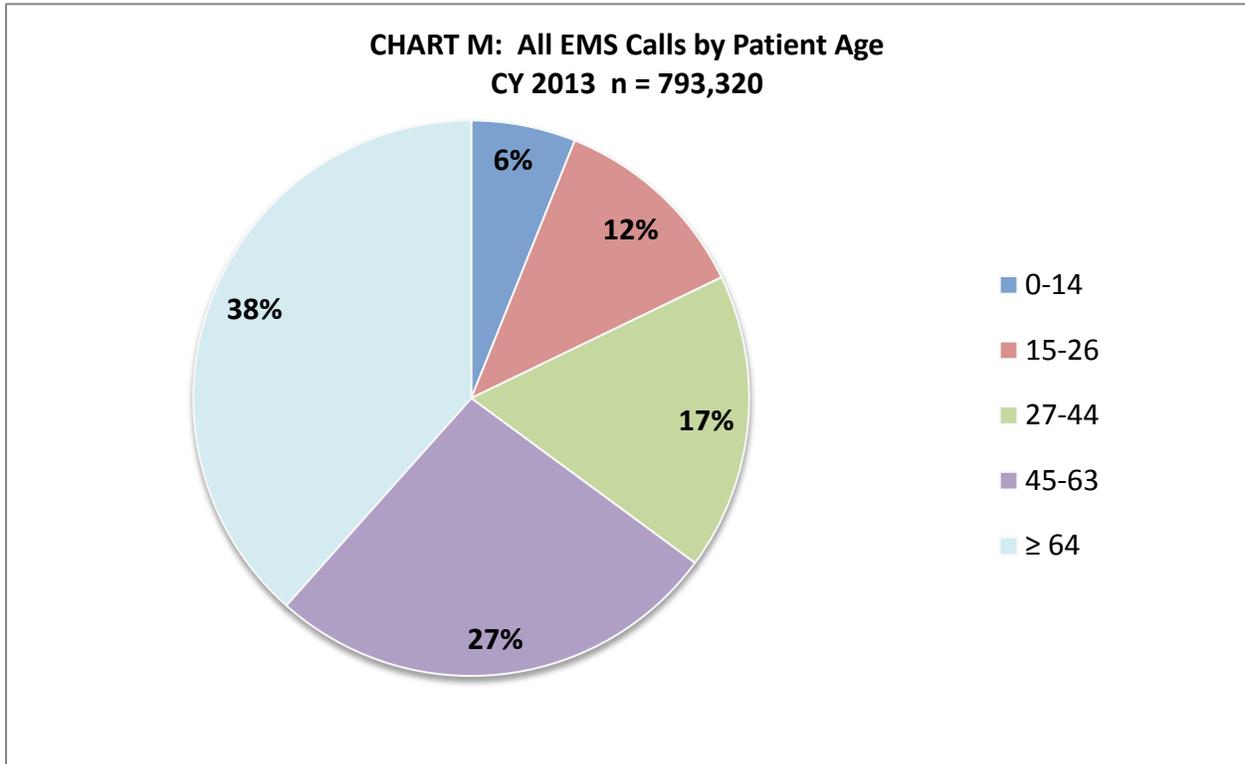


**TABLE M: All EMS Calls by Patient Age  
Calendar Year 2013 and 2014**

All EMS Calls by Patient Age	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
0-14	48,220	6%	54,616	6%	6,396	13%	(↑)
15-26	93,254	12%	107,929	12%	14,675	16%	(↑)
27-44	137,039	17%	160,019	17%	22,980	17%	(↑)
45-63	210,076	26%	245,639	27%	35,563	17%	(↑)
≥ 64	304,731	38%	357,755	39%	53,024	17%	(↑)
<b>Total EMS Calls</b>	<b>793,320</b>	<b>100%</b>	<b>925,958</b>	<b>100%</b>	<b>132,638</b>	<b>17%</b>	<b>(↑)</b>

**Comments:**

The population calling for emergency medical care appears to be very stable with the percent of the population by age remaining static from 2013 to 2014 and the percent of growth within each population is very similar, ranging from a 13% increase in children to a 17% increase in the elderly (64+).



