

# Emergency Medical Services Authority Annual EMS Data Report Calendar Year 2021

California Emergency Medical Services Authority California Health and Human Services Agency



## ACKNOWLEDGEMENTS

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ACKNOWLEDGEMENTS	2
INTRODUCTION	5
Purpose	5
Background	6
MISSION AND VISION	6
METHODOLOGY	7
<u>CEMSIS</u>	8
CEMSIS Records Submitted	8
DATA ANALYSIS	
Limitations of Analysis	
MAPPING	
Selected Data Elements	
NOT VALUES	
SECTION 1: LEMSA EMS DATA	
LEMSA EMS DATA	
LEMSA POPULATION	
LEMSA Responses Per 1,000 Population	
SECTION 2: STATEWIDE EMS DATA	20
EMS RESPONSE & PATIENT CARE	21
EMS RESPONSE TOTAL	21
EMS RESPONSE SERVICES	
PATIENT CHARACTERISTICS	25
Patient Primary Symptom	
Providers Primary Impression	
Patient Disposition	
CAUSE OF INJURY	

Mechanism of Injury	
EMS ORGANIZATIONS	
Agency Organization Type	
Agency Organization 9-1-1 Responses	
AGENCY LEVEL OF SERVICE	
Response Units Level of Care	
Agency Primary Type of Service	
EMS TRANSPORTS	
EMS TRANSPORT RESPONSES	
EMS TRANSPORT DESTINATIONS	
Method of Transport	

## INTRODUCTION

The EMS Authority is pleased to release the annual EMS Data Report for calendar year (CY) 2021. LEMSAs who are currently reporting data to CEMSIS encompass populations that represent approximately 75% (29,524,214) of California's total population of 39,538,223<sup>1</sup>. While the data does not capture all emergency services provided to the state's total population, it does provide insight into the services provided. These preliminary reports serve to evaluate our data quality and availability for analysis.

### PURPOSE

This report provides a general description of statewide emergency medical services in CY 2021. The EMS Authority is mandated to annually report on the effectiveness of EMS systems and related impact on death and disability (HSC 1797.121). HSC 1797.103 (f) further identifies that one of the required elements of an EMS system is data collection and evaluation. The EMS Authority meets these mandates by collecting data from the LEMSAs.

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

<sup>&</sup>lt;sup>1</sup> https://www.census.gov/quickfacts/fact/table/US/PST045221

### BACKGROUND

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

### MISSION AND VISION

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

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



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

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

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

## METHODOLOGY

Currently, there are 34 LEMSAs within the State of California in 2023. However, in CY 2022, there were 33 LEMSAs<sup>2</sup>. For this report, CEMSIS collected some form of data from 32 of the 33 LEMSAs (97%). Of these 33 LEMSAs, CEMSIS received data from approximately 482 local EMS providers. The data presented in this report were collected in CEMSIS based on version 3.4 standards from the National Emergency Medical Services Information System (NEMSIS).

LEMSAs obtain data from local EMS providers within their specific geographical service areas and submit that data to 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<sup>®</sup>. This data is submitted on a voluntary basis.

The EMS Authority continues to use the most current NEMSIS data standard version 3.4, until the newest version 3.5 is available. NEMSIS announced that version 3.5 is underway, and the data dictionary, which was finalized November 2019, is available on their website. NEMSIS version 3.5 corrects errors in version 3.4 and expands data elements related to the disposition of patients and incidents in the EMS System. The EMS Authority and local agencies will adopt new national data standards by transitioning from NEMSIS version 3.4 to NEMSIS version 3.5. We are anticipating the transition to start in the in the third quarter of 2023.

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

<sup>&</sup>lt;sup>2</sup> Stanislaus County separated from Mountain-Valley EMS Agency and became their own LEMSA on July 1, 2022.

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

- Providers Primary Impression (eSituation.11)
- Providers Secondary Impression (eSituation.12)
- Cause of injury (elnjury.01) and
- Incident/Patient Disposition (eDisposition.12)

### CEMSIS

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

#### CEMSIS PARTICIPATION

Since transitioning to NEMSIS version 3.4 in January 2017, the number of LEMSAs submitting to CEMSIS has increased to 32 of the 33 LEMSAs now submitting. The EMS Authority is working with the one remaining LEMSA that is not submitting to CEMSIS and we hope to have their data soon.

