Promising Solutions

Government & Education | Economics & Public Finance | Health & Human Services | Nonprofits & Communities

Allegany County Emergency Medical Services

Current Conditions and Paths Forward

February, 2024

Prepared for:
Allegany County

Prepared by:
Paul Bishop, MPA, NRP
Project Director

1915-2023 108 Years

© CGR Inc. 2024– All Rights Reserved v. 020924

1 South Washington Street, Suite 400, Rochester, New York 14614
(585) 325-6360 • info@cgr.org

www.cgr.org

Executive Summary

Allegany County engaged CGR to analyze its existing emergency medical services (EMS) system and consider its options moving forward. CGR conducted a comprehensive review of Allegany County's EMS operations, which included:

- Site visits or interviews with every ambulance agency;
- Interviews with key County, hospital, and State personnel;
- Deep analysis of County EMS call response and operations data;
- Providing interim guidance on the County's contract with MTS.

EMS System Overview

Allegany County's EMS system is made up of several interlinked parts working together to serve its residents, but each agency functions independently.

The County's 911 center handles up to 80,000 911 calls per year. This includes approximately 5,800 EMS incidents[1] per year, which the 911 center handles using an emergency medical dispatch (EMD) triage process, with protocols to assign the needed EMS resources to each call.

Of the EMS ambulance agencies that transport patients to hospitals for medical service, 17 of them have defined local service areas; only MTS has the authority to serve the whole county.

Volunteering is becoming a greater challenge in EMS: in the last five years, response to 911 calls has shifted from being nearly fully volunteer in 2015 to 60% of responses being handled by a paid service in 2022.

Demand for Service

There are about 15.3 EMS incidents, each day on average. The busiest times are, between 8 am and 8 pm.

[1] The terms **incident and call** are used interchangeably to describe a situation when a person requires emergency medical care. A **response** is when an agency sends a resource to provide that care. In Allegany County, numerous incidents (calls) had multiple responses particularly when one agency sent a basic life support unit and another agency sent an advanced life support agency.

Incidents by Hour	2020	2021	2022	2023 to March 31	Avg Per Month
Overnight: 00:00-03:59	418	468	485	102	38
Early Morning: 04:00-07:59	502	583	583	150	47
Morning: 08:00-11:59	1,047	1,280	1,259	294	99
Afternoon: 12:00-15:59	1,097	1,284	1,403	334	106
Evening: 16:00-19:59	1,195	1,254	1,270	327	104
Night: 20:00-23:59	809	810	892	216	70
Total	5,068	5,679	5,892	1,423	463
Incidents per day	13.8	15.6	16.1	15.8	15.3

Wellsville (Town and Village combined) is the busiest area, with 29% of incidents.

Alfred Village, Amity, Bolivar, Caneadea and Cuba combined equal 26% of incidents (about 5% each).

EMS medical care is divided into the categories of Basic Life Support (BLS) and Advanced Life Support (ALS) care. Typically, BLS involves techniques providing a more basic level of care, such as treating injuries from a fall, while ALS involves more advanced techniques and a higher level of training, such as dealing with and administering medicines to heart attack and stroke victims. BLS care is often more readily available, as more EMS responders are trained to the BLS level. ALS care may require specialists like paramedics, who are in shorter supply.

Allegany County EMS providers respond to a wide range of medical complaints and problems. Of 36 common medical issues, the top five categories of Complaints in Allegany County (accounting for 56% of all incidents) are, in order: Injury BLS (basic injuries), Medical BLS (less severe medical issues), Assist (such as helping pick up elderly people who have fallen), Breathing Problems ALS (most calls about difficulty breathing are automatically treated as ALS-level calls), and Medical ALS (more severe medical issues).

EMS Agencies

Agencies fall into three categories on being able to respond to calls in their territory:

- **Meeting Targets (responding to 75%+ of calls):** Alfred, Andover, Independence, MTS, Rushford, and Wellsville
- **Some Improvement Needed (responding to 50-74% of calls):** Amity, Belfast, Canaserega, Cuba, Fillmore, and Houghton
- **Not Meeting targets (responding to 0-50% of calls):** Almond, Bolivar, Clarksville, Friendship and Richburg

As a result of not being able to cover calls, some agencies have already established automatic aid or contracts with neighbors or MTS to cover calls. It should be noted that all EMS calls did have a response from an ambulance.

Reimbursement for Responses

There are eight agencies in the county that bill for service and they represent 80% of EMS responses in the county. The table below summarizes their reimburse rates for the different insurances.

Service Level	Average Fee	Medicare Allowance	Write Off Per Response	Medicaid Allowance	Write-off Per Response
Basic Life Support	$1,010.00	$422.91	($587.09)	$249.60	($760.40)
Mileage – (5 Miles)	$148.65	$37.75	($110.90)	$17.75	($130.90)
Total	***$1,158.65***	***$460.66***	**($697.99)**	***$267.35***	**($891.30)**
ALS Level 1	$1,295.00	$502.20	($792.80)	$502.20	($792.80)
Mileage – (5 Miles)	$148.65	$37.75	($110.90)	$17.75	($130.90)
Total	***$1,443.65***	***$539.95***	**($903.70)**	***$519.95***	($923.70)

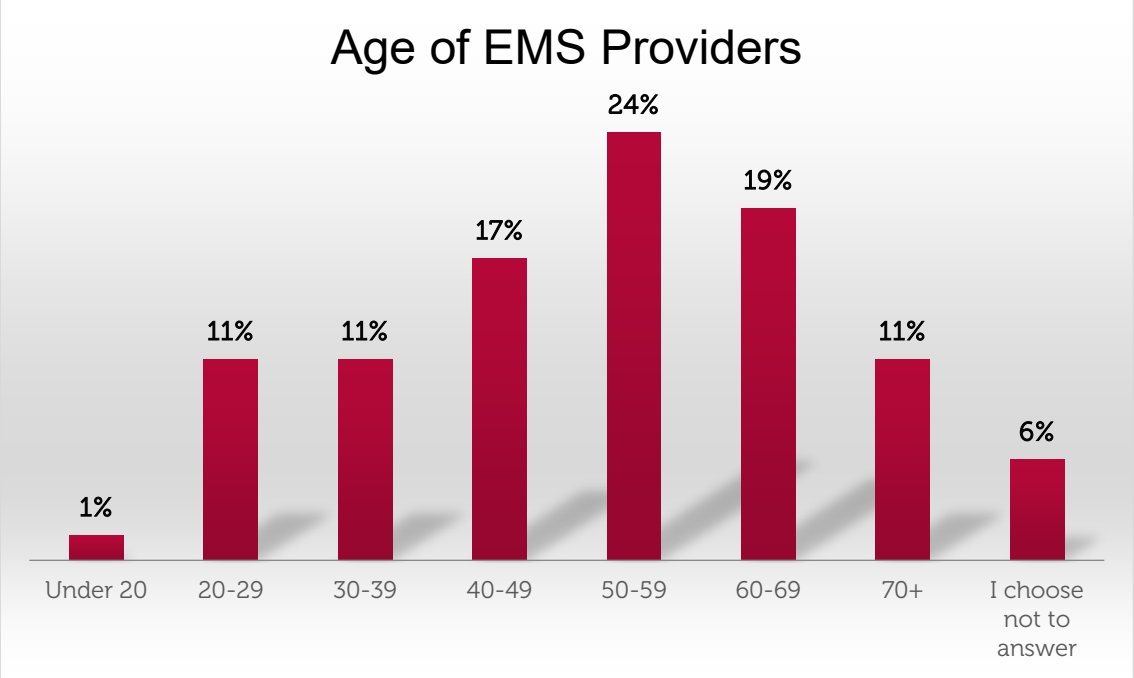
The fees listed above represent a potential payment, but Medicare, Medicare and many insurances only pay a portion of the full cost. Average revenue per call is usually close to the Medicare allowance.

Provider Survey

EMS personnel were sent a brief survey asking about the issues facing EMS in Allegany County. The survey received responses representing every EMS agency except one. Takeaways from survey responses include:

- Nearly all of respondents worked as EMS volunteers. About three quarters also work as volunteers at some other agency.
- On average, volunteers have been in EMS for 17.5 years. 75% of respondents reported being in EMS for 5 years or longer.
- All career EMS respondents were volunteer EMS providers first.
- 72% of respondents felt their agencies do a good job of retaining their volunteer workforce. But 46% of volunteers cited that their agency does not do a good job in actively recruiting new volunteers.
- 76% of career EMS providers do not feel fairly compensated for their current position.
- 54% of respondents indicated that they are somewhat or very likely to continue volunteering at their current level if paid staff are added to their agency.

- The areas respondents felt most needed County investment were: supporting EMS service providers and leadership development, improving training opportunities, and providing financial incentives such as LOSAP benefit.
- EMS providers in Allegany County are skewing older, with 71% over 40 years old, and approximately a quarter between 50-59. This poses a challenge for future sustainability, as an influx of younger providers will be necessary to balance the forthcoming retirements of older providers.



Key Findings

Derived from the comprehensive review, CGR identified important observations which informed the development of the options. As the County considers its options moving forward, the following findings provide important context:

- The county population declines by several hundred people annually, while the median age increases. As residents age, the likelihood of calling for an ambulance increases exponentially.
- The demand for EMS has and will continue to grow, while the number of EMS providers remains constant.
- Medical Transport Services (MTS) is the primary provider of Advanced Life Support (ALS) and EMS services. It covered 40% of the total call volume in 2022.

    - The revenue MTS receives from its transports and services is not enough to cover its expenses, resulting in an annual deficit.

- Wellsville Ambulance is a combination paid & volunteer department and was responsible for 23% of responses in 2022.
- Volunteer agencies have experienced a sharp reduction in staff.
- Although the 911 Center is viewed by most as a good resource, its existing policies regarding mutual aid can lead to delays of ten minutes or more.
- The appointment of a dedicated EMS coordinator has led to major improvements regarding service delivery.
- The current MTS contract is a stopgap solution, a long-term solution should be pursued.
- County-sponsored EMT courses help to support the EMS workforce.

Options for EMS in Allegany County

Based on our understanding of the EMS system, key findings, and best practices, CGR has identified a series of options for the County as it looks to improve EMS Services.

Invest in Existing Successes

- Support the EMS Coordinator and engaged medical direction
- Invest in EMS education – particularly paramedic and young EMT class cohorts (BOCES and colleges)
- Ensure that there is a "safety net" provider:
    - Further discussion is below on contract vs. County provision
- Support Dispatch in providing its essential services:
    - Appropriate training and protocols
    - Look to reduce delays in dispatching calls
    - Ensure technology reduces barriers
- Keep young EMS providers engaged in EMS and in the community

Support New Initiatives

- Establish community response targets
- EMS Leadership Development

- Administrative burden sharing
- Call Triage for Non-Urgent 911 Calls
- Stay abreast of expanded scope efforts for paramedics
- Encourage and Incentivize Collaboration among agencies
- Reinvigorate the CFR (Certified First Responder) level of care

Consider Alternative Solutions

- Traditions are not a reason to remain in service: in some cases, stopping ambulance service might benefit the community
- The best response might be outside the county
- Incentivize EMS responders to move to or stay in Allegany County
- Consider establishing a county-wide EMS fund to support the contract provider AND the services that meet needs
- Develop a Contingency Plan for the End of AEMT-Critical Care

Options for Safety Net Ambulance Service

- MTS is currently providing a very valuable service, but its financial situation and performance need monitoring
- The County-operated EMS system is becoming more common in New York (Livingston, Chautauqua, Madison, Yates, Erie, and Wayne all in operation. Wyoming and Niagara are in the works)
- County-contracted operations also exist – Columbia and Genesee are examples
- Collaborative Operation of service is another solution – such as Schuyler County and the Cayuga Medical Center
- ALS service alone is not enough for Allegany County

Acknowledgements

CGR would like to acknowledge the commitment and assistance of many agencies and individuals who welcomed us into their organizations, for the time they shared with the project team, for their candor in addressing difficult issues, and for the time spent gathering the information necessary for this study.

- Allegany County – Carissa Knapp, Mallory Short, Steve Havey, Kevin "Fred" Demick
- A.E. Crandall Hook and Ladder Inc. – Jane Cochran
- Almond Volunteer Fire Department – John Ormsby
- Amity Rescue Squad – Corey Smith
- Andover Volunteer Ambulance Inc. – Laurie VanTreese
- Belfast Fire Department – Neal Green
- Bolivar Fire Department Inc. – Vicky Root
- Friendship Ambulance Squad – Russ Hall
- Houghton Volunteer Ambulance Service Inc. – Thomas Sampson
- Independence Emergency Squad Inc. – Dennis Graves
- Jones Memorial Hospital ED – Kelly Foster
- Medical Transport Service Inc. – Scott Lanphier
- Richburg Wirt Fire District Ambulance – Deb Lynch
- Rushford Fire District Rescue Squad – Chris Armison
- Scio Fire Department – Kevin Cook
- Town of Clarksville Ambulance – Gordon Maker
- Town of Cuba Ambulance Service – Aaron Appleby
- Village of Canaserega Ambulance – William Crubaugh, Quincy Lightfoot
- Wellsville Volunteer Ambulance Corps. Inc. – John Fleischman, Lucas Greene
- Wm. P. Brooks Company # 1 – Richard Bently, Stacy Henry

Conducting a study of an EMS system is a large undertaking. It requires a great deal of coordination. GCR would like to greatly acknowledge the assistance of Bonnie VanHousen, EMS Coordinator. Bonnie assisted with reaching out to organizations to facilitate on-site meetings, follow ups for various data requests, and numerous telephone calls and emails from the CGR team.

Staff Team

Jim Cassin, Kieran Bezila and Deon Willis conducted numerous interviews, developed the agency profiles, and administered the project surveys. Kate Bell led the calls for service analysis and mapping. Paul Bishop oversaw the project.

Table of Contents

Executive Summary i
EMS System Overview i
Key Findings iv
Options for EMS in Allegany County v
Section I – Existing Conditions 1
Project Methodology 1
Overview of Operations 2
Key Findings 5
Section II – Options for Consideration 9
Invest in Existing Successes 9
Support New Initiatives 10
Consider Alternative Solutions 12
Options for Safety Net Ambulance Service 14
Section III – System and Agency Profiles 17
Alfred Ambulance 21
Almond Ambulance 23
Amity Rescue 24
Andover Ambulance 26
Angelica Ambulance 28
Belfast Ambulance 28
Bolivar Ambulance 31
Canaseraga Ambulance 32
Clarksville Ambulance 34
Cuba Ambulance 36
Fillmore Ambulance 39
Friendship Rescue Squad 41
Houghton Ambulance 42
Independence Ambulance 45
Medical Transport Service Ambulance 46

Richburg Ambulance 51
Rushford Ambulance 52
Scio FD 55
Wellsville Ambulance 56
Allegany County 911 Center 59
County EMS Support Functions 60
Southern Tier Health Care System 61
EMS Captains' Concerns 62
What Is Going Well 63
Financial Reimbursement Challenges 66
Section IV – Hospital Profile 75
Jones Memorial Hospital 75
Section IV – Provider Survey 77
Summary Results 77
Section V – Comparison EMS Systems 81
Comparison of County Statistics 81
County Details 82
Section VI – Allegany County Demographics 88
Appendix A: EMS Provider Survey – Detailed Responses 91
Volunteer Responses 91
Career Responses 97
All Respondent Demographics 104
Agency Strengths and Weaknesses 109
Thoughts and Priorities 118
General Attitude 123
Response Time 126
Actions to Improve Service 127
Appendix B: Allegany EMS Incidents and Responses 130
Incident Patterns 130
Incidents by Community 133
EMS Incident Types by Community 134

Responses by Ambulance Services.....166
Appendix C: Glossary of EMS Terms.....192

Section I – Existing Conditions

Project Methodology

CGR was engaged by Allegany County to review and evaluate its EMS system and make recommendations to increase the viability, efficiency and sustainability of services. The project involved the gathering of specific information related to the operations of the individual ambulance services and the EMS system as whole. We also sought out the perspectives of EMS providers that serve the community through a provider survey and gathered information about similar counties in New York that provide ambulance service. A brief explanation of our methodology follows below.

Data Gathering & Analysis

CGR utilized data from a number of sources to develop a picture of the current status of EMS services in Allegany County. Data gathered included:

- Up to three years of data covering all relevant EMS agency, as available, for dispatch, turnout, travel times, units responding, etc.
    - This data is used to explore call volume, rates and geographic distribution of specific incident types, availability of coverage and existence of gaps in service.
- Gathering basic information on each agency.
    - This included questions on staffing, operations and equipment.
- Conducting a survey of the EMS workforce.
    - This survey gathered staff demographics and opinions on strengths and weaknesses of the current system.
- Interviewing key stakeholders
    - CGR spoke with representatives of each active EMS agency in the county.
    - CGR spoke with the EMS Coordinator, Fire Coordinator, 911 Center Staff, Regional EMS Council Staff and a representative from Jones Memorial Hospital.

Developing Context

CGR gathered information regarding demographic trends in Allegany County, reviewed reports related to EMS operations across New York and the region and

developed specific profiles of peer counties that operate an ambulance service. CGR also gathered the current fee-for-service rates to show how much an average EMS call in Allegany County is charged. The billing payer mix for the last three years was also gathered to help show trends in reimbursement challenges.

Providing Options

Based on our understanding of the existing conditions in Allegany County and the overall context of EMS operations, we have identified a series of options for the County and its EMS agencies to consider going forward to develop a more sustainable EMS system. In situations where there are several viable alternatives, we have provided a brief cost and benefit analysis.

Overview of Operations

When a person becomes suddenly ill or suffers serious injury, they often need the emergency medical services (EMS) system to respond. The modern EMS system has existed for about fifty years and has been undergoing substantial change in the last decade.

Across New York State and the rest of the country, EMS agencies are struggling to meet the needs of the community. Recent studies have indicated that recruitment and retention of EMS providers, both paid and volunteer, is difficult everywhere. A study published by the New York State Department of Health in 2019[2] stated:

"A substantial number of EMS agencies report an impaired ability to respond to calls for assistance due to shortages of certified EMTs and paramedics. This is true for agencies that utilize volunteer responders and those that use paid responders. A majority of survey respondents had an unfavorable outlook on their agency's ability to recruit the workforce necessary to adequately serve their community in the future."

Other findings from that report include:

- Fifty-nine percent of rural volunteer responders reported their ability for timely EMS responses in their community was moderately or severely impaired by certified volunteer staff shortages.
- Sixty-eight percent of rural agencies using only paid responders reported that the shortage in the number of qualified paramedics diminished their ability to cover their calls or scheduled shifts. Similarly, 46% reported that the shortage of qualified EMTs diminished their ability to cover their calls or scheduled shifts.

[2] https://ubmdems.com/wp-content/uploads/2020/01/Download-2019-NYS-EMS-Workforce-Report.pdf

- Fifty-nine percent of agencies utilizing only paid responders reported an increase of 11% or more in the number of paid overtime hours in the last two years to compensate for responder shortages.
- Sixty-eight percent of rural respondents had an unfavorable outlook on the future of responder recruitment.

New York state is not alone with these struggles. The National EMS Advisory Council has identified rural and volunteer EMS recruitment and retention as a serious issue that is impacting care for 57 million people.[3] A national survey on volunteerism indicates that while the number of people volunteering has remained relatively even over the last 20 years, the amount of time volunteered is declining[4]. The longitudinal studies that evaluate general volunteer trends do not yet include the impact of COVID-19, but anecdotes indicate the volunteers are less likely to want to leave their homes and interact with the public.

There is no single EMS system in Allegany County. Instead, multiple towns, villages and fire districts have developed a method to ensure an ambulance responds. The County's 911 Center is burdened with the responsibility of answering the 911 calls and sending an ambulance to a scene based on a script written by a local authority (town, village, agency or fire department.)

There are 17 EMS transport agencies that routinely provide service in the county and others provide assistance through mutual aid. Each of these transport agencies creates the script for the 911 Center to follow in sending ambulances. Several volunteer ambulances have ceased operations in the county during the last decade. This has led to some consolidation in service territories. Additionally, since March 2023, Allegany County has been contracting with MTS to ensure that it has resources available to provide backup ambulance service throughout the County.

There are minimum standards for education, training, staffing, ambulance equipment, policies, procedures and medical care that are established by New York State, the Department of Health and the quasi-governmental Southwestern Regional EMS Council. The agencies all meet or exceed these standards.

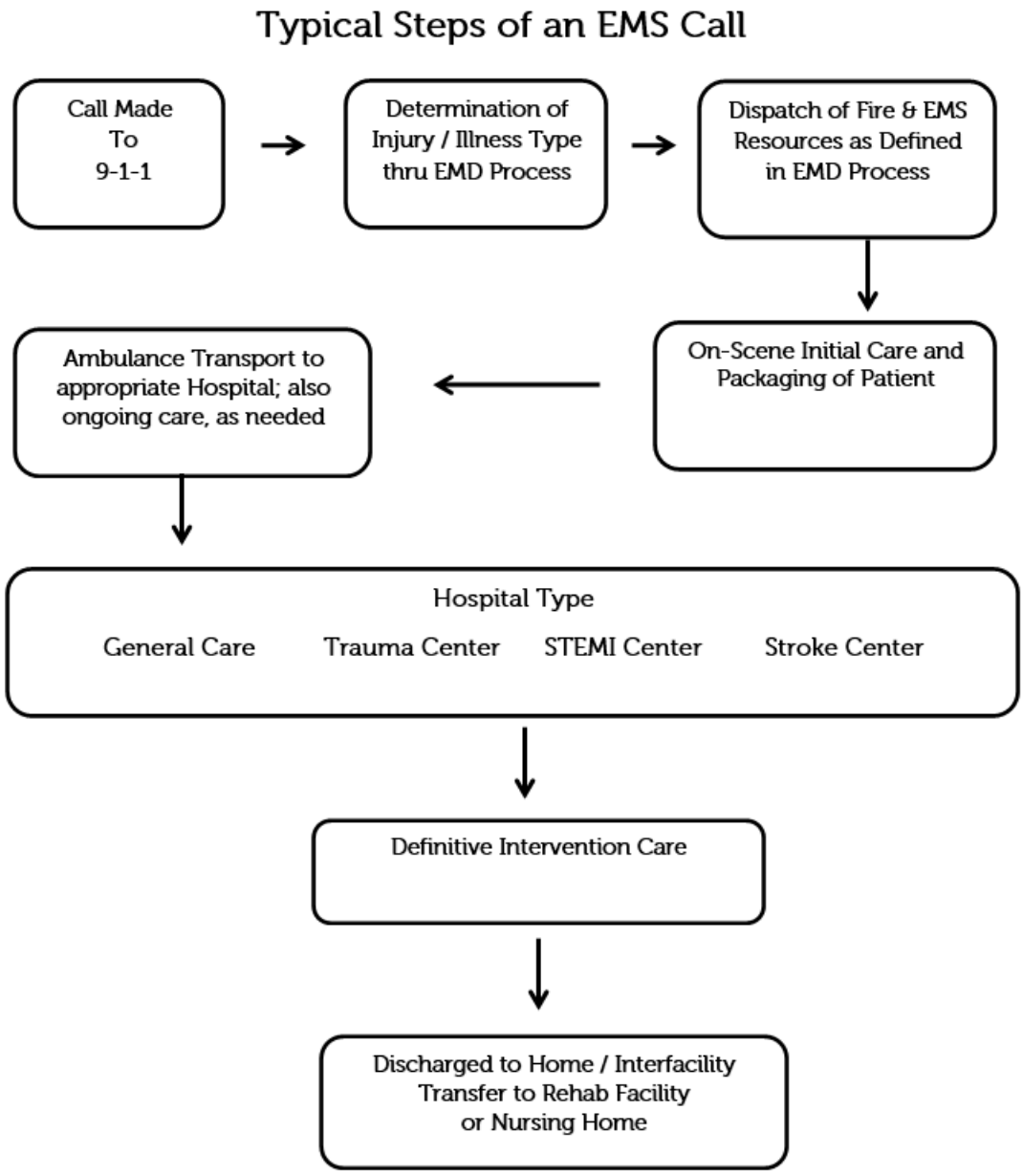
Each of the 17 ambulance services operate independently. They set their own levels of staffing, establish their internal training, operate their own budgets, develop their operating practices and plan for the future. They often compete with each other for employees and volunteers. Several of them are tasked with negotiating service contracts with communities they serve. Outside of mutual aid requests for service, there is minimal cooperation between most of the services. Each seems to be working

[3] https://www.ems.gov/assets/Rural_&_Volunteer_EMS_Recruitment_&_Retention_Jan_2020.pdf

[4] https://www.americorps.gov/sites/default/files/document/2019%20CPS%20CEV%20findings%20report%20CLEAN_10Dec2021_508.pdf

independently for their own success and to serve their own community, but little seems to be done to focus on the whole county.

The following graphic provides an overview of how an EMS call is intended to function. The public accesses the system by calling 911, usually by a cell phone, and being interviewed by a trained emergency medical dispatcher that determines what resources need to be dispatched to the call.



This flowchart shows the general steps involved in an EMS call, but there are additional sub-steps that have effects on a call, such as wait time at a hospital or

transport to a hospital outside Allegany County. This increases the overall time on a call and that EMS unit is not available for calls.

In Allegany County, the only hospital has limited capabilities that can then necessitate either an ambulance crew transporting out of the community to get to those resources or a secondary transport from a different agency.

Key Findings

The following items represent the most important observations from our project team over the engagement. These findings lead directly to the options for consideration to improve the EMS service in Allegany County.

- Overall
  - The population of Allegany County continues to decline by several hundred people a year and the median age continues to increase.
  - The demand for EMS has grown in recent years and will continue to grow as the population ages.
  - The number of EMS providers in Allegany County is holding level over the last six years, although there has been change-over in the actual providers.
- Ambulance Services
  - Allegany County has grown to heavily rely on the only full-time paid ambulance service in the county, MTS, to provide advanced life support and EMS response to much of the county. In 2022, it had nearly 40% of all emergency responses in the county, about 9.1 per day. This includes both primary 911 coverage and advanced life support. MTS also conducts nearly all of the interfacility transports out of Jones Memorial Hospital which are in addition to the emergency work described above and add 2 to 3 additional calls per day. MTS is not a safety net; it is an essential provider of EMS services in the county.
  - MTS has indicated that the revenue it receives from ambulance transports and ALS services is not enough for it to remain in operation, without a subsidy from the County. Since March 2023, the County has contracted with MTS under a contract that requires certain performance criteria and provides payment not to exceed $65,000 monthly for ninety-day terms that have been renewed in June and September.

    - From the fall of 2022 through 2023, the County contracted with MTS for a total of $1 million, of which $600,000 has come from ARPA funds and $400,000 has come from the general fund.

- Wellsville Ambulance, the only other service with full-time paid staff, is a combination paid/volunteer department that serves the largest community in the county and was responsible for about 23% of all responses in the county in 2022, about 4.6 per day.
- The remaining 15 primarily volunteer services handle another 27% of the responses in the county. These services answer about 6.3 calls per day.
- The remaining responses in the county are from Advanced Life Support services that may be affiliated with multiple agencies and mutual aid departments from outside the county.
- The majority of volunteer focused ambulance agencies are seeing reduced staff, compared to 5 to 10 years ago. Several departments could have full staff meetings in the back of an ambulance.
- There are a variety of funding sources for the ambulances, ranging from billing for services, to general fund tax revenue, special districts, and fundraisers. Especially for ambulances associated with fire departments, funding can be a concern. Most of the volunteer services have annual budgets under $25,000 and need to conduct fundraising to meet basic needs.
- There are about 30 ambulances in service in the county, with a wide range of ages and mileages. This is sufficient to cover the geography if there were adequate staffing. A significant portion of the ambulances are more than 10 years old, and some agencies are considering reducing their fleet because of the costs.
- The administrative burdens of operating an ambulance service grow each year and are a deterrent to volunteer leadership. Cuba is the only agency that provides a stipend to the agency leader for time spent with administrative tasks and meetings.
- As part of the New York State 2023-2024 state budget, NYS Medicaid ambulance reimbursement rates for emergency responses increased on July 1, 2023. The most common levels of care saw an approximate 30% increase, although this is still about half of the Medicare reimbursement for the same care.

- Communications

- The Allegany 911 Center is seen by most as a well-operated organization that is a good resource for the ambulance services.
- The computer dispatch system, including the records management system, is about five years old and tracks all the necessary information for ambulance services.
- The existing policies used in the County, at the request of the agencies, can lead to a delay of ten minutes or more when requesting mutual aid.

- County Support
  - The appointment of a dedicated EMS Coordinator and providing additional staff to that office are leading to significant improvements in the delivery of emergency medical services in the county. The EMS Coordinator is serving as a valuable resource to the agencies and has assisted with numerous training issues.

- The contract with MTS was entered into as a stopgap solution and is serving that role by ensuring that the EMS system remains functional, but a longer term solution should be pursued.
- Education
  - The County is serving as an EMS course sponsor, including for EMT courses, and hosting a satellite paramedic program that is helping to support the EMS workforce.
  - Allegany County is providing funding to help AEMTs and Critical Care Technicians upgrade to Paramedic Level certification to help bolster the county's emergency medical services.
  - The education provided at the Crossroads Center is relatively centralized for the population, but there is a desire for some courses to be offered elsewhere in the county.
  - Allegany County, in conjunction with the Allegany-Cattaraugus BOCES, will conduct a NYS EMT course at the Crossroads facility in the Fall, 2023. This provides an opportunity to develop the future workforce and should continue to be supported going forward.

- Hospital
  - Jones Memorial is the only hospital in Allegany County and receives 30% of patient transports but has limited acute services. Recently, they also lost having a physician on duty in the ED; mid-level providers (PA's and NP's) are the primary care givers.

- Jones Memorial brought forth increasing concerns on the ability of EMS to transfer patients to other hospitals for additional care. The main concern was increased wait times to transfer acute patients.

- Medical Oversight
  - During the course of the study, Dr. Lisa Ryder was greatly acknowledged by many agencies as a great asset to them. Dr. Ryder was very accessible and willing to take time to chat on various concerns.
  - The County is in the process of working with URMC to ensure medical oversight for agencies, 911 EMD process and training.

Section II – Options for Consideration

The Options for Consideration are actions that Allegany County and its component communities should consider to improve EMS in the county. The options vary from continuing existing programs at minimal increased cost or effort to substantial shifts in the manner in which services are provided which may lead to significant costs for the community. Identifying the preferred options may require additional investigation and discussion.

Invest in Existing Successes

- Support the EMS Coordinator and engaged medical direction
  - The EMS Coordinator position has made a substantial positive impact on EMS in the county in her short tenure. The position needs to remain full time and consideration should be given to providing administrative support or other assistance.
  - The impact of an engaged medical director(s) is seen in all aspects of EMS and the County should ensure that they sustain strong relationships with their medical directors.
- Invest in EMS education – particularly paramedic and young EMT class cohorts (BOCES and colleges)
  - The recent financial support for the distance paramedic program and the EMT classes through BOCES is essential to maintaining the EMS workforce going forward. The legislature should commit to supporting both of these initiatives for the foreseeable future.
- Ensure that there is a "safety net" provider
  - Allegany County's EMS system has come to rely on a "safety net" provider as a back-stop to the volunteer services. This is essential to ensure an effective EMS response and needs to continue into the future. A discussion of different options for this service follows below.
- Support Dispatch in providing its essential services
  - The 911 Center was broadly praised for its operations during the project and should continue to receive necessary funding, new technology and administrative support from the County.

- Look to reduce delays in dispatching calls
    - The current process for assigning mutual aid can slow the response if the resource from the "home" agency is not available. The County should work with the EMS providers to develop a policy that ensures an available, appropriate resource is sent at the time of dispatch for serious calls. If the "home" agency is able to respond, that other resource can be canceled.
- Ensure technology reduces barriers
    - The County should work with EMS agencies to adopt and fund a single call alerting and response application such as Bryx or Iamresponding. The use of this program to identify that a crew is available should be strongly encouraged.
- Keep young EMS providers engaged in EMS and in the community
    - Several of the agencies report that they have a substantial number of EMS providers under 30 years of age. These providers are the future of EMS and they should remain a focus of retention efforts. Additionally, the agencies that have colleges in them should expend significant effort to recruit and train the students from those communities. Even if they only stay in the community for 2 to 3 years, they can provide a benefit during that time.

Support New Initiatives

- Establish community response targets
    - In order to improve the service in the county, the EMS Advisory Board should work with the medical director to establish reasonable and appropriate performance targets. The performance targets should be in the areas of ability to respond, the timeliness of response based on dispatch criteria, and performance of clinical care bundles. For example, an agency should target being able to respond to 90% of calls, have an ambulance on scene of serious calls in under 12 minutes 90% of the time, and ensure that suspected cardiac chest pain patients receive aspirin and a 12 lead EKG.
- EMS Leadership Development
    - Across the universe of volunteering, poor leadership is often cited as a cause for people to leave the position. EMS is no different. One trend commonly seen, especially in EMS, is that there are relatively few "leaders of tomorrow." The County, in coordination with the EMS Advisory Board, should seek to

identify future leaders within the various departments and work to foster their skills. This includes bringing appropriate leadership courses to the community or sponsoring candidates to travel to regional workshops. Local educational institutions could also serve as a resource for developing the next generation of leaders.

- Administrative burden sharing
  - Several of the EMS agencies indicated that administrative tasks associated with operating ambulances are burdensome. These tasks include keeping training records up-to-date, filing renewal paperwork with the state, purchasing medical supplies, and pursuing grants. The County could, with additional staff, develop a process to support the smaller agencies so that they can focus on responding to calls and providing high quality patient care. This might also serve as a retention tool as some people might choose to remain in EMS if they can focus on what drew them to the field.
- Call Triage for Non-Urgent 911 Calls
  - An emerging trend in EMS is the utilization of a nurse navigation system for less urgent 911 calls to reduce the need for ambulances to respond. The process is focused on connecting low acuity calls to 911 to an appropriate alternative care scenario which could be an urgent care center or a telehealth visit. This system has recently been started in Oneida, Onondaga and Monroe Counties in New York. The system works when a caller contacts 911 and their condition meets specific local criteria for nurse navigation. The caller is then warm transferred to a nurse navigator who asks additional questions and helps identify an appropriate local resource for the patient. The program used by those three counties is operated by Global Medical Response. The costs for the program are based on the call volume of the 911 center and the number of calls transferred to the system. The nurse navigator system has been shown to reduce the number of 911 responses by up to 10% for communities, although information is primarily from the vendor and needs to be confirmed with communities that use the program.
- Stay abreast of expanded scope efforts for paramedics
  - Community Paramedicine is an emerging field that focuses on using EMS personnel to provide care in a community setting to reduce the overall burden on the healthcare system. This is often handled by specially trained paramedics working under the direction of a physician. Currently, there are

only pilot programs across New York and each one has a different set of protocols and goals. However, as Allegany County works to improve its EMS system, creating a community paramedicine program to expand the availability of essential healthcare should be a strong consideration particularly in coordination in Jones Memorial.

- Encourage and Incentivize Collaboration among agencies
  - One needs only look at a map to realize that there is probably a duplication in the number of EMS districts in some areas. While the decisions to operate a department are made at a local level, the County could work with departments to encourage reorganization in a manner that would lead to more efficient operations. This will become increasingly important when there is a need to add paid staff in the future.
- Reinvigorate the CFR (Certified First Responder) level of care
  - In a rural community, travel times to calls can be difficult. One method to reduce the response time is to have trained providers and equipment distributed throughout the county. The Certified First Responder level of care is focused on providing essential lifesaving interventions in the first few moments of an emergency until an ambulance or other advanced care arrive. This training course is about 50 hours long, or about a third of the length of an EMT class. The County should look to offer this course to interested residents and perform targeted recruitment in conjunction with fire departments and EMS agencies to develop a cadre of certified personnel to help in case of an emergency. This is not a replacement for an ambulance but a complementary service to improve care in the community.

Consider Alternative Solutions

- Traditions are not a reason to remain in service - In some cases stopping ambulance service might benefit the community.
  - As noted in the report, there are several agencies that have very small volunteer staffs that are valiantly working to maintain the agency in their communities. These organizations should strongly consider if their efforts are truly in the best interests of the community or if they should instead ensure a smooth transition to a more sustainable provider.
- The best response might be outside the county.

- The current system where MTS asserts its right of being offered to respond to calls in the whole county sometimes works against the best interests of patient care. As an example, in the northeast portion of the county, outside-of-county ALS units are often closer to a call than the nearest MTS unit; yet, they are not requested, because MTS has directed that those calls should be sent to MTS units. MTS should be asked to allow for a mutual aid response from outside the county if it is reasonably likely that the mutual aid unit would have a quicker response time. This could also potentially become a condition of the contract for service with the County.

- Incentivize EMS responders to move to or stay in Allegany County
  - Allegany County as a whole is losing population, particularly among the prime working age population. EMS providers are increasingly paid in the county and those that are volunteer are often in other healthcare or public safety fields. The legislature should consider developing a program that recruits EMS providers to move to the county, such as help with rent or real estate purchases, as well as providing property tax abatement.

- County-wide EMS fund to support the contract provider AND the services that meet needs
  - Many of the smaller EMS agencies that provide EMS in the county have very small budgets. While this is the choice of their communities, the EMS system operates as a whole across the county through an exchange of mutual aid. The County should consider using funds to support not only the safety net service but also support the other EMS agencies. In return for receiving support from the County, the other EMS agencies would be required to meet certain minimum requirements for staffing, training, reporting and availability.

- Develop a Contingency Plan for the End of AEMT-Critical Care
  - New York State no longer provides initial certification or testing for Advanced EMT- Critical Care Technicians. Current policy is that existing AEMT-CCs may continue to operate and recertify using the Continuing Medical Education process. There has also been a commitment that if that policy were to change, there would be a significant lead time. In Allegany County, several agencies have a significant number of practicing AEMT-CCs that provide the backbone of advanced life support. The distance learning program for the paramedic course is an important intervention to prepare for this eventuality.

Options for Safety Net Ambulance Service

- Allegany County needs more than an ALS First Response Service for a safety net
  - In Allegany County, there are enough gaps in the BLS ambulance system that in order to ensure an appropriate response to medical calls, the County needs to support or provide an ALS ambulance service to the community not just an ALS first response service.
- MTS is currently providing a very valuable service, but its financial situation and performance need monitoring.
  - The County is closely monitoring the service provided by MTS and is reviewing the contract on a regular basis. As part of the project, CGR provided suggestions for adjustments to the contract and this may remain a viable option going forward.
- County operated EMS systems are becoming more common in New York and could be viable in Allegany County.
  - Several nearby counties are operating EMS systems. They include Chautauqua, Erie, Livingston, Madison, Niagara, Wayne and Yates. Wyoming County is starting its operation in early 2024.
  - An initial step to starting a County-operated EMS system would be to obtain an EMS operating certificate. While initially obtaining the operating certificate only requires the County Legislature to pass a resolution indicating they will begin the service, actually operating the service requires a substantial investment from the County. Steps in the process include:
    - Obtaining the requisite licenses from New York State and federal agencies for billing, medications, and narcotics;
    - Purchasing capital equipment including ambulances, cardiac monitors, lifting stretchers, radios, ventilators and computers;
    - Obtaining the necessary medications and medical supplies;
    - Identifying and acquiring an operating base(s);
    - Recruiting, selecting and hiring about six to eight full-time employees (or combination of part time) per ambulance to be staffed;
    - Developing appropriate policies and procedures;
    - Select a patient care report vendor;
    - Identify and typically hire a physician medical director;

    - Identifying a billing company or hiring employees to conduct the billing; and
    - Creating a supervision process separate from the EMS Coordinator process.

  - The above action items can take six months or more to complete. The lead time for a new ambulance and certain key medical equipment is 12 to 18 months.
  - It is usually possible to develop enough billing revenue from 1,000 to 1,200 transports to support a single ambulance unit annually. This option has substantial upfront capital costs and ongoing operational costs, and if the number of transports is below that threshold per unit, it is usually necessary to have some kind of public subsidy to support the operation. This option will likely require an additional tax burden, if other funding sources cannot be found. It would be possible for the County to acquire used equipment or lease it from existing providers in the community on a temporary basis.
  - The size of the operation would likely need to be similar to that of MTS to provide the necessary safety net services. This would require a minimum of 3 ALS ambulances operating at all times. A work force of about 24 full-time front-line employees would be necessary to provide the adequate staff for those ambulances. There should be at least 2 manager/supervisors for an operation of this size to ensure appropriate supervision, leadership, and training. There would need to be a minimum of 5 ambulances to maintain an operational fleet.
  - Additionally, it would be beneficial for a County-operated ambulance service to consider becoming involved in interfacility transport work. This type of service is essential for the community and can also serve as a consistent source of income for the ambulance service. The staffing or equipment needed for this service is not included in the estimates above.

- County-contracted operations also exist: Putnam and Columbia are examples.

  - Under these situations, the County has an operating certificate for the whole county and contracts for a service for the full county or it coordinates with multiple ambulance services to provide the service.
  - In Columbia County, when the home agency is on a transport that takes them out of the county, a neighboring agency is asked to stage at a central location to cover both jurisdictions. The agency on standby is able to operate under the County's operating certificate and is compensated for the time spent on standby.

- In Putnam County, the County holds an operating certificate and then contracts with an independent ambulance service provider to respond to the emergencies in the community. This arrangement is similar to the one with MTS today except that the County can choose the ambulance provider because it has an operating certificate.