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
Source: CEMISIS  
Run Date Range: 2016-03-30 to 2016-04-27

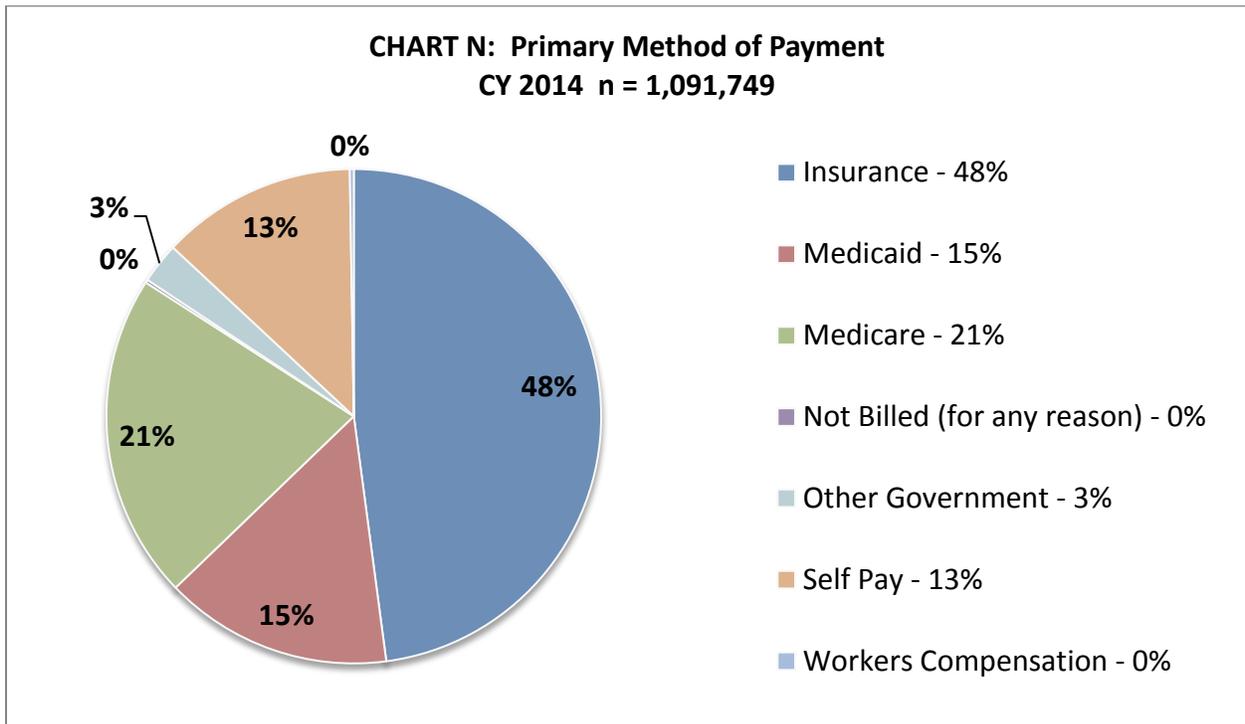
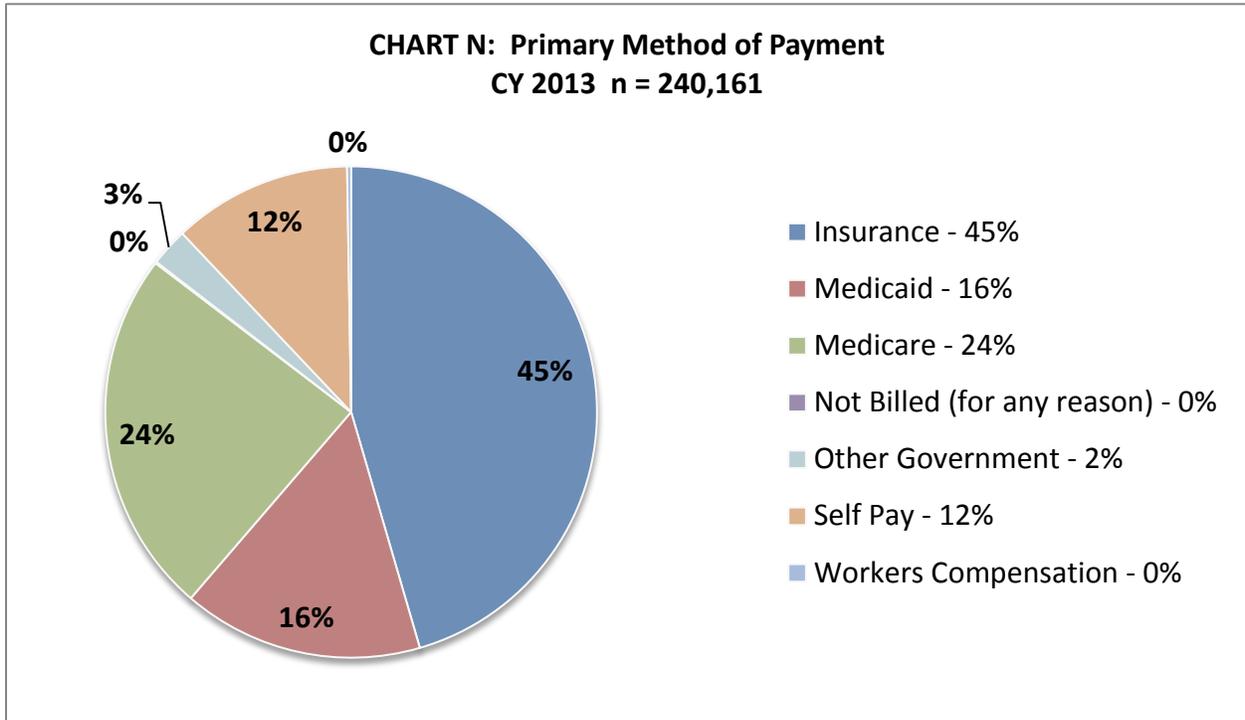
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**TABLE N: Primary Method of Payment  
Calendar Year 2013 and 2014**