Los Angeles County EMS Agency is currently in the testing stage to submit version 3.4 data into CEMSIS.

#### CEMSIS RECORDS SUBMITTED

Since adopting NEMSIS version 3.4 in 2016, and becoming the default national data standard on January 1, 2017, CEMSIS has successfully received over 19 million EMS incident records submitted by LEMSAs to date.



Between CY 2019 and CY 2020, we saw a three percent decrease in record submission, and a 14% increase in record submission between CY 2020 and CY 2021.

When fully operational, with 100% LEMSA and local participation, it is anticipated that CEMSIS will receive approximately six million records each year.

## DATA ANALYSIS

Data presented in this report was collected in CEMSIS based on the NEMSIS version 3.4 EMS data standards. The charts and graphs have been grouped into different categories:

- **EMS Responses:** This includes <u>all types of calls</u>, including emergency, nonemergency, interfacility transfer, medical transport, 9-1-1 Response (Scene), intercept, mutual aid, etc.
  - Calculated by incident year 2021
- **EMS Transports:** Same criteria as EMS Responses, with an additional criterion.
  - "Incident Patient Disposition" select Patient Treated and Transported
  - o Calculated by incident year 2021
- 9-1-1 EMS Responses: This includes only calls that required an "emergent" or "immediate response" to an incident location, regardless of method of

notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).

- "Type of Service Requested" select 9-1-1 Response-Scene and Basic Life Support (BLS) 9-1-1 Response-Scene
- Calculated by incident year 2021
- 9-1-1 EMS Transports: Same criteria as 9-1-1 EMS Response, with an additional criterion.
  - "Type of Service Requested" select 9-1-1 Response-Scene and BLS
    9-1-1 Response-Scene
  - "Incident Patient Disposition" select Patient Treated and Transported
  - o Calculated by incident year 2021

These criteria are used throughout the charts and graphs unless otherwise stated. The data sets in this report were run between February 2023 and March 2023.

#### LIMITATIONS OF ANALYSIS

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

There are more than 700 total public and private EMS ambulance service providers within the state of California; however, not all providers are submitting data into CEMSIS. As previously stated, 482 EMS agencies submitted data to CEMSIS for CY 2021 and is reflected in this report.

#### MAPPING

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

### SELECTED DATA ELEMENTS

This report presents six tables and 25 related charts comprised of both National and State data elements in the NEMSIS version 3.4 software application. National data elements are required to be collected at the LEMSA level and submitted to the state. The data elements used in this report are listed below:

Data Element Number	Data Element Name	Accepts NOT Values
eDisposition.12	Incident/Patient Disposition	No
eDisposition.21	Type of Destination	Yes
eResponse.05	Type of Service Requested	No
ePatient.13	Gender	Yes
ePatient.15	Age	Yes
dAgency.09	Primary Type of Service	No
dAgency.13	Organizational Type	No
elnjury.01	Cause of Injury	Yes
eResponse.15	Level of Care of This Unit	No
eDisposition.16	EMS Transport Method	Yes
eSituation.11	Providers Primary Impression	Yes
eResponse.23	Response Mode to Scene	No
dAgency.11	Agency Level of Service	No
eSituation.09	Situation Primary Symptom	Yes
elnjury.02	Injury Mechanism of Injury	Yes

#### NOT VALUES

The NEMSIS version 3.4 data standard has four usage levels indicating when the data element is expected to be collected:

- Mandatory: Must be completed and does not allow for "NOT" values
- Recommended: Does not need to be completed and allows "NOT" values

- Optional: Does not need to be completed and does not allow for "NOT" values
- **Required**: Must be completed and allows for "NOT" values

Most of the data elements in this report have a *Required* status, meaning the system will accept "NOT" values. The "NOT" values include

- Not Applicable
- Not Recorded
- Not Reporting
- Not Available
- Not Known

## SECTION 1: LEMSA EMS DATA

#### LEMSA EMS DATA

In building the current report, the EMS Authority drew from two sources. The first source is information provided by LEMSAs in their EMS Plan Submissions. The second source is electronic data sent by LEMSAs to the CEMSIS. These dual sources help to determine the degree to which the data submitted within the EMS Plans agrees with that received by CEMSIS. The EMS Authority works with the LEMSAs to determine the sources of these discrepancies.

According to the most recent LEMSA's EMS plans submitted to the EMS Authority, it is estimated that California EMS providers receive over 6.4 million EMS calls every year.