- Collaborative Operation of service is another solution – Schuyler County and Cayuga Medical Center

  - When Schuyler County developed an ambulance service in 2023, the County entered into an arrangement with Cayuga Medical Center. The partnership established a new organization operated by the Cayuga Hospital System, the parent of Schuyler Hospital. This new organization, Schuyler EMS LLC began operation in January 2023. It has funding from the County but is operated on a daily basis by the Cayuga Hospital system. They operate 2 ALS ambulances 24/7 and a BLS crew from 9 am to 9 pm on weekdays. The employees work for the non-profit that is funded by a mix of billing revenue and a subsidy from the County.
  - The County chose to follow this path because they felt it would be less expensive to operate in the long run than a County-operated system.

Section III – System and Agency Profiles

In 2023, there are 17 operating ground ambulance services that serve Allegany County. The table below indicates some of the key information related to the departments. A more detailed profile follows for each agency. The information was accurate at the time of the interviews, but may have changed in the ensuing weeks.

Agency	Type of Agency	Level of Service	Fee for Service	Responses per Month	Certified EMS Volunteers/ Paid Staff*
A.E. Crandall Hook and Ladder (Alfred)	Fire Department	Paramedic	No	26.8	11/0
Almond Fire Department	Fire Department	EMT	No	26.8	3/0
Amity Rescue Squad	Independent	EMT	Yes	22.7	5/0
Andover Ambulance	Independent	Paramedic	Yes	15.3	36/0
Belfast Fire Department	Municipal	Paramedic	No	12.8	17/0
Bolivar Fire Department	Municipal	AEMT	No	13.3	5/0
Village of Canaseraga Ambulance	Municipal	EMT	No	8.2	8/0
Town of Clarksville Ambulance	Municipal	AEMT	Yes	3.7	6/0
Town of Cuba Ambulance	Municipal	EMT-CC*[5]	Yes	26.4	16/0
William Brooks Hose (Fillmore)	Fire Department	EMT	No	16.4	20/0
Friendship Ambulance Squad	Municipal	AEMT	Yes	4.9	6/0
Houghton Ambulance	Independent	AEMT	Yes	14.5	4/0
Independence Emergency Squad	Independent	EMT	Yes	7.6	5/0
Medical Transport Service	Commercial	Paramedic	Yes	258.6	0/30
Richburg Wirt Fire District	Municipal	AEMT	No	6.9	12/0
Rushford Fire District	Municipal	EMT	No	9.7	12/0
Wellsville Ambulance	Independent	Paramedic	Yes	132	39/Contract with E5

[5] The EMT-CC level is a NYS-only level that was developed in the late 1970's to help promote ALS in areas where there were few Paramedics and paramedic course programs in NYS. In 2017, after a review, the NYS EMS Council voted to gradually end the EMT-CC level of care as an ALS-level provider by the year 2030. This was based on declining number of EMT-CC providers and NY being the only state to have this hybrid certification level (there is no national equivalent). Allegany County has a number of AEMT-CCs.

Overall Call Volume

Combined, these agencies respond to about 15 EMS incidents every day, or 464 per month. Those 15 incidents result in about 25 units responding to ensure that the appropriate level of care is provided. The ambulances vary from fully volunteer basic life support to fully paid advanced life support. A more detailed set of calls for service tables appears in Appendix B.

Incidents by Time Period	2020	2021	2022	2023*	Avg Per Month
Overnight 00:00-03:59	418	468	485	102	38
Early Morning 04:00-07:59	502	583	583	150	47
Morning 08:00-11:59	1,047	1,280	1,259	294	99
Afternoon 12:00-15:59	1,097	1,284	1,403	334	106
Evening 16:00-19:59	1,195	1,254	1,270	327	104
Night 20:00-23:59	809	810	892	216	70
Total for Year	*5,068*	*5,679*	*5,892*	*1,423*	*464*
Average per day	*13.8*	*15.5*	*16.1*	*15.8*	*15.3*
**2023 data through March 31*					

Transport Destinations

Using data from call records that were submitted to New York State, we are able to track the dispositions of about 28,000 responses to both emergencies and routine transports over the last 45 months – January 2020 to September 2023. Some incidents have multiple responses because of the need for advanced life support. About 18% of responses did not result in a transport, leaving 23,700 responses that resulted in a patient transport. 40% of responses had a transport to Jones Memorial Hospital; 21% to Olean General; and 9% to Strong Memorial. There were 57 other transport destinations included. This included about 500 transports to Buffalo area hospitals and about 250 flights by air medical providers. The full table appears an appendix.

Destination	2020	2021	2022	2023	Grand Total	% of Transports
Jones Memorial Hospital	2497	2877	2778	1320	9472	40%
Olean General Hospital	1392	1635	1419	560	5006	21%
Strong Memorial Hospital	627	730	483	230	2070	9%
Unlisted Nursing Home	41	331	457	259	1088	5%
St. James Mercy Hospital	225	317	371	144	1057	4%

Destination	2020	2021	2022	2023	Grand Total	% of Transports
Generic Location – Non-Hospital	30	233	359	106	728	3%
Nicholas H. Noyes Memorial Hospital	148	201	223	106	678	3%
Wyoming County Community Hospital	164	232	161	66	623	3%
Residence	94	168	194	103	559	2%
Highland Hospital	157	83	49	10	299	1%
Remainder of Transport	798	593	513	174	2017	9%
Total Transport	6,173	7,400	7,007	3,078	23,658	

Responses by Jurisdiction and Agency

The following table provides 39 months' worth of data on agency response by location. The source of this data is the Allegany 911 Center. The data is organized as follows:

- The rows list all of the municipalities in Allegany County, in alphabetical order.
- The columns list each ambulance service provider in the county.
- The yellow highlighted boxes are the primary service areas for each BLS service providers.
- The number of incidents are the number of individual events that require an EMS response.
- The number of responses are the number of times a unit responded to a call.
- The total number of responses and incidents reflect only the calls in the County so some of the totals are lower than in other tables.
- The home agency responses are the percentage of time the agency primarily responsible for that district responded to an incident.
    - The higher the percentage, the more likely an agency responded to an incident in its jurisdiction.

For example, in the Village of Cuba, Cuba Ambulance responded to 507 of the 735 incidents in the Village and MTS responded to 498. Cuba, the home agency responded to 69% of the incidents and MTS, the primary ALS provider and back up BLS provider, responded to 68% of the calls. This type of overlap is expected for agencies that need outside ALS support. The range of home agency response percentage is from the high 90%s (Alfred, MTS, and Independence) to less than half of calls(Almond, Bolivar, Clarksville, Friendship, and Richburg).

ALS and Ambulance Responses by Municipality (1/1/2020 to 3/31/2023)																					
	Alfred Ambulance	Almond Ambulance	Amity Rescue	Andover Ambulance	Angelica Ambulance	Belfast Ambulance	Bolivar Ambulance	Canaseraga Ambulance	Clarksville Ambulance	Cuba Ambulance	Fillmore Ambulance	Friendship Ambulance	Houghton Ambulance	Independence Ambulance	Medical Transport Ambulance	Richburg Ambulance	Rushford Ambulance	Wellsville Ambulance	Grand Total Responses	Grand Total Incidents	Home Agency Responses
ALFRED	191	1		2											97			1	292	197	97%
ALFRED VILLAGE	716	1		7				1							280			2	1,007	729	98%
ALLEN					4	18				1	45				119				187	144	
ALMA			1	1			1			1	1				59			166	230	194	86%
ALMOND	22	85				1		1	1						148				258	183	46%
ALMOND VILLAGE	23	70													109			1	203	135	52%
AMITY	2		455	1	1							1	1		345			26	832	661	69%
ANDOVER	1	1		236		1	1	1		1				4	86			15	347	262	90%
ANDOVER VILLAGE	6	2	4	233		1	1								94			21	362	282	83%
ANGELICA			3	1	24	13		1			1				176	11		3	233	196	90%
ANGELICA VILLAGE			1		39	3									262			1	306	265	99%
BELFAST			1	1		364		1			1		3		378	1		2	752	550	66%
BELMONT VILLAGE			332				1								252			11	596	495	67%
BIRDSALL					20						1				101				122	101	83%
BOLIVAR	1		1				107					1			245	15		3	373	272	39%
BOLIVAR VILLAGE	1						237	1	1	1					531	31		7	810	631	29%
BURNS								83							92			1	176	123	67%
CANASERAGA VILLAGE								109							139			1	249	165	66%
CANEADEA	2				1	80		1			11		524	1	736		3	3	1,362	921	57%
CENTERVILLE											96				141		30		267	162	59%
CLARKSVILLE								1	126	23					237				387	268	33%
CUBA	1			1			1		2	356		4	1		337				703	489	73%
CUBA VILLAGE			1			1			1	507		1			498	1		5	1,015	735	69%
FILLMORE VILLAGE											114	1	1		116		3	1	236	152	75%
FRIENDSHIP	1		27	1		1		2		7	2	146			834			4	1,025	897	16%
GENESEE						1	137		1	1	2			1	284	9		12	448	335	41%
GRANGER	2							1			102		1		121		1		228	148	69%
GROVE								98							96				194	136	72%
HUME						3			1		255		8		294		2	1	564	372	69%
INDEPENDENCE				1										173	97			5	276	181	96%
NEW HUDSON			1			2				114					125		3		245	172	66%
RICHBURG VILLAGE							6	1	1						184	107		2	301	225	48%
RUSHFORD	1		4			7		1			1		12		316		331		673	432	77%
SCIO			2	2								1	2	2	173		1	396	579	505	78%
WARD	25		23											1	29			16	94	73	
WELLSVILLE	3	1	5	10			1	3		2			1	3	570	1		1,521	2,121	1894	80%
WELLSVILLE VILLAGE	5		23	42	2	3	1	4		2	1		7	2	929	3	1	2,660	3,685	3310	80%
WEST ALMOND		7			11	2									85			1	106	86	99%
WILLING				1						1				12	75		1	210	300	270	78%
WIRT							15								203	71		1	290	224	32%
Grand Total	1,003	168	884	540	102	501	509	310	134	1,017	633	155	561	199	9,993	250	376	5,099	22,434		
Highlighted Box = primary coverage for BLS																					

Alfred Ambulance

Current Agency Status

The A. E. Crandall Hook and Ladder volunteer company provides fire and EMS services to Alfred, operating as the Alfred Fire Department and Alfred Ambulance, respectively. CGR spoke with Captain Jane Cochran, who is a paramedic, as well as a Registered Nurse, and who has been with the agency for 16 years.

The A. E. Crandall Fire Department started in 1876 and the Ambulance was started in the 1950s. The agency currently operates at the paramedic level, answering about 400 calls per year. The ambulance is kept at the fire station, which was built in the 1950s and has six bays.

The two current ambulances, one from 2010 and one from 2019, both appear in good condition. The agency has a separate fund for ambulance replacement, on a 15-year life cycle.

Inter-Agency Coordination & Mutual Aid

Alfred Ambulance thinks that 911 Center dispatch is good, although some small improvements could be made to some of the interactions.

Staffing

Current membership is 40 volunteer members, including four EMTs, one AEMT, three EMT-CCs, three paramedics, and 10-12 drivers. Alfred does not use a commercial web-based scheduling program, but has developed a Google Docs that is shared with all members to help fill shifts.

The typical BLS provider is authorized to perform Check and Inject EPI, CPAP, Glucometry, 12-lead EKG, Nebulized Albuterol, and Narcan, among other responsibilities.

The agency relies heavily on students from the local colleges, which remain a good source of volunteers; however, this also results in constant turnover, as experienced members graduate and leave the area. Backfilling the members who are aging out with new members is a continuing challenge. At the end of the 2023 school year, four providers graduated and now are no longer available to the agency.

Alfred Ambulance does not generally have incentive programs, such as LOSAP, per-call incentives, property tax incentives or other benefits.

Training

Training is done via the online CME program.

Funding

The agency has a budget of approximately $92,000 for 2023. Approximately 20% is for purchases of capital equipment and 8% for insurance.

The community is supportive of the agency, which is also publicized by regular articles in weekly newspapers, such as member spotlights or articles on health care, etc. Local elected leaders are also very supportive, even if they do not always understand all of the complex details related to EMS.

The agency does not bill for service, but has contributions from signed contracts with Alfred State College, Alfred University, Village of Alfred, and the Towns of Ward and Hartsville. Local water taxes pay for funding, and the agency also receives funding from Community Chest and private donations.

The agency is not actively pursuing grants, currently.

Areas for County Assistance

Alfred praises the medical director, Dr. Ryder, for being active and accessible and providing training.

The agency thinks the mutual aid process needs to be fixed so that the closest available unit is being used. Although they acknowledge that it can take time for volunteers to respond from home, this is not necessarily more time than it takes other ambulance services to respond when they are coming from the other end of county.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	26	48	61	14	3.8
Early Morning 04:00-07:59	24	14	33	4	1.9
Morning 08:00-11:59	57	69	59	13	5.1
Afternoon 12:00-15:59	58	67	93	19	6.1
Evening 16:00-19:59	50	54	79	20	5.2
Night 20:00-23:59	41	60	68	15	4.7
Total	*256*	*312*	*393*	*85*	*27*

Almond Ambulance

Current Agency Status

Almond Ambulance is currently staffed by one EMT, Captain John Ormsby, who has been with the agency for 40 years. Almond is a village department, through the fire department, and does not currently bill for service. Almond serves areas in and around the Village and Town of Almond and handles an estimated 80-100 BLS-level calls per year. The agency has one ambulance built in 2012. The ambulance is kept at the fire station, which was built in 1972 and has four bays and one office.

The agency is currently in a rebuilding phase after a period of leadership turmoil and membership loss. This has been described as principally due to a former captain and chief that the membership lost confidence in due to issues with their leadership. Reportedly, conflict over County policies on mutual aid and MTS's role answering calls also drove some members away.

Inter-Agency Coordination & Mutual Aid

Almond asserted that response times are a problem and believes it would be desirable to revert to a more traditional mutual aid system, where the closest available unit—for instance, from Hornell—is utilized, rather than giving priority to MTS on calls.

Staffing

Almond reports 20 volunteers on its rolls, of which 17 are non-certified. There are two more members currently in class to become EMTs, for three EMTs total. Almond believes that the interest level is slowly building, with possibly two to three more people who may take the EMT class.

However, the agency is strained by the current service load given its minimum staffing and Almond believes it needs more general support to be successful. While the mayor and village board are supportive, there is little support from state delegation representatives. While previous representatives were described as helpful, the current delegation is reportedly having trouble securing grants, which Almond believes is potentially due to partisan political reasons.

The typical BLS provider is authorized to perform Check and Inject EPI, Glucometry, and Nebulized Albuterol, among other responsibilities.

Training

For EMT training, Almond has been doing the traditional NYS Refresher Course, rather than the CME. Training resources in the area for fire and EMS personnel are limited: Locally, EMS has a training base operated by the County.

Funding

The agency is funded through the fire department and in part by a village budget line, which includes around $2,100 annually for maintenance and supplies, and also by fundraising. The community is described as supportive and fundraising reportedly goes well. The agency just received a DEC grant but has had issues with the paperwork for a recent FEMA grant and believes they are ineligible for a SAFER (Staffing for Adequate Fire and Emergency Response: FEMA-based staffing funding[6]) grant.

Areas for County Assistance

Almond believes a cooperative process among all agencies for determining how to restructure county EMS coverage would yield the best approach to ensuring improved service for residents. Due to Almond's location in Allegany County, Hornell FD for ALS services is closer geographically, but MTS is the agency of choice under the current operating territory rules.

Ambulance Responses

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	9	3			0.3
Early Morning 04:00-07:59	10	2	3		0.4
Morning 08:00-11:59	22	8	2		0.8
Afternoon 12:00-15:59	14	10	5		0.7
Evening 16:00-19:59	22	16	5	1	1.1
Night 20:00-23:59	24	12	3		1.0
Total	101	51	18	1	4.4

Amity Rescue

Current Agency Status

Amity Rescue has been an independent agency since 1969 and currently covers the Town of Amity, the Village of Belmont, and a section of the Town of Ward. CGR spoke with the Captain, Corey Smith, and Assistant Captain Emily Hand of Amity Rescue. Both have had a variety of experience with other agencies, including Wellsville and MTS.

[6] FEMA's SAFER grant for fire department staffing: https://www.fema.gov/grants/preparedness/firefighters/safer.

In 2018, an internal personnel situation affecting the leadership had repercussions including a decline in membership and responding by current members. Since 2021, the agency has begun recovering under new leadership and bringing in more new, younger members.

Amity reports that recruitment has improved and the calls are getting handled. The agency averages about 400 calls per year.

Crews, consisting of an EMT and a driver, are often at the station and are normally available around the clock when they are not working. Amity uses IamResponding.

Inter-Agency Coordination & Mutual Aid

If a BLS crew responds, once they get to scene, they can request ALS assistance. Most calls are downgraded to BLS by a paramedic. If ALS is needed, MTS is sent at time of dispatch and charges $399 per call to Amity under an agreement for ALS Intercept.

Funding

Billing revenue accounts for the majority of funding. Billing is done by Professional Ambulance Billing. Donations and fundraisers (such as a Boot Drive, which raises approximately $2,000) cover the rest.

Amity has a contract with the Town and gets small amounts of tax support from the Towns it serves, including $700 from the Town of Ward and $1,000 from the Town of Amity.

Amity has not been pursuing grants recently, in part because required paperwork has not been kept up to date.

Areas for County Assistance

Amity states that challenges include the lack of grants for key equipment such as stretchers, stair chairs, life pack monitors, radio pagers, and communications equipment that would support digital trucking. Technology such as iPads would also be helpful.

As well, Amity states they have outgrown their current space and are looking at the possibility of relocating to a new building.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	23	16	17	2	1.5
Early Morning 04:00-07:59	18	27	23	2	1.8
Morning 08:00-11:59	53	62	48	15	4.6
Afternoon 12:00-15:59	67	65	78	20	5.9
Evening 16:00-19:59	60	62	51	13	4.8
Night 20:00-23:59	33	64	49	17	4.2
Total	254	296	266	69	22.7

Andover Ambulance

Current Agency Status

Andover Ambulance was part of the local fire department until 10 years ago, when it split and became independent for "cost and sustainability" reasons. They are a paramedic-level ALS agency, covering the Town and Village of Andover, with two ambulances and a flycar. Staffing on the flycar is CC (Critical Care) or higher.

The station, which is just for the ambulance, was built in 2018 and has two bays and an office.

CGR spoke with EMS Captain Laurie VanTreese. She is an EMT and has been working in the agency since 2019. She described the last several years as a tumultuous period of growth for the agency, when it needed to frequently rely on mutual aid for ALS calls and would sometimes run tone to the fourth call, trying to get a crew.

The biggest source of ALS calls for Andover is the local Tall Pines ATV Park, which has 70 miles of trails for ATV use and generates a regular stream of ATV accident calls.

Inter-Agency Coordination & Mutual Aid

MTS is the primary backup for mutual aid, currently, although Andover is hoping that Wellsville can become primary backup. Capt. VanTreese feels that MTS is often too far away to give good mutual aid, and air ambulances from Lifenet and Mercy Flight cannot always get to the area, due to weather. She believes that full staffing at MTS and Wellsville would help alleviate this problem and reduce response time by half. Ms. VanTreese favors returning to a closest-available mutual aid arrangement.

Last year, 59% of mutual aid requests were handled. Many Andover members are mutual members at other neighboring agencies, as well.

In the past, Amity, Wellsville and Andover merged CONs and operated a flycar together. There was a subsequent falling out, with Andover leaving the arrangement and Amity and Wellsville continuing. Amity subsequently dropped down to BLS. Andover would like to reestablish the flycar agreement, if possible.

Andover reports that an increase in mutual aid requests to Steuben County is adding stress on the agency and pulling them away from their primary coverage zone. Andover reports sometimes being required to go significantly inside – "two or three towns deep" – into Steuben County.

Staffing

With a recent change in leadership and an agency reorganization, Capt. VanTreese believes things are currently going better, with more members showing up to meetings, and more staff available and crewing up. Whereas more calls were dropped in the past, she estimates that currently only two to three calls per month will be dropped out of a total of ten to eleven. However, staffing during regular business hours (8 am to 5 pm) remains a challenge.

Out of approximately 65 members on the rolls, there are about 15 active members, with 10 members who are EMT or higher generally making calls. Staffing includes three paramedics, four AEMTs/CCs, one CFR and 29 EMTs.

Training

Staff are initially trained at Crossroads, with preceptors managing in-house training. Crossroads is working on county-wide support for CME, and Ms. VanTreese believes that perhaps half of agencies will opt for Target Solutions as a trainer. To her knowledge, Amity and Wellsville are the only two agencies currently doing 100% online training, through Target Solutions. Challenges to online training in Andover and other places include limited availability of high-speed internet connections in the area.

Funding

Capt. VanTreese describes the community as supportive of Andover Ambulance and its fundraising. The agency receives monthly donations, including from local businesses, and does some fundraising around specific pieces of equipment.

However, Capt. VanTreese reports limited awareness of applicable grants and says that state aid is limited and state legislators are rarely visible in the community or helping to support funding.

The agency bills for service through PAB. Capt. VanTreese believes the finances are in good shape and trending upwards.

There is no LOSAP program or other per-call incentives for members.

Areas for County Assistance

Capt. VanTreese states that the County should pursue implementing a new county-wide mutual aid plan. Additionally, the County could provide Andover with assistance with paying for radios, grant writing services, and records management.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	15	10	3	2	0.8
Early Morning 04:00-07:59	17	20	19	1	1.5
Morning 08:00-11:59	43	40	47	9	3.6
Afternoon 12:00-15:59	43	44	53	7	3.8
Evening 16:00-19:59	52	51	47	9	4.1
Night 20:00-23:59	19	27	17	3	1.7
Total	189	192	186	31	15.3

Angelica Ambulance

Angelica previously had a volunteer ambulance service, which folded and Angelica reportedly gave up their CON operating certificate. MTS took over service via a municipal contract with the Village of Angelica. They asked for the money that had been previously given to support the volunteer service. MTS states that while they received this sum in 2022, they have not so far received it for 2023.

Belfast Ambulance

Current Agency Status

Belfast Ambulance has been operating in the EMS capacity since 1968. CGR spoke with Captain Neal Green. In the 1990s, Belfast began its Paramedic Ambulance program and it soon died out. However, since 2017, Belfast has been in operation with two paramedic ALS Ambulances. Prior to this, Belfast ran a lot of Critical Care volunteers to cover calls. Belfast Ambulance operates under the Belfast Fire District. All its members reside within the Fire District, giving its members the feeling of stake in their home district.

Belfast reports that their numbers are diminishing, resulting in them relying heavily on MTS at the same time they are seeing an increase in call volume. Nonetheless, Belfast Ambulance was able to cover 74% of calls received in 2022. They use ImageTrend to complete their PCRs.

Their current station is shared with the fired department. It was built in 2015 and has two bays and an office. It is owned by the Town and the fire district pays rent for the office and bays.

The two ambulances were built in 2015.

Inter-Agency Coordination & Mutual Aid

Belfast EMS reports to the Belfast Fire Department Chief. Per call received, Belfast requires that one EMT and one Driver be present for a rig to roll out. With what was described by the interviewee as a "scrambled crew", the department uses the "I Am Responding" app to know who is responding to a call received. Once the initial dispatch is received if the minimum staffing to roll out a rig is not met, after 5 minutes another dispatch is sent to volunteers before the call is sent to MTS for mutual-aid. After the Mutual-aid Call to MTS, the agency receives no further communication regarding responses. MTS serves as the primary mutual-aid company for calls Belfast cannot cover.

Considering that Belfast Ambulance has 2 Paramedic Ambulances, they currently use the priority dispatch system to ensure that they are not rolling out ALS rigs to calls where they are not needed. For a BLS level EMS call, after second dispatch (five minutes), one EMT can respond to a call. For an ALS level call, at the time of dispatch MTS will be en route unless they are busy at the time. However, when they understand that a volunteer agency such as Belfast is responding they will cancel their route to the scene.

Staffing

There are 21 volunteer members on the rolls. This includes four non-certified volunteers, 13 EMTs, one AEMT and three paramedics.

The typical BLS provider is authorized to perform Check and Inject EPI, CPAP, Glucometry, 12-lead EKG, Nebulized Albuterol, and Narcan, among other responsibilities.

Belfast stated that they were facing staffing declines at the time of the interview: the youngest member of the staff was 28 years old and many of the elderly volunteers (60+) will soon be aging out from the force. Recruiting younger people is a crucial priority to the outlook and continuation of the Belfast EMS company. This is most apparent currently by the increase in volunteers that are becoming active from the local High School. Belfast wants to retain these students by taking care of them and

not "eating their own". Still with decreasing numbers, in 2022 Belfast Ambulance successfully covered 74% of the 260+ calls received in the year.

All members of Belfast Ambulance currently live within the fire District lines. This has resulted in a sense of pride in taking care of their community and setting up the framework for a working operation. Although staffing is not ideal, volunteers within the company have a lot of skills and can respond to ALS-level calls on their own if need be.

Training

Leadership appeared to be pleased with the training and skillset of the volunteer force. At the time of the interview, the Ambulance Captain indicated that they are transitioning a lot of volunteers from CCs to Paramedics. This means an additional _ hours of training at minimum while still maintaining EMT certification through the CME program. Membership spoke highly of the CME program, which through its online format allows EMTs to do their skills and certifications virtually rather than commuting to a central location. Training takes place once a month and has been spoken highly of regarding retention of volunteers and furthering skillsets.

Funding

Belfast Ambulance is a non-billing agency. Approximately a quarter of their budget comes from tax money, with the rest coming from fundraising. They belong to the Belfast Fire District resulting in a statutory spending limit each year, at approximately $20,000 for 2023. Of this, about a fifth - $4,000 – is spent on insurance. There is no reserve fund for future capital purchases.

If Belfast wanted to bill for their service, they would not receive any additional tax dollars. Due to these limits, Belfast Ambulances are funded from donations and solicitations from its community ranging from $8k - $12k annually. The Towns of Allen and Caneadea have Belfast cover some of their territory in exchange for a small payment, which aids funding to the agency.

Areas for County Assistance

Area for County Assistance include:

- A County-Wide "I am Responding System"
- Setting up a communication line with MTS and volunteer agencies
- Educating Fire Commissioners about EMS Operation, Call Volume and its prevalence within departments compared to Fire
- Assistance with Recruiting
- Ensuring that PCRs are completed for every call

- Clarifying statutory spending limit amounts and uses

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	17	15	19	2	1.4
Early Morning 04:00-07:59	9	14	22	4	1.3
Morning 08:00-11:59	13	29	36	9	2.2
Afternoon 12:00-15:59	16	35	36	8	2.4
Evening 16:00-19:59	31	31	46	9	3.0
Night 20:00-23:59	23	26	35	16	2.6
Total	109	150	194	48	12.8

Bolivar Ambulance

Current Agency Status

Bolivar Ambulance has been providing EMS service for more than 30 years. Captain Vicky Root has been the EMS Captain for a year and a half and has been working in EMS since 2004. The ambulance is kept at the fire station, which has six bays and three offices. The agency's Captain is the only currently active/available EMT. The agency's Lieutenant is currently in training. One other EMT is currently out on medical leave. The agency has an AEMT who also works as a paramedic for MTS but is not actively taking calls.

They use IamResponding and ESO Charts.

Inter-Agency Coordination & Mutual Aid

Bolivar estimates they have 24 mutual aid calls every two weeks and characterizes this as a strain that is leading to burnout.

For ALS calls, Bolivar states that 90% are ALS intercepts, and that they would like MTS to come at the first tone.

Staffing

Recruitment and retention remain challenges. There is currently one active EMT and one AEMT.

Funding

Bolivar is not yet billing for service, but they are working on establishing billing through the fire department. Resources remain tight, with the agency working hard to make sure they are not overspending on supplies and only ordering what the department needs. The agency does fundraisers and describes positive community support.

Areas for County Assistance

Bolivar would be aided by anything the County can do to help with recruitment and retention of volunteers. As well, County help in pursuing grants would be useful.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	6	3	6	2	0.4
Early Morning 04:00-07:59	9	4	6	8	0.7
Morning 08:00-11:59	38	38	24	21	3.1
Afternoon 12:00-15:59	40	41	33	18	3.4
Evening 16:00-19:59	40	55	34	12	3.6
Night 20:00-23:59	40	17	15	9	2.1
Total	173	158	118	70	13.3

Canaseraga Ambulance

Current Agency Status

The ambulance is part of the fire department, Canaseraga Fire and Rescue, which is a village department. Canaseraga Fire Department started in the 1970's. The Lion's Club separately started the EMS service, which the Fire Department acquired in 1984.

Canaseraga currently operates two BLS ambulances and covers much of the northern end of Allegany County, including the Towns of Burns and Grove and the Village of

Canaseraga. They estimate receiving around 225 calls per year, and dropping about 70 calls, annually.

CGR met with EMS Chief William Crubaugh and EMS Captain Quincy Lightfoot. Chief Crubaugh has been Chief for 10 years, was previously Captain for 10 years and has been a fire department member since 1986. He also currently works at Dansville Ambulance and Mount Morris EMS as paid staff. Captain Lightfoot has been a fire department member for four years, and an EMT at Canaseraga for one year.

Like other volunteer agencies, Canaseraga reports struggling on a number of fronts, especially with lack of volunteers. They state they may have no more volunteers in five to 10 years. Calls have been increasing while fewer members have been participating.

Canaseraga's medical director for the past two years has been Dr. Aaron Farney.

Inter-Agency Coordination & Mutual Aid

In past years, for some ALS calls, depending on the location and the transport needs, Canaseraga would at times rely on Livingston County agencies due to many transports going to Noyes Memorial Hospital in Livingston County. Now, Canaseraga must rely on MTS due to the CON conditions. They feel this results in increased response time, especially when MTS units are coming from the southern end of Allegany County.

Staffing

Ambulance staffing is 100% volunteer. There are 66 members on the roster. However, only eight are EMTs, and currently three are doing the majority of the work.

There are no special volunteer incentives, such as a LOSAP program, etc., through the agency, although the volunteers are eligible for the $200 income tax credit.

Training

Training is done via the CME program, but is not done 100% online, as they report that using the NYS CME portal can be difficult.

Funding

The agency gets municipal funding as a village department and has contracts with local towns, typically for three-year periods.

Canaseraga's total budget is limited to $70,000 for everything needed. General inflation and inflation specific to emergency apparatus and equipment are both

severely impacting the budget. The fire department requires funds to replace an aging tanker and, which limits what may be available for EMS purposes.

Local government support for the agency is strong. The current mayor is a member of the fire department Likewise, community support is reportedly strong. A variety of local fundraisers are held, including a BBQ, Boot Drive, Demo Derby and Pancake Breakfast. The Lions Club also provides funding. The agency has not been pursuing other external grants.

Areas for County Assistance

Canaseraga would like the County to consider issues with mutual aid policies and the possibility of utilizing the closest available units. As well, they believe that better information on MTS's locations should be passed on to local agencies.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	4	9	2	2	0.4
Early Morning 04:00-07:59	7	13	5	2	0.7
Morning 08:00-11:59	5	17	21	5	1.2
Afternoon 12:00-15:59	15	17	28	11	1.8
Evening 16:00-19:59	22	37	32	17	2.8
Night 20:00-23:59	12	17	16	5	1.3
Total	65	110	104	42	8.2

Clarksville Ambulance

Current Agency Status

Clarksville Ambulance has been in service for just under 20 years. CGR spoke with Captain Gordon Maker, who, like some other members, started working with the Clarksville Fire Department, which is a separate organization under the same roof.

Clarksville describes as the agency as "not very busy," with under 100 calls per year. He states they are "probably 50/50" on ALS intercepts.

Inter-Agency Coordination & Mutual Aid

Cuba supports Clarksville with two to three members out of Cuba.

Captain Maker expressed frustration with the mutual aid rules that prohibited toning neighboring agencies before MTS, but stated that he likes MTS overall.

Staffing

In general, Clarksville is finding it challenging to find people with the time and interest to become members. Currently, the agency has six EMTs: two basics, one AEMT, three to four CCs.

Training

Capt. Maker states that the training requirements are a barrier to people becoming EMTs. He serves on the County advisory board for training and believes the County is moving in the right direction with its training initiatives.

Recently, Clarksville Ambulance and the Fire Department have been doing more combined training. The Ambulance and Fire Department now share notification of ECHO calls and firefighters help with some lift assists. Firefighters are a younger average age than ambulance staff, and Mr. Maker believes that the cross-exposure has some interested in becoming EMTs.

Funding

The Town of Clarksville has the CON and does the billing, contracting with Clarksville Ambulance. Money from the general fund pays for the annual contract of roughly $13,000. The contract amount is increased by about 2% each year.

Areas for County Assistance

There are a few areas where the County or State authorities could give assistance.

Clarksville states that communication from the 911 center could be improved: better information on the seriousness of the calls, whether ALS or BLS, would be helpful.

Also, grant-writing assistance from the County would be helpful.

Finally, Clarksville thinks that stipends for EMS and Fire from the state would be a good thing to get. More than $200 a year would be good in that it might possibly help nudge some borderline people to volunteer. However, the property tax abatement is not necessarily effective as an incentive, because local property taxes affecting members tend to be low.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	1	2	3	1	0.2
Early Morning 04:00-07:59	2	3	6	1	0.3
Morning 08:00-11:59	11	12	3	0	0.7
Afternoon 12:00-15:59	5	10	5	0	0.5
Evening 16:00-19:59	13	10	15	1	1.0
Night 20:00-23:59	10	9	10	1	0.8
Total	42	46	42	4	3.4

Cuba Ambulance

Current Agency Status

CGR spoke with agency Chief Aaron Appleby, who is an EMT-CC and a member of the Cuba FD. Chief Appleby has been working on Cuba emergency services for 16 years.

Cuba's ambulance was originally part of the Cuba police department, but converted to its own agency sometime in the 1980s. Cuba estimates receiving about 400 calls per year.

There are two ambulances, one built in 1998 and the other in 2000.

Challenges include the loss of potential volunteers as local employers, such as Acme Electric and Great Lakes Cheese, relocate and close down local facilities. Great Lakes Cheese is relocating their operations to Cattaraugus County. This could have an effect on manpower for both the Fire Department and EMS.

Likewise, the agency is being challenged by an increase in local mental health calls, which have to be transported to Olean for psych evaluations, and "nuisance calls" from local low-income patients who are not having genuine emergencies but lack basic transportation to doctor's offices and urgent care facilities, and so choose to call the ambulance, instead.

Dispatching & communications

Interactions with the 911 Center are described as good, overall.

All calls to volunteer members are done by pager, there are no duty crews at the station. As the station is at the former school in the bus maintenance garage, there may not be sufficient facilities for crews even if they were able to be on-duty.

Inter-Agency Coordination & Mutual Aid

Cuba staff states that MTS plays an essential role in providing EMS care, but believes that issues over how mutual aid is given have to be addressed in order to provide the best patient care.

Staffing

Cuba currently has 23 members, including six non-certified volunteers, 12 EMT's, and four EMT-CCs, with the remainder being drivers or administrative help. While the top staff are currently practicing at the EMT-CC level, they are not sure if they will be able to upgrade to the Paramedic level. They believe there is a slow increase in interest in becoming an EMT, with two to three more individuals likely to take the EMT class in the near future.

The typical BLS provider is authorized to perform Check and Inject EPI, CPAP, Glucometry, 12-lead EKG, Nebulized Albuterol, and Narcan, among other responsibilities.

Cuba uses a pay-per-call process in which members are paid monthly after a submission of a monthly run sheet and voucher. Members get 1099 forms at end of year. The Chief receives $275/month, in addition to pay per call for attending Town Board meetings and other administrative duties. There is not a property tax abatement currently, although the County is looking into it.

The pay schedule is as follows:

Position	Pay Rate	Notes
ALS Tech	$33.00	If the patient is transported or care provided at scene such as a "diabetic wake up" or field termination.
EMT	$28.00	Response and transport to hospital.
Driver	$28.00	Response and transport to hospital.
Refusals	$14.00	Applies to all crew members.
Fire Call	$14.00	Cuba Ambulance responds on certain fire calls (Automatic Alarms, Structure Fires).
DOA	$14.00	
Games	$14.00	Local standbys

Position	Pay Rate	Notes
Functions	$5.00	PR events and such
Sign In	$3.00	If unable to get a full crew.
Cancelled Call	$3.00	

Training

Training is done via an online CME program.

Funding

The agency is a Town department and the agency head regularly attends Town Board meetings. However, staff report not having much interface with state assemblypersons or state senators.

Cuba operates on a fee-for-service model that covers annual costs and uses Medex Billing. The Town handles the billing administration and the departmental bookkeeping.

Revenues are remitted to the Town's general fund and the agency submits annual budget requests for its operating costs. Revenue from service fees that has flowed into the Town's general fund has also helped pay for equipment for other departments, such as police and public works. The agency would like some of the surplus funds to be placed in a reserve for EMS capital purchases (ambulances, monitors, etc.)

Cuba does not have regular fundraising events, so finds it difficult to gauge the level of community support.

In general, Cuba does not pursue grants due to their complexity, ineligibility for AFG grants, and the fact that state assemblypersons and senators do not have funds to share as they are in the minority, presently.

Areas for County Assistance

Cuba believes the mutual aid process needs to be improved and is looking for the County to determine what can be done to make it better.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	23	22	20	4	1.8
Early Morning 04:00-07:59	14	26	16	8	1.6
Morning 08:00-11:59	49	72	88	19	5.8
Afternoon 12:00-15:59	71	80	77	25	6.5
Evening 16:00-19:59	64	81	76	13	6.0
Night 20:00-23:59	61	49	52	19	4.6
Total	282	330	329	88	26.4

Fillmore Ambulance

Current Agency Status

Fillmore's fire department started in 1887 and the ambulance service started sometime in the 1960's. CGR met with EMS Captain Richard Bentley and EMS 2nd Asst. Captain Stacy Henry. Capt. Bently works in both fire and EMS. He has been with the agency for 42 years, previously as an EMT and now as a CFR. 2nd Asst. Capt. Henry works only in EMS and has been an EMT member for six years.

Fillmore describes facing the same challenges as many other volunteer agencies. Call volume is increasing, but there is a simultaneous decline in the number of members and their availability, especially with the younger generation not getting involved to the extent that older generations have been. As well, a decline in local industry is having various impacts on the town. Another way it is addressing the membership challenges is by allowing EMS only members.

Fillmore currently staffs two ambulances, but believes that costs and staffing challenges could push them toward only one unit in the future and potentially put the entire operation in doubt.

Fillmore reports having approximately 225 calls per year and about 70 dropped calls.

Fillmore uses EMSCharts.

Staffing

The agency has 25 volunteers, five of whom are non-certified, 20 of whom are CFR, and 12 of whom are EMTs.

Members can be EMS only, without having to be part of the fire department. Members are not crewing the station and are not assigned specific shifts, but instead respond to pager calls.

Members do not get any special incentives beyond the standard $200 per year tax credit.

Training

Life-Net is providing training to agency at no cost, which reportedly is very helpful.

Funding

Fillmore is an independent fire department that has contracts with local towns for coverage, as part of their annual budget process, which provides a guaranteed income stream and has worked well, so far.

The community is described as supportive and the local elected leaders work well with agency. Local fundraisers, such as a meat raffle, are conducted. While the fire department pursues fire grants, it does not pursue EMS grants, because there are few available that they know of.

Fillmore is not currently billing, a subject of some contention in the agencies as members debate the pros and cons of additional revenue vs. upsetting residents.

Areas for County Assistance

Fillmore needs new members to backfill older retiring members, and anything the County can do to aid that effort would help. As well, Fillmore suggests that the 911 Center could provide more information when dispatching a call, especially providing updates.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	24	22	20	3	1.8
Early Morning 04:00-07:59	29	12	15		1.4
Morning 08:00-11:59	45	20	15	4	2.2
Afternoon 12:00-15:59	66	33	30	5	3.4
Evening 16:00-19:59	57	49	56	9	4.4

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Night 20:00-23:59	38	38	42	6	3.2
Total	259	174	178	27	16.4

Friendship Rescue Squad

Current Agency Status

CGR spoke with Russ Hall, the current Town Supervisor and a former EMS Captain for 15 years. Supervisor Hall is no longer an EMT. The Town of Friendship has been providing EMS since 1970; prior to that point, it was provided by the local funeral home. Friendship Rescue Squad is a municipal EMS agency and a Town department and covers the 49 square miles of the Town of Friendship.

Friendship faces a trend of fewer local members available and more of the members also belonging to other agencies in the County, such as MTS. With the shortage in personnel, Friendship projects that it will still be providing service over the next decade, but may have to reduce to one ambulance from the two current ambulances.

Call coverage is a challenge. With about 300 calls in the area annually, Friendship estimates it is currently covering 10-20% of them.

Friendship is especially concerned with the possible strain on response of having to deal with multiple calls or a large or mass casualty incident (MCI), which has fortunately not happened in many years.

While the community and the Town Board is supportive of the agency, there is concern over long response times. As well, some community members have expressed concern with MTS ambulances passing through Town on the main thoroughfare at what they believe are potentially unsafe speeds.

Staffing

The staff is 100% volunteer and responds from wherever they are when they are toned by County dispatch. There is no sign-on system that would let dispatch know who is responding.

Like other agencies, Friendship is facing a lack of personnel to provide service. There is a limited pool of qualified EMT personnel in the county to draw from.

Lately, Friendship has not had good call coverage as one member who handled many of the calls has not been available.

However, on the positive side, there is new energy in the agency with the addition of two new applicants.

Training

Friendship does not do its own CME. Members belong to other agencies and complete CME through those agencies.