Primary Method of Payment	CY 2013		CY 2014		Change		
	Count	Percent	Count	Percent	Change	% Change	Status
Insurance	109,251	45%	149,617	48%	40,366	37%	(↑)
Medicaid	37,986	16%	46,546	15%	8,560	23%	(↑)
Medicare	57,760	24%	66,523	21%	8,763	15%	(↑)
Not Billed (for any reason)	234	0%	624	0%	390	167%	(↑)
Other Government	5,994	2%	8,297	3%	2,303	38%	(↑)
Self-Pay	28,298	12%	39,928	13%	11,630	41%	(↑)
Workers Compensation	638	0%	813	0%	175	27%	(↑)
<b>Total Primary Method of Payment</b>	<b>240,161</b>	<b>100%</b>	<b>312,348</b>	<b>100%</b>	<b>72,187</b>	<b>30%</b>	<b>(↑)</b>

**Comments:**

It appears that there is a slight increase in the frequency of patients paying with insurance which may be related to the initial stages of the Affordable Care Act. It is expected that the ACA will increase the frequencies for Medi-Cal (Medicaid) and Medi-Care in 2015 and 2016.



Note: Data reflects only LEMSAs that report data to EMSA. See complete list on page 2.  
 Source: CEMIS  
 Run Date Range: 2016-03-30 to 2016-04-27

Contact:  
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# APPENDIX A

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## GLOSSARY OF SELECTED TERMS

*(Source: NEMSIS, unless otherwise noted)*

### **Advanced Life Support, Level 1 (ALS1)** *related to CMS Service Level (E07\_34)*

Advanced life support, Level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service. An ALS intervention is a procedure that in accordance with State and local laws is required to be done by an emergency medical technician-intermediate (EMT Intermediate) or EMT-Paramedic.

### **Advanced Life Support, Level 1 (ALS1) – Emergency** *related to CMS Service Level (E07\_34)*

When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that initiates an immediate response when the ambulance provider or supplier is called. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

### **Advanced Life Support, Level 2 (ALS2)** *related to CMS Service Level (E07\_34)*

Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- a. manual defibrillation/cardioversion;
- b. endotracheal intubation;
- c. central venous line;
- d. cardiac pacing;
- e. chest decompression;
- f. surgical airway; or g. Intraosseous line.