Table 1: LEMSA EMS Plans and CEMSIS Reported EMS Responses CY 2021			
LEMSA	EMS responses derived from LEMSA EMS Plan	EMS Responses submitted into CEMSIS CY 2021	Submission Rate
Alameda	271,685	243,708	90%
Central California	310,132	190,760	62%
Coastal Valleys	64,904	63,980	99%
Contra Costa	124,763	110,653	89%
El Dorado	12,719	24,425	192%
Imperial	18,797	15,021	80%
Inland Counties	499,546	504,976	101%
Kern	118,065	107,125	91%
Los Angeles	1,803,293	N/A	N/A
Marin	20,316	19,157	94%
Merced	71,099	15,046	21%

The total EMS Responses submitted in CY 2021 are presented throughout this report.

Monterey	40,595	43,939	108%
Mountain Valley	83,399	107,004	128%
Napa	21,603	15,984	74%
NorCal	9,051	10,907	121%
North Coast	34,381	24,435	71%
Orange	522,846	523,999	100%
Riverside	297,093	417,815	141%
Sacramento	303,383	261,661	86%
San Benito	7,347	4,262	58%
San Diego	596,121	115,674	19%
San Francisco	204,571	123,764	60%
San Joaquin	150,168	129,764	86%
San Luis Obispo	44,042	29,812	68%
San Mateo	57,550	96,129	167%
Santa Barbara	73,025	59,787	82%
Santa Clara	288,466	273,079	95%
Santa Cruz	39,489	43,282	110%
Sierra-Sacramento Valley	145,324	171,748	118%
Solano	69,677	48,477	70%
Tuolumne	13,713	7,172	52%
Ventura	77,857	96,331	124%
Yolo County	25,131	27,304	109%
Grand Total:	6,420,151	3,927,180	61%

\*N/A is defined as no data submitted into CEMSIS

In CY 2021, LEMSA's CEMSIS electronic submissions numbered approximately 2,503,676 fewer than those documented within the LEMSAs' EMS Plans, at a submission rate of 61%.

#### LEMSA POPULATION

The 33 LEMSAs represent all 58 counties in the State of California. The United States Census Bureau estimated that California's population in 2021 was approximately 39,538,223.

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

- Central California EMS Agency: Fresno, Kings, Madera, and Tulare
- Coastal Valleys EMS Agency: Mendocino and Sonoma
- Inland Counties Emergency Medical Agency (ICEMA): Inyo, Mono, and San Bernardino
- Mountain-Valley EMS Agency: Alpine, Amador, Calaveras, Mariposa, and Stanislaus
- North Coast EMS Agency: Del Norte, Humboldt, and Lake
- Northern California (Nor Cal) EMS Agency: Lassen, Modoc, Plumas, Sierra, and Trinity
- Sierra-Sacramento Valley EMS Agency: Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba



Table 2: LEMSA Population CY 2021			
LEMSA	Population Count		
Alameda	1,682,353		
Central California	1,790,512		
Coastal Valleys	580,464		
Contra Costa	1,165,927		
El Dorado	191,185		
Imperial	179,702		
Inland Counties	2,213,865		
Kern	909,235		
Los Angeles	10,014,009		
Marin	262,321		
Merced	281,202		
Monterey	439,035		
Mountain Valley	656,979		
Napa	138,019		
NorCal	80,568		
North Coast	232,369		
Orange	3,186,989		
Riverside	2,418,185		
Sacramento	1,585,055		
San Benito	64,209		
San Diego	3,298,634		
San Francisco	873,965		
San Joaquin	779,233		
San Luis Obispo	282,424		
San Mateo	764,442		
Santa Barbara	448,229		
Santa Clara	1,936,259		
Santa Cruz	270,861		

LEMSA	Population Count	
Sierra-Sacramento Valley	1,242,636	
Solano	453,491	
Tuolumne	55,620	
Ventura	843,843	
Yolo	216,403	
Grand Total:	39,538,223	

#### LEMSA RESPONSES PER 1,000 POPULATION



### SECTION 2: STATEWIDE EMS DATA





### EMS RESPONSE & PATIENT CARE

#### EMS RESPONSE TOTAL

In CY 2021, CEMSIS received a total of 4,586,128 EMS responses, this represents a 14% (147,457) increase in the total number of EMS responses submitted to CEMSIS compared to those submitted in CY 2020 (3,945,749). These EMS responses are compromised of the total number of <u>all calls</u> reported by EMS agencies into CEMSIS, including 9-1-1 Response, Interfacility Transfer, Medical Transport, Mutual Aid, etc.