Funding

About 50% of the budget comes from local taxes and the Town's general fund: about $30,000, annually. The remaining 50% comes from fees for service. Friendship utilizes Medex Billing. Friendship has not recently been pursuing grants.

Areas for County Assistance

Friendship supports the County taking the lead to study EMS service. They believe that something must be done to produce more volunteers – perhaps an incentive like the 10% property tax exemption or LOSAP. Friendship also supports an examination of whether Mutual Aid can be performed better to allow for more interagency usage.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	6	5	3		0.4
Early Morning 04:00-07:59	4	1	2	1	0.2
Morning 08:00-11:59	8	4	6		0.5
Afternoon 12:00-15:59	18	11	10	1	1.0
Evening 16:00-19:59	23	11	11		1.2
Night 20:00-23:59	13	6	11	1	0.8
Total	72	38	43	3	4

Houghton Ambulance

Current Agency Status

CGR spoke with Asst. Captain Tom Sampson, who is a member of the Ambulance Service Board and a Paramedic (RN) in Houghton. He been a member of the

department since 1989 and was an EMS captain in the past. Houghton is an AEMT-BLS-level agency.

The agency was originally part of the fire department, but split about eight years ago to allow the agency to start third-party billing. Members of the ambulance agency are still generally also fire department members. There are ongoing discussions about how exactly the relationship between the fire and EMS agency should be structured.

Houghton describes itself as challenged by a lack of volunteers and small staff numbers and states that recently they have not fulfilled 80% of the calls they were dispatched to. Likewise, more than half of the current drivers are retired people who are getting to an age where they will not be able to respond. Houghton feels that the current system does not allow for neighborly collaboration the way it did in the past.

There are no active volunteers younger than 30 and they do not readily see an obvious candidate to be the next captain.

The agency believes there will need to be an increasing and high percentage reliance by Houghton on a public or public/private paid entity as a backup for diminishing volunteer agency capacity. Even if more volunteers start joining, they do not believe they will be able to consistently cover calls.

While the agency has considered various volunteer incentives, they have not enacted any, due to the potential expense and administrative burden. The need to save money to replace the ambulance limits the amounts available for anything else.

There was previously a set schedule for crews, but now this has changed to responses and crewing based simply on member availability.

For communication, a member built a system that is similar to IamResponding, but it does not broadcast availability or responses to the County.

They use EMS Charts.

Inter-Agency Coordination & Mutual Aid

Houghton believes that the mutual aid system needs to be improved to allow county-wide mutual aid.

Staffing

There are currently nine volunteers on the rolls, including a mix of community members and students. Five volunteers are not certified. There is one EMT, one AEMT and two paramedics. Of the six drivers on the rolls, three are regularly available.

One significant change from past years is the disengagement of the student population from Houghton University. In the past, between 5-12 non-first year students per year were an integral part of the agency and could take an EMT training class at Houghton and receive class credits for volunteering. Currently, students appear less interested in the EMT class. As well, students and staff from the university are no longer allowed to leave jobs or classes to respond.

Houghton previously had a paid director of operations, an arrangement that worked until the individual had children and could only volunteer part-time.

Funding

The agency has a stable, supportive board of directors who themselves were part of the agency and have experience as providers. The agency reports having very little interaction with the Town board.

MedEx does the billing

Areas for County Assistance

In general, Houghton is in favor of a county-wide EMS system and a rebooted county-wide mutual aid arrangement.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	9	10	9	3	0.8
Early Morning 04:00-07:59	15	30	11	7	1.6
Morning 08:00-11:59	53	56	33	7	3.8
Afternoon 12:00-15:59	47	45	29	4	3.2
Evening 16:00-19:59	46	33	37	9	3.2
Night 20:00-23:59	24	26	22	2	1.9
Total	194	200	141	32	14.5

Independence Ambulance

Current Agency Status

Organized in 1978, the Independence Emergency Squad Ambulance has been operating in Allegany County at the BLS level for 45 years. CGR met with the Ambulance Captain/President of the Agency, Dennis Graves, to discuss the status of the agency in 2023. Independence responds to all BLS calls with a single BLS Ambulance. This results in "limited resources" for Independence; however, they make do with what they have.

For ALS Calls, by contract Independence is to tone to MTS for service. If MTS is unavailable, Wellsville's ALS response is next. Independence Ambulance disclosed that they are able to respond to all calls within their district but do not have the capacity to be covering calls in Steuben County and Northern Pennsylvania, as they once did. The Agency stated that, over the last five years, there has been an increase in staffing, which has made the Agency sustainable for the near future. In 2022, the agency responded to 135 calls.

Inter-Agency Coordination & Mutual Aid

As stated previously, Independence ambulance operates at a BLS capacity. If they cannot respond to a call, they tone MTS, then Wellsville Ambulance as needed. In past years, the Ambulance reported that almost 50% of calls received were out of county mutual aid to either Steuben County or Northern Pennsylvania. As of now, due to staffing numbers and volunteer response rates, they have are selectively declining mutual-aid calls in order to cover 100% of calls within the town of Independence.

Staffing

The Independence Emergency Squad reported 25 members, including 5 EMTs. The Agency recognizes that currently, it is a bit of a struggle getting volunteers to show up. The Ambulance Captain and his wife reportedly respond to "99%" of calls, with an additional volunteer who makes 50% of calls on average. If needed, the Fire Department will supply a driver to ensure that a call is covered appropriately.

Training

EMT training and maintaining certifications is an issue. If members struggle to keep up with their CME certifications, their status within the agency is reduced to a "social member" who cannot respond to a call. Compared to the past, training has become more strenuous and requires more hours, making it more difficult to keep up with. These requirements are impacting their members and reducing the ability for members to remain in good standing to respond to calls.

Funding

Independence is an independent, billing EMS agency. Covering three municipalities (Towns of Independence, Willing and West Union), the Independence Ambulance receives a cost-of-readiness subsidy of $14,000 from Independence, $1,000 from Willing and $3,500 for the Town of West Union, annually. Additionally, all patients are billed for service. With billing revenues alone, they are a self-sufficient, self-sustaining agency that can cover its own costs. Other funds come in the form of annual fundraising and applying for various USDA grants and low interest loans to the agency.

Areas for County Assistance

The Ambulance Captain notes that an area for County Assistance would either be the County taking over EMS Transports or the County garnering a Certificate of Need for all of Allegany County and transitions to a County EMS service.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	6	12	15	2	0.9
Early Morning 04:00-07:59	9	8	14	2	0.8
Morning 08:00-11:59	19	24	24	4	1.8
Afternoon 12:00-15:59	20	21	21	7	1.8
Evening 16:00-19:59	21	21	13	4	1.5
Night 20:00-23:59	10	8	10	1	0.7
Total	85	94	97	20	7.6

Medical Transport Service Ambulance

Current Agency Status

CGR met with Scott Lanphier and Dan Marsh of Medical Transport Service, commonly known in Allegany by its initials – M.T.S. Today, MTS provides ALS/BLS 911 services throughout Allegany County and is the only agency to have a NYS Ambulance Operating Certificate covering the entire county.

MTS started in 1979 simply providing medical transports, as its name implies. In the mid-90's, it began providing ALS interfacility transports, which are still done at the

paramedic level. It retains an agreement to use nurses from the hospital during the interfacility transports, although this is rarely done. MTS started providing a flycar in the early 2000's, initially staffed on a convenience basis by available office staff, but staffed on a 24/7 basis starting in 2010. MTS normally staffs three ambulances 24/7. The primary staffing model is all ambulances are ALS level service, but with the challenges with EMS staffing that is occurring, it is not always possible.

For BLS calls in Rushford or Fillmore, patients may be transported to Wyoming County Medical Center in Warsaw, NY.

MTS is a member of UNYAN, the United New York Ambulance Network[7], a trade association for private/commercial ambulance services.

Patient care and tracking

MTS had 4,162 patient transports in 2022. In the past, MTS was only tracking billable calls, but is now trying to track both billable and unbillable calls. In 2023 so far, about 30% of calls did not generate a Prehospital Care Report (PCR). MTS reports 1,100 cancellations last year .

MTS's tracking system can generate multiple run numbers for one call. For instance, if sending a BLS truck and an ALS resource, this generates two run numbers. A supervisor would be a third run number. MTS is working to straighten this out to better track how resources are dispatched.

In motor vehicle accidents (MVAs), when only ground units are being used (i.e., no air ambulance), ALS units are called in for transfers.

Data goes to STEMS (the Southern Tier Emergency Medical System), 90% of which is done on EMS Charts (Belfast and Andover use something else)

Rob Wicelinski, an ER doctor at Olean and Elmira, regularly reviews the charts and consults with MTS staff by phone, when needed.

Equipment and operations

Equipment

The EMTs have just been equipped with advanced i-Gel airway resuscitation kits and are the first agency in the area to have them.

Vehicles

MTS has seven ambulances and three flycars (EASVs), in total. They state that vehicles are frequently in the shop for repair, including for lots of deer hits.

[7] UNYAN's website: https://www.unyan.net/

Currently, three ambulances are staffed 24/7 to handle the call load. MTS states they are edging towards needing four, but the fourth is not fully needed, yet. Crews serve in staggered 12-hour shifts and the three ambulances are staged around the county: one in Angelica, one in Friendship and one at the Quicklee's Truckstop at the crossroads of Routes 19 and 86.

Dispatching & communications

MTS uses MOTOTRBO Solutions radios on UHF, while the County is on VHF. To deal with this incompatibility, MTS includes VHF radios in every unit. The radio coverage. on a commercial repeater system, covers local areas and extends as far as Buffalo, Rochester and Erie County.

MTS internal dispatch answers a standard 10-digit line rather than 911. There is no Emergency Medical Dispatch system in MTS's station, but the vehicles are tracked with CAD (computer-aided dispatch) and GPS (through the Zubie platform), and the position data is sent to the County's 911 center. MTS is the only EMS agency with GPS functionality in the County. The CAD shows ambulance disposition, staffing and ALS/BLS. iPads in the ambulances connect to the CAD, which interfaces with EMS charts and Apple Maps.

MTS calculates that their response time from time dispatched to time on scene averages about 17 minutes, but can sometimes take up to 30 minutes.

MTS states that for responses where the ambulance is not on the road within a minute of receiving the dispatch, a review is initiated.

Inter-Agency Coordination & Mutual Aid

MTS estimates it receives roughly 20 mutual aid assists per year, from other agencies when it is unable to cover its own calls. It estimates that it gives substantially more mutual aid to other local agencies. For non-flycar ambulance mutual aid given, they report 1,822 mutual aid calls given for 2022, and 537 given for 2023 by the beginning of May.

MTS believes that they are providing essential coverage throughout the region at a time when volunteer coverage is inconsistent and volunteer numbers continue to dwindle, as needed credentials and training continue to rise.

MTS points out that the current generation of volunteers is old and there is not a clear next generation of volunteers. Many agencies struggle at times to provide a full crew (EMT and driver) to respond to calls. For example, MTS staff state that some surrounding communities are only able to crew up their volunteer ambulances for about half or less of the calls they receive. For instance, Angelica's volunteer ambulance service folded, and responsibility passed to MTS. In 2010, according to

MTS, it could take an hour for a volunteer-run transport ambulance to arrive, so they were helping to fill that gap.

MTS believes it has to work on its own to proactively address gaps for service without waiting until other agencies manage to figure out some kind of solution to their own issues and the overall volunteer reduction problem.

For mutual aid, MTS stays in touch with Belfast, Wellsville, and Trans Am, a private ambulance service out of Olean, to provide backup mutual aid when needed.

Staffing

MTS's current staff includes 10 CCs and five paramedics. They describe recruitment as getting better: there are reportedly lots of people willing to take EMT classes. However, it is difficult to recruit ALS providers, based on limited ability to pay premium wages, given MTS's 70% Medicare/Medicaid mix.

In spite of this difficulty, they report not losing many ALS providers, except to E5 Staffing in Wellsville. All of those who left remain per diem at MTS.

Wages

MTS has increased wages over the past few years, and reports that with minimum wage increases, the payroll has climbed $250,000 in the past few years. But they have not been able to recover additional costs from payors.

Starting wages by position are:

- Drivers: Starting at minimum wage
- EMT: Starting at $14.70.
- AEMT: Starting at $16.20.
- CC: Starting at $16.75
- Paramedic: Starting at $18.75 for no experience.

Experience adds a wage premium.

Healthcare is 100% employee contribution. For a single person, Blue Cross can cost $150/wk and a lot of younger medics are reportedly choosing to stay uninsured.

Training

MTS reports that Allegany County has been providing funding for up to 10 people to take classes for paramedic training and certification, every two years. The funding covers tuition and books and is not a personal stipend or "Earn as you learn"-type

incentive. This was previously funded with a combination of ARPA funding and local budget funding, there is no additional funding for this in the 2024 budget.

Funding

MTS reports that readiness costs are exceeding receivables and that to continue service throughout Allegany County, they will need municipal funding. While MTS has contracts with municipalities including Angelica and Birdsall, they state that these have been slow to pay the contracted amounts for 2023, leaving budget holes.

As a for-profit company, MTS is not eligible for many grants that are available to non-profit EMS providers.

Billing mix

MTS uses Multimed Billing, out of Syracuse. The payer mix is about:

- 56% Medicare; Allegany is designated as "super-rural" for Medicare billing purposes;
- 12% Medicaid;
- 8% of calls are for the VA (Veterans' Administration);
- 9% of billings are commercial insurance, primarily Blue Cross;
- 5% is from automobile insurance; and
- 2% is self-pay.

MTS built "profit centers", based on separate location codes, for all the townships and hospitals into its billing in 2022.

Areas for County Assistance

In general, MTS believes that the best step the County can take to increase EMS sustainability is to renew MTS's contract on terms that provide long-term financial sustainability for MTS and allow them to continue serving county residents and backstopping local volunteer agencies.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	248	279	303	76	23.2
Early Morning 04:00-07:59	323	397	385	113	31.2
Morning 08:00-11:59	615	778	727	177	58.9
Afternoon 12:00-15:59	576	714	750	171	56.7
Evening 16:00-19:59	551	627	678	177	52.1
Night 20:00-23:59	398	435	479	108	36.4
Total	2,711	3,230	3,322	822	258.6

Richburg Ambulance

Current Agency Status

CGR spoke with Captain Deb Lynch from Richburg. The agency provides AEMT coverage to the Richburg Fire District and the Village of Richburg.

There is a feeling that things have been mixed in the last several years. While retention is good and about half of EMTs have joined in the last five years, there is a feeling among agency veterans that the agency is not as close-knit or "fun" as it used to be. Leaders in both Fire and EMS have been lost and Richburg described the system as "faltering". As well, there has been previous internal tension between members that led to bad feelings and hurt the previous tight-knit atmosphere.

There is a desire to identify the next Captain and rebuild the "family" atmosphere that was formerly in place.

The agency uses EMS Charts.

Staffing

There are 12 EMTs, including nine in the district. For BLS calls, a driver and one to two EMTs respond, depending on the call. ALS calls are automatically sent for an MTS response.

Training

Education is described as not being a barrier, with people ready to reach out to the agency instructor at the County as needed.

Funding

Richburg is currently non-billing, but expects to put a billing process in place soon.

The agency has a $3,000 budget. Sources of income include the Village, Commissioners, and donations.

The community is very supportive of the agency. Donations are solicited by mail and receive a generous response.

Although the agency formerly pursued EMS grants, it reports not having done so recently.

Areas for County Assistance

Areas for County assistance could include support pursuing grants and support in encouraging volunteerism.

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	5	6	1		0.3
Early Morning 04:00-07:59	7	4	3	1	0.4
Morning 08:00-11:59	12	17	7	5	1.1
Afternoon 12:00-15:59	19	13	15	2	1.3
Evening 16:00-19:59	31	19	17	6	1.9
Night 20:00-23:59	31	14	14	6	1.7
Total	105	73	57	20	6.5

Rushford Ambulance

Current Agency Status

Rushford Ambulance has been conducting EMS service since 1969. CGR met with two department personnel. The Rescue Chief, Chris Armison, has been with the agency for 10 years and in EMS since 1969.

Rushford Ambulance self-reports that they are a growing agency of about 20 volunteers including around 12-15 EMTs on staff. All services provided by Rushford Ambulance are conducted at the EMT level.

The ambulance, built in 2018, is housed at the fire station, which was built in 1994 and has one bay and one office.

Inter-Agency Coordination & Mutual Aid

When a call is received, Rushford ambulance requires two EMTs and a driver on every call; if two EMTs cannot get to the station, one EMT and a driver will head to the scene and the other EMT will meet them at the scene. To coordinate the roll-out, members use a group text message and/or Bryx to relay info about service calls. With this method of operation, Rushford reports they are now able to cover more of their own calls and increase dispatch.

Although Rushford Ambulance has restrictions on the local aid they can provide, based on the CON that MTS holds, the Town of Fillmore owns the Certificate of Need for the Town of Centerville. When a call comes in, their volunteers must head to the Rushford Town Fire Department to get an ambulance rig to conduct service.

Staffing

At the time of the interview, staffing was not an issue within the Department. There are 19 volunteers, with five non-certified volunteers, two CFRs, 10 EMTs and two AEMTs/CCs.

In the last five years, they have been able to retain membership and meet their Call Coverage goals. Reportedly, most of the Rushford Ambulance Volunteers are between the ages of 25 to 40 years old. Considering the age ranges for the staff, Rushford leaders expect that longevity of the current volunteers will serve as a strength for Agency operation. It is important to know that drivers of EMS apparatus are separate from the EMS Agency and are a part of the Fire Department. To drive, a volunteer must be an EMT or have a CPR certification.

The typical BLS provider is authorized to perform Check and Inject EPI, Glucometry, Nebulized Albuterol, and Narcan, among other responsibilities.

Training

A major concern of the department is that there is not a pool of EMTs to pull from in the community and that the training required to become an EMT has been a major barrier to membership. Getting people through EMT class has been a challenge due to the number of hours needed, its impact on everyday activities, and simply burnout. However, after an individual gets through the EMS class the process of maintaining their EMT status is described as easy due to the AME process and online CME certification.

Funding

Rushford Ambulance is a non-billing agency. If it were to become a billing agency, the department would have to separate from the Fire department/district and become a self-sufficient, self-run entity. The department receives $6,000 annually from the fire commissioners, of which $3,000 is directed to line items. The Towns of Centerville and New Hudson pay the agency to use their Ambulance Apparatus.

For capital needs, the EMS agency must submit a request to the Fire Department and the Fire District/Commissioners. Other funds include the AFG grant (which paid for both a new power stretcher and power-loader for the EMS department) and general fundraisers, such as donations and dinners.

Areas for County Assistance

The only reported area for County assistance is related to mutual aid. The interviewee said, "We would like to work with our neighbors [New Hudson and Centerville] across the lines. As it stands, if a call is made by a resident to an Allegany County EMS agency and that agency cannot cover the call, agencies are prohibited from toning neighbors and must tone MTS, who may or may not request mutual aid."

Ambulance Responses

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	14	9	11	2	0.9
Early Morning 04:00-07:59	9	12	14	3	1.0
Morning 08:00-11:59	22	16	24	4	1.7
Afternoon 12:00-15:59	22	26	21	2	1.8
Evening 16:00-19:59	28	29	30	9	2.5
Night 20:00-23:59	20	19	30	4	1.9
Total	115	111	130	24	9.7

Scio FD

Current Agency Status

Scio Fire Department is a volunteer agency that reports they are the only NYS-certified Basic Life Support First Response (BLSFR) Agency in the County. They became BLSFR in 2016. They do not administer aspirin, Albuterol or Narcan, but can administer Epi Pens, but not Check & Inject.

CGR spoke with EMS Captain Kevin Cook, who has been an EMT for five years.

Scio receives approximately 150 EMS calls annually and covers 100-110 of those.

The biggest challenge is availability of personnel, especially in the daytime. With a lack of local industry for jobs, people drive to other areas for work.

On the positive side, Scio's overall response is slightly better than it was a couple of years ago. They have expanded with staffing and are handling more calls, including more transports to hospitals.

The agency still uses paper charts.

Inter-Agency Coordination & Mutual Aid

Wellsville is primary ambulance serving the Scio area. A couple of Scio members are also Wellsville members. At times, if there is call in district, they notify Wellsville they can make up part of crew. A paid paramedic then responds with ambulance.

MTS serves as backup to this system and Scio says they have had some issues with responses.

In general, Scio reports that interactions with the 911 Center are positive, but they have had some issues with not being dispatched to calls and sometimes getting some "attitude" when they report they are responding.

Staffing

Membership has varied up and down, but currently hovers around 40 members. This includes five EMTs and two CFRs. There are no set shifts and no sign-on system, and members use pagers for notification.

Training

Any training costs are covered by the fire districts.

Funding

Scio reports no funding issues and says the fire district provides sufficient funding and the fire commissioners make sure that what is needed is available. They generally do not pursue grants.

Wellsville Ambulance

Current Agency Status

Wellsville has been providing EMS services since 1966 as an independent agency. They are the second-busiest agency in Allegany County, with approximately 2,075 calls, annually. CGR spoke with a group of staff members, including Chief John Fleischman and Asst. Chief Lucas Greene.

Wellsville staffs three ALS ambulances (built in 2014, 2016 and 2019, respectively), one Emergency Ambulance Service Vehicles (EASV) from 2014, and one light rescue and one heavy rescue equipped to perform high- and low-angle rescues, trench recoveries, auto extrication, building collapse, water/ice rescue, etc. The heavy rescue can also be used as a "command Post" for any agency that requests it. It does not generally attend structure fires, and Wellsville Rescue does not provide FAST / RIC team services.

The station was built in 1980 and has five bays and seven offices.

Despite facing continuing challenges around volunteer staffing, Wellsville feels things are recently going well due to the expansion of staff leasing from E5. This has allowed them to handle more calls and more transports.

Inter-Agency Coordination & Mutual Aid

In a cardiac call for mutual aid, the paramedic leaves immediately to join the call. Otherwise, response to mutual aid depends on the call and the crewing. One agency or the other can call the other and let them know whether to start care.

Wellsville states they have a good relationship with MTS employees and work with them; most MTS members are also Wellsville members.

There will be an MOU to share a paramedic with neighboring agencies. Wellsville, Andover and Amity were previously sharing a flycar until Amity lost paramedic status. Five times in a year, they lost a call because the medic was on other agencies.

Wellsville states that there have been 4-5 years of discussion about merging Wellsville and Amity, but it continues to move slowly based on the Department of Health's discretion. If this proceeded, Wellsville believes it could be a partial solution for mutual aid.

Staffing

There are 87 staff on the roster, including 50 emergency vehicle operators, 20 EMTs, six CCs, one AEMT, two CFRs and 10 paramedics. Wellsville states that there are 14 certified providers among the top 25 people who respond to calls.

The typical BLS provider is authorized to perform Check and Inject EPI, Glucometry, Nebulized Albuterol, and Narcan, among other responsibilities.

Wellsville is the only other agency in addition to MTS that has paid staff on duty. They utilize contract staffing through E5 Support Services. The on-duty staff paramedic is also a volunteer Chief at Wellsville EMS.

The current staffing model is an ALS Technician on duty, Monday-Friday 24 hours a day. Sunday they also staff for 12 hours, but this is not always a fixed time frame. Like other EMS agencies, there are times that an ALS Technician is not available, and then a BLS Technician will be utilized.

Currently, most dropped calls occur early in the morning or on Saturdays when they cannot get a driver in. Some of these are second calls.

Staffing challenges

Wellsville reports challenges maintaining their existing volunteer base and recruiting new volunteers. For existing volunteers, challenges include burnout, loss of availability due to need to work more jobs, loss of interest and loss of staff during the pandemic.

Wellsville reports challenges in recruiting new volunteers and stated they have "tried everything and nothing worked well". This includes various incentive programs, like a points program that awarded gifts to top responders; in that case, the points and awards "kept on going to the same 10 people" without incentivizing others.

They were unsure about how useful a property tax abatement might be as an incentive. The fire department gets a 10% tax break in the Village. But the Town does not do it.

There is no reimbursement for mileage, uniform, training, etc., and no LOSAP or stipend. Wellsville gives recognitions for service, plaques and titles, including becoming a distinguished member who is exempt from activity requirements.

Training

Wellsville praised the County for its training and CiC through Target Solutions. They also praised the regional medical director for being hands-on and engaged.

Funding

The overall budget for Wellsville is $450,000, of which 45% goes to compensate paid staff, 20% is for purchase of capital equipment, and 20% is for insurance.

Wellsville describes finances as a struggle, despite having a supportive community and support from Village and Town leaders. They run fund drives and receive small donations. There is Town of Wellsville contract money worth approximately $25,000 per year. The Town of Ward also pays a sum of approximately $375, with Wellsville covering one quarter of the township.

E5 has a grant writer that helps pursue grants for Wellsville.

Wellsville bills for service using PAB out of Buffalo. They believe it will be problematic regarding their relationships with the fire department ambulances if they have to do intercept to pay the paramedic[8].

Areas for County Assistance

Wellsville believes that the current distribution of EMS resources is inefficient and feels that the southern part of Allegany County is not getting sufficient coverage under the current arrangement. They expressed a desire for the use of the closest available unit when responding to calls.

They have been issued Statements of Deficiency based on complaints made by other parties to the Department of Health for responding to emergency calls outside of their designated area. They believe their faster response was important to providing patient care and question the idea that they should be penalized or restricted in the service they can provide. Based on this, Wellsville would prefer the County return to the older mutual aid agreements for utilizing nearest available unit.

Wellsville is positive on the idea of a County-operated EMS system that would provide the benefits of County employment, such as state retirement, to its staff. They believe that a County-run system would lead to a better allocation of resources and lead to more volunteer agencies handling their own calls.

Currently, they state that additional subsidy funding would enable them to add another basic EMT or a paramedic. The ideal is to have a 2+2 crew available 24/7 – two basics and two medics.

Ambulance Responses

[8] Paramedic Intercepts, is when an ALS agency that bills for service provides service on board an agency that does not bill. The patient in most cases would be responsible. However, with Fire Departments now having the ability to bill for service, if they opt not to, the Fire Department in a rural area, such as Allegany County can then be billed. MTS does this billing while Wellsville doesn't right now.

The table below shows the number of responses by the ambulance by time period and year. The last column shows that average volume per month over that time. Additional detail is included in an Appendix.

Incidents by Hour	2020	2021	2022	2023 to 3/31	Avg. per month
Overnight 00:00-03:59	113	125	106	14	9.2
Early Morning 04:00-07:59	111	115	144	25	10.1
Morning 08:00-11:59	272	312	362	90	26.6
Afternoon 12:00-15:59	324	367	419	115	31.4
Evening 16:00-19:59	402	387	391	110	33.1
Night 20:00-23:59	261	243	266	74	21.6
Total	1,483	1,549	1,688	428	132

Allegany County 911 Center

Although it was not part of the study's official scope, GCR had the opportunity to briefly visit the County's 911 Center. The on-duty staff were very cordial in explaining their work and answering CGR's questions.

Some basic facts of the center include:

- Over 80,000 calls are received, annually.
- There are six dispatch consoles that may be staffed, although typically three to four are used at any given time.
- There is a total staff of 16 dispatchers, with four dispatchers assigned to each shift and a minimum staffing of three dispatchers on duty for any shift.
    - Dispatchers work twelve-hour shifts.
- The CAD system is about five years old.
    - Clausen Emergency Medical Dispatch is used.

CGR asked dispatchers if moving everyone to one common dispatch notification app for EMS crews (such as Bryx or IamResponding on each provider's personal cell phone) would be a positive or negative move. The dispatchers agreed that it would be positive to have all the EMS providers in the County using the same notification app.

Likewise, dispatchers suggest the 911 Center could use a status board where agency members who are responding to a particular call can indicate they are enroute to their

station/base, before they arrive. Currently, dispatch only gets a notification that a full crew is ready to respond after all of the necessary members from the primary agency reach their station/base. This has led to a situation where County Dispatch protocol is to wait 10 minutes before a mutual aid call is sent to another agency, which can lead to critical delays in care.

The EMS Captains group may want to consider working on a process to reduce the length of time before mutual aid is sent.

County EMS Support Functions

County EMS Coordinator

CGR interviewed Allegany County's current EMS Coordinator, Bonnie VanHousen. With former experience as an ambulance captain, she started in the Office of Emergency Management (OEM) in 2015 and was appointed provisional EMS Coordinator in February of 2023.

Responsibilities

This is a new position that has been created due to the demands, issues and challenges EMS is currently facing in the County. Responsibilities include:

- Providing technical and administrative assistance to County EMS agencies.
- Scheduling trainings, including CFR and EMT courses.
- TAG for updating Mutual Aid Plan.
- Organizing the EMS Captains' monthly meetings to provide a forum for discussion and working through issues.
- Responding to significant incidents:
    - Any incident that 3 or more ambulances are requested;
    - Large fire incidents;
    - Provide assistance to agencies as needed.

Training

The County is the course sponsor for EMS training. Courses include CFR, EMT, AEMT, CPR, Stop the Bleed, ACLS, ITLS and PALS. Many agency members keep up to date on their certifications via Continuing Medical Education (CME) refresher courses. There is monthly CME training at the Crossroad Facility and Southern Tier Regional EMS (STREMS) provides a monthly virtual CME.

All EMS trainings require a Certified Instructor Coordinator (CiC) to lead them. There are currently four CiCs in the County and three to four more in the pipeline, including Coordinator VanHousen.

Reporting Structure

The EMS Coordinator reports to the OEM Manager, who is currently also the Fire Coordinator; however, going forward, the OEM Manager position will be split off from the Fire Coordinator and both the Fire Coordinator and EMS Coordinator will then report to the OEM Manager.

Unit Staffing

For full staffing, VanHousen recommends adding two Deputy EMS Coordinators – one covering the northern part of the County and one covering the southern part.[9] The position does not currently have administrative support, but an administrative assistant will likely be hired in Fall 2023.

Mental Health

There is no regional Mental Health response team. Patients mostly transported to Olean, but some from northern end of the county may be transported to Warsaw.

County Medical Director

Dr. Lisa Ryder was contracted for $10,000 annually to serve as County Medical Director for the BLS agencies. In interviews with the volunteer agencies, she has been universally praised her work in supporting the agencies, which interviewees feels has exceeded previous medical directors.

Dr. Ryder left New York for a position in South Carolina in September 2023. Reportedly, Dr. Ryder has stated that she will stay on as medical director until a new medical director can be found, for as long as her NYS medical license remains valid (approximately 18 months).

The County contracted with the University of Rochester Department of Prehospital Medicine for a successor medical director. A team of three physicians will share the duties, with one focused on operations, one on dispatch and one on education.

Southern Tier Health Care System

Southern Tier Health Care System (STHCS) is the Program Agency funded by the NYS Office of Rural Health to coordinate health care in the Southern Tier region. This includes supporting EMS operations in a number of ways. This includes coordinating

[9] VanHousen did not specify whether she envisioned these deputies as appointments or new hires.

trainings for EMTs and Paramedics and liaising with regional EMS oversight bodies, like WREMS and SWREMS.

CGR spoke briefly with Alicia Broadbent and Donna Kahm from STHCS about EMS issues in Allegany County. The conversation amplified a number of issues and concerns that have been raised in other conversations with providers and leaders in Allegany.

Among the issues is the decline in volunteerism. STHCS noted, as others have, that the volunteer population is getting older and there are not a sufficient number of younger volunteers to fill the ranks. Existing volunteers belong to multiple agencies, which, while good in flexibility terms, also limits how much time they can give to each one of these agencies.

As well, STHCS notes that skill and education requirements for volunteers have significantly increased, which is another challenge to cultivating and retaining young volunteers.

STHCS is in their third summer of a new recruitment program, funded by the Mother Cabrini Foundation, which will focus on "academy-style" training. As well, they are looking to integrate EMS classes with the BOCES program. They still believe that a major challenge will be how to make minimum requirements work for full-time workers or busy mothers.

STHCS is aware of conflict between agencies in Allegany over "turf" and right to respond to calls, and believes this needs to be addressed, as well as the issue of resources being drawn to other counties. Another issue raised is that Allegany County has no unified CAD system.

EMS Captains' Concerns

CGR attended the Allegany EMS Captains' meeting on May 4, 2023. Besides standard updates and operations discussions, two issues of concern were raised: responding to mutual aid requests from other counties and responding to calls from areas of "wildcat"/unplanned housing or illegal housing encampments, which posed challenges and hazards to EMS crews.

Mutual Aid Requests from Other Counties

Agencies are being stressed by mutual aid requests from other counties and areas. Steuben County has been an added stressor for calls, agencies mentioned going two to three towns deep into Steuben to render mutual aid. Steuben needs to fix their problem. MTS will not be going to Canisteo or Troupsburg, or other Steuben County locations to provide mutual aid.

Allegany County 911 is caught in the middle, as they are getting repeat requests for mutual aid from other counties that they must pass along.

Pennsylvania communities are also draining resources. Bolivar Ambulance is going to Shinglehouse in Potter County, based off mutual aid requests from Tioga County's 911 center, as is Portville Ambulance. Both Cattaraugus and Allegany agencies are being asked to go, and they do not realize that the other are going. So, both are activated and only the closest gets it.

Undeveloped Areas/Hazardous Housing Areas

EMS captains also mentioned that there are areas of unregulated housing construction that are posing hazards to responding EMS crews. In some of these areas of "wildcat development", which include campgrounds for squatters and homeless people, there are access issues, including bad roads, no signage or address numbers on new buildings.

Some captains suggested that this report ask the EMS Advisory Board to address this issue by generating maps with lot numbers, getting local code enforcement involved in regulating these developments, and considering lobbying local towns to add to local zoning to address these issues.

What Is Going Well

In addition to the challenges and issues that the County is working to address, there are a number of areas where Allegany County is doing well and where positive developments are occurring.

Increased Funding for Paramedic Training

All areas of New York State are struggling with recruitment and retention of EMS providers, especially Paramedics. Costs of a paramedic program around New York State vary, and this program costs approximately $5,000. NYS Bureau of EMS (BEMS) training reimbursement only provides $1,500 towards the cost of a paramedic course. This level of funding has not been increased in approximately twenty years.

Allegany County is providing funding to help EMTs and Critical Care Technicians upgrade to Paramedic Level certification to help bolster the County's emergency medical services. $50,000 has been earmarked in the County budget for this program in 2023 and 2024. This program underwrites the costs of books and course fees.

While local officials say the funding will help provide additional Paramedics, they realize EMS services are expensive and insurance reimbursements fall far short of the actual costs. This program gives students that desire to become a Paramedic the

funding to achieve this process and it will significantly reduce financial stress for prospective paramedics.

As part of the program, those recruits who complete their training then agree to serve at least three years with an agency in Allegany County.

Additional Local Training Options

BOCES EMT Training

Allegany County, in conjunction with the Allegany-Cattaraugus BOCES, will conduct an NYS EMT course at the Crossroads facility in the Fall, 2023. In order for CABOCES to be able to offer the EMT-B training program, one of the requirements is to have a course sponsor, and Allegany County is filling that role. This shows collaboration between different governmental agencies to provide a needed service.

EMTs conduct basic, non-invasive interventions to help save lives and reduce harm at emergency sites and may provide out-of-hospital care. Under medical oversight, EMTs use skills to transport patients safely, perform cardiopulmonary resuscitation (CPR), administer oxygen, and administer glucose for diabetics, Narcan for opioid overdoses, Epinephrine for severe allergic reactions, Albuterol for patients experiencing asthma attacks, Aspirin for cardiac chest pains and assist patients with their nitroglycerin for cardiac chest pains.

New York State requires that a student of an EMT program be at least 17 years of age, attend all classes of the 160-hour course, and complete 10 patient contacts either on an ambulance or hospital emergency department.

In 2019, New York State adopted a change in age requirements that would reduce the minimum age from eighteen (18) to seventeen (17) years of age. This opened up a larger opportunity to enable training programs to be offered in high schools and BOCES programs so that young people would be able to work or volunteer as EMS providers. Younger providers are in desperate need across NYS for EMS to help backfill older providers that are retiring from the profession.

This is another positive step that Allegany County is utilizing to recruit and train new EMT's for the County organizations. Additionally, many find this a pathway to other careers in healthcare such as nursing, Physician Assistants, and more.

Paramedic Training

For paramedic training, the County is working in conjunction with the Paramedic Program at WCA Hospital in Jamestown. As well, many components of training can be done locally. Through the use of virtual training, students go to the Crossroads Center in Belmont for lectures; also, lab skills sessions are conducted at Crossroads Center. One additional benefit of this program is that students do not have to drive the

approximate 80 miles to Jamestown for classes. This can save about three hours in travel time and the associated costs of driving approximately 80 miles to Jamestown.

Increased Medicaid Funding for EMS

As part of the New York State 2023-2024 state budget, NYS Medicaid ambulance reimbursement rates for emergency responses increased on July 1, 2023. This is the largest increase in many years. Medicaid reimbursements are still lower than Medicare or private insurances, but any increase is a help to narrow the gap between reimbursements and the costs of providing EMS.

The graph below lists the rates on January 1 and the new rates effective July 1, showing the increases based on level of service provided.

Procedure Code	Category	Fee Jan. 2023	Fee July 2023	$ Diff	% Diff
428	BLS Non-Emergency	$191.12	$195.00	$3.88	2.03%
429	BLS Emergency	$191.12	$249.60	$58.48	30.60%
426	ALS Non - Emergency	$227.42	$296.40	$68.98	30.33%
427	ALS Emergency	$227.42	$296.40	$68.98	30.33%
433	ALS 2 Emergency	$227.42	$429.00	$201.58	88.64%
434	SCT	$227.42	$507.00	$279.58	122.94%
425	Mileage	$3.55	$3.55	$0.00	0.00%
432	ALS Intercept	$75.75	$75.75	$0.00	0.00%

Improved Dispatch Notifications

One of the items mentioned in interviews above and brought to the attention of the County EMS Coordinator was the possibility of a common system-wide smartphone app to send agency members/providers notifications of emergency events and track their responses.

As noted above in the section on the 911 Center, the dispatch staff indicated in their feedback that an app showing dispatch which providers were available and responding to their station would be very useful in improving the efficiency and timeliness of responses.

The County EMS Coordinator facilitated a review process for the technology which has selected the smartphone app and will also install a new status board in the dispatch center that will display the live status of members that are available and responding. In addition, the County will be underwriting the costs for this process.

County EMS Coordinator

CGR would also like to note that County EMS Coordinator Bonnie VanHousen has been praised for her work and energy by multiple sources that we spoke with, and we believe she is accomplishing an impressive amount, given that she operates as a single-person department.

Financial Reimbursement Challenges

Operational Costs

Emergency Medical Service is not free; guaranteeing an EMS response costs money. Even when EMS crews are not actively answering calls, there are fixed costs for readiness. These include personnel costs, supplies, insurance and vehicle/ station maintenance.

EMS provides all sorts of non-emergency care, ranging from a *lift assist*—literally, picking up a person who has fallen and cannot get up—to making a peanut butter and jelly sandwich for a diabetic patient. This comes with a cost for time and personnel. A lift assist is just not picking up a person into a chair or bed: there is an assessment that has to be completed, both subjective and physical, as to why they fell, examining for any injuries from the fall, and ensuring the patient fully comprehends the options and consequences if they refuse transport to a medical facility. Additionally, a Prehospital Care Report (PCR) must be completed and filed for every incident attended by EMS.

All of these operational costs can be significant, and EMS providers cannot withhold care from a patient, regardless of their ability to pay. But even when a patient can afford to pay, either personally or through insurance coverage, securing adequate reimbursement for operational expenses is a significant challenge.

Billing vs. Not Billing

Charging user fees for Emergency Medical Services by non-profit ambulance organizations is not something new, but has expanded greatly throughout New York State since the early 1990's. Elected officials and the general public needs to understand that while the EMS agencies must respond to 911 calls, not every EMS response will result in reimbursement. Many calls can end with the status of *cancelled*, *stand-by*, *lift assists only* and *patient refusals of care*, all of which are typically not billable, even though it is costing the agency time and money to respond to the call.

In general—with a few exceptions—billing only happens for calls that result in a patient being *transported* – i.e., taken in an ambulance to a medical facility. Every patient that is transported to a hospital emergency department receives, at a minimum, Basic Life Support (BLS)-level care. Depending on the nature and seriousness of the illness or injury, some patients will receive Advanced Life Support (ALS)-level care.

Even when an EMS response results in a patient being transported, it is important to understand that many payors (e.g., insurance companies) are limiting or denying reimbursement for EMS transports. Most insurance payor criteria require that the EMS transport meet medical necessity guidelines.

General billing

Not all EMS agencies bill for service. For those Allegany County agencies that do bill, many agencies utilize a user fee for service and some also receive a tax subsidy. Minimally, for all patients that are transported, either the patient and/or the patient's insurance company is billed for the service.

All of the agencies in Allegany County that bill contract with a third-party billing company. There are three different billing companies utilized by Allegany agencies: Multimed, MedEx and Professional Ambulance Billing These companies can handle all the backend work of billing and reimbursement, usually only requiring the incident PCR to perform billing. Since the billing company's cost is covered by the billing fees it recovers, there is no new net cost to an EMS agency's bottom line when it starts billing.

Choosing not to bill

The reasons for not billing vary by the agency, but typical reasons include:

- The agency has a tradition of not billing, often based on their non-profit volunteer roots, and/or their roots in fire departments, which did not typically bill individuals for service. They often engage in some community fundraising, and they feel that billing individuals would be breaking the implicit deal they have with the community to provide free service in exchange for community donations and support. Also, EMS providers express concern that hefty ambulance fees may make people hesitant to call an ambulance, when needed.
- The agency believes that a significant portion of its usual transport patients are unable/unwilling to pay, and that it would be a waste of time and resources to pursue it.
- The agency believes that setting up billing practices would involve a lot of paperwork and bureaucracy that it does not have the time or staff to support with its current volunteers.