### **Age (E06\_14)**

The patient's age (either calculated from date of birth or best approximation)

### **Age Units (E06\_15)**

The units which the age is documented in (Hours, Days, Months, Years)

**Basic Life Support (BLS) related to CMS Service Level E07\_34**

Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an emergency medical technician-basic (EMT-Basic), qualified in accordance with State and local laws. These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate the limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.

**Basic Life Support (BLS) – Emergency- related to CMS Service Level E07\_34**

When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that initiates an immediate response at the time the ambulance provider or supplier is called. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

**CMS Service Level (E07\_34)**

The CMS service level for this EMS encounter.

**Cause of Injury (E10\_01)**

The category of the reported/suspected external cause of the injury

**Ethnicity (E06\_13)**

The patient's ethnicity as defined by the OMB (US Office of Management and Budget)

**Fixed Wing (FW) Air Ambulance related to CMS Service Level E07\_34**

Fixed Wing air ambulance is the transportation by a fixed wing aircraft that is certified by the Federal Aviation Administration (FAA) as a fixed wing air ambulance and the provision of medically necessary services and supplies.

**Gender (E06\_11)**

The patient's gender

**Paramedic Intercept (PI) related to CMS Service Level E07\_34**

Paramedic Intercept services are ALS services provided by an entity that does not provide the ambulance transport. This type of service is most often provided for an emergency ambulance transport in which a local volunteer ambulance that can provide only basic life support (BLS) level of service is dispatched to transport a patient. If the patient needs ALS services such as EKG monitoring, chest decompression, or I.V. therapy, another entity dispatches a paramedic to meet the BLS ambulance at the scene or once the ambulance is on the way to the hospital. The ALS paramedics then provide services to the patient. This tiered approach to life saving is cost effective in many areas because most volunteer ambulances do not charge for their services and one paramedic service can cover many communities.

**Primary Method of Payment (E07\_01)**

The primary method of payment or type of insurance associated with this EMS encounter.

**Providers Primary Impression (E09\_15)**

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).

**Rotary Wing (RW) Air Ambulance** *related to CMS Service Level E07\_34*

Rotor Wing air ambulance is the transportation by a helicopter that is certified by the FAA as a rotary wing ambulance, including the provision of medically necessary services and supplies.

**Specialty Care Transport (SCT)** *related to CMS Service Level E07\_34*

Specialty care transport (SCT) is the inter-facility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training. The EMT Paramedic level of care is set by each State. Care above that level that is medically necessary and that is furnished at a level of service above the EMT Paramedic level of care is considered SCT.

**Type of Service Requested (E02\_04)**

The type of service or category of service requested of the EMS service responding for this specific EMS incident.

- **911 Response (Scene)\*** - Emergent or immediate response to an incident location, regardless of method of notification (for example, 911, direct dial, walking, or flagging down)
- **Intercept\*** – When one EMS Provider meets a transporting EMS unit with the intent of receiving a patient or providing a higher level of care Inter-facility Transfer – Transfer of a patient from one hospital to another hospital
- **Medical Transport\*** – Transports that are not between hospitals or that do not require an immediate response
- **Mutual Aid\*** – Request from another ambulance service to provide emergent or immediate response to an incident location
- **Standby\*** – Initial request for service was not tied to a patient but to a situation where a person may become ill or injured

*\*Source: NASEMSO Data Managers Council National Element and Value Definition Project*

**Type of Turn-around Delay (E02\_10)**

The turn-around delays, if any, associated with the EMS unit associated with the patient encounter.

# APPENDIX B

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## LIST OF CAUSE OF INJURY FOR “ALL ELSE” CATEGORY

### *TABLES G2 to G2-G: Cause of Injury (Non-Traffic)*

Aircraft Related Accident	Lightning
Caught in/between Objects	Machinery Accidents
Chemical Poisoning	Mechanical Suffocation
Child Battering	Neglect/Malnutrition
Drowning	Non-Motorized Vehicle Accident (E848.0)
Drug Poisoning	Overexertion
Electrocution (Non-Lightning)	Pedestrian Traffic Accident
Excessive Cold	Radiation Exposure
Excessive Heat	Sexual Assault
Explosion	Smoke Inhalation
Fire and Flames	Snowmobile Accident
Firearm Injury (Accidental)	Stabbing/Cutting Accidental (E986.0)
Firearm Self Inflicted	Struck by or Against
Foreign body entering eye/orifice	Unarmed Fight/Brawl
Hot Object/Substance	Venomous Stings (Plants, Animals)
Housing/Dangerous Condition	