	Table 3: CEMSIS EMS Responses by Month and Year CY 2021	
	Month	CY 2021
4 586 128	January	376,076
1,000,120	February	324,496
EMS	March	360,339
	April	362,442
Responses	Мау	377,706
-	June	381,095
	July	405,215
	August	418,437
	September	394,418
	October	400,564
	November	380,307
	December	405,033



For comparative purposes, CY 2020 and CY 2021 EMS data has been included in this chart.

In CY 2021, we saw the highest overall total number of EMS responses in August, and the lowest total reported in February,

CEMSIS received the highest overall total number of EMS responses in December CY 2019 and December CY 2021; however, the lowest total number of EMS responses was reported in February CY 2019, while April of 2020 was the lowest outlier, and it was the start of the COVID-19 pandemic and quarantine.



Over 70% of EMS calls reported in CY 2021 were incidents requiring emergency or immediate response by the EMS agency to the scene.

#### EMS RESPONSE SERVICES

There were over 4.5 million EMS calls in 2021. Sixty-five percent (3,000,871) of calls were 9-1-1 responses to the scene of an emergency.



9-1-1 Response (Scene) without Transport Capability 771,614 or 17% of all calls, was the second most common type of service requested followed by Interfacility Transport with 588,336 EMS records. EMS responses requesting the remaining services were significantly lower, representing either 5% or less than 1% of the total EMS calls in CY 2021.



For comparative purposes, CY 2020 EMS data has been included in this chart but 2021 data are specially represented with the data labels.

#### PATIENT CHARACTERISTICS



For analytical purposes, "Not Values" data totals have been excluded from this chart due to the lack of specific gender information. \*Not includes Not Applicable, Not Recorded, Not Reported, and Unable to determine totals (n=943,986)



The age ranges chosen here are based on the previous Annual EMS reports. Displaying transports by age supports efforts to collect data for the Emergency Medical Services for Children (EMSC) program, which provides funds to help improve EMS services for patients ages zero through 14 years. It also organizes data for patients ages 64 and over to support public health efforts aimed at older persons. The overwhelming majority (36%) of EMS responses were for those ages 64 and older. For analytical purposes, "Not Values" data totals have been excluded from this chart due to the lack of specific gender information. \*Not includes Not Applicable, Not Recorded, Not Reported, and Unable to Determine totals (n=939,440)

#### PATIENT PRIMARY SYMPTOM

"Weakness" as the primary symptom was reported the most in CY 2021.

Table 4: CEMSIS EMS      Top Ten Patient Primary Symptom			
Patient Primary Symptom CY 2021			
Weakness (R53.1)	223,929		
Altered Mental Status (R41.82)	213,673		
Pain, Extremity (M79.6)	230,480		
Shortness of breath (R06.02)	180,058		
No Complaint - Adult (Z00.00)	164,659		
Pain, Abdomen (R10.84)	119,517		
Pain, Chest - Cardiac (R07.9)	85,093		
Pain, Back (M54.9)	95,691		
Abnormal behavior (R46.2)	91,171		
Dizziness (R42)	73,836		

For analytical purposes, "Not Values" data totals have been excluded from this table due to the lack of information. \*Not includes Not Applicable, Not Recorded, and Not Reported totals (n=1,329,805)



All but one category (pain, unspecified) increased in CY 2021 over 2020. "Weakness" was the most reported primary symptom and it increased 19% year over year. "Pain, unspecified" was not reported in 2021. For analytical purposes, "Not Values" data totals have been excluded from this chart due to the lack of specific information. \*Not includes Not Applicable, Not Recorded, and No Complaint to determine totals (n=1,744,247 in CY 2021)

#### PROVIDERS PRIMARY IMPRESSION

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



There was a 14% increase in traumatic injuries and general weakness from CY 2020 to 2021. General weakness was the most reported primary impression (23% or 490,178 records of 2,141,474 total records) followed by traumatic injury (22%). For analytical purposes, "Not Values" data totals have been excluded from this chart due to the lack of specific information. \*Not includes Not Applicable, Not Recorded, and Non-Traumatic Body Pain to determine totals (n=1,309,645 in CY 2021)



In CY 2021, 88% of EMS incidents were non-traumatic or medical in nature compared to traumatic injuries (3,004,197 more).