Because of public complaints about the individual cost of ambulance services and due to sensitivities around affordability for low-income individuals, even some agencies that do bill have formal or informal policies about not being aggressive in billing. Generally, this means that if a patient does not respond to bills sent, the agency may choose to write off the cost, rather than referring it to a collections agency or pursuing it in courts, etc.

Reimbursement Processing

The revenue cycle starts when a person requests ambulance service, usually through the County 911 Center. The 911 Center then dispatches the appropriate ALS/BLS EMS agency.

Under Article 30 of Public Health Law in New York State, EMTs and Paramedics are required to complete a Prehospital Care Report (PCR) at the conclusion of each response, detailing what occurred during the incident and what care/treatment was administered to each patient. The PCR serves several purposes: legal record, continuity of care record, quality assurance and billing record. Billing companies use the PCR information to bill patients/insurance companies. For this billing to occur, PCRs must be filled out properly and completely.

Important areas of the PCR for billing are:

- Dispatch determining Emergency vs Non-Emergency;
- Pick Up Location, Mileage with a Patient on board ambulance;
- Treatments and Interventions;
- Disposition and Receiving Facility;
- Determination of Medical Necessity;
- Patient signature and other forms properly completed to submit a claim;

Once an agency's contracted billing company receives a PCR, they proceed with review for proper coding, claim submission, denial management, and payment posting. Depending on the type of private insurance the patient has, that insurance and/or Medicare/Medicaid will pay some portion of the EMS bill. What remains of the bill after insurance has paid its portion is the responsibility of the patient. Once monies are received by a billing vendor, they are deposited in an agency's designated approved bank account.

Medicare/Medicaid Reimbursement

Because elderly individuals and lower-income individuals are often higher users of EMS services, much of the insurance reimbursement comes from Medicare or Medicaid.[10] The Medicare and Medicaid reimbursement rates are set by region by the federal government and in many cases do not cover the full costs of EMS services. This means that even when EMS agencies are able to successfully bill and be reimbursed by Medicare/Medicaid, they are losing money on many types of calls when full expenses

[10] According to the Centers for Medicare and Medicaid Services (CMS), nearly 8 million people were enrolled in Medicaid as of June, 2023, and over 65 million enrolled in Medicare.

are factored in, which leads to overall and continuing budgetary deficits for the agencies.

In general, Medicaid reimbursement rates are lower than Medicare reimbursement rates. Prior to July, 2023, Medicaid rates vary from county to county in New York State, but the impact to EMS agencies is the same. There is now one statewide reimbursement rate for Medicaid. There are two different Medicare reimbursement rate levels, based on whether a county is classified as predominantly "Rural" or "Urban". Rural rates are somewhat higher, presumably to compensate for the additional travel time and lower call volume existing in rural areas, which pose additional financial challenges for rural agencies.

There have been two studies completed by Federal General Accounting Office in 2007 and 2013 that validate this issue. In 2017, The NYS Department of Health studied ambulance rates and issued the Medicaid Ambulance Rate Adequacy Report which showed that NYS ambulance providers are substantially under-reimbursed by Medicaid. To put it in its simplest terms, the cost of providing the service (even in the volunteer sector) is significantly more than the reimbursement rates.

Below are the current average billing rates in Allegany County in comparison with the Medicare and Medicaid reimbursements rates in New York State. (Allegany County is classified as a Rural territory by Medicare. (Examples of Urban territories are Monroe and Erie Counties.) This shows how much the average full cost of an EMS call exceeds the amount that Medicare or Medicaid is willing to pay.

Average Charge vs. Medicaid/Medicare Reimbursement Limit

Billing Category	Allegany County Average Billed Fee	Medicaid	Medicare Rural	Medicare Urban
ALS Non-Emergency	$1,120.00	$296.40	$317.18	$314.10
ALS Emergency	$1,295.00	$296.40	$502.20	$497.33
ALS 2 Emergency	$1,530.00	$429.00	$462.55	$458.06
BLS Non-Emergency	$885.00	$195.00	$264.32	$261.75
BLS Emergency	$1,010.00	$249.60	$422.91	$418.80
ALS Intercept	$821.67	$75.75	$462.55	$458.06
Specialty Care Transport	$1,785.00	$507.00	$859.03	$850.69
Mileage	$29.73	$3.55	$8.80	$8.71
Other Fees:				
ALS Treat / Release	$453.33	Note 1	Note 1	Note 1
BLS Treat / Release	$316.67	Note 1	Note 1	Note 1

Billing Category	Allegany County Average Billed Fee	Medicaid	Medicare Rural	Medicare Urban
MVA Assessment	$350.00	Note 1	Note 1	Note 1

Note 1: Medicare and Medicaid do not provide reimbursement for Treat and Release incidents.

CGR has included the Rural and Urban Medicare reimbursement rates as a point of information. Ambulance providers must accept what Medicare and Medicaid reimbursement rates are. Ambulance agencies are not allowed to bill the patient for the remaining costs and must be written off.

User Fees vs. Actual Payment

The fee for service charged by an EMS agency does not accurately represent actual income. Both Medicaid and Medicare only pay a fraction of the fee charged and do not cover actual costs for service. Below is an example of both Medicaid and Medicare reimbursement rates in a hypothetical patient bill using the current average user fees in Allegany County. The scenarios used for the patient in the following tables are:

- **BLS** – a patient that had fallen at home and has a possible broken hip.
- **ALS** – a patient having chest pains, and provided with 12 lead ECG, IV, baby aspirin, nitroglycerin and oxygen, as needed.

Medicaid Reimbursement

Service Level	User Fee	Medicaid Allowance	Write Off Per Call
Basic Life Support - Emergency	$1,010.00	$249.60	($760.40)
Mileage – (5 Miles)	$148.65	$17.75	($130.90)
Total	***$1,158.65***	***$267.35***	**($891.30)**
Advanced Life Support - Emergency	$1,295.00	$502.20	($792.80)
Mileage – (5 Miles)	$148.65	$17.75	($130.90)
Total	***$1,443.65***	***$519.95***	($923.70)

Medicare Reimbursement

Service Level	User Fee	Medicare Allowance	Write Off Per Call
Basic Life Support - Emergency	$1,010.00	$422.91	($587.09)
Mileage – (5 Miles)	$148.65	$37.75	($110.90)
Total	*$1,158.65*	*$460.66*	($697.99)
Advanced Life Support - Emergency	$1,295.00	$502.20	($792.80)
Mileage – (5 Miles)	$148.65	$37.75	($110.90)
Total	*$1,443.65*	*$539.95*	($903.70)

Direct vs. Indirect Insurance Reimbursement

Rather than paying EMS providers directly, some private insurance companies reimburse the patient by check and count on the patient to then pay the EMS agency. However, in some cases, patients keep the money for themselves, rather than paying their bill. This increases the cost of medical billing process with additional follow-up phone calls, demand letters and small claims court fees, collection agency fees, etc.

Direct payment legislation for ambulance providers has been proposed for many years in both the NY State Assembly and Senate. This legislation was passed and signed by the Governor and will take effect as of January 1, 2025. This will help alleviate the collections process and provide direct payment to the ambulance provider for the services provided. This legislation creates no additional costs to the taxpayer, but simply directs the reimbursement that has been paid by the insurance carrier to the provider.

Payer Mix Summary

What is a Payer Mix?

Payer mix affects every part of the healthcare system, but as billing for service is the primary (often the sole) source of income for many ambulance services, it is especially important to understand in regard to EMS services.

An EMS agency's Payer Mix is the percentage of claims that result from ambulance calls when they are billed to different main insurance payer groups.

Typically the major providers in a payer mix are Medicare, Medicaid, No-Fault, Commercial Insurance (Blues, MVP, etc), and Self Pay. For a commercial ambulance agency (MTS) they may have an additional payer from contracts with facilities (hospital, nursing home) for inter-facility transfers.

The Payer Mix is then calculated as a percentage for each major category and can be tracked in two ways, by the type of trip at the point of initial billing or it can be defined as a percentage of incoming payments.

Why is it important that leaders understand their payer mix?

Imagine a municipality whether it is a Town or County: You have an over-65 group eligible for Medicare. You have children and people who are disabled, some of whom are eligible for Medicaid benefits. You have an underemployed or unemployed population, with no insurance. And then you have those who are commercially insured.

Understanding who these people are and what percentage of your EMS transport volume they make up is important because Medicare, Medicaid, commercial insurance and even the uninsured reimburse for your services at different levels.

The major types of health care plans include:

- Medicaid – the patient is eligible for coverage, which is paid based on a fixed fee schedule and deeply discounted compared to the rate charged by ambulances.

- Medicare - the patient is eligible for Medicare Part B and reimbursement is paid based on a fee schedule. Medicare reimburses the provider at 80 percent and the patient pays 20 percent co-pay.

- Commercial Health Care Insurance (Blue Cross/Blue Shield, MVP, Aetna, etc) reimbursement rates can vary. In some cases insurance carriers are utilizing Medicare rates as their pay guide.

- No Fault MVA – overall MVA No Fault pays the highest reimbursement rate, nearly full reimbursement.

Medicare and Medicaid, for example, allow for payment based on fee schedules that are set by the federal and state governments. Commercial insurance plans are more apt to process claims at their "usual and customary" rates, although these are rarely published. Third-party liability and workman's compensation insurance will often have benefit limits. Having a good understanding of the payer mix throughout the County will help provide a better ability to predict overall billing income.

Just because you raised your rates and generated a substantial increase in the total amount billed doesn't mean you'll actually see a change in what you collect. Consider this before you raise rates, which could potentially have a negative impact on community relations and also make your collection rates appear lower without improving the bottom line.

For example, Medicare allowable rates are set by the federal government and only change once per year. Medicaid is similar in that they are set by the state; however, they increase reimbursement on a much less frequent basis.

Although these federal and state rates are published, commercial insurance companies do not provide the same advantage. This is basically because plans vary from company to company and individual to individual.

Patients without private insurance are forced to pay for medical care out of pocket or to seek Medicaid assistance, depending on their financial situation. As a result, your healthcare payer mix could change, with your income suffering the consequences.

It is far less common than in the past for ambulance agencies to be able to "live" off of what they collect for billed services. But in many cases reimbursement rates have not kept up with increasing costs. And just because you charge more, it does not guarantee that you will be reimbursed more.

This is critically important for all the EMS agencies and the County to understand, as there may be a need for subsidies to support the delivery of EMS to citizens going forward.

Citizens could be more opposed in paying additional taxes for services that they believe they should be receiving through from their healthcare premiums.

How does this affect an EMS agency?

Since the arrival of the Affordable Care Act has caused many EMS agencies to notice a considerable shift from what has heretofore been a relatively consistent Payer Mix. Most notably has been a shift from the Commercial Insurance types to Medicaid/Medical type plans.

A large majority of those persons were most likely uninsured before joining the Medicaid roles; however the healthcare industry as a whole has seen a drop in patients holding a traditional Commercial Insurance policy for such reasons as loss of employment or people working as under-employed individuals without the benefit of an employer-sponsored health insurance option.

So, when your EMS agency's administrators are looking at the billing reports and the resulting flow of incoming reimbursement dollars, what they are finding in many cases is the percentage of commercially-insured patients has declined while patients with Medicaid coverage are increasing in numbers.

As part of this study, we asked the agencies in Allegany County that bill for service if they would share their payer mix. We received data from four of the six EMS agencies that bill for service.

In the chart below, we combined the data for the time frame of 2020 -2022. 2023 was not included due to many calls are still a work in progress.

Once-insured patients whose healthcare coverage paid a good portion, if not all of your EMS agency's bill for service now finds that same patient having coverage, but the resulting payment to your agency is, in most cases, considerably less dollars.

Year	2020		2021		2022		3 Year Avg.
Payer Type	Claims	%	Claims	%	Claims	%	%
Medicare	2,077	47.12%	2,669	51.18%	2,909	51.31%	50.06%
Medicaid	1,125	25.52%	1,221	23.41%	1,456	25.68%	24.86%
Commercial	511	11.59%	515	9.88%	462	8.15%	9.73%
Auto / No Fault	97	2.20%	105	2.01%	86	1.52%	1.88%
Self Pay	364	8.26%	331	6.35%	342	6.03%	6.78%
Other	234	5.31%	374	7.17%	414	7.30%	6.68%
Total Claims	4,408		5,215		5,669		15,292

In the three year period of the data supplied, the number of commercially-insured patients has declined while patients with Medicare or Medicaid coverage are increasing in numbers.

As such, depending on the geographic coverage area your EMS agency operates within, there could be a shift from Patient Pay to Medicaid, as well. In a graying community there may be a shift from other insurance to an increasing Medicare percentage.

There is no single answer on what is the average of a payer mix in EMS billing.

The mix in one community may have a higher or lower mix in another community.

The payer mix shift will have increased challenges for an already financially-challenged American EMS system.

Section IV – Hospital Profile

Jones Memorial Hospital

Jones Memorial was established in 1921 as a public, community hospital. In 1988, it became a not-for-profit Corporation and separated from the Village. In 2016, Jones Memorial Hospital entered into an affiliation with URMC in Rochester, NY; This offered specialty care assistance, also administrative support such as billing and electronic medical record.

Facilities

The hospital has nine Emergency Department beds, six ICU beds, and is authorized for 34 general medical/surgical beds, although currently they are only able to staff efficiently for about 20 beds.

Treatment units at the hospital include a Cardiac and Pulmonary Outpatient Rehab Center and a Cancer Infusion Center.

A new building addition in process will allow the MRI to be brought into the hospital and add additional offices for primary care physicians.

Services

The hospital provides Primary Stroke Care and Level 1 Perinatal Care but not STEMI or psychiatric care. For trauma care, most patients are transferred to Strong Hospital in Rochester, and the remainder to ECMC in Buffalo.

Previously, four attending physicians staffed the Emergency Department, but mid-level providers (physician's assistants; nurse practitioners) were utilized to assist with patient care. However, since July of 2023, the four attending physicians in the Emergency Department have been recalled back to Rochester for another assignment, and the Emergency Department is again having patients treated by mid-level providers. There is currently no information on whether URMC will be replacing any of the attending physicians.

Staffing

Jones Memorial is facing staffing challenges. The pandemic, along with the vaccine mandate, had a large effect on nursing staff leaving; as well, staff have left to become "traveling nurses" due to the huge pay being offered around the country.

Since NYS has now relaxed the vaccine mandate, the HR staff has been reaching out to former RN's about coming back. However, the replies are that nurses either have left nursing totally or have moved on to other positions.

Patient Volume

Prior to the pandemic, patient volume in the Emergency Department was approximately 12,500, annually. This dropped to approximately 11,500 in 2020, and increased back to 12,000 in 2022. It is estimated to be 13,000 in 2023.

Inter-facility Transfers

About 40 patients a month are transferred to other facilities for further treatment using a mix of ground and air ambulances. Depending on the patient condition, a determination is made whether to be transferred by ground or air. As the hospital is located in a valley, fog and winter weather are issues for air medical. The landing pad is located about a block away and the patient has to be transported by ground ambulance.

Jones reports increasing delays for ambulance transfers, of up to one to two hours, due to EMS staffing issues. Prior to COVID, an ambulance would be available in less than 30 minutes.

EMS Interactions

Jones Memorial reports positive interactions with EMS agencies and crews. Dr. Lisa Ryder has been instrumental in interfacing with EMS, because she started in EMS and understands the capabilities and challenges. Drop time or wait is not an issue. Crews are usually turned around in 20-30 minutes, depending on the census in the Emergency Department.

Jones does not provide medication and/or IV supply replacement to EMS agencies, and does not supply Controlled Substances, due to past issues.

Section IV – Provider Survey

EMS volunteers and staff were sent a brief survey asking about the issues facing EMS in Allegany County. Staff who are members of more than one EMS agency were asked to fill out a survey for each agency they serve. The survey received responses representing every EMS agency except one. In total, 87 respondents answered questions, with varying levels of responses per question.

Summary Results

Selected survey highlights follow. Full results, including open-ended comments, are attached as Appendix A at the end of the report.

Demographics

All Staff Results

Nearly all of respondents worked as EMS volunteers; about one fifth were additionally career EMS providers at another agency. Of career EMS providers, about three quarters also work as volunteers at some other agency.

- 95% of Respondents are volunteers in some capacity.
- 21% of respondents are career EMS providers.
    - 16% of respondents both volunteered and worked as a career provider.
    - 5% of respondents worked only as a career provider

The EMS workforce is aging, with more than half of the workforce currently over 50 years old and less than a quarter of respondents being under 40.

- 54% of respondents reported being 50 years old and up.
    - Only 23% of respondents were under the age of 40.
- 79% of respondents owned their home.

Volunteer Staff Results

- The largest number of volunteer respondents came from A.E. Crandall Hook and Ladder Company (21), Wellsville Volunteer Ambulance (19), Amity Rescue Squad (16) and Andover Volunteer Ambulance Corps (15).

Many volunteers report having been in EMS service for a long period of time.

- On average, volunteers have been in EMS for 17.5 years.

- 75% of respondents reported being in EMS for 5 years or longer.

Career Staff Results

- 72% of Career respondents were employees of Medical Transport Service; 22% of were employed by Wellsville Volunteer Ambulance.
  - 1 respondent worked for MercyFlight and TransAm
- All career EMS respondents were volunteer EMS providers before their hire.

Agency Strengths & Weaknesses

Volunteer Staff Results

- 72% of respondents felt their agencies do a good job of retaining its volunteer workforce.
- The feeling of belonging, inclusion and being a part of a team is the primary reason respondents continue to volunteer.
- 46% of volunteers cited that their agency does not do a good job in actively recruiting new volunteers.
- The top three suggestions to improve the recruitment of volunteers were: 1) Better advertising of the need for volunteers; 2) Valuing volunteer contributions more; and 3) New volunteers have a mentor/coach.
- The biggest agency weaknesses were: 1) Not responding to EMS calls; and 2) Inadequate incentives for volunteers, & 3) and Operational Leadership.

Career Staff Results

- 76% of career EMS providers do not feel fairly compensated for their current position.
- The biggest agency strengths for career staff include: 1) Response Times; 2) Relationship between career and volunteer staff; and, 3) Department Atmosphere/Operational Leadership
- The professionalism of the staff and equipment were identified as the two major weaknesses in paid agencies.

All Respondent Results

- 59% of all respondents cited that the top challenge with EMS training is the time required.
- 43% of all respondents felt that the training burden for their position was just right.
  - 36% of respondents indicated that training was a lot.

- 68% of respondents felt that their operational leadership is strong or very strong.
- 55% of respondents felt that their administrative leadership is strong or very strong.

County Strengths & Weaknesses

- The areas respondents felt most needed County investment were: supporting EMS service providers and leadership development, improving training opportunities, and providing financial incentives such as LOSAP benefit.
    - 72% of respondents indicated that supporting EMS service providers and leadership development is very important.
    - 62% of respondents indicated that improving EMS training opportunities is very important.
    - 61% of respondents indicated that providing financial incentives such as LOSAP programs or tax breaks is very important.

General Attitudes

- 75% of volunteer respondents are very likely to suggest volunteering to their peers.
- 54% of respondents indicated that they are somewhat or very likely to continue volunteering at their current level if paid staff are added to their agency.
- Nearly half of volunteers volunteer primarily due to their desire to give back to their community.
- Time pressure from personal endeavors is by far the biggest barrier preventing volunteers from giving more time.
- In totality, respondents were split on their favorability to merging with neighboring agencies.



- For training locations, 64% of respondents said that the Crossroad building is fine as it is now.
    - 1 in 4 respondents would like to see the trainings in other locations around the county. The most popular alternative locations for trainings are:
        - Wellsville Volunteer Ambulance
        - Cuba
        - Alfred
        - Houghton
        - Three locations evenly distributed throughout the county.
        - Each District (Travel team)

Response Time

- On weekdays, respondents are most likely to be able to respond between 6 pm to midnight and least likely between 6 am to noon.
- On weekends, respondents are most likely to be able to respond between 8 am and 4 pm, and least likely from midnight to 8 am.

Barriers to Improving Service

Volunteer Barriers

- For volunteers, the barrier to improving EMS service with the most mentions is the lack of volunteers, paired with the trouble gaining new members for volunteer EMS agencies.
    - Other barriers mentioned included:
        - Equipment conditions
        - Taxes/Finances
        - Response Times & Mutual Aid
        - Leadership
        - Public Understanding

Career Barriers

- The barriers mentioned by Career staff included response times, better pay and staffing, and equipment and leadership changes.

A more detailed information about the providers opinions is included in an appendix.

Section V – Comparison EMS Systems

Of the 63 counties in New York State, there are 22 counties that have Municipal Operating Certificates, allowing them to operate some level of County-run EMS service. Fifteen are ambulance transport agencies and seven are first-response agencies. All of the Counties provide care at the Paramedic level.

The majority of the counties are smaller in population size, but three larger counties—Albany, Erie and Nassau—also have Operating Certificates. Erie County has had an ALSFR CON for about 8 years and is currently in the process of obtaining a CON for ground ambulance transport services.

As part of the study for comparison purposes, CGR conducted detailed reviews of three other counties in Western New York that provide county-level EMS services: Livingston, Wayne and Yates counties. CGR also gathered information from Chautauqua County and Schuyler County because of unique solutions that are being put into place in those communities.

Comparison of County Statistics

County	Allegany	Livingston	Wayne	Yates
Population	46,694	61,516	91,125	24,451
Square Miles	1,034	640	1,383	338
Population per Square Mile	45.1	97.9	151	73.3
County-Wide EMS	No	Yes	Yes	Yes
Other EMS Agencies in County	Yes	Yes	Yes	Yes
Level of Service	n/a	Paramedic	Paramedic	Paramedic
Number of County Ambulances	-	6	3	3
Number of County Flycars	-	4	6	2
Number of Units on Duty	-	3-4	2-3	1
Annual Call Volume	-	6,000	12,000	2,700
Fee for Service	-	Yes	Yes	Yes
Municipal Funding	-	Yes	Yes	N/A
Employee Labor Contract	-	Yes	Yes	Yes

While these three counties make for good comparison points, none are exactly equivalent: Allegany County is significantly larger in square miles than Livingston and Yates but smaller than Wayne. Meanwhile, it has a lower population density than any of these peers, meaning its call volume per mile is likely to be lower, potentially raising expenses.

Depending on the county, there are variances in the number of EMS units on duty. Livingston County and Wayne County have been providing EMS service the longest—

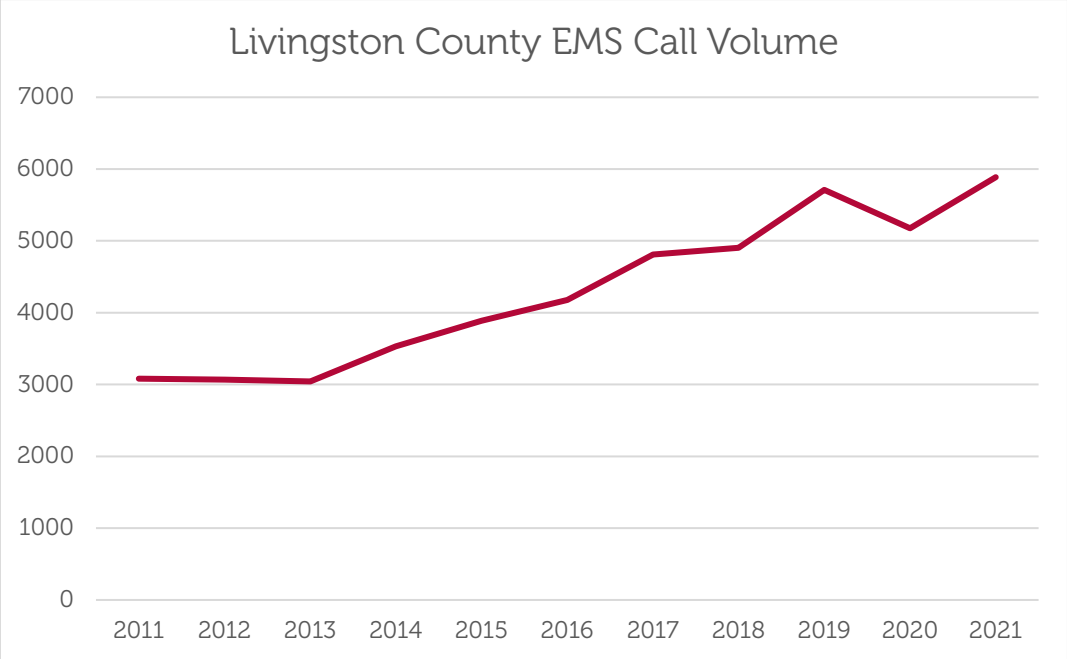
upwards to 20 years. Both counties initially started by providing ALS Flycar service approximately 20 years ago, but over the years Livingston County and, recently, Wayne County both transitioned to ground transport agency.

County Details

Livingston County

Livingston County is a well-established EMS service that now provides coverage to the majority of residents in the county. The service started in 2004 when two commercial ambulance services pulled out of the county leaving a gap, specifically related to advanced life support. At the beginning, the County provided advanced life support via a fly car model to areas that did not have their own paramedics. Very quickly, two small agencies asked the County to provide staffing to their ambulances to supplement their volunteers. The County entered into a contract to provide the service using the two agencies' ambulances and facilities.

The County then expanded to provide backup ambulance service when they identified a gap in service in certain areas. Now, nearly 20 years later, Livingston County EMS has about 60 employees, 15 vehicles, and an annual operating budget of $2.8 million. The service has about $2.1 million in revenue from patient billings, with tax revenue filling in the gap. Livingston County responded to 5,887 calls in 2021 or about 16 per day. 2021 was their third year in a row of 5,000 calls or more. The increase in calls has been influenced by a growth in coverage area in addition to the trend of higher call volume seen across the industry.



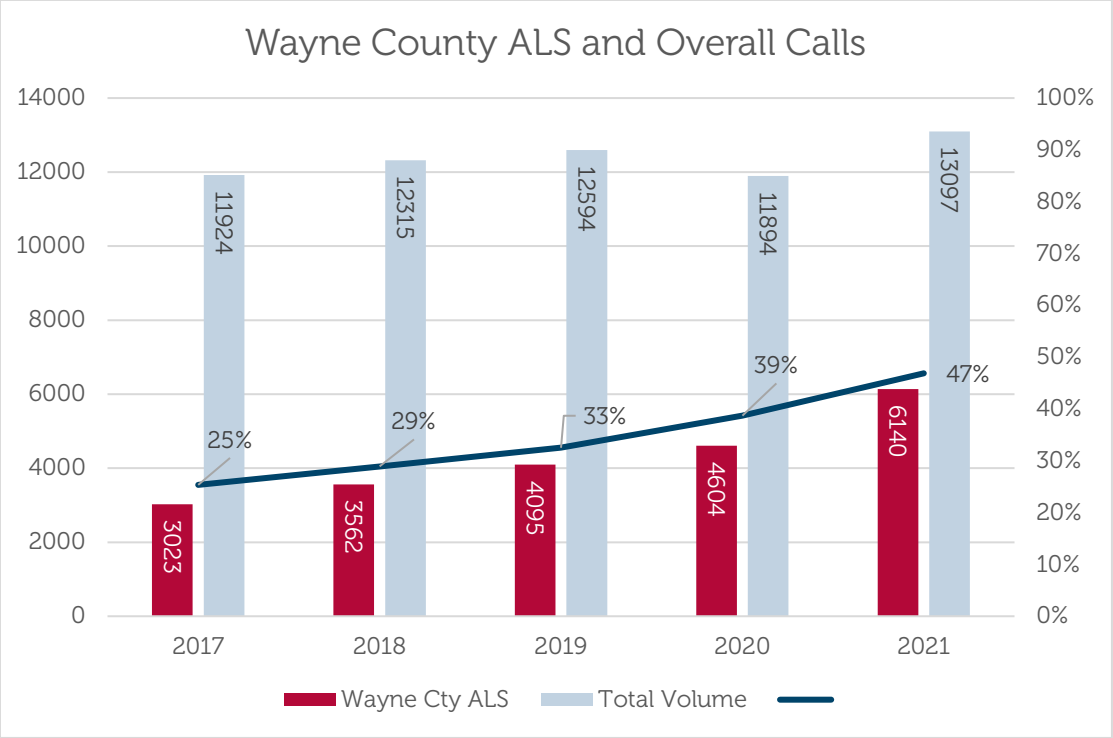
In addition to the operation of an ambulance, Livingston County remains an active EMS course sponsor and is the primary source of EMS education in the county. They offer several EMT courses each year to support their employees and the members of the volunteer EMS agencies.

Livingston County has three static locations for ambulance staging: Noyes Hospital in Dansville, Hampton Corners in Mount Morris, and a third station in Town of Avon. All three locations are close to Interstate 390. In addition to 911 calls, Livingston County also provides non-emergency transfers for Noyes Hospital and the Livingston County Home in Geneseo.

Wayne County

Wayne County EMS has been providing advanced life support first response to its residents since 2002. The ALS-FR program was developed to provide ALS in support of primarily volunteer BLS ambulances that service the county. During the history of the program, they have always been available to "complete the crew" by sometimes serving as the only care provider with a single volunteer driving the ambulance. The hours of the fly car program have grown steadily over the last twenty years. At first it was only in service during weekday hours when volunteers were not typically available and only in certain areas of the county. The program has now grown to always serve the entire county. The growth in the program is in response to a decline in the number of volunteer providers and agencies.

The Wayne County ALS FR program has seen their call volume steadily increase over the last five years. This has come with them being involved with an increasing share of the overall call volume in the county. The total call volume for EMS in the county has increased about 10% from 11,924 to 13,097 in the last five years. The ALS FR program has seen their call volume double during that time from 3,023 to 6,140. They are now involved on nearly half of the calls in the county, up from a quarter in 2017.



With the growth of calls, the costs to operate the ALS FR program have increased 243% from 2018 ($625,680) to 2022 ($1,516,606). This increase followed an expansion of the program's staff and available resources. In 2021, the ALS-FR program anticipates $389,000 in billing revenue, or only about 27% of the costs for operating the program. In 2022, the ALS-FR program has a supervisor, a chief paramedic, 12 full time paramedics (up from 8 in 2021) and about 20 per diem or substitute ALS providers.

In Wayne County, nearly half of the 22 EMS agencies in 2010 have either ceased operations or have combined with another leaving fewer operating organizations. After an EMS study in 2019, also has begun the transition from an ALS Flycar service to EMS ground transport.

This has led the County to pursue becoming a full ambulance provider. In March 2022, the County Board of Supervisors voted to pursue the creation of a county-wide ambulance service. The new ambulance program is expected to take two years to establish. The vision for the program is to have a minimum of 5 ambulances functioning at all times in order to respond to all areas in the county in 15 minutes or less if all units are available. The program has an estimated startup capital cost of $5.5 million and annual operating costs of $6.2 million when fully operational. If the new service captures all the calls for service, it anticipates billing revenue of $5.6 million. This would have a lower net cost for Wayne County than the current ALS-FR program. They anticipate providing services for only about 25% of the calls for service in the first year of operations with reduction in operating costs.

Wayne County started ground service in June of 2023; they acquired two ambulances from Lyons Ambulance, a town municipal service. Also, they are currently renting the former ambulance from the Town of Lyons as the Town decided that, with the County providing EMS services, they did not need to duplicate this service.

In August 2023, Wayne County took delivery of a new ambulance to now have three units in the fleet, with two more ambulances on order with a delivery timeframe of 2025. They anticipate staffing of four ambulances 24/7 and two additional ambulances for higher-call-volume timeframes. They plan for an eventual ambulance fleet that will be up to 10 ambulances, with two of them at the SCT-transport-capability level for interfacility transfer calls from Newark-Wayne Hospital to either Rochester or Syracuse.

In addition, Wayne County will be building an EMS headquarters in Lyons, NY, and three satellite stations in the County, with a goal of an ambulance on scene in 15 minutes or less, 90% of the time. This is a work in progress for Wayne County; they estimate it will take another 18-24 months to be fully operational.

Yates County

Yates County in 2023 has begun ground ambulance transport service with one ambulance on duty 24/7. The location of the unit switches between the day and night shift. On day shift, it is located in the Dundee Fire Department, and on night shift, it is located in the Branchport Keuka Park Fire Department. As well, Monday-Friday the EMS Supervisor is available for ALS intercept calls and also assists the County EMS crew with critical patients, as needed.

Schuyler County

Schuyler County had historically been served primarily by a single non-profit organization. There were challenges in the operations and leadership of that organization. The County and the local hospital, Schuyler Hospital, sought to work with the organization to improve the services, particularly around interfacility transports. However, the non-profit was not a willing partner.

In order to meet the needs of the community, the County and the Hospital chose to enter into a partnership to establish a new organization operated by the Cayuga Hospital System, the parent of Schuyler Hospital. This new organization, Schuyler EMS LLC began operation in January 2023. It has funding from the County but is operated on a daily basis by the Cayuga Hospital system. They operate 2 ALS ambulances 24/7 and a BLS crew from 9 am to 9 pm on weekdays.

Some of the concerns they had in establishing the service was pushback from the existing service and the approximately six month lead time before the revenue stream from transports became consistent. There was also some challenge in purchasing the

necessary vehicles to operate. There were some significant startup costs for the agency, but the revenue from transports is anticipated to defray many of the costs going forward.

Chautauqua County

For about 7 years, Chautauqua County has had an ALS first response fly car system that has support its numerous volunteer fire department ambulances. The system has four fly cars staffed and stationed at various locations in the county. There is also a supervisor available for most shifts.

Because of an increasing need in the last few years, they have also entered into the ambulance service. They also operate two ambulances. One ambulance is staffed by volunteers and an another is staffed by paid EMTs. The overall paid staff includes 22 full time paramedics and 20 "casual" or part time paramedics.

One innovative effort to address the demands on volunteers is that Chautauqua County EMS has invited existing volunteer ambulance services to begin to jointly operate under the County's operating certificate. The staff become volunteers for the County and the vehicles are jointly credentialed by the Bureau of EMS for both services. There are signed agreements between the County and departments or municipalities that own the ambulances. The volunteer agencies answer calls on behalf of the County in their district when they are on duty. When there is a transport the volunteer crew submits a care report as a part of the County, the call is billed by the County and the volunteer agency receives 85% of the transport fee. For non-transports, the volunteer agency submits a care report under its own operating certificate. The volunteer agency could choose to stop operating under their own certificate and instead just use the County's. To date, none of the agencies have elected to do this, but it could substantially reduce the burden for volunteers to operate the agency.

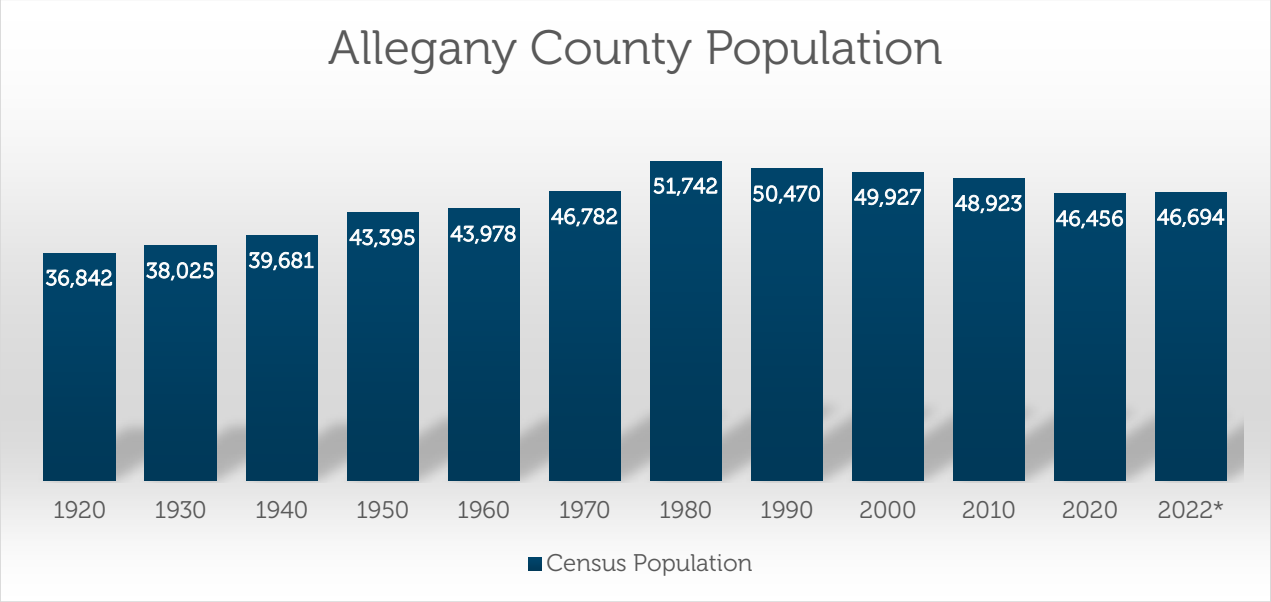
This hybrid system provides a number of benefits to both the County and the agencies:

- The agencies are able to retain their identity and receive revenue for calls.
- The County is able to expand its resources by leveraging volunteers. The volunteer ambulances can also be deployed as needed in the County to meet a surge in calls.
- The County handles the billing for the calls and manages a quality assurance process for the patient care.
- The County provides medical directors for the agencies that participate in the program.

Beyond the features mentioned above, Chautauqua County also provides EMT training original, recertification and continuing education to all the agencies that operate in the county. The County CME recertification program has about 200 providers enrolled in it and they handle all the paperwork for the providers.

Section VI – Allegany County Demographics

Allegany County's population has declined by 5.1% in the past decade, from 48,923 to 46,456. The median age has increased from 42.0 to 44.5. The percentage of residents 65 and older compose of 27.9% of the County population. The population of resident 80 years and older has increased to by 8.24%, now composing 8.6% of the County population. The population is both declining and getting older. The latter places a particular burden on EMS organizations as there are fewer able-bodied volunteers and senior residents use EMS more frequently.



**2022 data is from the Census Population Estimates. Others are the decennial US Census.*

Race/Ethnicity and Housing Units	Allegany County
Total population (2020)	**46,456**
Hispanic or Latino	965
Not Hispanic or Latino:	45,491
Population of one race:	**44,541**
White alone	42,555
Black or African American alone	829
American Indian and Alaska Native alone	91
Asian alone	379
Native Hawaiian & Other Pacific Islander alone	9
Some Other Race alone	678
% White	96%

Race/Ethnicity and Housing Units	Allegany County
Housing Units	23,454
Occupied	17,668
Vacant	5,786

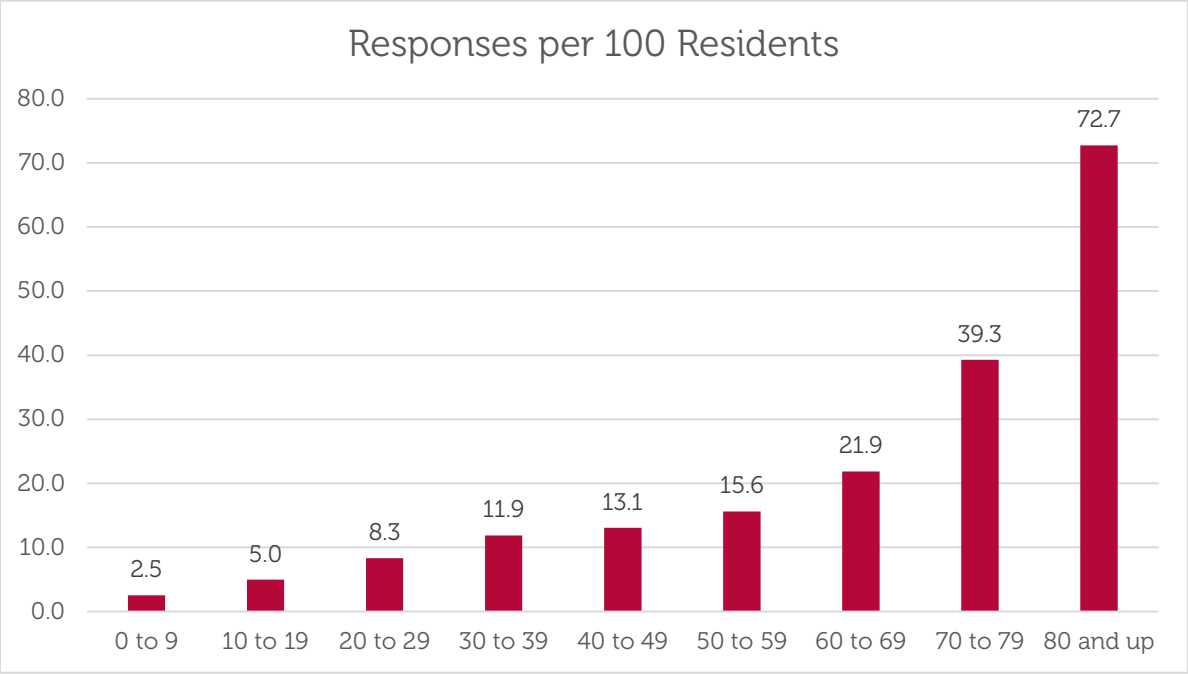
The Census Bureau's American Community Survey (ACS), which is different than the Decennial Census, offers a more detailed breakdown of Allegany County demographics. (Note: because the ACS uses a different estimation method than the Decennial Census, the total population number is different, a bit higher. While the Decennial Census count is presumed to be more accurate, the most current Decennial Census data does not offer the detailed breakouts by different categories offered in the ACS data.)