## LIST OF PRIMARY IMPRESSIONS FOR “ALL ELSE” CATEGORY

**TABLE H1: Selected STROKE/STEMI EMS Primary Impression**

Abdominal Aortic Aneurysm	No Apparent Illness/Injury
Abdominal Pain/Problems	OB/Delivery
Airway Obstruction	Obvious Death
Allergic Reaction	Other
Altered Level of Consciousness	Other Abdominal/GI Problem
Asthma	Other Cardiovascular Problem
Back Pain (Non-Traumatic)	Other CNS Problem
Behavioral/Psychiatric Disorder	Other Endocrine/Metabolic Problem
Bowel Obstruction	Other GU Problems
Cancer	Other Illness/Injury
COPD (Emphysema/Chronic Bronchitis)	Other OB/Gyn
Dehydration	Pain
Diabetic Hyperglycemia	Patient Assist Only
Diabetic Symptoms (Hypoglycemia)	Poisoning/Drug Ingestion
Diarrhea	Pregnancy/OB Delivery
Electrocution	Respiratory Arrest
Epistaxis (Non-Traumatic)	Respiratory Distress
ETOH Abuse	Seizure
Fever	Sepsis
G.I. Bleed	Sexual Assault/Rape
General Malaise	Smoke Inhalation
Headache	Stings/Venomous Bites
Heat Exhaustion/Stroke	Substance/Drug Abuse
Hypertension	Syncope/Fainting
Hyperthermia	Toxic Exposure
Hypotension	Traumatic Injury
Hypothermia	Unconscious
Hypovolemia/Shock	Unknown Problem
Inhalation Injury (Toxic Gas)	Vaginal Hemorrhage
Migraine	Weakness
Nausea/Vomiting (Unknown Etiology)	

**TABLE H2: Most Common Primary Impression (All Ages)**

Abdominal Aortic Aneurysm	Migraine
Airway Obstruction	Nausea/Vomiting (Unknown Etiology)
Allergic Reaction	OB/Delivery
Asthma	Obvious Death
Back Pain (Non-Traumatic)	Other Abdominal/GI Problem
Bowel Obstruction	Other Cardiovascular Problem
Cancer	Other CNS Problem
Cardiac Arrest	Other Endocrine/Metabolic Problem
CHF (Congestive Heart Failure)	Other GU Problems
COPD (Emphysema/Chronic Bronchitis)	Other Illness/Injury
Dehydration	Other OB/Gyn
Diabetic Hyperglycemia	Patient Assist Only
Diarrhea	Poisoning/Drug Ingestion
Electrocution	Pregnancy/OB Delivery
Epistaxis (Non-Traumatic)	Respiratory Arrest
ETOH Abuse	Sepsis
Fever	Sexual Assault/Rape
G.I. Bleed	Smoke Inhalation
Headache	Stings/Venomous Bites
Heat Exhaustion/Stroke	Stroke/CVA
Hypertension	Substance/Drug Abuse
Hyperthermia	TIA (Transient Ischemic Attack)
Hypotension	Toxic Exposure
Hypothermia	Unconscious
Hypovolemia/Shock	Unknown Problem
Inhalation Injury (Toxic Gas)	Vaginal Hemorrhage