### PATIENT DISPOSITION

Patients treated and transported by the responding EMS unit represented the most common reported disposition treatment of patients in CY 2021 (57%) followed by patients treated, transferred care (12%).



### CAUSE OF INJURY

In CY 2021, there were over 3.9 million causes of injuries reported by EMS providers. This total includes data that was Not Reported, Not Applicable, and Not Recorded in addition to all other injury descriptions related to the Trauma ICD-10 codes.

Due to the vast number of categories of reported and suspected external cause of injuries and the ability for responders to select multiple options per incident, it is difficult to provide a useful and in-depth analysis accurately categorizing the total cause of injuries reported in CY 2021.



Injuries suspected as being caused by or involving falls of any kind were the most common cause of injury in CY 2021, representing 207,673 or 41% of the total 505,738 top ten causes of injuries listed above. This number decreased by roughly 50% from 2020. Motor vehicle related injuries represented the second highest reported, representing 112,447 or 22% which is also a decrease from 2020.

#### MECHANISM OF INJURY

The predominant mechanism of injury (MOI) of EMS patients in CY 2021 was blunt force trauma.



MOIs reported as "Not Values" (n=4,041935) and/or "Other" (n=142,661) represented the largest total of reported MOIs in EMS patients in CY 2021. However, for analytical purposes, these data values have been excluded from this illustration due to lack of information.

### EMS ORGANIZATIONS

#### AGENCY ORGANIZATION TYPE

The agency type or organizational structure from which EMS services were delivered (fire, hospital, county, etc.) The provider type is associated with the EMS Agency and the specific EMS Agency Number assigned to them.



#### AGENCY ORGANIZATION 9-1-1 RESPONSES



#### AGENCY LEVEL OF SERVICE

The level of service which the agency provides EMS care for every request for service.



The levels shown are entered at the provider level. In the future, the EMS Authority plans on combining this list to show only one value for paramedic, Emergency Medical Technician (EMT), etc.

Agencies providing an EMT-Paramedic level of care responded to the most EMS incidents reported in CY 2021, representing 69% (3.162.864).

#### RESPONSE UNITS LEVEL OF CARE

The level of care or license level (BLS or ALS) the response unit can provide is based on the unit's treatment capabilities for the specific EMS event regardless of patient need. For example, if a unit/crew is staffed with an EMT-Intermediate or EMT-Paramedic but the unit is either licensed or stocked at a BLS level, the appropriate level of care is "BLS-Basic." This is because the care provided to patients is limited to BLS skills.



#### AGENCY PRIMARY TYPE OF SERVICE

The primary type of service is provided by the responding EMS agency.



### EMS TRANSPORTS

#### EMS TRANSPORT RESPONSES

	Table 5: CEMSIS EMS Transports		
	by Month and Year CY 2021		
2 101 115	Month	CY 2021	
2,474,403	January	199,487	
	February	179,315	
LIVIJ	March	200,841	
Transports	April	201,547	
	Мау	209,657	
	June	210,917	
	July	222,856	
	August	222,135	
	September	208,238	
	October	215,441	
	November	206,471	
	December	218,560	

The highest total of EMS transports in CY 2021 was reported in December representing nine percent and the lowest total reported was in April, representing six percent or transports. CY 2020 also reported the most transports in December but reported the lowest amount in January.



9-1-1 EMS transports were predominant in CY 2021.

0

500,000

1,000,000

1,500,000

2,000,000



For analytical purposes, "Not Values" data totals have been excluded from this table due to the lack of information and low values. \*Not includes Not Applicable, Not Recorded, and Not Reported totals (n=3,492)

#### EMS TRANSPORT DESTINATIONS



For analytical purposes, "Not Values" data totals have been excluded from this table due to the lack of information and low values. \*Not includes Not Applicable, Not Recorded, Not Reported, Other totals (n=61,665)

#### METHOD OF TRANSPORT

EMS transports reporting the patient as being treated and transported by Ground-Ambulance providers was the predominant in CY 2021.



For analytical purposes, "Not Values" data totals have been excluded from this table due to the lack of information and low values. \*Not includes Not Applicable, Not Recorded, and Not Reported totals (n=5,848)