ACS 2017-21	Allegany County
Total population (2017-21)	46,654
Male	23,602
Female	23,052
Under 5 years	2,390
Under 18 years	9,528
18 years and over	37,126
18 to 64 years	28,275
65 years and over	8,844
Percent 65 and older	19%
75 years and over	3,554
Percent 75 years and older	8%
Median age (years)	39.2
Housing Units	23,797
Median Household Income	$54,375
% in Poverty	16%
Old-age dependency ratio	31.3
Child dependency ratio	33.7

Responses for Older Residents

Older patients use ambulances at a greater frequency than the average population. On average, there are about 16.7 ambulance responses per hundred residents per year. Residents 80 and older have about 72.7 responses per 100 residents and are about 4.4 times more likely to have an ambulance response than the county on average. Residents 70 to 79 have 39.3 responses per 100 and 60 to 69 have 21.9. The increase in demand by older residents is common and is one of the drivers of demand as the community ages. This data is skewed to some extent higher because some sicker patients have two patient care reports because of advanced life support and basic life

support provided by separate agencies. It is unclear of the impact, but likely more at the older ages.



Appendix A: EMS Provider Survey – Detailed Responses

EMS volunteers and staff were sent a brief survey asking about the issues facing EMS in Allegany County. Staff who are members of more than one EMS agency were asked to fill out a survey for each agency they serve. The survey received responses representing every EMS agency except one. In total, 87 respondents answered questions, with varying levels of responses per question.

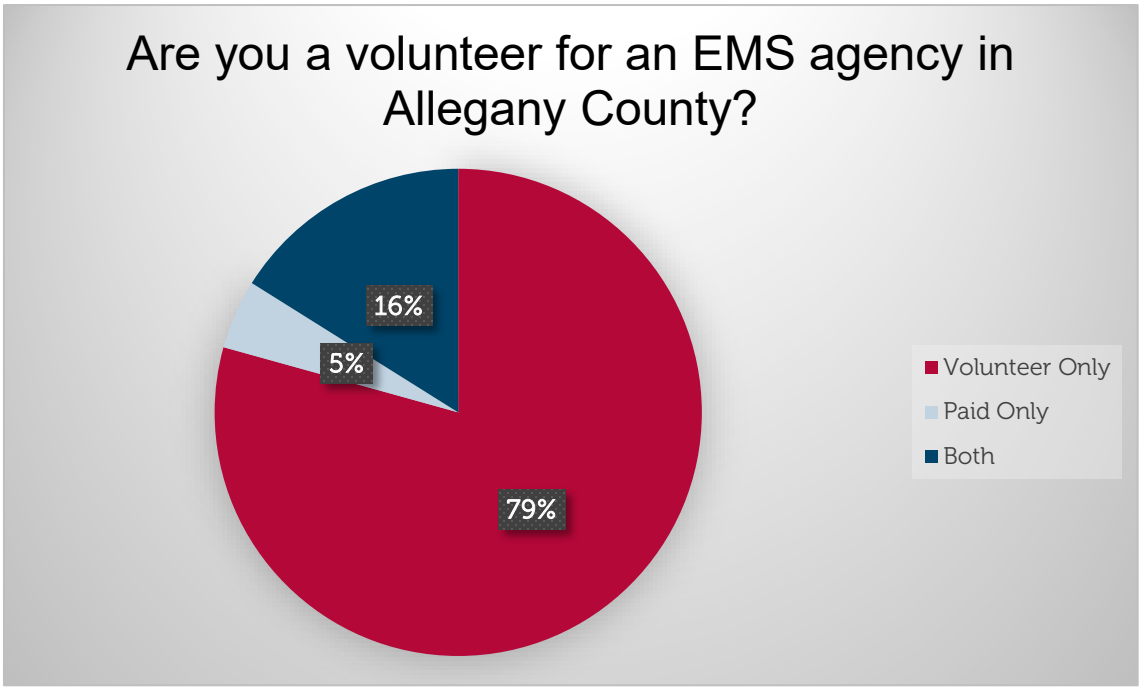
Detailed responses are grouped below by theme, rather than numerical order. Top percentage responses in opinion questions are highlighted in orange.

Volunteer Responses

Q1: Volunteer

Respondents were asked: "Are you a volunteer for an EMS Agency in Allegany County?"

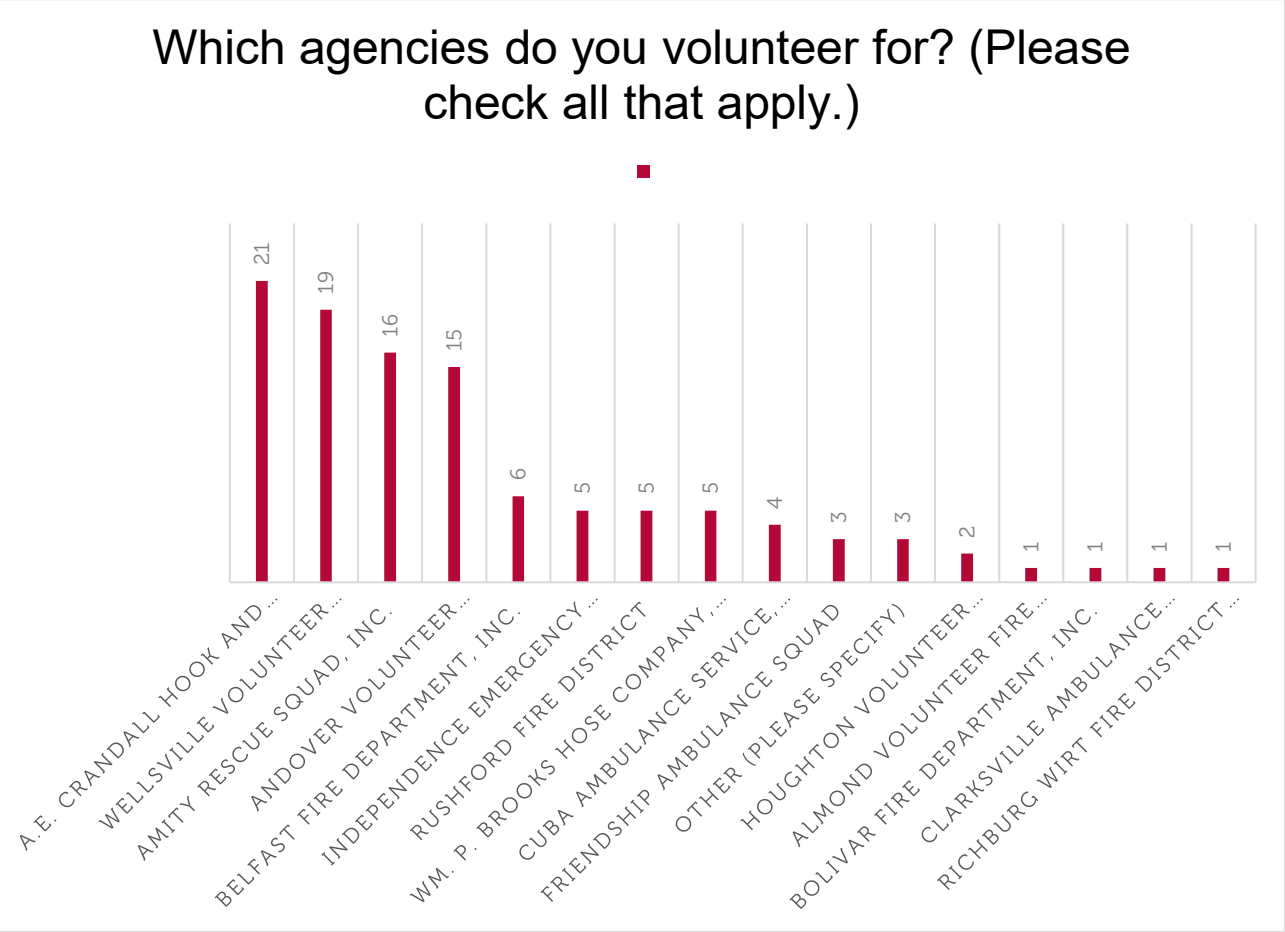
95% of respondents volunteer with an EMS agency in Allegany County. The largest portion of respondents were volunteers only, at 79% (69 respondents). 5% (4) of respondents were paid only. 16% (14) of respondents worked as both paid staff and volunteers at different agencies.



Are you a volunteer for an EMS agency in Allegany County?		
Volunteer Only	79%	69
Paid Only	5%	4
Both	16%	14

Q2: Home Volunteer Agency

Respondents were asked: "Which agencies do you volunteer for?" The largest number of respondents were from A.E. Crandall Hook and Ladder (21), followed by Wellsville Volunteer Ambulance Corps (19). CGR received responses from all but Canaseraga Ambulance.



Which agencies do you volunteer for? (Please check all that apply.)		
Agencies of Survey Respondents	%	#
A.E. Crandall Hook and Ladder Co., Inc. (Alfred	27%	21
Wellsville Volunteer Ambulance Corps, Inc	25%	19
Amity Rescue Squad, Inc.	21%	16
Andover Volunteer Ambulance Corp, Inc.	19%	15
Belfast Fire Department, Inc.	8%	6
Independence Emergency Squad, Inc.	6%	5
Rushford Fire District	6%	5
Wm. P. Brooks Hose Company, Number One, of Fillmore	6%	5
Cuba Ambulance Service, Town of	5%	4
Friendship Ambulance Squad	4%	3
Houghton Volunteer Ambulance Service, Inc.	3%	2
Almond Volunteer Fire Department, Village of	1%	1
Bolivar Fire Department, Inc.	1%	1
Clarksville Ambulance Service, Town of	1%	1
Richburg Wirt Fire District Ambulance	1%	1
Canaseraga Ambulance, Village of	0%	0
Other (please specify)	4%	3

Q3: Hours Volunteering per Week

Respondents were asked: "How many hours per week do you spend volunteering?" While most reported 10 hours per week, 12 respondents reported working 30 or more hours per week, with two of those reporting 80 hours. The average time spent volunteering per week was 13 ½ hours.

Hours Volunteering Per Week	
Max	80 Hours
Min	0 Hours
Median	10 Hours
Mode	10 Hours
Mean	13.5 Hours

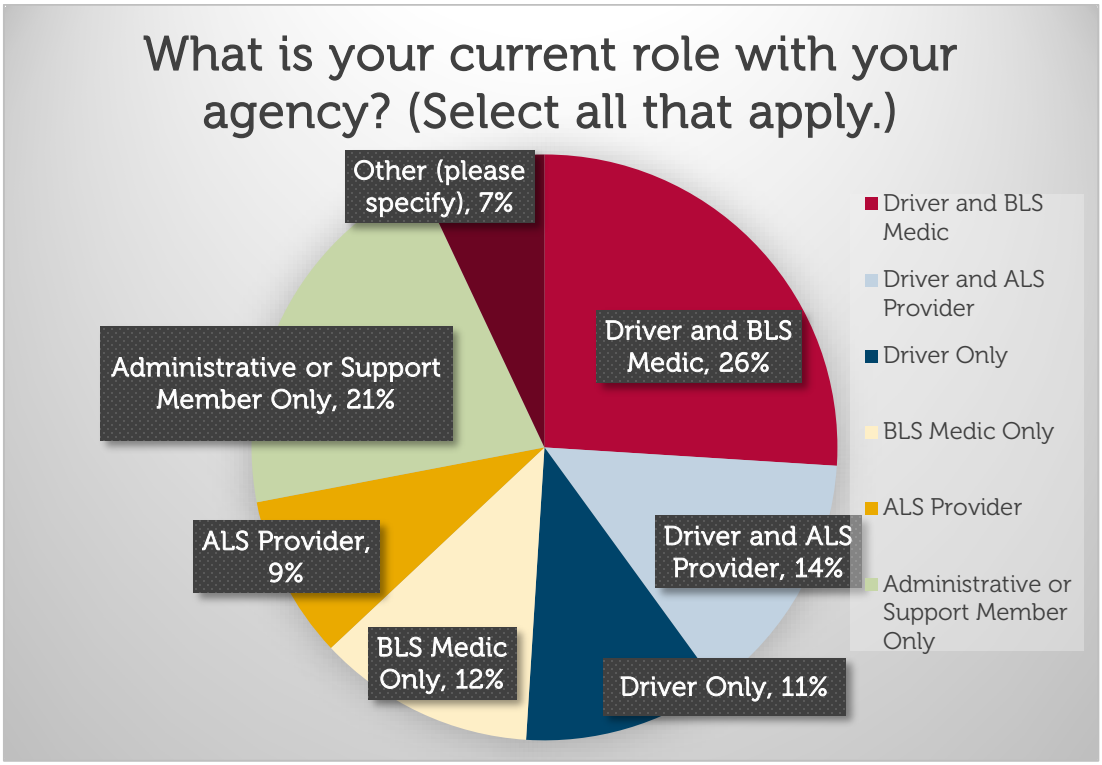
Q4: Volunteers Years in EMS

On average, respondents reported being in EMS for 17 ¼ years. 75% of respondents reported being in EMS for 5 years or longer.

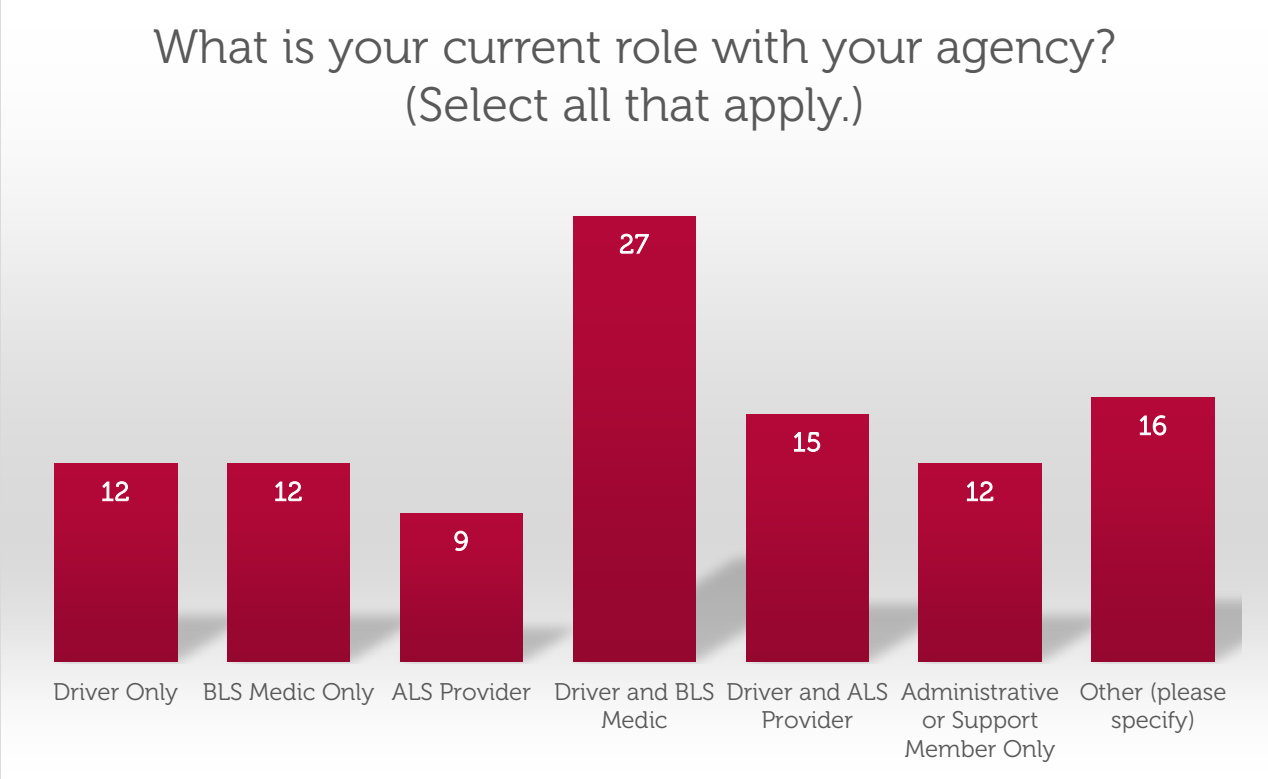
Years in EMS	
Max	50 Years
Min	1 Years
Median	15 Years
Mode	3 Years
Mean	17.25 Years

Q5: Role within Agency

Respondents represented various positions within EMS Agencies. Driver & BLS Medics and Administrative/Support Members comprised 26% and 21% of respondents, respectively, nearly half of all respondents.

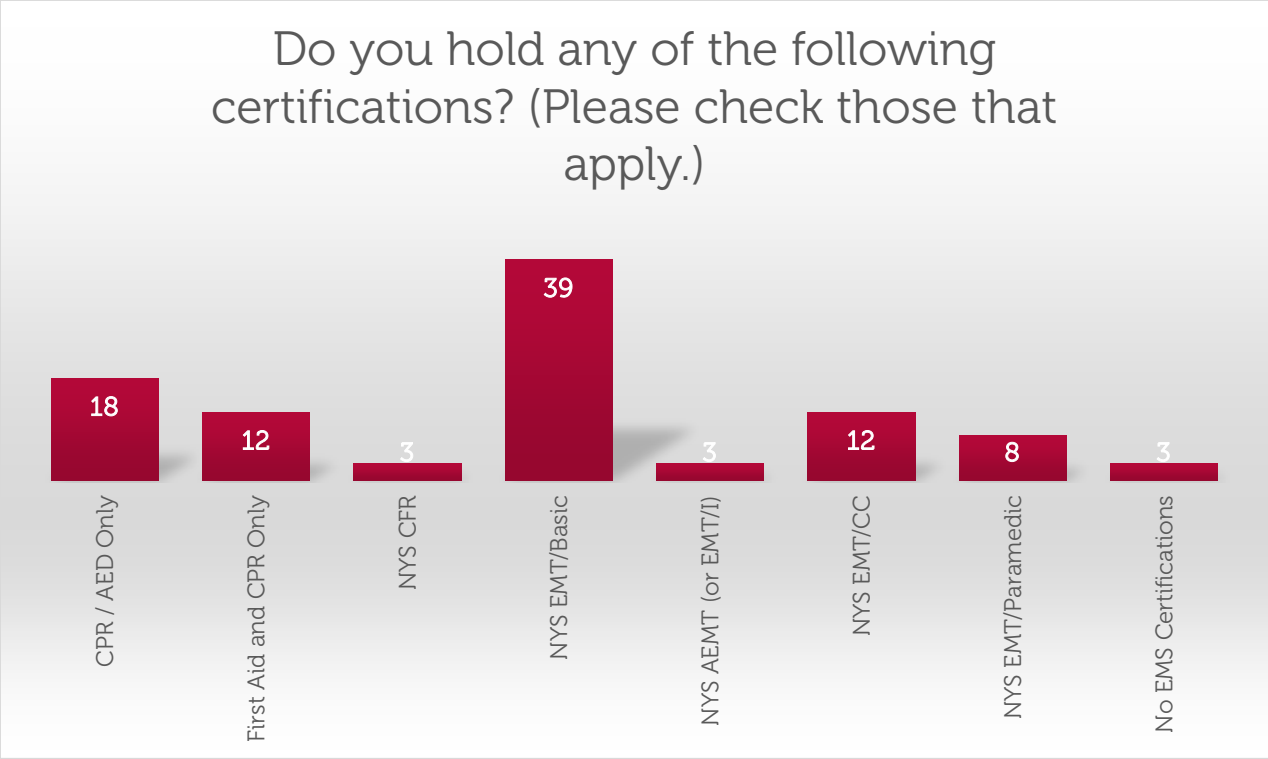


7% of respondents selected "Other", of which 5 were EMS Chiefs and 2 were Board Members.



Q6: Certifications Held

More than half of respondents of the 76 respondents held the NYS EMT/Basic Certification. 43% of respondents did not have the NYS EMT/Basic Certification.

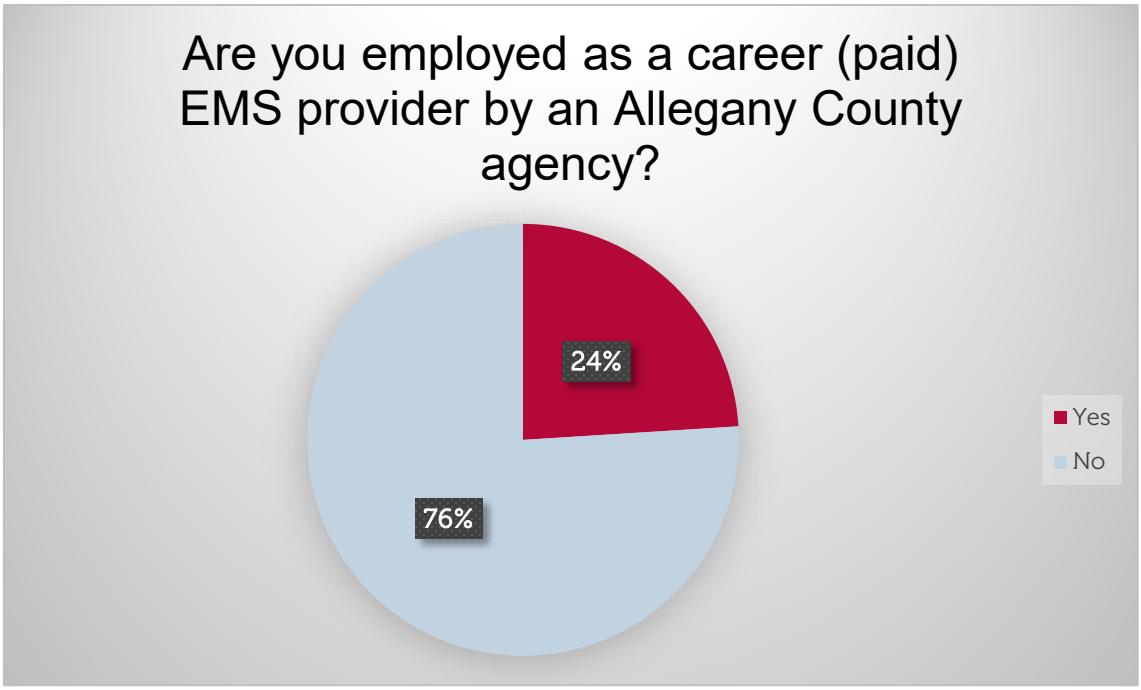

Do you hold any of the following certifications? (Please check those that apply.)
18
12
3
39
3
12
8
3
CPR / AED Only
First Aid and CPR Only
NYS CFR
NYS EMT/Basic
NYS AEMT (or EMT/I)
NYS EMT/CC
NYS EMT/Paramedic
No EMS Certifications

Career Responses

Q20: Career EMS Provider Y/N

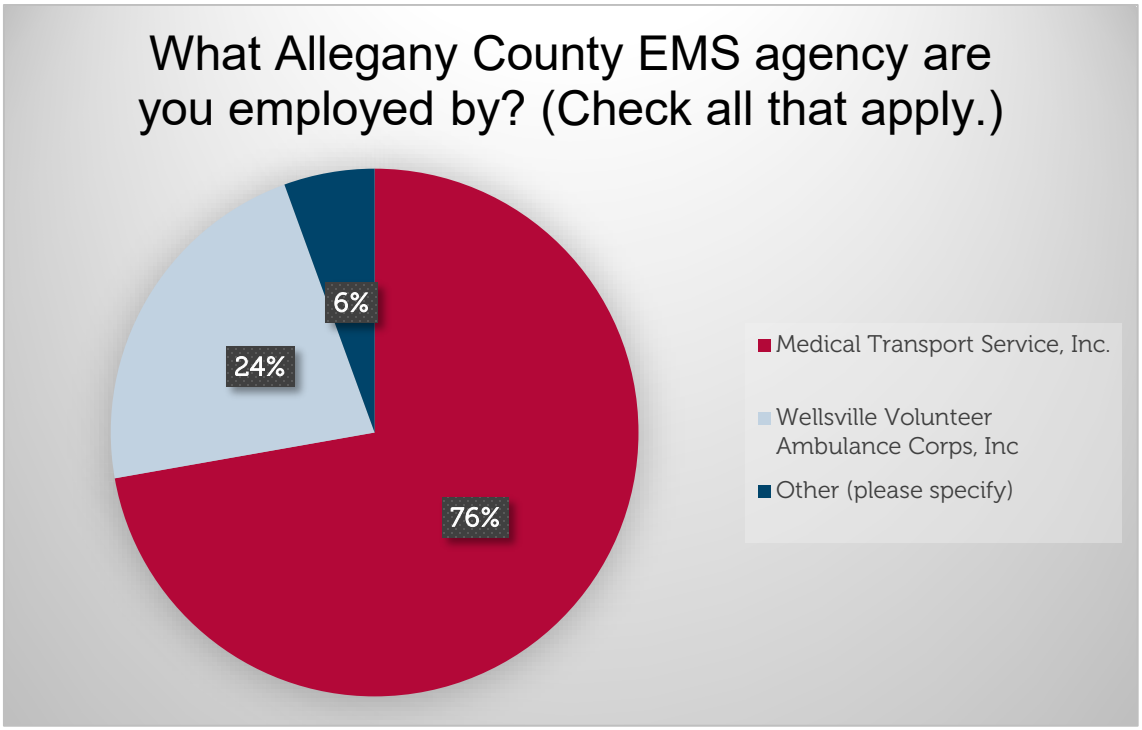
Respondents were asked "Are you employed as a career (paid) EMS provider by an Allegany County agency?"

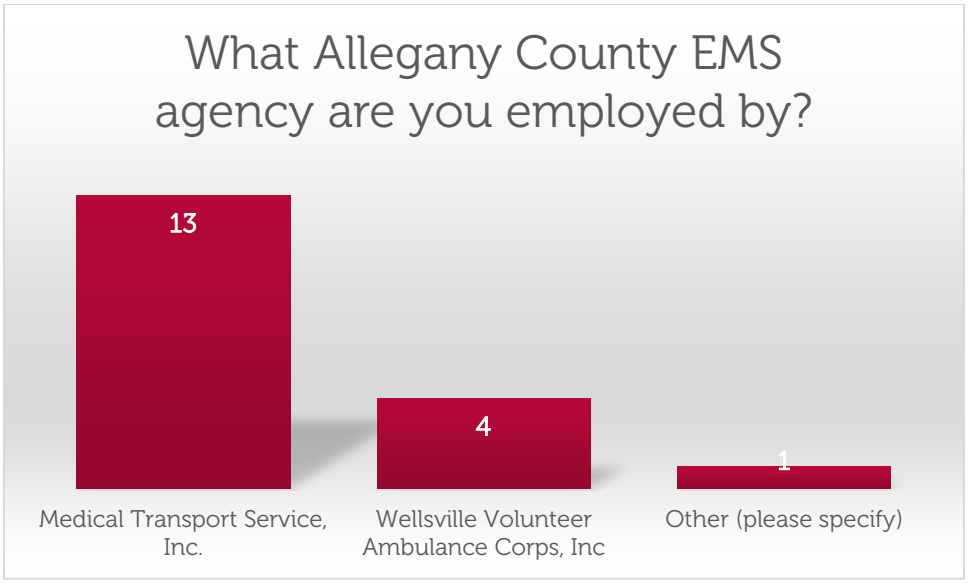
Of the 87 respondents who completed the survey, 18 of them, about a quarter, indicated that they were employed as a career EMS Provider.



Q21: Career EMS Agency Employed by

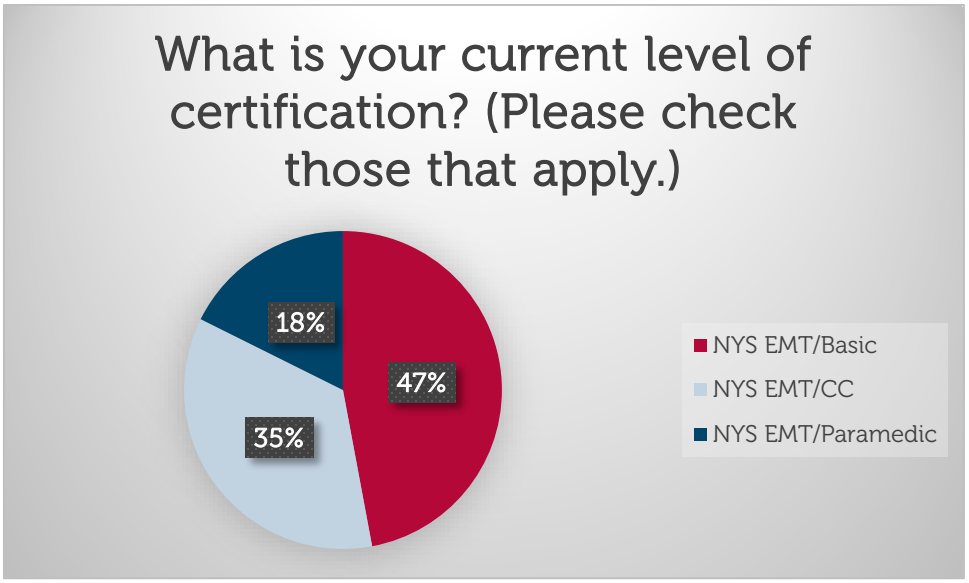
Thirteen of the 18 paid respondents were staff of MTS. Four were staff for Wellsville and one individual was an employee of TransAm Ambulance and MercyFlight.

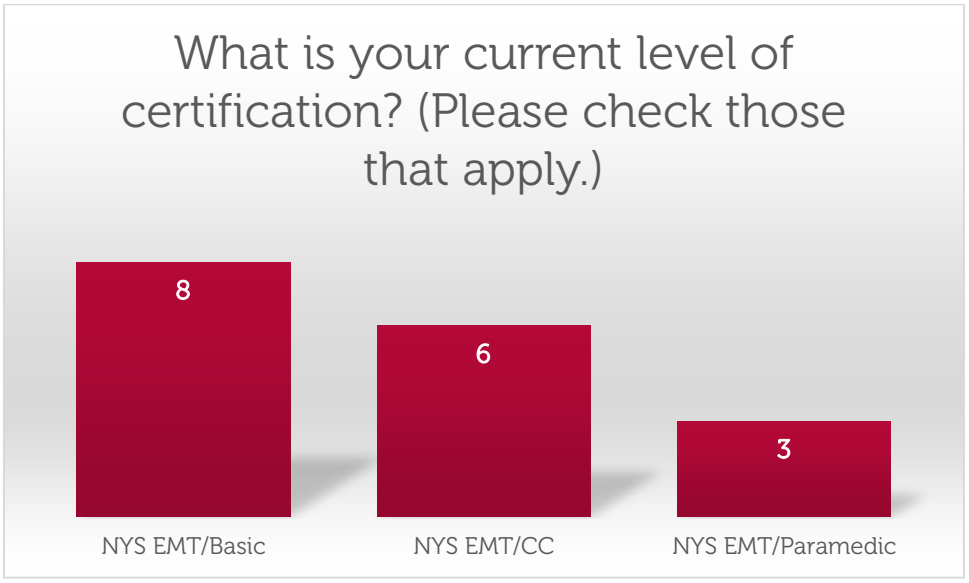




Q22: Career Certification Level

Of the paid respondents, eight were NYS EMT/Basics, six were NYS EMT/CCs and three NYS EMT/Paramedics.





Q23: Career Hours per Week Over Last 6 Months

24% of respondents reported working less than full-time hours. The other 76% reported working 36 hours per week or more. Four individuals reported working 50 hours or more weekly.

Hours per week	
Max	65 Hours

Hours per week	
Min	2 Hours
Median	40 Hours
Mode	36 & 40 Hours
Mean	37 Hours

Q24: Career Year Hired

71% of respondents reported being hired within the last 10 years. Only five of the paid staff were hired before 2011. The highest year reported was last year, 2022, where five hires more than doubles the next nearest year.



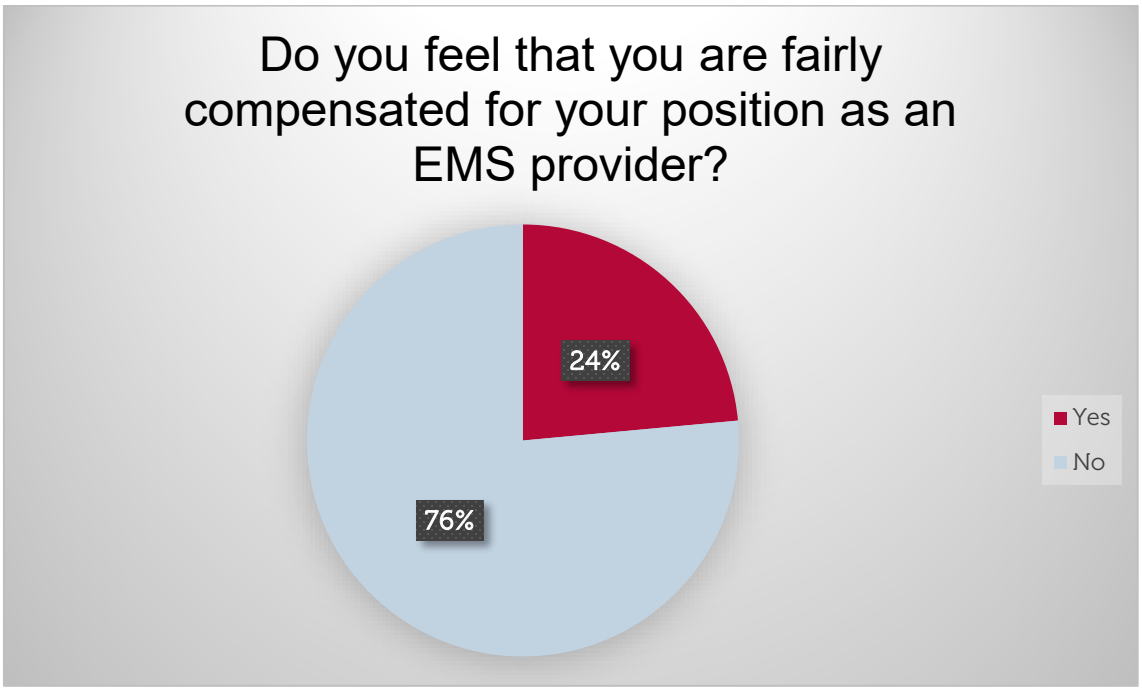
Q25: Career Years in EMS

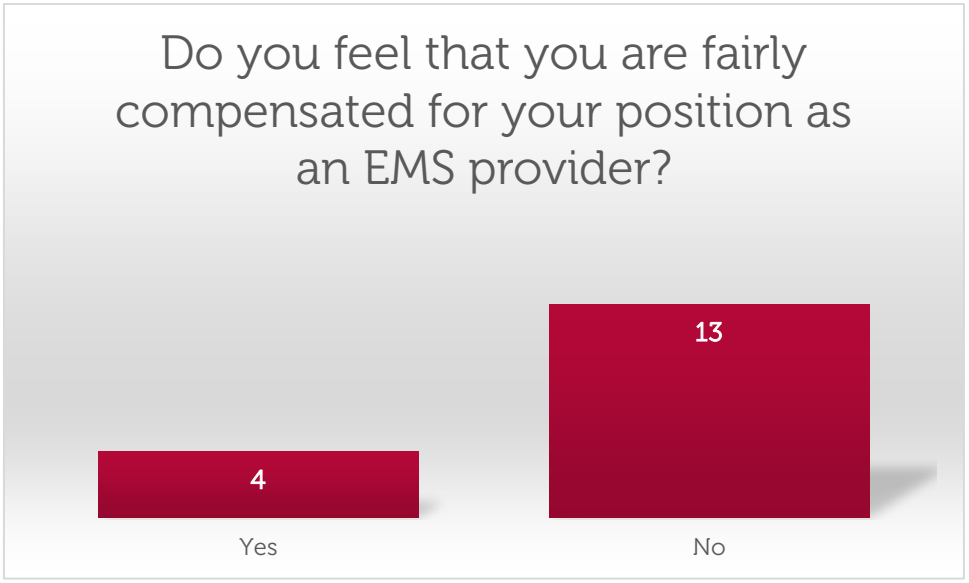
17 career respondents responded. 35% have been in EMS for less than 10 years. Most respondents were in EMS from 15-20 years. 24% of respondents have been in EMS for 25+ years.

Years in EMS	
Max	58 Years
Min	1 Years
Median	15 Years
Mode	20 Years
Mean	18 Years

Q26: Career Satisfaction with Compensation

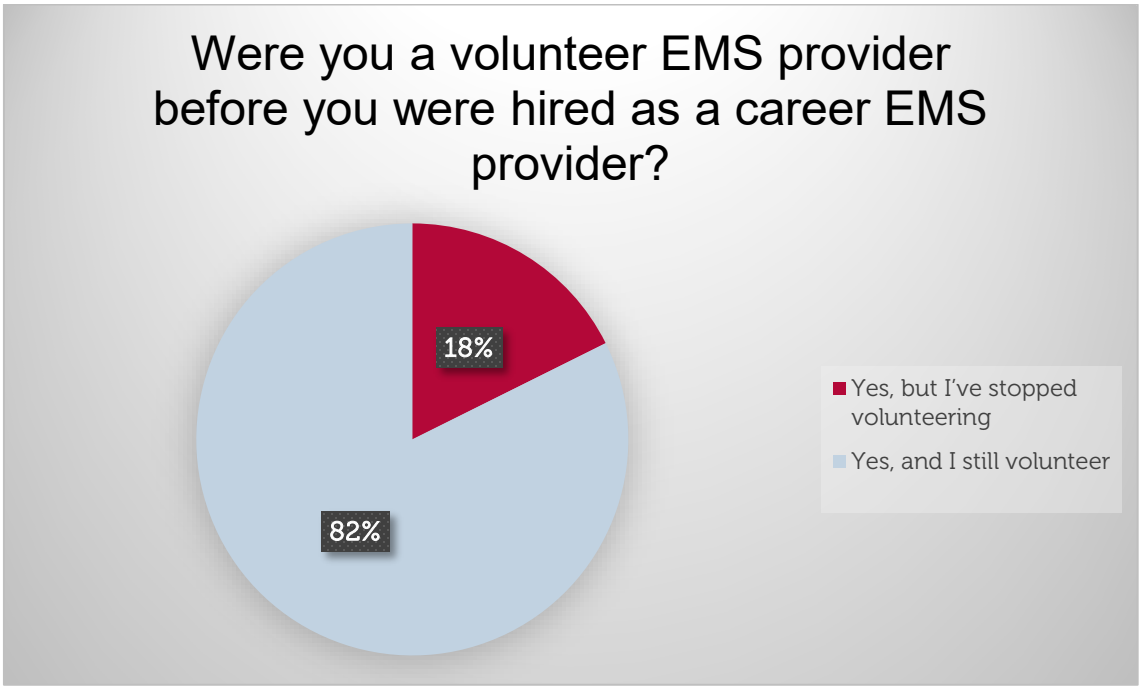
76% of career respondents felt that they were not fairly compensated. Of the individuals who felt they were, two were employees of MTS, one was employed by WVAC, and one was employed by both TransAm and MercyFlight.

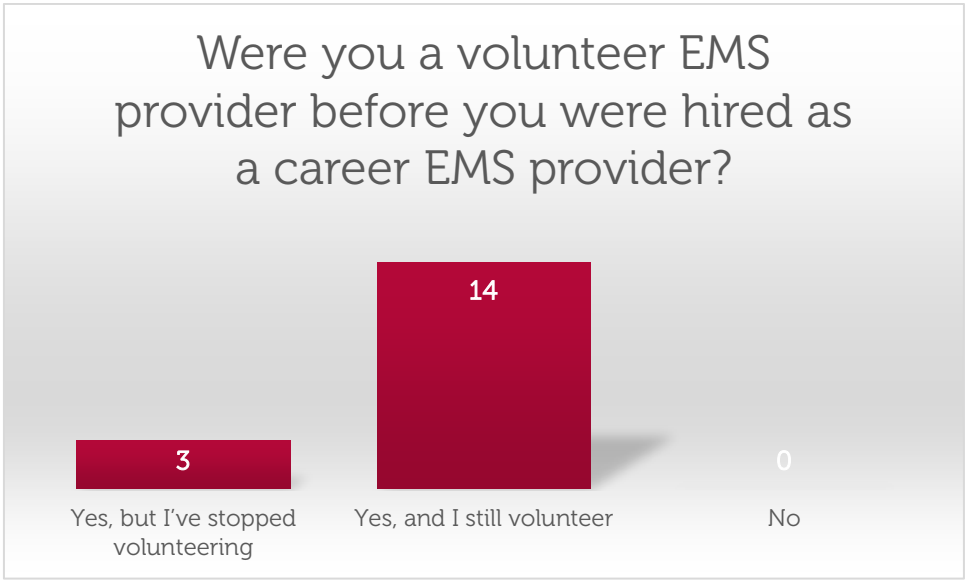




Q27: Volunteer Provider before Career

All paid EMS Providers in Allegany County were volunteers before they were hired as a career provider. 82% of career EMS providers still volunteer at volunteer agencies.





Q28: Career Miles from Primary EMS Station

Career respondents were asked: "How far do you live away from your primary EMS station in miles?"