**TABLE H3: Top 15 Primary Impression Pediatrics ≤ 14 years old**

Abdominal Aortic Aneurysm	Inhalation Injury (Toxic Gas)
Asthma	Migraine
Back Pain (Non-Traumatic)	OB/Delivery
Bowel Obstruction	Obvious Death
Cancer	Other Abdominal/GI Problem
Cardiac Arrest	Other Cardiovascular Problem
Cardiac Rhythm Disturbance	Other CNS Problem
Chest Pain/Discomfort	Other Endocrine/Metabolic Problem
CHF (Congestive Heart Failure)	Other GU Problems
COPD (Emphysema/Chronic Bronchitis)	Other Illness/Injury
Dehydration	Other OB/Gyn
Diabetic Hyperglycemia	Patient Assist Only
Diabetic Symptoms (Hypoglycemia)	Pregnancy/OB Delivery
Diarrhea	Respiratory Arrest
Electrocution	Sepsis
Epistaxis (Non-Traumatic)	Sexual Assault/Rape
ETOH Abuse	Smoke Inhalation
G.I. Bleed	Stings/Venomous Bites
General Malaise	Stroke/CVA
Headache	Substance/Drug Abuse
Heat Exhaustion/Stroke	TIA (Transient Ischemic Attack)
Hypertension	Toxic Exposure
Hyperthermia	Unconscious
Hypotension	Unknown Problem
Hypothermia	Vaginal Hemorrhage
Hypovolemia/Shock	Weakness

**TABLE H4: Top 15 Primary Impression Adolescents 15–26 Years Old**

Abdominal Aortic Aneurysm	Hypovolemia/Shock
Airway Obstruction	Inhalation Injury (Toxic Gas)
Allergic Reaction	Migraine
Asthma	OB/Delivery
Back Pain (Non-Traumatic)	Obvious Death
Bowel Obstruction	Other Abdominal/GI Problem
Cancer	Other Cardiovascular Problem
Cardiac Arrest	Other CNS Problem
Cardiac Rhythm Disturbance	Other Endocrine/Metabolic Problem
CHF (Congestive Heart Failure)	Other GU Problems
COPD (Emphysema/Chronic Bronchitis)	Other Illness/Injury
Dehydration	Other OB/Gyn
Diabetic Hyperglycemia	Patient Assist Only
Diabetic Symptoms (Hypoglycemia)	Respiratory Arrest
Diarrhea	Sepsis
Electrocution	Sexual Assault/Rape
Epistaxis (Non-Traumatic)	Smoke Inhalation
Fever	Stings/Venomous Bites
G.I. Bleed	Stroke/CVA
General Malaise	Substance/Drug Abuse
Headache	TIA (Transient Ischemic Attack)
Heat Exhaustion/Stroke	Toxic Exposure
Hypertension	Unconscious
Hyperthermia	Unknown Problem
Hypotension	Vaginal Hemorrhage
Hypothermia	Weakness

**TABLE H5: Top 15 Primary Impression Adult 27–44 Years Old**

Abdominal Aortic Aneurysm	Hypovolemia/Shock
Airway Obstruction	Inhalation Injury (Toxic Gas)
Allergic Reaction	Migraine
Asthma	OB/Delivery
Back Pain (Non-Traumatic)	Obvious Death
Bowel Obstruction	Other Abdominal/GI Problem
Cancer	Other Cardiovascular Problem
Cardiac Arrest	Other CNS Problem
Cardiac Rhythm Disturbance	Other Endocrine/Metabolic Problem
CHF (Congestive Heart Failure)	Other GU Problems
COPD (Emphysema/Chronic Bronchitis)	Other Illness/Injury
Dehydration	Other OB/Gyn
Diabetic Hyperglycemia	Patient Assist Only
Diabetic Symptoms (Hypoglycemia)	Pregnancy/OB Delivery
Diarrhea	Respiratory Arrest
Electrocution	Sepsis
Epistaxis (Non-Traumatic)	Sexual Assault/Rape
Fever	Smoke Inhalation
G.I. Bleed	Stings/Venomous Bites
General Malaise	Stroke/CVA
Headache	Substance/Drug Abuse
Heat Exhaustion/Stroke	TIA (Transient Ischemic Attack)
Hypertension	Toxic Exposure
Hyperthermia	Unconscious
Hypotension	Unknown Problem
Hypothermia	Vaginal Hemorrhage