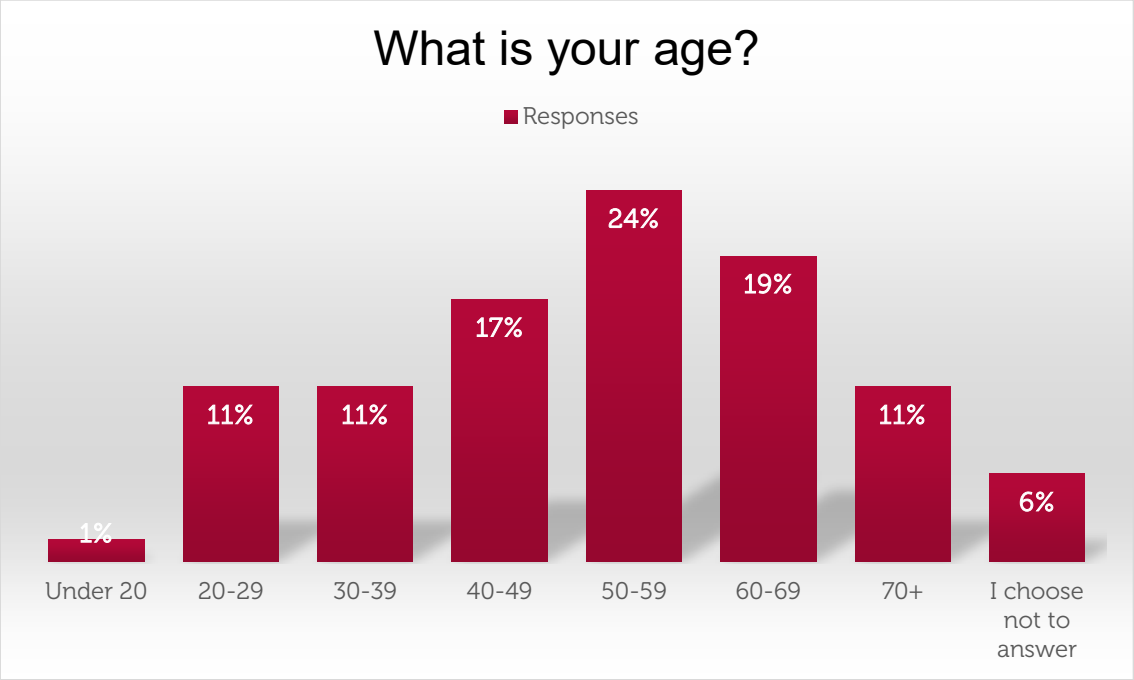
Fourteen responded. The average distance from an individual's primary station was seven miles. 64% of respondents reported living less than six miles from their primary station. All other respondents reported living more than 10 miles from their primary station.

Miles from Primary Station	
Max	16 Miles
Min	0.4 Miles
Median	5 Miles
Mode	5 and 15 Miles
Mean	7 Miles

All Respondent Demographics

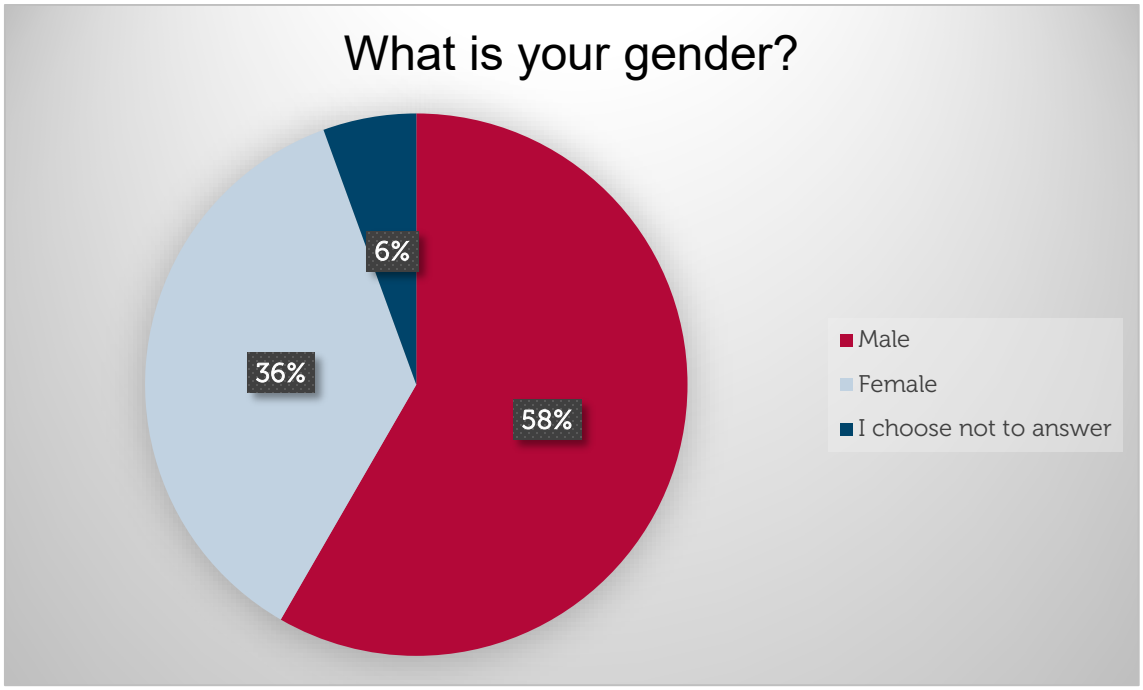
Q43: Age

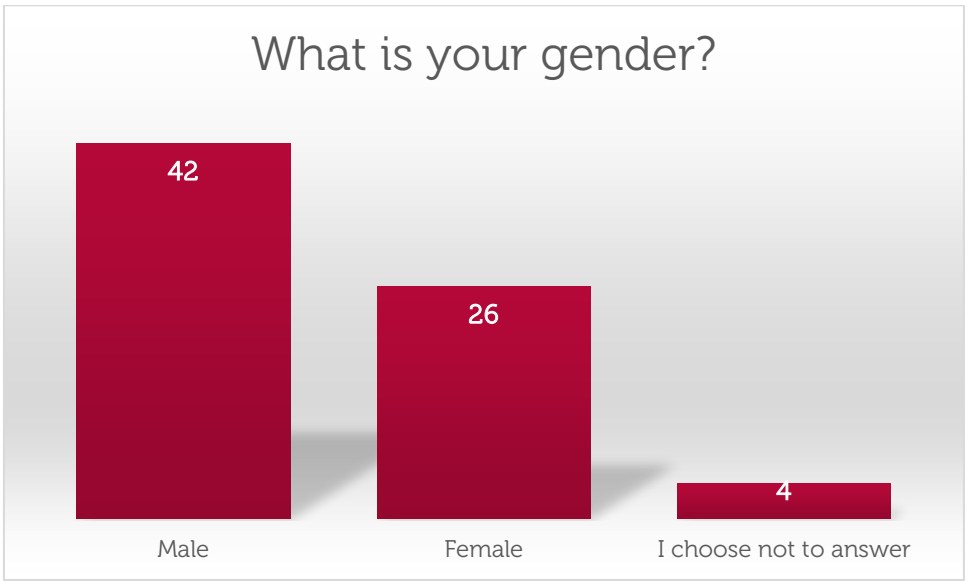
54% of respondents reported being 50 years old or older. Only 23% of respondents were under the age of 40 years old.



Q44: Gender

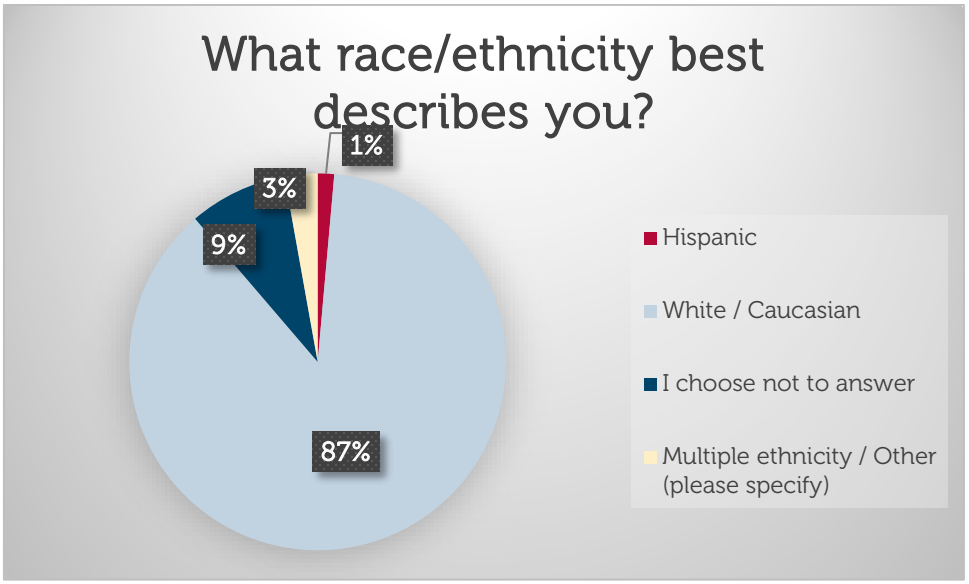
58% of respondents were Male and 35% were Female.

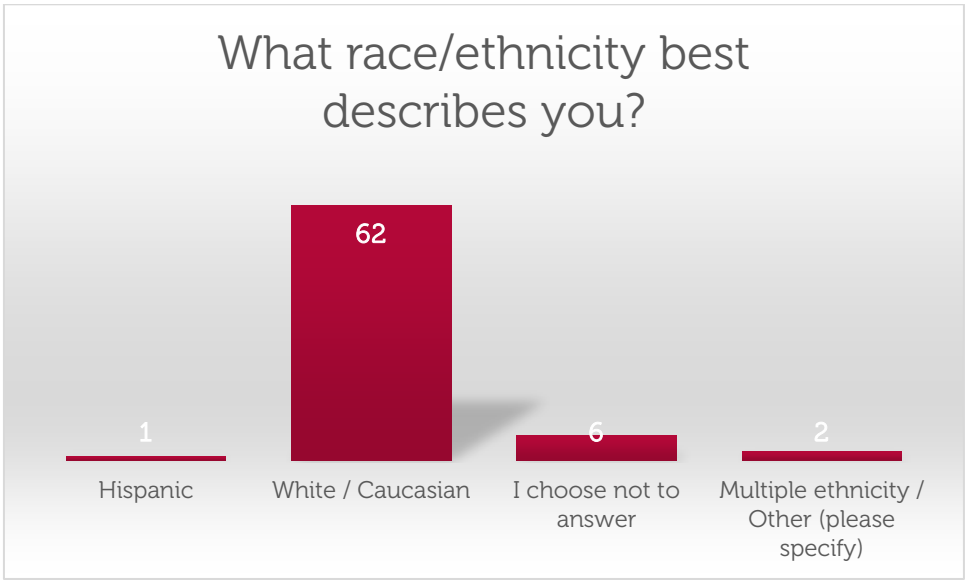




Q45: Race/Ethnicity

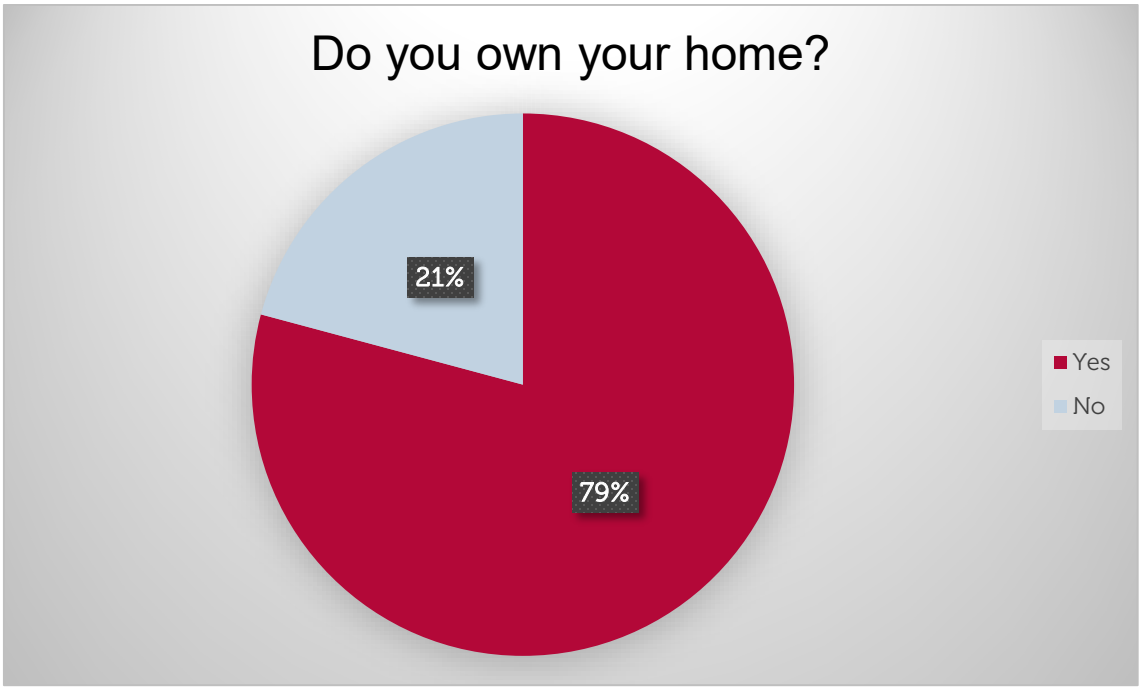
72 respondents answered. 87% were white, 9% did not answer and 4% were either Hispanic or identified with multiples ethnicities.

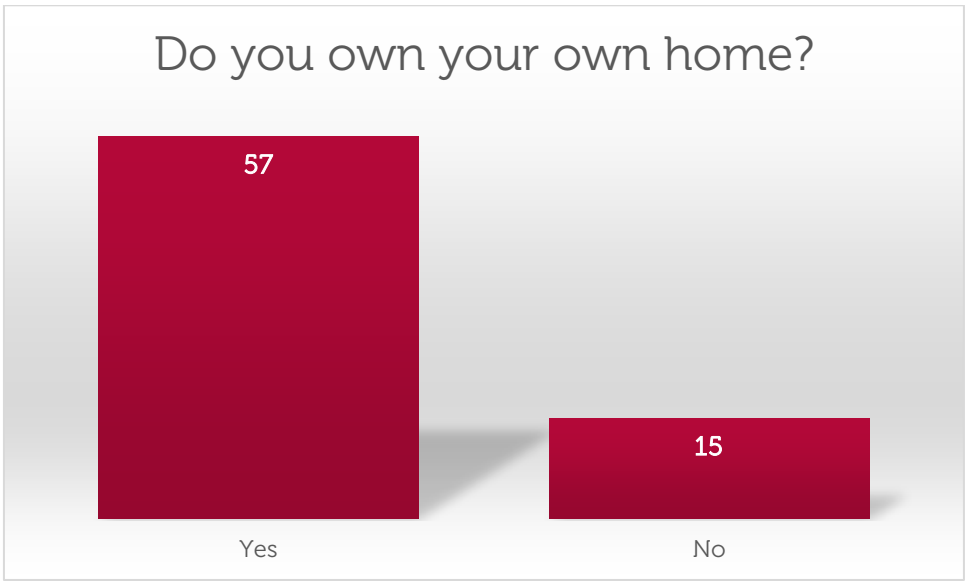




Q46: Home Ownership

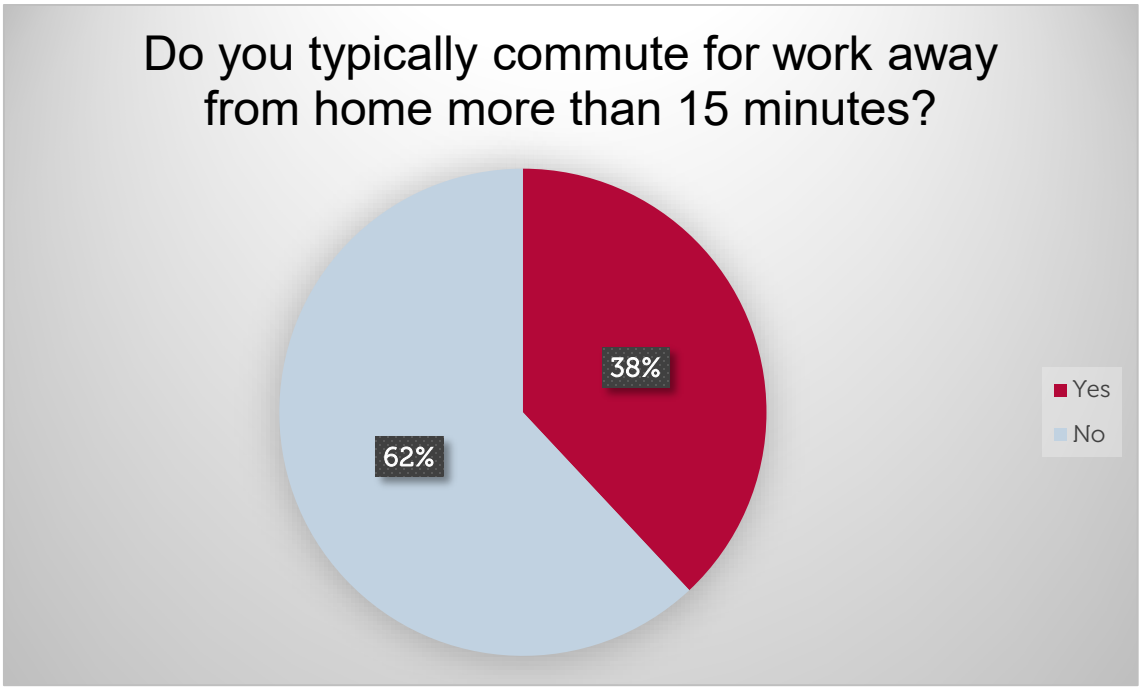
79% of respondents owned their home.

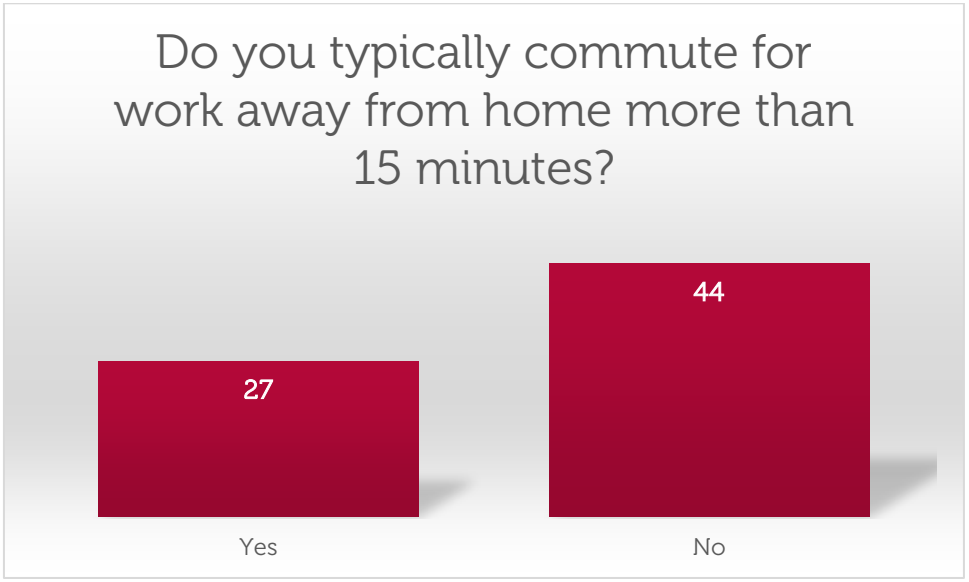




Q47: Is your commute more than 15 minutes?

62% report that their commute to work is not more than 15 minutes.





Q48: Zip Code

The largest number of respondents live in the 14895 Zip code, followed by the 14802 and 14803 Zip codes.

In what zipcode is your home located?		
14065	5%	1
14707	5%	1

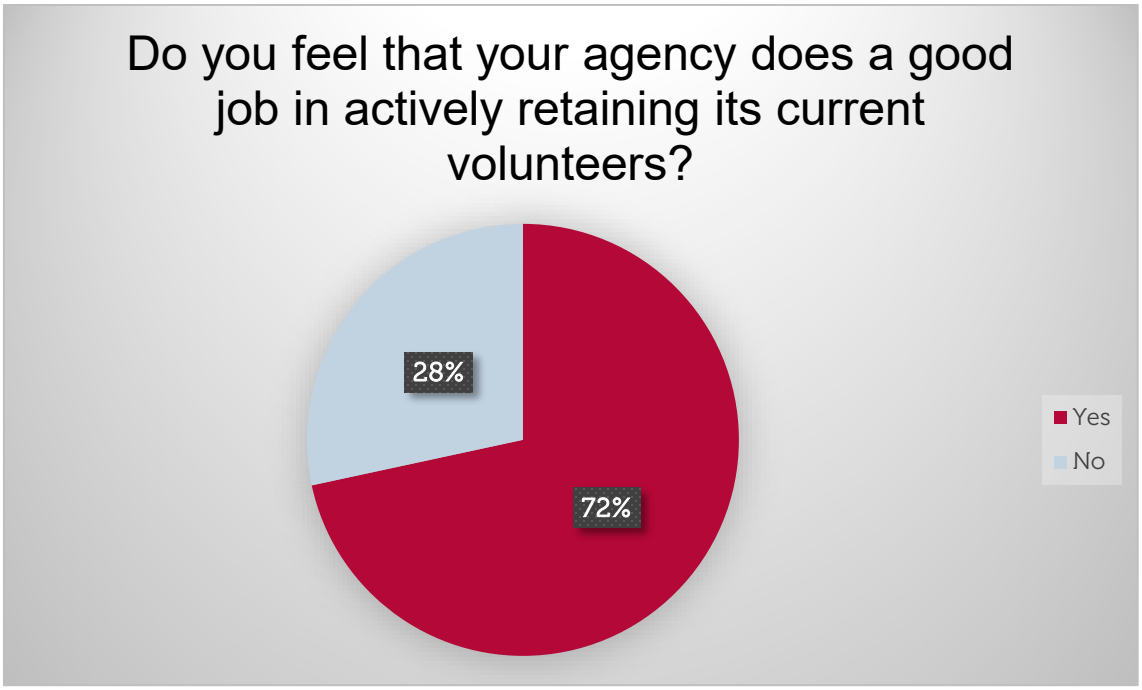
14709	5%	1
14711	26%	5
14715	11%	2
14727	32%	6
14735	21%	4
14744	16%	3
14760	11%	2
14770	5%	1
14777	16%	3
14802	47%	9
14803	42%	8
14804	5%	1
14806	32%	6
14813	5%	1
14880	26%	5
14895	53%	10
14897	11%	2
	Answered	**71**
	Skipped	**16**

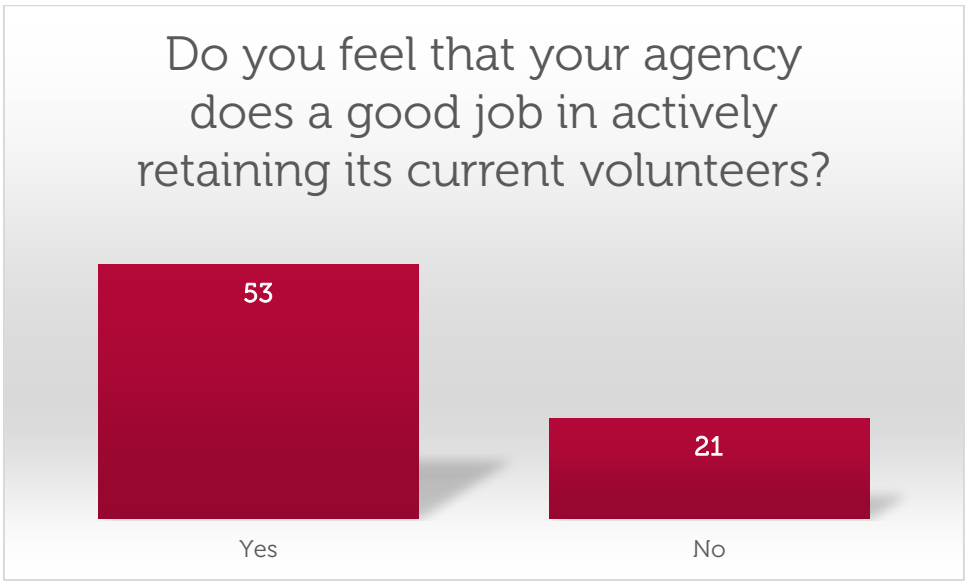
Agency Strengths and Weaknesses

Volunteer and career members were separately asked to assess their agency's strengths and weaknesses.

Q9: Volunteers: Success in Retaining Current Volunteers

72% of respondents felt their agencies do a good job of retaining its volunteers.





Q10: Volunteers: Successful Factors in Retention

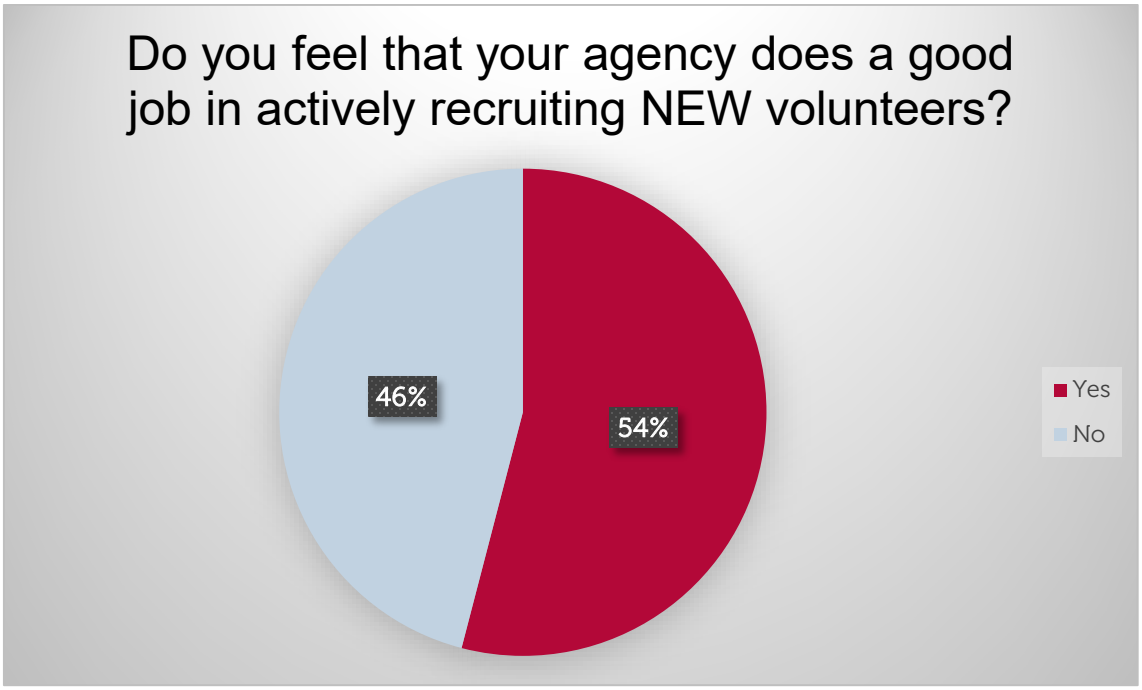
Overwhelmingly, with 53% of respondents highlighting it as their first reason, *a feeling of belonging/Inclusion/Being part of a team* was the most successful factor in retaining volunteer members. The next most successful factor regarding volunteer retention is sense that everybody is respected. The last two items that respondents highlighted as strengths were *good communication* and *strong leadership within the organization.*

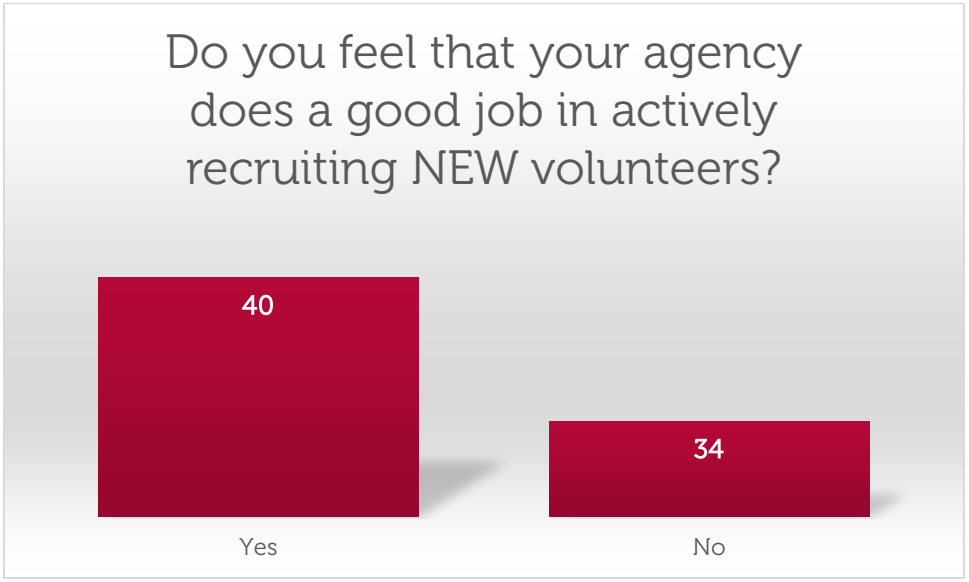
What do you feel has been successful in retaining current volunteers in your agency(s)? (Rank the top three.)	1st		2nd		3rd		Total
	%	#	%	#	%	#	#
A feeling of belonging/Inclusion/Being part of a 'team'	53%	39	7%	5	5%	3	47
A sense that everyone is respected/included in decisions	8%	6	26%	18	8%	5	29
Good communication	1%	1	15%	10	16%	10	21
Strong leadership in organization	3%	2	9%	6	16%	10	18
Feeling needed	4%	3	7%	5	11%	7	15
Social activities	8%	6	4%	3	6%	4	13
Recognition by community	1%	1	12%	8	6%	4	13
Opportunities to advance/gain experience	7%	5	1%	1	8%	5	11
Nothing has been successful	8%	6	3%	2	3%	2	10
Robust training program	3%	2	3%	2	6%	4	8
Department clothing/memorabilia	1%	1	3%	2	8%	5	8
Feeling safe at trainings & operations	0%	0	4%	3	3%	2	5
Incentive programs (gift cards/gym memberships)	0%	0	3%	2	2%	1	3
Other (please specify)	1%	1	1%	1			2

The two individuals who selected "Other" indicated that their leadership has chased volunteers off and do not want to recruit volunteers.

Q11: Volunteers: Recruiting New Volunteers

46% of respondents felt that their agency struggles to actively recruit new volunteers.





Q12: Volunteers: Improving Recruitment

To gauge ways to improve recruitment, we asked volunteers, "What could be done to improve the recruitment of new volunteers to your agency(s)?" The top 3 ways indicated were better recruitment advertisement, valuing volunteer contributions more, and assigning a mentor/coach to each new member.

What could be done to improve the recruitment of new volunteers to your	1st Priority	2nd Priority	3rd Priority	Total

agency(s)?							
	%	#	%	#	%	#	#
Better advertising of need/better recruitment of volunteers	24%	17	11%	8	6%	4	29
More/better tax breaks/benefits/incentives	15%	11	11%	8	11%	7	26
Value volunteer contributions more	8%	6	14%	10	11%	7	24
Mentor or coach assigned to each new member	7%	5	14%	10	14%	9	24
Reduce training time	13%	9	10%	7	3%	2	18
Reduce intake & qualification requirements	14%	10	4%	3	3%	2	15
Add/improve junior member or explorer program	4%	3	10%	7	6%	4	14
Pay-per-call program	6%	4	6%	4	9%	6	14
Effective orientation process	4%	3	7%	5	8%	5	13
Property tax reduction	1%	1	6%	4	8%	5	10
More social activities	0%	0	4%	3	6%	4	7
Volunteer retirement program	1%	1	0%	0	8%	5	6
Have nicer stations	0%	0	0%	0	5%	3	3
Other (please specify)	0%		0%		3%	2	2
Have better equipment	0%	0	3%	2	0%	0	2
Nothing needs to be done	1%	1	0%	0	2%	1	2
Have a space to work at the station	0%	0	0%	0	0%	0	0
Nothing can be done	0%	0	0%	0	0%	0	0

Q17: Volunteers: Agency's Biggest Strengths

The professionalism of the membership was reported as the biggest strength for Volunteer Agencies by 24% of respondents.

Staying current/progressive with practices & technology, connection to the community and quality of equipment were all common things listed as biggest strengths.

What do you see as biggest strengths of your agency(s)?	Biggest Strength		2nd Biggest Strength		3rd Biggest Strength		Total
	%	#	%	#	%	#	#
Professionalism of the membership	24%	16	10%	6	8%	4	26
Quality of ambulance/equipment	10%	7	8%	5	15%	8	20
Response times	13%	9	8%	5	10%	5	19
Operational Leadership	13%	9	6%	4	10%	5	18
Staying current/progressive with new	4%	3	11%	7	12%	6	16

practices & technology							
Connection with community	7%	5	11%	7	6%	3	15
Department atmosphere	6%	4	6%	4	10%	5	13
Equipment	1%	1	11%	7	4%	2	10
Training	4%	3	5%	3	8%	4	10
Public perception	3%	2	6%	4	4%	2	8
Relationship between career and volunteer staff	6%	4	2%	1	4%	2	7
Financial situation	4%	3	6%	4	0%	0	7
Board/Administrative Leadership	1%	1	5%	3	2%	1	5
Incentives to volunteer	1%	1	2%	1	2%	1	3
Quality of Stations	0%	0	2%	1	2%	1	2
Other (Please Specify)	0%	0	0%	0	4%	2	2
Internal communication	0%	0	0%	0	2%	1	1

Of the respondents who selected other, two indicated that there were no strengths in their agency and the other indicated that recruiting students from local college campuses have enabled a strong group of young adults who volunteer.

Q18: Volunteers: Agency Weaknesses

The biggest agency weaknesses were: 1) Not responding to EMS calls; and 2) & 3) Inadequate incentives for volunteers.

What do you see as biggest weaknesses of your agency(s)?	Biggest Weakness		2nd Biggest Weakness		3rd Biggest Weakness		Total
	%	#	%	#	%	#	#
Incentives to volunteer	18%	12	22%	12	18%	8	32
Not responding to EMS calls	20%	13	6%	3	11%	5	21
Operational Leadership	9%	6	9%	5	9%	4	15
Financial situation	9%	6	9%	5	7%	3	14
Professionalism of the membership	9%	6	6%	3	7%	3	12
Response times	11%	7	7%	4	5%	2	12
Board/Administrative Leadership	3%	2	11%	6	2%	1	9
Internal communication	3%	2	2%	1	9%	4	7
Training	0%	0	11%	6	7%	3	7
Connection with community,	2%	1	7%	4	5%	2	7
Quality of the stations	3%	2	6%	3	2%	1	5
Public perception	6%	4	0%	0	2%	1	5
Department atmosphere	0%	0	0%	0	7%	3	3
Quality of ambulance/equipment	0%	0	2%	1	5%	2	3
Staying current/progressive with new practices & technology	2%	1	2%	1	2%	1	3
Equipment	3%	2	0%	0	2%	1	3

What do you see as biggest weaknesses of your agency(s)?	Biggest Weakness		2nd Biggest Weakness		3rd Biggest Weakness		Total
Other (please specify)	2%	1	0%		0%		1
Relationship between career and volunteer staff	0%	0	0%	0	0%	0	0

The respondent who selected other, mentioned that they have difficult members who drive younger members out of Fire/EMS.

Q29: Career: Biggest Agency Strengths

Response times were the biggest strength of the paid agencies according to 44% of paid respondents. Following, internal staff relationships, Operational Leadership and department atmosphere were all indicated as strengths of paid agencies.

Internal communication, Quality of Stations and Stations connection to the community are areas of growth and were not selected as a strength in any capacity.

What do you see as biggest strengths of your paid agency(s)?	Biggest Strength		2nd Biggest Strength		3rd Biggest Strength		Total
	%	#	%	#	%	#	#
Response times	44%	7	0%	0	9%	1	8
Relationship between career and volunteer staff	19%	3	31%	4	0%	0	7
Operational Leadership	0%	0	23%	3	27%	3	6
Department atmosphere	0%	0	8%	1	27%	3	4
Training	6%	1	8%	1	9%	1	3
Staying current/progressive with new practices & technology	13%	2	8%	1	0%	0	3
Professionalism of the staff	13%	2	0%	0	0%	0	2
Equipment	0%	0	8%	1	0%	0	1
Administrative Leadership	0%	0	0%	0	9%	1	1
Volunteers	0%	0	0%	0	9%	1	1
Financial situation	0%	0	8%	1	0%	0	1
Public perception	0%	0	8%	1	0%	0	1
Quality of ambulance/equipment	0%	0	0%	0	9%	1	1
Other (please specify)							1
Internal communication	0%	0	0%	0	0%	0	0
Quality of the stations	0%	0	0%	0	0%	0	0
Connection with community	0%	0	0%	0	0%	0	0

One respondent selected "other" and indicated that their agency had no strengths.

Q30: Career: Biggest Agency Weaknesses

Professionalism of the staff, Operational Leadership and Finances were listed as the top three weaknesses of paid agencies.

The biggest weakness identified in paid agencies (by a third of respondents) was professionalism of staff. Equipment was identified as the second-biggest weakness. A number of items were identified as the third biggest weakness.

What do you see as biggest weaknesses of your paid agency(s)?	Biggest Weakness		2nd Biggest Weakness		3rd Biggest Weakness		Total
	%	#	%	#	%	#	#
Professionalism of the staff	33%	5	0%	0	7%	1	6
Relationship between career and volunteer staff	7%	1	14%	2	0%	0	3
Response times	0%	0	7%	1	7%	1	2
Equipment	7%	1	21%	3	0%	0	4
Operational Leadership	13%	2	7%	1	14%	2	5
Administrative Leadership	0%	0	14%	2	14%	2	4
Training	7%	1	0%	0	14%	2	3
Volunteers	13%	2	0%	0	0%	0	2
Department atmosphere	7%	1	7%	1	0%	0	2
Internal communication	0%	0	14%	2	14%	2	4
Staying current/progressive with new practices & technology	0%	0	0%	0	0%	0	0
Financial situation	13%	2	14%	2	7%	1	5
Public perception	0%	0	0%	0	14%	2	2
Quality of ambulance/equipment	0%	0	0%	0	7%	1	1
Other (please specify)	0%		0%		0%		1
Quality of the stations	0%	0	0%	0	0%	0	0
Connection with community	0%	0	0%	0	0%	0	0

The respondent who selected "Other" listed "everything" as a weakness.

Q32: All Respondents: Issues with EMS training

59% of Respondents indicated that the time it takes to train EMS personnel represents a major challenge. The complexity and cost of training are considered minor challenges by about half of respondents, while the frequency of training and traveling to training are considered not a challenge by a plurality of respondents.

What are the top issues or challenges with EMS training? (Please select all that apply.)	Major Challenge		Minor challenge		Not a challenge		Total
	%	#	%	#	%	#	#
The time required	59%	42	30%	21	11%	8	71
The complexity of training	25%	17	51%	34	24%	16	67
The cost of training	24%	16	48%	32	28%	19	67
The frequency of training	15%	10	39%	26	45%	30	66
Traveling to training	11%	7	44%	29	45%	30	66

Q37: All Respondents: Organizational Leadership

68% of Respondents reported that the leadership at their agency is strong or better. Less than 10% of respondents indicated that the leadership at their primary agency was weak or worse.

Please give us a general rating of your primary agency's operational leadership:		
	%	#
Very Strong	38%	27
Strong	30%	21
Average	24%	17
Weak	3%	2
Very Weak	6%	4

Q38: All Respondents: Rating of Administrative Leadership

55% of respondents reported that their leadership was either Strong or Very Strong. 31% of respondents seemed to think leadership was average.

Please give us a general rating of your primary agency's administrative leadership:		
	%	#
Very Strong	34%	24
Strong	21%	15
Average	31%	22
Weak	8%	6
Very Weak	6%	4

Q39: All Respondents: Rating of Training Burden

43% of respondents felt as if the training required for their position was just right. 39% felt that the training was a lot or too much.

Please give us a general rating of the training burden for your position:		
	%	#
Too Much	3%	2
A lot	36%	26
Just right	43%	31
A little	17%	12
Too little	1%	1

Q40: Agency Ability to meet Financial Obligations

A majority of respondents indicated that their agency is prepared to meet yearly financial obligations.

How would you rate your agency(s)' ability to meet financial obligations, such as purchasing equipment and maintaining facilities?		
	%	#
Very well prepared	23%	11
Well prepared	31%	15
Neutral	23%	9
Underprepared	18%	5
Very underprepared	6%	2

The two respondents who selected "Other" both initially selected neutral. One felt that they go to the commissioners if they need anything big. However, the commissioners normally don't have items that they request budgeted. The other respondent indicated that the cost of equipment will rise and they do not know how prepared their agency is for that.

Thoughts and Priorities

Q41: Other Thoughts

Respondents were asked if there was anything else they wanted to share. There were 10 substantive responses. Those are detailed below.

Is there anything else you would like to share?
I believe that there should be more incentive for volunteers, the amount of paid staff responding to EMS calls is overwhelming to volunteers. They are seeing it as there is staff being paid to cover these calls, why should we even bother showing up for them. The volunteer census is decreasing dramatically, and if there was more incentive from their home agencies I believe there would be an increase in volunteers. I also believe that volunteers are starting to get burned out, so some appreciation towards them would be nice.
I think the drop in volunteer response is the paid service. The volunteers now can choose which calls they want to respond to. Because they know the ones that are getting paid will cover the call
Maybe consider looking into programs to help ease the work load on EMS agencies by eliminating or reducing the amount of nuisance and frequent flyer calls.
Maybe if the County concentrated on making the CFR program more interesting and easier to obtain by the younger generation, maybe we could get some of them interested in moving on to the EMT program. The State's requirements are too much and take too long for the kids today that are used to everything being easy to

accomplish and instantaneous.
MTS is failing, and they've hurt the volunteer departments for years. Now they're trying to bail themselves out with those same volunteers. I think it's very important to have a County-provided EMS service. I don't think MTS can be provided funding and trusted to use it appropriately. Strong oversight is necessary. Providing money and letting MTS do what they will may lead to a worsening of the situation down the road.
Need County owned CON, common territory, make mutual aid easier with neighbors not a crew sitting drinking coffee at Quicklee's
Thank you for doing this survey. I hope the comments are taken under serious consideration.
The answer to question 29 is unique to the 3 agencies that I selected in the beginning of this survey. The agencies that I am affiliated with are all independent EMS Agencies who utilize third party insurance billing to fund our services. Our agencies number 1 priority is having the equipment, training, and resources available to our members to serve the public as efficiently and best as we can. Unfortunately, there are a lot of agencies in our county who are not fortunate enough to have the same luxury, therefore that metric should be looked at based on the organization of the agency.
We grew increasingly concerned since the implementation of Allegany County's dispatch plan in 2018-2019 that volunteer EMS agencies would be edged out in favor of a for-profit paid service and would disrupt the mutual aid and esprit de corps that volunteer fire departments shared as EMS providers. This came to fruition. I believe Allegany County is now forced to provide EMS in order to supplement (and in some communities replace) volunteers. The $600,000 pledged to stabilize MTS for 6 months is equivalent to roughly 7 years of our income. As a taxpayer, it's frustrating to come to this point after trying for years to raise these concerns. Thank you for taking this step to prevent things from getting worse.
We run very well and are doing better than many agencies. But still have our times that we cannot cover our calls. Life takes people in so many directions and further from home than years past. Also many of our members are involved in other activities together so affect that more than one of us may be out at the same time.

Q42: Priorities for County Investment

Respondents were asked to rate the importance of a list of 10 possible priorities for County investment. Supporting EMS Volunteers Providers and Leadership Development, Improving training opportunities, and providing financial incentives were areas where respondents felt are the most important to invest resources in.

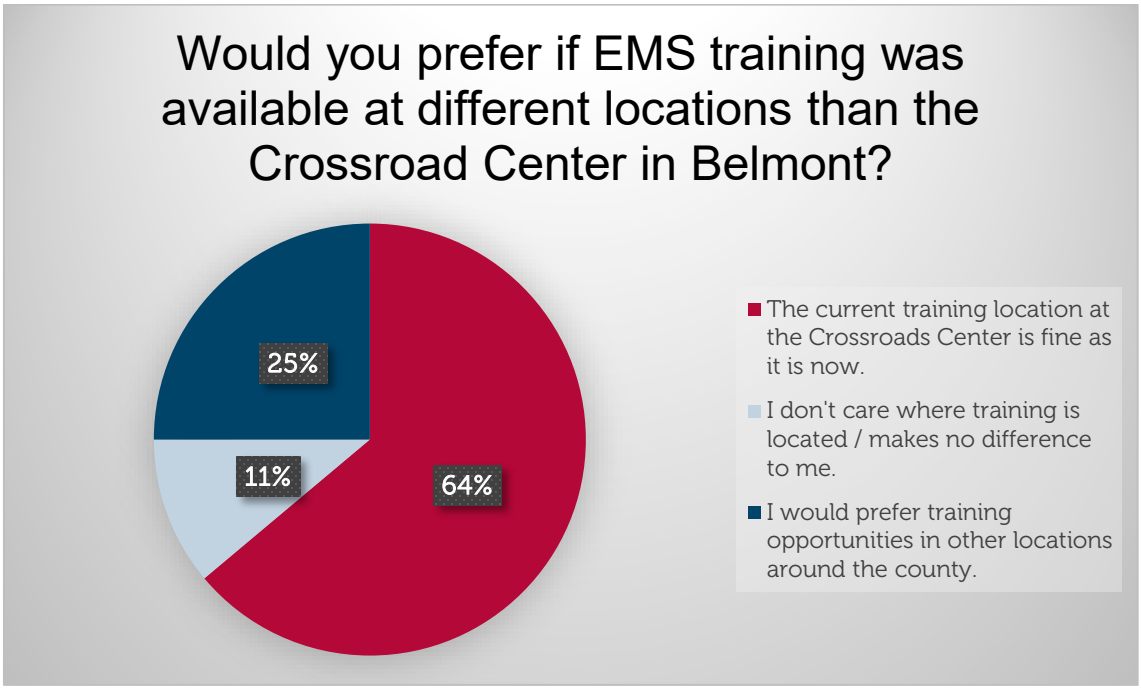
Please indicate how important it is for Allegany County to invest staff time and/or financial resources in each of the following items:	Very Important	Important	Unsure	Not Important

	%	#	%	#	%	#	%	#
Supporting volunteer EMS service providers and EMS leadership development	72%	51	25%	18	3%	2	0%	0
Improving EMS training opportunities	62%	44	32%	23	6%	4	0%	0
Providing financial incentives such as LOSAP programs or tax breaks for volunteers	61%	43	26%	18	10%	7	3%	2
Coordinating recruitment efforts	51%	35	35%	24	14%	10	0%	0
Implement a program to track available EMS resources	45%	32	31%	22	21%	15	3%	2
Providing more equipment and apparatus	39%	27	39%	27	20%	14	3%	2
Coordinating purchasing of supplies	39%	27	39%	27	19%	13	4%	3
Supporting agency shared services or mergers	38%	26	26%	18	30%	21	6%	4
Improving EMS dispatching	37%	25	37%	25	21%	14	6%	4
Start a County ambulance service to serve as a safety net	29%	20	30%	21	29%	20	13%	9

Please note that all listed options have been rated by majority of the respondents as at least Important.

Q33: Training Locations

Asked about their preference for training locations, 64% of respondents said that the Crossroad building is fine as it is now. 1 in 4 respondents would like to see the trainings in other locations around the county





Q35: Suggestions for Training Locations

When asked where else training should be held, respondents had a variety of opinions. The largest number either suggested that it be held at every department, or listed some other specific location they preferred. Several suggested that it be spread throughout the County at convenient locations.

If EMS training were mobile or available in other locations, where should it be?
A central point in each of the districts
A location in the Southern portion and Northern portion of the County would be ideal. Wellsville Emergency Services has a training facility that could easily be made into a training center in that area.
Alfred
Alfred
Alfred State College, Houghton College, and Wellsville with Belmont being headquarters
Alfred, Cuba, Houghton
Area dept to host
At all dept
At an ems base
At different fire and ems stations around the county even small ones.
Belmont
Crossroads is a good location as it is centralized in the county
Cuba for one side of county then a place at other end then maybe northern and southern
Depends what departments have people going
Each department
Fillmore, Whitesville, Cuba

Houghton, Wellsville, and Birdsall
I feel as if it was in a different station for every class offered there would be an increase in attendance
I like crossroads
I'm fine with Crossroads
It should be multiple places convenient for all depts, someplace with lots of room to store equipment and to do training.
It would have to be in a place with multiple areas for breakout, crossroads makes this so advantageous to the learning that they can break in small groups and not be affected by the other groups.
Local Hospitals and other local EMS agencies
Most could be done on-line at the convenience of the trainee.
No opinion
On college campuses within Allegany County.
perhaps rotating to the edge communities. Publishing a schedule far in advance would help communities plan (eg 'a class offered in Cuba in January 2024')
Select varies locations throughout the county. Divide county into quadrants and work from there. Of course, those that are 15 min from Cross Road will not have issue, but those of us that have 30 min + drive have issue. Also need more frequent recert classes for ALS. I had to go to Olean for a recert skills. I wasn't able to attend the recert course held in Olean, so I took a course online, only to find out I had to also do skills. So I drove to Olean for skills. What a WASTE of time! The "instructor only read questions from the book." NO SKILLS! I was furious. I wasted over 3 hours and learned/refreshed nothing. I ended up correcting the instructor several times! The online course I took was top quality, I presented numerous challenging scenarios. Why do we have to do skills for EACH recert when we also have Annual Skills to perform? This is part of what is driving people away. The requirements keep piling up and they are often worthless time consuming exercises. [Volunteer training at Cross Roads] was a TOTAL waste of time on all ends. The driver was too long, once there the instructor only read questions from the book. NO SKILLS! That's what I went there for. Don't have me waste my VOLUNTEER time!
Should not be mobile
Someplace with decent facilities.
Towns with larger and busier agencies such and Cuba, Wellsville, Houghton, and Alfred
unsure.
Use existing school or college/university facilities
Various locations
Wellsville
Wellsville
Wellsville
Wellsville

Wellsville
Wellsville Volunteer Ambulance Corps.
WVAC, Alfred, Cuba

General Attitude

Q7: Volunteers: Likelihood to Suggest Volunteering to a Friend or Neighbor

Three-Quarters of EMS personnel would suggest to a friend to volunteer in Allegany County.

How likely would you be to suggest to a friend or neighbor to join Allegany County agencies as a volunteer?		
	%	#
Very Likely	75%	58
Likely	18%	14
Neither likely or unlikely	1%	1
Somewhat unlikely	0%	0
Very unlikely	5%	4

Q8: Volunteers: Reason for Volunteering

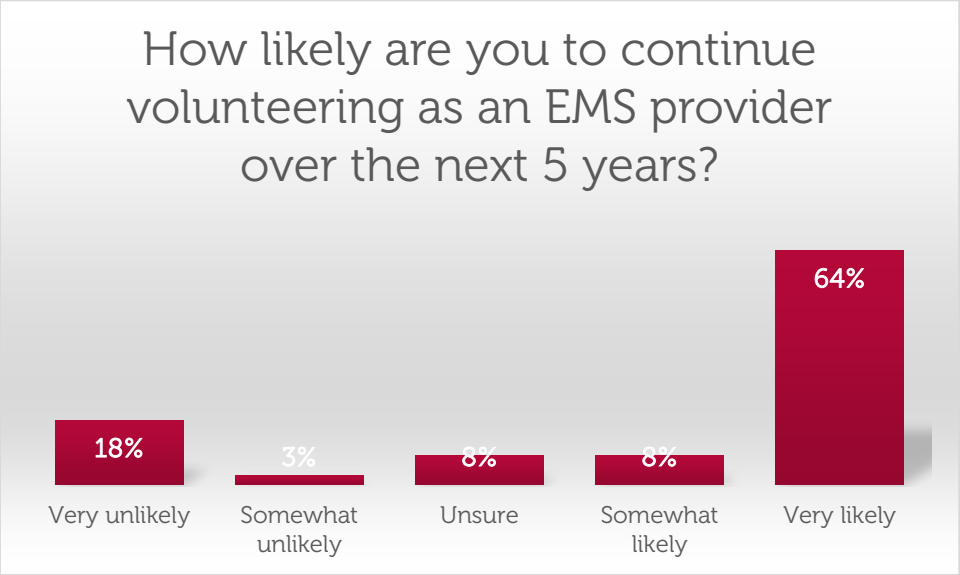
Overwhelmingly, the reason respondents volunteer is their desire to give back to the community they live in, followed by a tradition of service in their family or community.

Why did you begin volunteering? (Rank up to top three reasons.)	First Reason		2nd Reason		3rd Reason		Total
	%	#	%	#	%	#	#
Desire to give back to the community	49%	38	30%	21	17%	10	67
Informal tradition/ the way I grew up/ recruited by family	21%	16	17%	12	17%	10	38
Recruited by friend or neighbor	19%	15	21%	15	14%	8	38
Inspired by an emergency event	4%	3	16%	11	16%	9	23
Joined as an Explorer/junior member and continued to full membership	3%	2	9%	6	7%	4	12

Seeking a career and wanted volunteer experience	3%	2	3%	2	22%	13	17
Incentives offered by organization (LOSAP, tuition, tax credit)	0%	0	1%	1	5%	3	4
Other (please specify)	1%	1	3%	2	2%	1	4

Q13: Volunteers: Likelihood to Continue Volunteering

While most indicated that they are very likely to continue volunteering, almost 30% of volunteers are at most unsure or unlikely to continue volunteering.



Q14: Volunteers: Barriers to Giving More Time

Time limitations from other work and personal life are the main reasons respondents are unable to give more time to volunteering. Required time commitments for agency activities to remain active and in good standing constitute the third biggest barrier.

What barriers prevent you from giving more time as a volunteer?	Biggest Barrier		2nd Biggest Barrier		3rd Biggest Barrier		Total
	%	#	%	#	%	#	#
Time pressures from personal life	36%	27	25%	16	10%	5	48
Time pressures from work	35%	26	22%	14	0%	0	40
Organizational leadership is inadequate	5%	4	3%	2	2%	1	7
Other volunteers are unwelcoming	4%	3	2%	1	4%	2	6

Other hobbies	3%	2	11%	7	13%	7	16
Job is physically demanding	3%	2	2%	1	4%	2	5
Feeling unappreciated by the public	3%	2	0%	0	4%	2	4
Other (please specify)	3%	2	0%		2%	1	3
Required time commitments (certifications, call volume, points, parades)	1%	1	14%	9	17%	9	19
Inadequate support from local officials	1%	1	5%	3	12%	6	10
PTSD/work-related stress	1%	1	2%	1	10%	5	7
Volunteering is no longer personally rewarding	1%	1	6%	4	4%	2	7
Too many false alarms/nuisance calls	1%	1	2%	1	8%	4	6
Organizational policies/requirements are too strict	1%	1	2%	1	6%	3	5
Other volunteering	0%	0	8%	5	6%	3	8

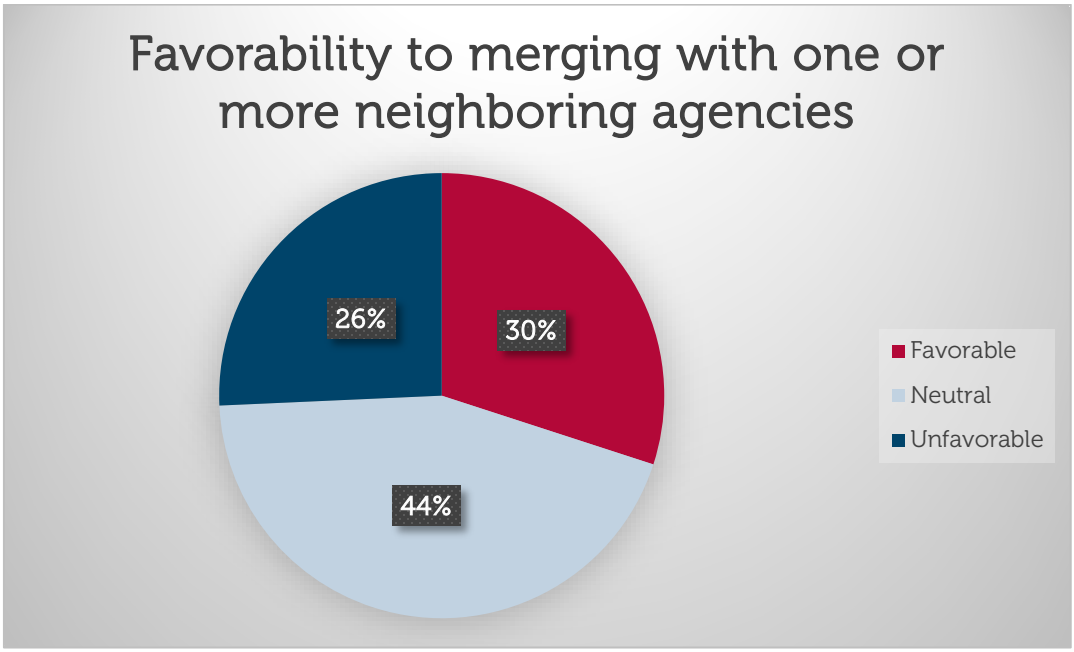
Q16: Volunteers: Likelihood to Continue Volunteering if Paid Staff Added

Most volunteers indicated that if their agency added paid staff, they would still continue to volunteer at their current level. 54% of respondents indicated that they are somewhat or very likely to continue volunteering at their current level if paid staff are added.



Q36: All Respondents: Favorability to Merging

Results were split almost down the middle regarding merging with neighboring EMS agencies. 44% of respondents were neutral on the topic. Slightly more (30%) were favorable than unfavorable (26%).



Response Time

Q15: Volunteers: When are you likely to respond?

On weekdays, volunteer respondents are most likely to be able to respond during the evening and night, and least likely during weekday mornings.

On weekends, volunteer respondents are most likely to be able to respond during the day, and least likely during overnight to early morning hours.

How Likely are you to respond during the following time periods	Very Likely		Likely		Unsure		Unlikely		Very Unlikely	
	%	#	%	#	%	#	%	#	%	#
Weekdays 6 am to noon	15%	11	26%	19	18%	13	19%	14	21%	15
Weekdays noon to 6 pm	23%	16	27%	19	21%	15	14%	10	15%	11

Weekdays 6 pm to midnight	28%	20	38%	27	21%	15	7%	5	6%	4
Weekdays midnight to 6 am	18%	13	32%	23	10%	7	21%	15	19%	14
Weekends 8 am to 4 pm	26%	18	42%	29	19%	13	7%	5	6%	4
Weekends 4 pm to midnight	22%	16	33%	24	31%	22	7%	5	7%	5
Weekends midnight to 8 am	23%	16	29%	20	21%	15	11%	8	16%	11

Actions to Improve Service

Q19: Volunteers: What barriers do you see to improving the service given to the public?

Volunteer Respondents: What barriers do you see to improving the service given to the public?
a lot
Adequate qualified volunteers. Qualifications include interpersonal communication skills and solving conflict rather than creating it.
Aging membership
Aging volunteers and the difficulty of replacing them. The hours required to become an EMT are beyond what many volunteers can afford, much less the hours to become a paramedic. EMT-CC is being phased out and not all our CCs will bridge to paramedic. We need more volunteers to continue as we are.
Better mutual aid agreements with neighboring depts
Finances
Get more volunteers and not be so judgmental of people when they want to join
Getting existing to respond
I listening to fellow members, the NYS requirements to maintain certifications keep increasing. On top of that one has to have top quality computer/scanner skills to up load required forms. Not everyone is up to par in this area. The burden falls on those who are. The ambulance recertification and controlled substance license renewals were horrendous via computer. My husband, who IS quite computer competent, and I spent over 3 hours just scanning and uploading forms. Then to have the controlled substance form never be accepted! This is what will drive me

away.
Ideally, we would be able to offer our members an area to sleep or relax while on call. Comfortable chairs, I private sleeping area, and the money to keep the heat/AC on would make it easier for all of us.
Increased training demands by NYS/WREMAC, low level of desire to volunteer and help other community members
lack of financial ability
Lack of new volunteers who will stay in the area for a substantial period of time and be willing to move up the ranks of leadership and certification.
Lack of Volunteers
Lack of volunteers
Lack of volunteers, lack of incentives to join
Lack of young to middle aged adults living in the community in the potential recruiting pool makes it very difficult to gain new members who will be with us ling term to get full training and move up into command positions. Increased State requirements are oblivious to the realities of rural firefighting and EMS, and seem to try to impose urban commercial agency requirements onto rural volunteers.
Leadership in Fillmore and Short Tract
More staffing is needed whether volunteers or paid.
More Volunteers
None
None
Numbers of volunteers and younger volunteers
Pt care
Response times sometimes, only because people have other jobs!
Rural location, lack of support from other entities for EMS needs
See above.
Taxes, County not willing to help County giving $600,000 to a paid agency but does nothing to improve or help the small volunteer depts
The cost of upgrading equipment.
The failure of locals to volunteer and to get properly trained.
The public being understanding of volunteers.
The state needs to support volunteers. We are dedicated and professional. It is hard enough to fulfill the present level of certification.
The time element for training and responding
The vast majority of calls are handled by a small number of volunteers, as they age out or are worn out there are not people replacing them. Maintaining current levels of service will become more difficult. We are working to maintain and keep up with new requirements, standards, training, and equipment.
Time constraints on community members that make it not feasible to take class or volunteer
Time requirements needed for training or calls
Up to date equipment

we need a societal culture change where people become willing to volunteer to help rather than the assumption someone else will "take care of it" for them.
Weekend coverage
With costs of living so high these days and children involved in many after school activities. Volunteers are struggling to juggle work with a busy family life. Sometimes we are working more than 1 job just to pay the bills. If there was a way to reduce outside debt/time constraints this may help free up more time to volunteer.

Q31: Career: What barriers do you see to improving the services that are given to the public?

Career Respondents: What barriers do you see to improving the service given to the public?
Better pay. More staffing
Equipment
I think current leadership needs to go, and I think we need money so we can actually do our jobs correctly.
None
Paid vs volunteer to much Scott running [redacted]
Pay from insurance companies does not cover the cost to provide the service (especially Medicare and Medicaid)
Response times
Response times during the weekend

Appendix B: Allegany EMS Incidents and Responses

To develop a picture of the needs of the EMS system in Allegany County, we gathered extensive data covering 39 months: from January 1, 2020, to March 31, 2023. In the County, there are approximately 16 ambulance ***incidents per day*** (unique events that require an ambulance) each day. Those incidents result in nearly 27 EMS ***responses per day*** (actual units responding to an incident). Some incidents have multiple units responding, such as a BLS ambulance and an ALS ambulance, to ensure that appropriate resources are arrive at the scene.

All 2023 data presented below are partial and only cover the three months of January, February, and March of 2023. Because of this, some whole-year totals and averages have not been calculated, to avoid misleading comparisons to previous years. These are represented by gray cells.

Incident Patterns

Incidents by Hour

EMS incidents follow the typical pattern of peaking during the day and reducing in the overnight period.

Incidents by Hour	2020	2021	2022	2023 (thru 3/31/23)	Avg Per Month
Overnight: 00:00-03:59	418	468	485	102	38
Early Morning: 04:00-07:59	502	583	583	150	47
Morning: 08:00-11:59	1,047	1,280	1,259	294	99
Afternoon: 12:00-15:59	1,097	1,284	1,403	334	106
Evening: 16:00-19:59	1,195	1,254	1,270	327	104
Night: 20:00-23:59	809	810	892	216	70
Total	*5,068*	*5,679*	*5,892*	*1,423*	
Average Incidents per Day	13.8	15.6	16.1	15.8	

Incidents by Month

By month, incidents trend upward in the second half of the year, generally peaking from late summer through autumn.

Incidents by Month	2020	2021	2022	2023 (thru 3/31/23)
January	439	459	453	502
February	440	437	432	452
March	401	467	453	469
April	329	452	427	
May	393	430	498	
June	363	433	498	
July	449	457	515	
August	465	475	507	
September	409	504	544	
October	484	537	532	
November	472	505	501	
December	424	523	532	
Total	5,068	5,679	5,892	1,423

Incidents by Day of the Week

There is no clear pattern of variation to incidents by day of the week in Allegany County.

Incidents by Day of Week	2020	%	2021	%	2022	%	2023 (thru 3/31/23)	%
Sunday	693	14%	839	15%	860	15%	222	16%
Monday	726	14%	775	14%	808	14%	179	13%
Tuesday	784	15%	816	14%	777	13%	223	16%
Wednesday	703	14%	795	14%	900	15%	220	15%
Thursday	701	14%	870	15%	842	14%	195	14%
Friday	739	15%	821	14%	908	15%	198	14%
Saturday	722	14%	763	13%	797	14%	186	13%
	5,068		5,679		5,892		1,423	

Count by Incident Types

Allegany County has the full range of Incident types. In general, BLS (Basic Life Support) incidents represent more minor problems and ALS (Advanced Life Support) incidents represent more serious problems.

Minor to moderate (BLS-level) injuries represent the most-common type of incidents. General BLS medical situations represent the second-most-common types of

incidents. Assists are the third-most-common incident type: these can involve lift assists for elderly people who have fallen and cannot get up without assistance, for example. The fourth-most-common type of incident is for breathing problems: because these can have life-threatening implications, breathing problem incidents are automatically treated as ALS incidents.

Count of Call Types	2020	2021	2022	2023 (thru 3/31/23)	Percent	Rank
Abdominal Pain/Problems ALS	71	85	80	18	1%	17
Abdominal Pain/Problems BLS	74	101	97	21	2%	14
Alarm	12	13	6	3	0%	31
Allergies/Reactions ALS	28	35	35	10	1%	23
Allergies/Reactions BLS	11	18	20	5	0%	26
Assault	56	37	32	7	1%	22
Assist	716	704	455	101	11%	3
Breathing Problems ALS	538	648	620	144	11%	4
Cardiac or Respiratory Arrest Echo	49	56	55	12	1%	20
Cardiac or Respiratory Arrest ALS	4	5	9	1	0%	34
Cardiac or Respiratory Arrest BLS	6	13	7	1	0%	33
Chest Pain ALS	371	389	375	117	7%	6
Chest Pain BLS	16	15	10	8	0%	27
Fire Event	186	156	194	36	3%	11
Injury ALS	137	174	259	50	3%	9
Injury BLS	690	742	800	210	14%	1
Landing Zone	116	100	108	10	2%	12
Medical ALS	409	501	637	137	9%	5
Medical BLS	460	593	722	216	11%	2
Mentally Ill/MHL	67	78	69	16	1%	18
Misc	105	123	48	4	2%	15
Mutual Aid	14	16	14	3	0%	28
Police Event	20	10	7	0	0%	30
Stand By	165	224	193	35	3%	10
Stroke ALS	84	86	132	23	2%	13
Stroke BLS	1	1	1	0	0%	36
Traffic Accident with Injuries ALS	16	25	32	2	0%	24
Traffic Accident with Injuries BLS	250	256	257	77	5%	8
Training	20	15	18	2	0%	25
Transfer ALS	6	8	11	7	0%	32
Transfer BLS	57	86	97	33	2%	16
Unconscious/Fainting(Near) ALS	192	258	345	94	5%	7
Unconscious/Fainting(Near) BLS	38	39	53	11	1%	21
Unconscious/Fainting(Near) Echo	1		2	3	0%	35

Count of Call Types	2020	2021	2022	2023 (thru 3/31/23)	Percent	Rank
Unknown Problem/Man Down ALS	8	14	21	2	0%	29
Unknown Problem/Man Down BLS	74	55	71	4	1%	19
Total = 18,062	*5,068*	*5,679*	*5,892*	*1,423*		

Incidents by Community

The table below shows the incidents that occurred over the thirty-nine months for each of the venues in the County. As expected, the distribution of incidents closely follows the population of the community. The Village of Wellsville is the most populous municipality and the busiest by a significant margin with 18% of calls. The Town of Wellsville is the next largest and busiest with 11% of calls. Caneadea, Friendship, Alfred Village, Cuba Village, Amity, and Bolivar each had 4 or 5% of the calls in the County. All told the top eight municipalities account for 55% of calls but only about 45% of the population. This variation is likely to the presence of adult facilities and higher education institutions in those areas.

Hour by Venue	Overnight	Early Morning	Morning	Afternoon	Evening	Night	Total	Per month
Alfred	13	22	41	38	52	31	197	5.1
Alfred Village	129	44	128	157	127	144	729	18.7
Allen	12	12	28	30	39	23	144	3.7
Alma	20	23	41	41	38	31	194	5.0
Almond	13	18	30	44	46	32	183	4.7
Almond Village	9	14	37	29	24	22	135	3.5
Amity	56	71	130	146	142	116	661	16.9
Andover	13	24	55	70	76	24	262	6.7
Andover Village	24	27	65	63	65	38	282	7.2
Angelica	15	20	48	47	40	26	196	5.0
Angelica Village	20	36	68	47	63	31	265	6.8
Belfast	41	56	118	119	126	90	550	14.1
Belmont Village	47	83	99	119	87	60	495	12.7
Birdsall	6	6	12	30	30	17	101	2.6
Bolivar	26	30	58	69	61	28	272	7.0
Bolivar Village	42	45	152	153	139	100	631	16.2

Hour by Venue	Overnight	Early Morning	Morning	Afternoon	Evening	Night	Total	Per month
Burns	6	13	25	32	31	16	123	3.2
Canaseraga Village	11	18	36	39	36	25	165	4.2
Caneadea	65	91	235	231	179	120	921	23.6
Centerville	12	20	32	36	34	28	162	4.2
Clarksville	26	34	64	45	47	52	268	6.9
Cuba	35	40	108	107	131	68	489	12.5
Cuba Village	58	62	172	176	143	124	735	18.8
Fillmore Village	14	13	26	34	38	27	152	3.9
Friendship	69	76	183	223	199	147	897	23.0
Genesee	23	36	75	72	83	46	335	8.6
Granger	17	14	27	39	34	17	148	3.8
Grove	10	10	26	33	42	15	136	3.5
Hume	32	45	76	86	79	54	372	9.5
Independence	16	16	37	40	50	22	181	4.6
New Hudson	14	14	36	41	38	29	172	4.4
Richburg Village	16	21	51	35	51	51	225	5.8
Rushford	38	41	83	90	109	71	432	11.1
Scio	41	68	98	98	110	90	505	12.9
Ward	4	12	16	7	20	14	73	1.9
Wellsville	132	236	414	450	413	249	1,894	48.6
Wellsville Village	268	321	697	746	771	507	3,310	84.9
West Almond	8	5	15	15	27	16	86	2.2
Willing	19	24	66	65	62	34	270	6.9
Wirt	17	14	55	54	52	32	224	5.7
Grand Total	1,470	1,815	3,847	4,080	4,007	2,713	17,932	

EMS Incident Types by Community

The following tables show the distribution of incidents by community by the nature of the incidents. It gives a sense of the types of EMS incidents in each community based on the information at the time of dispatch.

Maps the visually show the distribution of calls are available at:

https://bit.ly/AlleganyNYEMS

Alfred Town and Village

Venue	Alfred Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	18	1.1%
Abdominal Pain/Problems BLS	33	2.1%
Alarm	1	0.1%
Allergies/Reactions ALS	17	1.1%
Allergies/Reactions BLS	11	0.7%
Assault	14	0.9%
Assist	162	10.2%
Breathing Problems ALS	148	9.3%
Cardiac or Respiratory Arrest Echo	11	0.7%
Cardiac or Respiratory Arrest ALS	1	0.1%
Cardiac or Respiratory Arrest BLS	1	0.1%
Chest Pain ALS	110	6.9%
Chest Pain BLS	16	1.0%
Fire Event	71	4.5%
Injury ALS	30	1.9%
Injury BLS	192	12.1%
Landing Zone	9	0.6%
Medical ALS	138	8.7%
Medical BLS	222	14.0%
Mentally Ill/MHL	35	2.2%
Misc	24	1.5%
Mutual Aid	1	0.1%
Police Event	5	0.3%
Stand By	97	6.1%
Stroke ALS	19	1.2%
Stroke BLS	1	0.1%
Traffic Accident with Injuries ALS	4	0.3%
Traffic Accident with Injuries BLS	72	4.5%
Training	8	0.5%
Transfer ALS	3	0.2%
Transfer BLS	71	4.5%
Unconscious/Fainting(Near) ALS	24	1.5%
Unconscious/Fainting(Near) BLS	4	0.3%
Unconscious/Fainting(Near) Echo	14	0.9%
Grand Total	1,587	100.0%

Allen

Venue	Allen	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	3	2.1%
Abdominal Pain/Problems BLS	1	0.7%
Allergies/Reactions ALS	1	0.7%
Assault	3	2.1%
Assist	18	12.5%
Breathing Problems ALS	13	9.0%
Cardiac Or Respiratory Arrest Echo	4	2.8%
Chest Pain ALS	18	12.5%
Chest Pain BLS	1	0.7%
Fire Event	12	8.3%
Injury ALS	4	2.8%
Injury BLS	11	7.6%
Landing Zone	2	1.4%
Medical ALS	8	5.6%
Medical BLS	8	5.6%
Misc	1	0.7%
Police Event	1	0.7%
Stand By	2	1.4%
Stroke ALS	3	2.1%
Traffic Accident with Injuries ALS	2	1.4%
Traffic Accident with Injuries BLS	20	13.9%
Unconscious/Fainting(Near) ALS	5	3.5%
Unconscious/Fainting(Near) BLS	1	0.7%
Unknown Problem/Man Down BLS	2	1.4%
Grand Total	**144**	**100.0%**

Alma

Venue	Alma	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	2	1.0%
Abdominal Pain/Problems BLS	3	1.5%
Allergies/Reactions BLS	1	0.5%
Assault	2	1.0%
Assist	55	28.4%
Breathing Problems ALS	17	8.8%
Cardiac or Respiratory Arrest Echo	5	2.6%
Cardiac or Respiratory Arrest ALS	1	0.5%
Chest Pain ALS	12	6.2%
Fire Event	11	5.7%
Injury ALS	4	2.1%
Injury BLS	16	8.2%
Medical ALS	14	7.2%
Medical BLS	8	4.1%
Mentally Ill/MHL	2	1.0%
Misc	3	1.5%
Police Event	2	1.0%
Stand By	8	4.1%
Stroke ALS	2	1.0%
Traffic Accident with Injuries ALS	1	0.5%
Traffic Accident with Injuries BLS	14	7.2%
Transfer BLS	1	0.5%
Unconscious/Fainting(Near) ALS	8	4.1%
Unknown Problem/Man Down BLS	2	1.0%
Grand Total	194	100.0%

Almond Town and Village

Venue	Almond Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	5	1.6%
Abdominal Pain/Problems BLS	3	0.9%
Allergies/Reactions ALS	3	0.9%
Allergies/Reactions BLS	1	0.3%
Assist	49	15.4%
Breathing Problems ALS	31	9.7%
Cardiac or Respiratory Arrest Echo	4	1.3%
Chest Pain ALS	29	9.1%
Chest Pain BLS	1	0.3%
Fire Event	17	5.3%
Injury ALS	13	4.1%
Injury BLS	30	9.4%
Landing Zone	2	0.6%
Medical ALS	23	7.2%
Medical BLS	20	6.3%
Mentally Ill/MHL	1	0.3%
Misc	9	2.8%
Stand By	8	2.5%
Stroke ALS	11	3.5%
Traffic Accident with Injuries ALS	1	0.3%
Traffic Accident with Injuries BLS	34	10.7%
Unconscious/Fainting(Near) ALS	14	4.4%
Unconscious/Fainting(Near) BLS	1	0.3%
Unknown Problem/Man Down ALS	1	0.3%
Unknown Problem/Man Down BLS	7	2.2%
Grand Total	318	100.0%

Amity & Belmont Village

Venue	Amity Town and Belmont Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	17	1.5%
Abdominal Pain/Problems BLS	17	1.5%
Alarm	1	0.1%
Allergies/Reactions ALS	8	0.7%
Allergies/Reactions BLS	2	0.2%
Assault	12	1.0%
Assist	110	9.5%
Breathing Problems ALS	146	12.6%
Cardiac or Respiratory Arrest Echo	12	1.0%
Cardiac or Respiratory Arrest BLS	1	0.1%
Chest Pain ALS	104	9.0%
Chest Pain BLS	6	0.5%
Fire Event	59	5.1%
Injury ALS	18	1.6%
Injury BLS	171	14.8%
Landing Zone	12	1.0%
Medical ALS	95	8.2%
Medical BLS	114	9.9%
Mentally Ill/MHL	15	1.3%
Misc	62	5.4%
Mutual Aid	1	0.1%
Police Event	1	0.1%
Stand By	25	2.2%
Stroke ALS	21	1.8%
Stroke BLS	1	0.1%
Traffic Accident with Injuries ALS	1	0.1%
Traffic Accident with Injuries BLS	35	3.0%
Training	1	0.1%
Transfer BLS	6	0.5%
Unconscious/Fainting(Near) ALS	55	4.8%
Unconscious/Fainting(Near) BLS	9	0.8%
Unknown Problem/Man Down ALS	4	0.3%
Unknown Problem/Man Down BLS	14	1.2%
Grand Total	1,156	100.0%

Andover Town and Village

Venue	Andover Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	11	2.0%
Abdominal Pain/Problems BLS	7	1.3%
Alarm	2	0.4%
Allergies/Reactions ALS	6	1.1%
Allergies/Reactions BLS	2	0.4%
Assault	3	0.6%
Assist	44	8.1%
Breathing Problems ALS	49	9.0%
Cardiac or Respiratory Arrest Echo	5	0.9%
Cardiac or Respiratory Arrest BLS	1	0.2%
Chest Pain ALS	27	5.0%
Fire Event	23	4.2%
Injury ALS	32	5.9%
Injury BLS	74	13.6%
Landing Zone	9	1.7%
Medical ALS	39	7.2%
Medical BLS	46	8.5%
Mentally Ill/MHL	4	0.7%
Misc	12	2.2%
Police Event	1	0.2%
Stand By	40	7.4%
Stroke ALS	6	1.1%
Traffic Accident with Injuries ALS	9	1.7%
Traffic Accident with Injuries BLS	48	8.8%
Training	5	0.9%
Transfer BLS	1	0.2%
Unconscious/Fainting(Near) ALS	24	4.4%
Unconscious/Fainting(Near) BLS	2	0.4%
Unconscious/Fainting(Near) Echo	1	0.2%
Unknown Problem/Man Down BLS	11	2.0%
Grand Total	**544**	**100.0%**

Angelica Town and Village

Venue	Angelica Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	3	0.7%
Abdominal Pain/Problems BLS	2	0.4%
Alarm	1	0.2%
Allergies/Reactions ALS	6	1.3%
Allergies/Reactions BLS	2	0.4%
Assault	1	0.2%
Assist	86	18.7%
Breathing Problems ALS	37	8.0%
Cardiac or Respiratory Arrest Echo	2	0.4%
Cardiac or Respiratory Arrest BLS	1	0.2%
Chest Pain ALS	28	6.1%
Fire Event	29	6.3%
Injury ALS	9	2.0%
Injury BLS	50	10.8%
Landing Zone	6	1.3%
Medical ALS	37	8.0%
Medical BLS	45	9.8%
Mentally Ill/MHL	2	0.4%
Misc	2	0.4%
Stand By	17	3.7%
Stroke ALS	7	1.5%
Traffic Accident with Injuries Bls	31	6.7%
Training	18	3.9%
Transfer ALS	1	0.2%
Transfer BLS	1	0.2%
Unconscious/Fainting(Near) ALS	25	5.4%
Unconscious/Fainting(Near) BLS	5	1.1%
Unknown Problem/Man Down ALS	1	0.2%
Unknown Problem/Man Down BLS	6	1.3%
Grand Total	461	100.0%

Belfast

Venue	Belfast	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	10	1.8%
Abdominal Pain/Problems BLS	4	0.7%
Alarm	1	0.2%
Allergies/Reactions ALS	2	0.4%
Allergies/Reactions BLS	3	0.5%
Assault	3	0.5%
Assist	61	11.1%
Breathing Problems ALS	58	10.5%
Cardiac or Respiratory Arrest Echo	5	0.9%
Cardiac or Respiratory Arrest ALS	1	0.2%
Cardiac or Respiratory Arrest BLS	1	0.2%
Chest Pain ALS	35	6.4%
Chest Pain BLS	2	0.4%
Fire Event	24	4.4%
Injury ALS	29	5.3%
Injury BLS	73	13.3%
Landing Zone	7	1.3%
Medical ALS	60	10.9%
Medical BLS	63	11.5%
Mentally Ill/MHL	4	0.7%
Misc	2	0.4%
Stand By	16	2.9%
Stroke ALS	8	1.5%
Traffic Accident with Injuries ALS	5	0.9%
Traffic Accident with Injuries BLS	35	6.4%
Training	3	0.5%
Unconscious/Fainting(Near) ALS	27	4.9%
Unknown Problem/Man Down BLS	8	1.5%
Grand Total	550	100.0%

Birdsall

Venue	Birdsall	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems BLS	1	1.0%
Assault	2	2.0%
Assist	20	19.8%
Breathing Problems ALS	15	14.9%
Cardiac Or Respiratory Arrest Echo	2	2.0%
Chest Pain ALS	9	8.9%
Fire Event	6	5.9%
Injury ALS	4	4.0%
Injury BLS	6	5.9%
Landing Zone	2	2.0%
Medical ALS	7	6.9%
Medical BLS	9	8.9%
Stroke ALS	1	1.0%
Traffic Accident With Injuries BLS	6	5.9%
Unconscious/Fainting(Near) ALS	5	5.0%
Unknown Problem/Man Down ALS	4	4.0%
Unknown Problem/Man Down BLS	2	2.0%
Grand Total	101	100.0%

Bolivar Town and Village

Venue	Bolivar Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	19	2.1%
Abdominal Pain/Problems BLS	18	2.0%
Alarm	3	0.3%
Allergies/Reactions ALS	2	0.2%
Allergies/Reactions BLS	3	0.3%
Assault	15	1.7%
Assist	155	17.2%
Breathing Problems ALS	96	10.6%
Cardiac or Respiratory Arrest Echo	10	1.1%
Cardiac or Respiratory Arrest ALS	2	0.2%
Cardiac or Respiratory Arrest BLS	1	0.1%
Chest Pain ALS	64	7.1%
Chest Pain BLS	2	0.2%
Fire Event	15	1.7%
Injury ALS	31	3.4%
Injury BLS	82	9.1%
Landing Zone	10	1.1%
Medical ALS	89	9.9%
Medical BLS	88	9.7%
Mentally Ill/MHL	13	1.4%
Misc	7	0.8%
Police Event	6	0.7%
Stand By	64	7.1%
Stroke ALS	18	2.0%
Traffic Accident with Injuries ALS	1	0.1%
Traffic Accident with Injuries BLS	22	2.4%
Unconscious/Fainting(Near) ALS	52	5.8%
Unconscious/Fainting(Near) BLS	7	0.8%
Unknown Problem/Man Down Als	2	0.2%
Unknown Problem/Man Down Bls	6	0.7%
Grand Total	903	100.0%