**TABLE H6: Top 15 Primary Impression Adult 45–63 Years Old**

Abdominal Aortic Aneurysm	Inhalation Injury (Toxic Gas)
Airway Obstruction	Migraine
Allergic Reaction	OB/Delivery
Asthma	Obvious Death
Back Pain (Non-Traumatic)	Other Abdominal/GI Problem
Bowel Obstruction	Other Cardiovascular Problem
Cancer	Other CNS Problem
Cardiac Arrest	Other Endocrine/Metabolic Problem
Cardiac Rhythm Disturbance	Other GU Problems
CHF (Congestive Heart Failure)	Other Illness/Injury
COPD (Emphysema/Chronic Bronchitis)	Other OB/Gyn
Dehydration	Patient Assist Only
Diabetic Symptoms (Hypoglycemia)	Poisoning/Drug Ingestion
Diarrhea	Pregnancy/OB Delivery
Electrocution	Respiratory Arrest
Epistaxis (Non-Traumatic)	Sepsis
Fever	Sexual Assault/Rape
G.I. Bleed	Smoke Inhalation
General Malaise	Stings/Venomous Bites
Headache	Stroke/CVA
Heat Exhaustion/Stroke	Substance/Drug Abuse
Hypertension	TIA (Transient Ischemic Attack)
Hyperthermia	Toxic Exposure
Hypotension	Unconscious
Hypothermia	Unknown Problem
Hypovolemia/Shock	Vaginal Hemorrhage

**TABLE H7: Top 15 Primary Impression Geriatric ≥ 64 Years Old**

Abdominal Aortic Aneurysm	Migraine
Airway Obstruction	Nausea/Vomiting (Unknown Etiology)
Allergic Reaction	OB/Delivery
Asthma	Obvious Death
Back Pain (Non-Traumatic)	Other Abdominal/GI Problem
Bowel Obstruction	Other Cardiovascular Problem
Cancer	Other CNS Problem
Cardiac Arrest	Other Endocrine/Metabolic Problem
CHF (Congestive Heart Failure)	Other GU Problems
COPD (Emphysema/Chronic Bronchitis)	Other Illness/Injury
Dehydration	Other OB/Gyn
Diabetic Hyperglycemia	Patient Assist Only
Diarrhea	Poisoning/Drug Ingestion
Electrocution	Pregnancy/OB Delivery
Epistaxis (Non-Traumatic)	Respiratory Arrest
ETOH Abuse	Seizure
Fever	Sepsis
G.I. Bleed	Sexual Assault/Rape
Headache	Smoke Inhalation
Heat Exhaustion/Stroke	Stings/Venomous Bites
Hypertension	Substance/Drug Abuse
Hyperthermia	TIA (Transient Ischemic Attack)
Hypotension	Toxic Exposure
Hypothermia	Unconscious
Hypovolemia/Shock	Unknown Problem
Inhalation Injury (Toxic Gas)	Vaginal Hemorrhage

**LIST OF PROCEDURES USED FOR “ALL ELSE” CATEGORY*****TABLE I: Top 15 Procedures Used***

12 Lead ECG-Transmitted  
Activation-Advanced Hazmat Specialty Service/Response Team  
Activation-Other Specialty Service/Response Team  
Activation-Rescue Specialty Service/Response Team  
Activation-Tactical or SWAT Specialty Service/Response Team  
Airway – Manual  
Airway-Bagged (via BVMask)  
Airway-Bagged (via tube)  
Airway-BiPAP  
Airway-Bougie-Assisted Intubation  
Airway-Change Tracheostomy Tube  
Airway-Cleared, Opened, or Heimlich  
Airway-Combitube  
Airway-CPAP  
Airway-Direct Laryngoscopy  
Airway-ECO2 Monitoring  
Airway-Endotracheal Intubation  
Airway-Endotracheal Tube Existing/Monitoring  
Airway-EOA/EGTA  
Airway-Extubation  
Airway-Foreign Body Removal  
Airway-Gastric Tube Inserted Nasally  
Airway-Gastric Tube Inserted Orally  
Airway-Impedance Threshold Device  
Airway-Intubation Confirm Colorimetric ETCO2  
Airway-Intubation Confirm Esophageal Detector Device/Bulb (EDD)  
Airway-Intubation of Existing Tracheostomy Stoma  
Airway-King LT Blind Insertion Airway Device  
Airway-Laryngeal Mask  
Airway-Nasopharyngeal  
Airway-Nasotracheal Intubation  
Airway-Nebulizer Treatment  
Airway-Needle Cricothyrotomy  
Airway-Oropharyngeal  
Airway-PEEP  
Airway-Rapid Sequence Intubation  
Airway-Respirator Operation  
Airway-Sellick Maneuver  
Airway-Suctioning  
Airway-Surgical Cricothyrotomy

Airway-Ventilator  
Airway-Ventilator Setting Adjustment  
Airway-Ventilator with PEEP  
Airway-Verification  
Airway-Video Laryngoscopy  
Arterial Access - Femoral Line  
Arterial Access/Blood Draw  
Arterial Line Maintenance  
Assessment-Pediatric  
Back Blows  
Backboard-Short  
Bleeding/Hemorrhage Control  
Blood Pressure  
Burn Care  
Cardiac Arrest  
Cardiac Pacing-External  
Cardiac Pacing-Transvenous  
Cardioversion (Synchronized)  
Chest Decompression  
Chest Tube Placement  
Childbirth  
CNS Catheter-Epidural Maintenance  
CNS Catheter-Intraventricular  
Contact Medical Control  
CPR - Citizen (trained)  
CPR - Citizen (untrained/coached)  
CPR by Other External Automated Device  
CPR-AutoPulse Device  
CPR-Hold  
CPR-Mechanical Thumper Type Device  
CPR-Precordial Thump Only  
CPR-Start Compressions and Ventilations  
CPR-Start Compressions only without Ventilation  
CPR-Start Rescue Breathing without Compressions  
CPR-Stop  
Decontamination  
Defibrillation (Semi-Automatic)  
Defibrillation-Automated (AED)  
Defibrillation-Manual  
Defibrillation-Placement for Monitoring/Analysis  
Escharotomy  
Esophageal/Tracheal Airway  
Extrication  
Fluid Challenge - 0.9% NS

Injections-SQ/IM  
INO - Intubation/Other  
Intra-Aortic Balloon Pump  
Intraosseous Infusion  
Isolation Procedures  
Last Seen Normal  
Left Ventricular Assist Device Maintenance  
ME - Medication Administered  
Needle Thoracostomy  
None  
Orthostatic Blood Pressure Measurement  
Patient Cooling (Cold Pack, etc.)  
Patient Cooling-Post Resuscitation  
Patient Loaded  
Patient Loaded-Helicopter Hot-Load  
Patient Monitoring of Pre-existing Devices, Equipment, or Ongoing Medications  
Patient Off-Loaded  
Patient Off-Loaded Helicopter Hot Off-Load  
Patient Warming (Hot Pack, etc.)  
Pedimate / Safeguard  
Pericardiocentesis  
Pharyngeal Tracheal Lumen (Ptl)  
Psych Assist  
Rescue  
Restraints-Pharmacological  
ROSC  
Snakebite Treatment  
Specialty Center Activation-Adult Trauma  
Specialty Center Activation-Cardiac Arrest  
Specialty Center Activation-Pediatric Trauma  
Specialty Center Activation-STEMI  
Specialty Center Activation-Stroke  
Spinal Assessment - No Deficits Noted  
Spinal Immobilization – Clear  
Spinal Immobilization - K.E.D.  
Spinal Immobilization - Long Back Board  
Spinal Immobilization - Rigid Cervical Collar  
Spinal Immobilization - Soft Cervical Collar  
Splinting  
Splinting-Traction  
Stretcher  
Stroke Scale  
Thrombolytic Screen  
Transferred Patient Care

Umbilical Venous Catheter  
Urinary Catheterization  
Vagal Maneuver-Carotid Massage  
Valsalva Maneuver  
Venous Access-Blood Draw  
Venous Access-Central Line Maintenance  
Venous Access-Discontinue  
Venous Access-Existing Catheter/IV Monitoring  
Venous Access-External Jugular Line  
Venous Access-Femoral Line  
Venous Access-Internal Jugular Line  
Venous Access-Intraosseous Adult  
Venous Access-Intraosseous Pediatric  
Venous Access-Saline Lock  
Venous Access-Subclavian Line  
Venous Access-Swan Ganz Maintain  
Wound Care - Burn Care  
Wound Care - Pressure Dressing  
Wound Care-Hemostatic Agent  
Wound Care-Irrigation  
Wound Care-Taser Barb Removal  
Wound Care-Tourniquet  
Zofran - Post Assessment  
Zofran - Pre Assessment