Burns

Venue	Burns	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	2	1.6%
Allergies/Reactions BLS	1	0.8%
Assist	10	8.1%
Breathing Problems ALS	8	6.5%
Cardiac or Respiratory Arrest Echo	2	1.6%
Cardiac or Respiratory Arrest BLS	1	0.8%
Chest Pain ALS	10	8.1%
Chest Pain BLS	1	0.8%
Fire Event	7	5.7%
Injury ALS	3	2.4%
Injury BLS	16	13.0%
Landing Zone	1	0.8%
Medical ALS	16	13.0%
Medical BLS	10	8.1%
Misc	4	3.3%
Police Event	1	0.8%
Stand By	2	1.6%
Stroke ALS	2	1.6%
Traffic Accident with Injuries ALS	1	0.8%
Traffic Accident with Injuries BLS	15	12.2%
Unconscious/Fainting(Near) ALS	9	7.3%
Unknown Problem/Man Down BLS	1	0.8%
Grand Total	**123**	**100.0%**

Canaseraga Village

Venue	Canaseraga Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	2	1.2%
Abdominal Pain/Problems BLS	3	1.8%
Alarm	1	0.6%
Allergies/Reactions ALS	1	0.6%
Allergies/Reactions BLS	2	1.2%
Assist	6	3.6%
Breathing Problems ALS	26	15.8%
Cardiac or Respiratory Arrest Echo	3	1.8%
Chest Pain ALS	16	9.7%
Fire Event	3	1.8%
Injury ALS	4	2.4%
Injury BLS	25	15.2%
Landing Zone	3	1.8%
Medical ALS	19	11.5%
Medical BLS	19	11.5%
Mentally Ill/MHL	4	2.4%
Misc	4	2.4%
Stand By	9	5.5%
Stroke ALS	2	1.2%
Traffic Accident with Injuries BLS	4	2.4%
Unconscious/Fainting(Near) ALS	6	3.6%
Unconscious/Fainting(Near) BLS	1	0.6%
Unconscious/Fainting(Near) Echo	1	0.6%
Unknown Problem/Man Down BLS	1	0.6%
Grand Total	165	100.0%

Caneadea

Venue	Caneadea	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	13	1.4%
Abdominal Pain/Problems BLS	16	1.7%
Alarm	2	0.2%
Allergies/Reactions ALS	8	0.9%
Allergies/Reactions BLS	3	0.3%
Assault	3	0.3%
Assist	50	5.4%
Breathing Problems ALS	142	15.4%
Cardiac or Respiratory Arrest Echo	14	1.5%
Cardiac or Respiratory Arrest BLS	1	0.1%
Chest Pain ALS	95	10.3%
Chest Pain BLS	1	0.1%
Fire Event	13	1.4%
Injury ALS	30	3.3%
Injury BLS	130	14.1%
Landing Zone	16	1.7%
Medical ALS	101	11.0%
Medical BLS	105	11.4%
Mentally Ill/MHL	27	2.9%
Misc	1	0.1%
Police Event	1	0.1%
Stand By	10	1.1%
Stroke ALS	35	3.8%
Traffic Accident with Injuries ALS	3	0.3%
Traffic Accident with Injuries BLS	14	1.5%
Training	1	0.1%
Transfer ALS	1	0.1%
Transfer BLS	10	1.1%
Unconscious/Fainting(Near) ALS	63	6.8%
Unconscious/Fainting(Near) BLS	8	0.9%
Unknown Problem/Man Down BLS	4	0.4%
Grand Total	921	100.0%

Centerville

Venue	Centerville	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	2	1.2%
Abdominal Pain/Problems BLS	2	1.2%
Allergies/Reactions BLS	1	0.6%
Assault	1	0.6%
Assist	16	9.9%
Breathing Problems ALS	23	14.2%
Cardiac or Respiratory Arrest Bls	1	0.6%
Chest Pain ALS	16	9.9%
Fire Event	9	5.6%
Injury ALS	8	4.9%
Injury BLS	13	8.0%
Landing Zone	3	1.9%
Medical ALS	22	13.6%
Medical BLS	13	8.0%
Mentally Ill/MHL	1	0.6%
Stand By	1	0.6%
Stroke ALS	2	1.2%
Traffic Accident with Injuries ALS	6	3.7%
Traffic Accident with Injuries BLS	17	10.5%
Unconscious/Fainting(Near) ALS	4	2.5%
Unknown Problem/Man Down ALS	1	0.6%
Grand Total	162	100.0%

Clarksville

Venue	Clarksville	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	7	2.6%
Abdominal Pain/Problems BLS	4	1.5%
Allergies/Reactions ALS	1	0.4%
Assault	3	1.1%
Assist	39	14.6%
Breathing Problems ALS	33	12.3%
Chest Pain ALS	23	8.6%
Fire Event	8	3.0%
Injury ALS	14	5.2%
Injury BLS	37	13.8%
Landing Zone	2	0.7%
Medical ALS	17	6.3%
Medical BLS	27	10.1%
Mentally Ill/MHL	1	0.4%
Misc	1	0.4%
Police Event	2	0.7%
Stand By	5	1.9%
Stroke ALS	4	1.5%
Traffic Accident with Injuries ALS	1	0.4%
Traffic Accident with Injuries BLS	18	6.7%
Transfer BLS	1	0.4%
Unconscious/Fainting(Near) ALS	12	4.5%
Unconscious/Fainting(Near) BLS	2	0.7%
Unknown Problem/Man Down ALS	1	0.4%
Unknown Problem/Man Down BLS	5	1.9%
Grand Total	268	100.0%

Cuba Town and Village

Venue	Cuba Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	16	1.3%
Abdominal Pain/Problems BLS	36	2.9%
Alarm	2	0.2%
Allergies/Reactions ALS	2	0.2%
Allergies/Reactions BLS	1	0.1%
Assault	11	0.9%
Assist	183	15.0%
Breathing Problems ALS	141	11.5%
Cardiac Or Respiratory Arrest Echo	12	1.0%
Cardiac Or Respiratory Arrest ALS	1	0.1%
Cardiac Or Respiratory Arrest BLS	1	0.1%
Chest Pain ALS	80	6.5%
Fire Event	36	2.9%
Injury ALS	39	3.2%
Injury BLS	182	14.9%
Landing Zone	11	0.9%
Medical ALS	82	6.7%
Medical BLS	140	11.4%
Mentally Ill/MHL	12	1.0%
Misc	14	1.1%
Police Event	2	0.2%
Stand By	53	4.3%
Stroke ALS	20	1.6%
Traffic Accident with Injuries ALS	2	0.2%
Traffic Accident with Injuries BLS	64	5.2%
Training	1	0.1%
Transfer ALS	3	0.2%
Transfer BLS	4	0.3%
Unconscious/Fainting(Near) ALS	47	3.8%
Unconscious/Fainting(Near) BLS	11	0.9%
Unconscious/Fainting(Near) Echo	1	0.1%
Unknown Problem/Man Down ALS	1	0.1%
Unknown Problem/Man Down BLS	13	1.1%
Grand Total	1,224	100.0%

Friendship

Venue	Friendship	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	8	0.9%
Abdominal Pain/Problems BLS	19	2.1%
Alarm	2	0.2%
Allergies/Reactions ALS	7	0.8%
Allergies/Reactions BLS	3	0.3%
Assault	12	1.3%
Assist	138	15.4%
Breathing Problems ALS	113	12.6%
Cardiac Or Respiratory Arrest Echo	10	1.1%
Cardiac Or Respiratory Arrest ALS	1	0.1%
Cardiac Or Respiratory Arrest BLS	3	0.3%
Chest Pain ALS	65	7.2%
Chest Pain BLS	5	0.6%
Fire Event	16	1.8%
Injury ALS	36	4.0%
Injury BLS	87	9.7%
Landing Zone	6	0.7%
Medical ALS	100	11.1%
Medical BLS	101	11.3%
Mentally Ill/MHL	16	1.8%
Misc	7	0.8%
Police Event	4	0.4%
Stand By	12	1.3%
Stroke ALS	14	1.6%
Traffic Accident with Injuries ALS	5	0.6%
Traffic Accident with Injuries BLS	49	5.5%
Training	1	0.1%
Transfer BLS	1	0.1%
Unconscious/Fainting(Near) ALS	37	4.1%
Unconscious/Fainting(Near) BLS	4	0.4%
Unconscious/Fainting(Near) Echo	1	0.1%
Unknown Problem/Man Down ALS	4	0.4%
Unknown Problem/Man Down BLS	10	1.1%
Grand Total	897	100.0%

Genesee

Venue	Genesee	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	6	1.8%
Abdominal Pain/Problems BLS	7	2.1%
Allergies/Reactions ALS	3	0.9%
Allergies/Reactions BLS	2	0.6%
Assault	3	0.9%
Assist	37	11.0%
Breathing Problems ALS	41	12.2%
Cardiac Or Respiratory Arrest Echo	5	1.5%
Cardiac Or Respiratory Arrest BLS	2	0.6%
Chest Pain ALS	21	6.3%
Fire Event	13	3.9%
Injury ALS	14	4.2%
Injury BLS	38	11.3%
Landing Zone	4	1.2%
Medical ALS	34	10.1%
Medical BLS	33	9.9%
Mentally Ill/MHL	3	0.9%
Stand By	5	1.5%
Stroke ALS	4	1.2%
Traffic Accident with Injuries ALS	2	0.6%
Traffic Accident with Injuries BLS	26	7.8%
Training	2	0.6%
Unconscious/Fainting(Near) ALS	20	6.0%
Unknown Problem/Man Down ALS	2	0.6%
Unknown Problem/Man Down BLS	8	2.4%
Grand Total	335	100.0%

Granger

Venue	Granger	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	3	2.0%
Abdominal Pain/Problems BLS	3	2.0%
Alarm	1	0.7%
Allergies/Reactions ALS	2	1.4%
Allergies/Reactions BLS	1	0.7%
Assault	1	0.7%
Assist	35	23.6%
Breathing Problems ALS	19	12.8%
Cardiac Or Respiratory Arrest Echo	1	0.7%
Cardiac Or Respiratory Arrest ALS	1	0.7%
Chest Pain ALS	16	10.8%
Fire Event	3	2.0%
Injury ALS	6	4.1%
Injury BLS	14	9.5%
Landing Zone	4	2.7%
Medical ALS	9	6.1%
Medical BLS	8	5.4%
Stand By	1	0.7%
Stroke ALS	2	1.4%
Traffic Accident with Injuries ALS	2	1.4%
Traffic Accident with Injuries BLS	12	8.1%
Unconscious/Fainting(Near) ALS	3	2.0%
Unconscious/Fainting(Near) BLS	1	0.7%
Grand Total	148	100.0%

Grove

Venue	Grove	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems BLS	1	0.8%
Alarm	1	0.8%
Allergies/Reactions ALS	1	0.8%
Assist	11	8.5%
Breathing Problems ALS	12	9.2%
Cardiac or Respiratory Arrest Echo	1	0.8%
Cardiac or Respiratory Arrest BLS	1	0.8%
Chest Pain ALS	4	3.1%
Fire Event	8	6.2%
Injury ALS	8	6.2%
Injury BLS	32	24.6%
Landing Zone	1	0.8%
Medical ALS	13	10.0%
Medical BLS	4	3.1%
Misc	2	1.5%
Mutual Aid	1	0.8%
Stand By	1	0.8%
Stroke ALS	4	3.1%
Traffic Accident with Injuries ALS	2	1.5%
Traffic Accident with Injuries BLS	15	11.5%
Unconscious/Fainting(Near) ALS	4	3.1%
Unconscious/Fainting(Near) BLS	1	0.8%
Unknown Problem/Man Down BLS	2	1.5%
Grand Total	130	100.0%

Hume & Fillmore Village

Venue	Hume Town and Fillmore Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	3	0.6%
Abdominal Pain/Problems BLS	9	1.7%
Alarm	6	1.1%
Allergies/Reactions ALS	5	1.0%
Allergies/Reactions BLS	3	0.6%
Assault	8	1.5%
Assist	54	10.3%
Breathing Problems ALS	67	12.8%
Cardiac or Respiratory Arrest Echo	4	0.8%
Chest Pain ALS	43	8.2%
Chest Pain BLS	1	0.2%
Fire Event	28	5.3%
Injury ALS	11	2.1%
Injury BLS	64	12.2%
Landing Zone	9	1.7%
Medical ALS	45	8.6%
Medical BLS	54	10.3%
Mentally Ill/MHL	5	1.0%
Misc	7	1.3%
Police Event	1	0.2%
Stand By	17	3.2%
Stroke ALS	8	1.5%
Traffic Accident with Injuries ALS	6	1.1%
Traffic Accident with Injuries BLS	30	5.7%
Transfer BLS	1	0.2%
Unconscious/Fainting(Near) ALS	26	5.0%
Unconscious/Fainting(Near) BLS	5	1.0%
Unknown Problem/Man Down ALS	1	0.2%
Unknown Problem/Man Down BLS	3	0.6%
Grand Total	524	100.0%

Independence

Venue	Independence	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	4	2.2%
Abdominal Pain/Problems BLS	1	0.6%
Allergies/Reactions ALS	1	0.6%
Assault	1	0.6%
Assist	28	15.5%
Breathing Problems ALS	23	12.7%
Cardiac or Respiratory Arrest Echo	3	1.7%
Chest Pain ALS	11	6.1%
Chest Pain BLS	1	0.6%
Fire Event	10	5.5%
Injury ALS	5	2.8%
Injury BLS	28	15.5%
Medical ALS	11	6.1%
Medical BLS	14	7.7%
Mentally Ill/MHL	1	0.6%
Misc	4	2.2%
Stand By	4	2.2%
Stroke ALS	2	1.1%
Traffic Accident with Injuries BLS	12	6.6%
Transfer BLS	2	1.1%
Unconscious/Fainting(Near) ALS	6	3.3%
Unconscious/Fainting(Near) Echo	1	0.6%
Unknown Problem/Man Down ALS	2	1.1%
Unknown Problem/Man Down BLS	6	3.3%
Grand Total	181	100.0%

New Hudson

Venue	New Hudson	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	7	4.1%
Abdominal Pain/Problems BLS	2	1.2%
Allergies/Reactions ALS	2	1.2%
Allergies/Reactions BLS	1	0.6%
Assault	1	0.6%
Assist	13	7.6%
Breathing Problems ALS	13	7.6%
Cardiac or Respiratory Arrest Echo	1	0.6%
Cardiac or Respiratory Arrest ALS	1	0.6%
Cardiac or Respiratory Arrest BLS	2	1.2%
Chest Pain ALS	8	4.7%
Fire Event	8	4.7%
Injury ALS	3	1.7%
Injury BLS	25	14.5%
Landing Zone	3	1.7%
Medical ALS	17	9.9%
Medical BLS	25	14.5%
Mentally Ill/MHL	3	1.7%
Police Event	1	0.6%
Stand By	4	2.3%
Stroke ALS	3	1.7%
Traffic Accident with Injuries ALS	1	0.6%
Traffic Accident with Injuries BLS	17	9.9%
Unconscious/Fainting(Near) ALS	9	5.2%
Unconscious/Fainting(Near) BLS	2	1.2%
Grand Total	172	100.0%

Richburg Village (Partially in Wirt and Bolivar)

Venue	Richburg Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	3	1.3%
Abdominal Pain/Problems BLS	6	2.7%
Allergies/Reactions ALS	6	2.7%
Allergies/Reactions BLS	1	0.4%
Assist	28	12.4%
Breathing Problems ALS	20	8.9%
Cardiac Or Respiratory Arrest Echo	2	0.9%
Chest Pain ALS	21	9.3%
Fire Event	4	1.8%
Injury ALS	12	5.3%
Injury BLS	37	16.4%
Landing Zone	1	0.4%
Medical ALS	31	13.8%
Medical BLS	22	9.8%
Mentally Ill/MHL	1	0.4%
Misc	2	0.9%
Stand By	7	3.1%
Stroke ALS	5	2.2%
Traffic Accident With Injuries BLS	3	1.3%
Transfer BLS	1	0.4%
Unconscious/Fainting(Near) ALS	8	3.6%
Unconscious/Fainting(Near) BLS	3	1.3%
Unknown Problem/Man Down BLS	1	0.4%
Grand Total	225	100.0%

Rushford

Venue	Rushford	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	8	1.9%
Abdominal Pain/Problems BLS	6	1.4%
Allergies/Reactions ALS	3	0.7%
Allergies/Reactions BLS	2	0.5%
Assault	4	0.9%
Assist	69	16.0%
Breathing Problems ALS	34	7.9%
Cardiac or Respiratory Arrest Echo	2	0.5%
Cardiac or Respiratory Arrest BLS	2	0.5%
Chest Pain ALS	32	7.4%
Fire Event	12	2.8%
Injury ALS	15	3.5%
Injury BLS	53	12.3%
Landing Zone	10	2.3%
Medical ALS	44	10.2%
Medical BLS	51	11.8%
Misc	5	1.2%
Police Event	1	0.2%
Stand By	9	2.1%
Stroke ALS	7	1.6%
Traffic Accident with Injuries ALS	5	1.2%
Traffic Accident with Injuries BLS	25	5.8%
Training	2	0.5%
Transfer BLS	3	0.7%
Unconscious/Fainting(Near) ALS	23	5.3%
Unconscious/Fainting(Near) BLS	2	0.5%
Unknown Problem/Man Down BLS	3	0.7%
Grand Total	432	100.0%

Scio

Venue	Scio	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	5	1.0%
Abdominal Pain/Problems BLS	3	0.6%
Alarm	1	0.2%
Allergies/Reactions ALS	3	0.6%
Assault	4	0.8%
Assist	93	18.4%
Breathing Problems ALS	60	11.9%
Cardiac or Respiratory Arrest Echo	5	1.0%
Cardiac or Respiratory Arrest BLS	1	0.2%
Chest Pain ALS	38	7.5%
Chest Pain BLS	2	0.4%
Fire Event	26	5.1%
Injury ALS	11	2.2%
Injury BLS	52	10.3%
Medical ALS	37	7.3%
Medical BLS	42	8.3%
Mentally Ill/MHL	6	1.2%
Misc	13	2.6%
Police Event	1	0.2%
Stand By	22	4.4%
Stroke ALS	8	1.6%
Traffic Accident with Injuries ALS	3	0.6%
Traffic Accident with Injuries BLS	41	8.1%
Transfer BLS	2	0.4%
Unconscious/Fainting(Near) ALS	16	3.2%
Unknown Problem/Man Down ALS	3	0.6%
Unknown Problem/Man Down BLS	7	1.4%
Grand Total	505	100.0%

Ward

Venue	Ward	
Row Labels	*Counts*	*Percent*
Assist	12	16.4%
Breathing Problems ALS	4	5.5%
Chest Pain ALS	5	6.8%
Fire Event	5	6.8%
Injury BLS	16	21.9%
Landing Zone	1	1.4%
Medical ALS	4	5.5%
Medical BLS	5	6.8%
Stroke ALS	2	2.7%
Traffic Accident with Injuries ALS	3	4.1%
Traffic Accident with Injuries BLS	11	15.1%
Unconscious/Fainting(Near) ALS	1	1.4%
Unknown Problem/Man Down ALS	1	1.4%
Unknown Problem/Man Down BLS	3	4.1%
Grand Total	73	100.0%

Wellsville & Wellsville Village

Venue	Wellsville Town & Village	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	66	1.3%
Abdominal Pain/Problems BLS	81	1.6%
Alarm	6	0.1%
Allergies/Reactions ALS	18	0.3%
Allergies/Reactions BLS	9	0.2%
Assault	25	0.5%
Assist	353	6.8%
Breathing Problems ALS	554	10.6%
Cardiac or Respiratory Arrest Echo	44	0.8%
Cardiac or Respiratory Arrest ALS	4	0.1%
Cardiac or Respiratory Arrest BLS	5	0.1%
Chest Pain ALS	316	6.1%
Chest Pain BLS	12	0.2%
Fire Event	88	1.7%
Injury ALS	189	3.6%
Injury BLS	849	16.3%
Landing Zone	197	3.8%
Medical ALS	552	10.6%
Medical BLS	675	13.0%
Mentally Ill/MHL	76	1.5%
Misc	66	1.3%
Mutual Aid	1	0.0%
Police Event	5	0.1%
Stand By	165	3.2%
Stroke ALS	107	2.1%
Stroke BLS	2	0.0%
Traffic Accident with Injuries ALS	3	0.1%
Traffic Accident with Injuries BLS	87	1.7%
Training	7	0.1%
Transfer ALS	21	0.4%
Transfer BLS	205	3.9%
Unconscious/Fainting(Near) ALS	288	5.5%
Unconscious/Fainting(Near) BLS	47	0.9%
Unknown Problem/Man Down ALS	15	0.3%
Unknown Problem/Man Down BLS	66	1.3%
Grand Total	**5,204**	**100.0%**

West Almond

Venue	West Almond	
Row Labels	*Counts*	*Percent*
Assist	11	12.8%
Breathing Problems ALS	6	7.0%
Chest Pain ALS	5	5.8%
Chest Pain BLS	1	1.2%
Fire Event	15	17.4%
Injury ALS	1	1.2%
Injury BLS	6	7.0%
Landing Zone	2	2.3%
Medical ALS	4	4.7%
Medical BLS	3	3.5%
Stroke ALS	1	1.2%
Traffic Accident with Injuries ALS	2	2.3%
Traffic Accident with Injuries BLS	22	25.6%
Unconscious/Fainting(Near) ALS	4	4.7%
Unconscious/Fainting(Near) BLS	2	2.3%
Unconscious/Fainting(Near) Echo	1	1.2%
Grand Total	86	100.0%

Willing

Venue	WILLING	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	4	1.5%
Abdominal Pain/Problems BLS	4	1.5%
Allergies/Reactions ALS	2	0.7%
Assault	2	0.7%
Assist	21	7.8%
Breathing Problems ALS	17	6.3%
Cardiac or Respiratory Arrest BLS	1	0.4%
Chest Pain ALS	20	7.4%
Fire Event	16	5.9%
Injury ALS	14	5.2%
Injury BLS	38	14.1%
Landing Zone	1	0.4%
Medical ALS	33	12.2%
Medical BLS	34	12.6%
Mentally Ill/MHL	6	2.2%
Misc	2	0.7%
Mutual Aid	1	0.4%
Police Event	2	0.7%
Stand By	2	0.7%
Stroke ALS	3	1.1%
Traffic Accident with Injuries ALS	2	0.7%
Traffic Accident with Injuries BLS	21	7.8%
Training	1	0.4%
Transfer BLS	1	0.4%
Unconscious/Fainting(Near) ALS	15	5.6%
Unconscious/Fainting(Near) BLS	2	0.7%
Unknown Problem/Man Down BLS	5	1.9%
Grand Total	270	100.0%

Wirt

Venue	Wirt	
Row Labels	*Counts*	*Percent*
Abdominal Pain/Problems ALS	7	3.1%
Abdominal Pain/Problems BLS	6	2.7%
Alarm	1	0.4%
Assault	2	0.9%
Assist	35	15.6%
Breathing Problems ALS	34	15.2%
Cardiac or Respiratory Arrest Echo	5	2.2%
Cardiac or Respiratory Arrest ALS	1	0.4%
Cardiac or Respiratory Arrest BLS	1	0.4%
Chest Pain ALS	22	9.8%
Fire Event	5	2.2%
Injury ALS	11	4.9%
Injury BLS	21	9.4%
Landing Zone	5	2.2%
Medical ALS	14	6.3%
Medical BLS	17	7.6%
Mentally Ill/MHL	2	0.9%
Misc	2	0.9%
Stand By	3	1.3%
Stroke ALS	4	1.8%
Traffic Accident with Injuries ALS	1	0.4%
Traffic Accident with Injuries BLS	15	6.7%
Training	1	0.4%
Unconscious/Fainting(Near) ALS	6	2.7%
Unconscious/Fainting(Near) BLS	1	0.4%
Unknown Problem/Man Down BLS	2	0.9%
Grand Total	224	100.0%

Responses by Ambulance Services

Data shows that two agencies – MTS and Wellsville – are handling the majority of responses in the County, accounting for just under two-thirds of all responses, combined. Separately, Wellsville handles slightly more than a fifth of all responses in the County, and MTS handles a bit more than two-fifths of all responses.

Jurisdiction	0-Overnight 00:00-03:59	1-Early Morning 04:00-07:59	2-Morning 08:00-11:59	3-Afternoon 12:00-15:59	4-Evening 16:00-19:59	5-Night 20:00-23:59	Grand Total	Percent
Alfred Ambulance	149	75	198	237	203	184	1,046	4.4%
Almond Ambulance	12	15	32	29	44	39	171	0.7%
Amity Rescue	58	70	178	230	186	163	885	3.7%
Andover Ambulance	30	57	139	147	159	66	598	2.5%
Angelica Ambulance	7	2	20	20	31	23	103	0.4%
Belfast Ambulance	53	49	87	95	117	100	501	2.1%
Bolivar Ambulance	17	27	121	132	141	81	519	2.2%
Canaseraga Ambulance	17	27	48	71	108	50	321	1.4%
Clarksville Ambulance	7	12	26	20	39	30	134	0.6%
County Medics	54	50	133	132	168	120	657	2.8%
Cuba Ambulance	69	64	228	253	234	181	1,029	4.4%
Dansville Ambulance	0	0	2	0	1	0	3	0.0%
Fillmore Ambulance	69	56	84	134	171	124	638	2.7%
Friendship Ambulance	14	8	18	40	46	30	156	0.7%
Helicopters	1	3	11	6	15	7	43	0.2%
Hornell FD Ambulance	1	0	8	5	8	2	24	0.1%
Houghton Ambulance	31	63	149	125	125	74	567	2.4%
Independence Ambulance	35	33	71	69	59	29	296	1.3%
Medical Transport Ambulance	906	1,218	2,297	2,211	2,033	1,420	10,085	42.7%
Pike Ambulance	0	2	4	0	1	2	9	0.0%
Richburg Ambulance	12	15	41	49	73	65	255	1.1%
Rushford Ambulance	36	38	66	71	96	73	380	1.6%
Trans Am Ambulance Service	4	8	12	25	14	11	74	0.3%
Wellsville Ambulance	358	395	1036	1225	1290	844	5,148	21.8%
Grand Total	1,940	2,287	5,009	5,326	5,362	3,718	23,642	100.0%

Time Analysis

The analysis below looks at two key time intervals that impact the overall performance of the EMS system. The *unit response time* is the time from when the agency received the call until the time that it arrived at the scene. There is no formal standard for an appropriate response time because there are many variables to consider including the patient condition, if the crew is immediately available and the topography of the area. The *unit response time* does not take into account the *call processing time* which is the amount of time that it took for the 911 center to gather the information about the call and actually dispatch it to the call. This call processing time in Allegany County was consistently less than 2 and half minutes on a median and three and a half minutes 90% of the time.

The *time on task* is the amount of time from when the 911 center received the call until the time the unit was back in service. The calls with the shortest time on tasks are typically when a unit is cancelled while on the way to the call or after a brief patient contact. The longer time on tasks are often for transports to hospitals away from the community such as Buffalo or Rochester.

Our tables show the 50th percentile (median) and the 90th percentile for those time intervals. The 50th percentile is the middle of the distribution of call times, meaning that half of calls were shorter and half of calls were longer than the 50th percentile. Likewise,9 out of 10 calls were shorter than the 90th percentile, and 10% were longer. The first table is a summary table based on the calls that occurred in 2022 during the busiest time of the day: from noon to 4 pm.

The agency with the quickest median response time is Wellsville although most agencies are under ten minutes. Also most agencies respond to 90 percent of their incidents in less than 20 minutes. When looking at MTS's response times, it is important to note that they are providing a response to the entire county and that leads to some longer response times. The time on task varies in relation to the distance from the hospital.

Call Response Times: 12 pm to 4 pm	Unit Response Time – 2022 Afternoons		Time on Task – 2022 Afternoons	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Alfred Ambulance	7.8 mins	12.9 mins	89.5 mins	172 mins
Almond Ambulance	15 mins	35 mins	77.1 mins	131.2 mins
Amity Rescue	6.3 mins	15.2 mins	69.9 mins	125.8 mins
Andover Ambulance	6.8 mins	14.2 mins	69.2 mins	122.1 mins
Belfast Ambulance	9.7 mins	17.7 mins	111.6 mins	162.4 mins
Bolivar Ambulance	10.6 mins	20.2 mins	107.5 mins	238.4 mins
Canaseraga Ambulance	12.9 mins	22.2 mins	89.1 mins	103.4 mins

Call Response Times: 12 pm to 4 pm	Unit Response Time – 2022 Afternoons		Time on Task – 2022 Afternoons	
	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Clarksville Ambulance	11.2 mins	14.4 mins	79.4 mins	111.3 mins
Cuba Ambulance	9.9 mins	16.4 mins	80.6 mins	111.1 mins
Fillmore Ambulance	7.3 mins	16.3 mins	87.4 mins	177.6 mins
Friendship Ambulance	8.4 mins	11.2 mins	34 mins	89.7 mins
Houghton Ambulance	12.2 mins	19.4 mins	130.3 mins	165 mins
Independence Ambulance	9 mins	22.8 mins	94.2 mins	136.9 mins
Medical Transport Ambulance	12.5 mins	23.9 mins	65.3 mins	122.3 mins
Richburg Ambulance	n/a	n/a	132.4 mins	269.7 mins
Rushford Ambulance	12.4 mins	15.8 mins	63.4 mins	159.5 mins
Wellsville Ambulance	5.2 mins	12.9 mins	34.4 mins	85.5 mins

Agency Responses

The agency response tables below were developed based on information provided by the Allegany County 911 Center. They are intended to provide some comparison between the different agencies.

Alfred Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	35	40	55	9
Monday	41	38	44	9
Tuesday	36	43	53	9
Wednesday	36	40	48	11
Thursday	33	51	41	17
Friday	39	60	93	18
Saturday	36	40	59	12
Total	*256*	*312*	*393*	*85*

Calls by Month	2020	2021	2022	2023
January	16	14	24	25
February	42	26	38	34
March	23	31	34	26
April	14	24	44	
May	10	20	28	
June	10	14	16	
July	16	13	26	

Calls by Month	2020	2021	2022	2023
August	22	35	26	
September	38	37	49	
October	34	43	51	
November	21	22	39	
December	10	33	18	
Total	*256*	*312*	*393*	*85*

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	26	48	61	14	3.8
Early Morning 04:00-07:59	24	14	33	4	1.9
Morning 08:00-11:59	57	69	59	13	5.1
Afternoon 12:00-15:59	58	67	93	19	6.1
Evening 16:00-19:59	50	54	79	20	5.2
Night 20:00-23:59	41	60	68	15	4.7
Total	*256*	*312*	*393*	*85*	*27*

	Unit Response Time (2022)		Time on Task (2022)	
Time Period	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight	6.4 mins	14.5 mins	85.2 mins	109.1 mins
Early Morning	10.7 mins	20.4 mins	92.6 mins	132.6 mins
Morning	10.5 mins	15 mins	95 mins	213.4 mins
Afternoon	7.8 mins	12.9 mins	89.5 mins	172 mins
Evening	8.5 mins	16.2 mins	88.6 mins	145.3 mins
Night	8.8 mins	15.3 mins	84.6 mins	126.4 mins

Almond Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	16	7	2	
Monday	19	5	1	1
Tuesday	14	4	2	
Wednesday	14	9	2	
Thursday	9	9	4	
Friday	12	6	5	
Saturday	17	11	2	
Total	101	51	18	1

Calls by Month	2020	2021	2022	2023
January	6	5	2	1
February	13	5	2	
March	6	4	4	
April	3	9	1	
May	7	3	4	
June	8	1	2	
July	18	5		
August	7	3	1	
September	9	6	1	
October	11	4		
November	7	5	1	
December	6	1		
Total	101	51	18	1

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	12 mins	15.2 mins	67.6 mins	77.3 mins
Early Morning 04:00-07:59	15.1 mins	23.9 mins	59 mins	86 mins
Morning 08:00-11:59	8.8 mins	10.7 mins	59.6 mins	67.1 mins
Afternoon 12:00-15:59	15 mins	35 mins	77.1 mins	131.2 mins
Evening 16:00-19:59	6.2 mins	8.7 mins	112.6 mins	128.3 mins
Night 20:00-23:59	12 mins	15.2 mins	67.6 mins	77.3 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	9	3			0.3
Early Morning 04:00-07:59	10	2	3		0.4
Morning 08:00-11:59	22	8	2		0.8
Afternoon 12:00-15:59	14	10	5		0.7
Evening 16:00-19:59	22	16	5	1	1.1
Night 20:00-23:59	24	12	3		1.0
Total	101	51	18	1	4.4

Amity Rescue

Responses by Day of Week	2020	2021	2022	2023
Sunday	52	44	47	13
Monday	31	50	44	10
Tuesday	41	49	30	11
Wednesday	31	46	31	15
Thursday	31	37	43	4
Friday	26	36	35	7
Saturday	42	34	36	9
Total	254	296	266	69

Calls by Month	2020	2021	2022	2023
January	19	19	26	22
February	24	18	19	21
March	30	20	28	26
April	8	21	15	
May	24	31	27	
June	21	25	28	
July	21	19	30	
August	33	24	15	
September	24	23	23	
October	11	39	19	
November	20	32	24	
December	19	25	12	
Total	254	296	266	69

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	8.3 mins	28.8 mins	71.4 mins	123.2 mins
Early Morning 04:00-07:59	11.4 mins	19.5 mins	104.5 mins	207.2 mins
Morning 08:00-11:59	5.4 mins	14.3 mins	78.6 mins	265.5 mins
Afternoon 12:00-15:59	6.3 mins	15.2 mins	69.9 mins	125.8 mins
Evening 16:00-19:59	8.8 mins	13.9 mins	74.2 mins	95.4 mins
Night 20:00-23:59	10.1 mins	20 mins	82.7 mins	120 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	23	16	17	2	1.5
Early Morning 04:00-07:59	18	27	23	2	1.8
Morning 08:00-11:59	53	62	48	15	4.6
Afternoon 12:00-15:59	67	65	78	20	5.9
Evening 16:00-19:59	60	62	51	13	4.8
Night 20:00-23:59	33	64	49	17	4.2
Total	254	296	266	69	22.7

Andover Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	35	28	30	1
Monday	20	19	24	4
Tuesday	33	19	25	5
Wednesday	32	27	23	5
Thursday	20	27	28	4
Friday	31	39	34	5
Saturday	18	33	22	7
Total	189	192	186	31

Calls by Month	2020	2021	2022	2023
January	12	19	15	11
February	19	9	7	11
March	16	11	10	9

Calls by Month	2020	2021	2022	2023
April	12	13	23	
May	9	20	16	
June	14	18	21	
July	17	17	12	
August	20	13	15	
September	16	24	11	
October	17	17	17	
November	20	10	19	
December	17	21	20	
Total	189	192	186	31

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	8.6 mins	13.9 mins	78.9 mins	82.8 mins
Early Morning 04:00-07:59	9.5 mins	18.8 mins	80.9 mins	156.9 mins
Morning 08:00-11:59	9.6 mins	19.1 mins	68.2 mins	192.8 mins
Afternoon 12:00-15:59	6.8 mins	14.2 mins	69.2 mins	122.1 mins
Evening 16:00-19:59	6.8 mins	14.4 mins	74.9 mins	133.9 mins
Night 20:00-23:59	7.7 mins	14.4 mins	78.6 mins	117.7 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	15	10	3	2	0.8
Early Morning 04:00-07:59	17	20	19	1	1.5
Morning 08:00-11:59	43	40	47	9	3.6
Afternoon 12:00-15:59	43	44	53	7	3.8
Evening 16:00-19:59	52	51	47	9	4.1
Night 20:00-23:59	19	27	17	3	1.7
Total	189	192	186	31	15.3

Belfast Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	19	27	24	11
Monday	17	20	33	8
Tuesday	13	13	25	7
Wednesday	13	19	21	3
Thursday	18	20	21	9
Friday	15	28	42	5
Saturday	14	23	28	5
Total	109	150	194	48

Calls by Month	2020	2021	2022	2023
January	20	2	13	23
February	10	3	14	16
March	6	8	8	9
April	9	10	20	
May	7	22	15	
June	1	11	18	
July	12	18	19	
August	9	18	18	
September	8	10	23	
October	13	19	8	
November	9	19	20	
December	5	10	18	
Total	109	150	194	48

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	11.6 mins	19.1 mins	93.1 mins	116 mins
Early Morning 04:00-07:59	10.2 mins	14.4 mins	89.8 mins	291.9 mins
Morning 08:00-11:59	9.6 mins	16.9 mins	100.5 mins	150.3 mins
Afternoon 12:00-15:59	9.7 mins	17.7 mins	111.6 mins	162.4 mins
Evening 16:00-19:59	8.2 mins	15.5 mins	97.7 mins	137.4 mins
Night 20:00-23:59	10.4 mins	17.1 mins	98.5 mins	150.8 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	17	15	19	2	1.4
Early Morning 04:00-07:59	9	14	22	4	1.3
Morning 08:00-11:59	13	29	36	9	2.2
Afternoon 12:00-15:59	16	35	36	8	2.4
Evening 16:00-19:59	31	31	46	9	3.0
Night 20:00-23:59	23	26	35	16	2.6
Total	109	150	194	48	12.8

Bolivar Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	18	20	11	9
Monday	21	23	15	7
Tuesday	27	17	16	12
Wednesday	22	25	27	9
Thursday	22	28	16	11
Friday	33	26	21	14
Saturday	30	19	12	8
Total	173	158	118	70

Calls by Month	2020	2021	2022	2023
January	9	14	2	21
February	24	15	11	24
March	12	12	8	25
April	10	23	1	
May	20	19	8	
June	13	12	10	
July	7	9	11	
August	10	16	18	
September	16	11	5	
October	24	14	12	
November	20	5	11	
December	8	8	21	
Total	173	158	118	70

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	10.4 mins	19.5 mins	97.1 mins	114.4 mins
Early Morning 04:00-07:59	12.9 mins	16.1 mins	97.3 mins	199 mins
Morning 08:00-11:59	10 mins	24.5 mins	97.3 mins	159.6 mins
Afternoon 12:00-15:59	10.6 mins	20.2 mins	107.5 mins	238.4 mins
Evening 16:00-19:59	8.6 mins	19.4 mins	106.7 mins	162.5 mins
Night 20:00-23:59	9.6 mins	17.1 mins	100.2 mins	113.3 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	6	3	6	2	0.4
Early Morning 04:00-07:59	9	4	6	8	0.7
Morning 08:00-11:59	38	38	24	21	3.1
Afternoon 12:00-15:59	40	41	33	18	3.4
Evening 16:00-19:59	40	55	34	12	3.6
Night 20:00-23:59	40	17	15	9	2.1
Total	173	158	118	70	13.3

Canaseraga Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	12	15	18	3
Monday	5	19	8	4
Tuesday	4	8	9	6
Wednesday	8	11	9	5
Thursday	8	13	19	7
Friday	16	24	20	11
Saturday	12	20	21	6
Total	65	110	104	42

Calls by Month	2020	2021	2022	2023
January	8	12	11	16
February	10	10	16	15
March	5	18	11	11

Calls by Month	2020	2021	2022	2023
April	5	6	6	
May	4	7	11	
June	2	8	4	
July	7	5	10	
August	9	6	8	
September	5	6	9	
October	2	10	3	
November	5	10	2	
December	3	12	13	
Total	65	110	104	42

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	21.4 mins	22.4 mins	66.1 mins	102.5 mins
Early Morning 04:00-07:59	15.7 mins	44.2 mins	102.6 mins	160.5 mins
Morning 08:00-11:59	11.8 mins	24.1 mins	105.6 mins	225.5 mins
Afternoon 12:00-15:59	12.9 mins	22.2 mins	89.1 mins	103.4 mins
Evening 16:00-19:59	11.2 mins	17.7 mins	92 mins	114.3 mins
Night 20:00-23:59	13.3 mins	20.3 mins	90.2 mins	190.8 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	4	9	2	2	0.4
Early Morning 04:00-07:59	7	13	5	2	0.7
Morning 08:00-11:59	5	17	21	5	1.2
Afternoon 12:00-15:59	15	17	28	11	1.8
Evening 16:00-19:59	22	37	32	17	2.8
Night 20:00-23:59	12	17	16	5	1.3
Total	65	110	104	42	8.2

Clarksville Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	6	7	6	
Monday	9	1	7	1
Tuesday	3	6	5	2
Wednesday	4	6	3	
Thursday	3	9	4	
Friday	10	9	4	
Saturday	7	8	13	1
Total	42	46	42	4

Calls by Month	2020	2021	2022	2023
January	4	1	4	3
February	4	4	5	
March	3	7	4	1
April	2	3	2	
May	5	3	5	
June	6		3	
July	1	2	1	
August	1	4	2	
September	3	7	5	
October	3	7	6	
November		6	1	
December	10	2	4	
Total	42	46	42	4

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	20.2 mins	21.4 mins	149.6 mins	182.2 mins
Early Morning 04:00-07:59	12.5 mins	33 mins	127.2 mins	139 mins
Morning 08:00-11:59	18.1 mins	29.1 mins	117.1 mins	121.7 mins
Afternoon 12:00-15:59	11.2 mins	14.4 mins	79.4 mins	111.3 mins
Evening 16:00-19:59	11.5 mins	25.6 mins	103.8 mins	155.7 mins
Night 20:00-23:59	16.3 mins	23.4 mins	117.4 mins	151.8 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	1	2	3	1	0.2
Early Morning 04:00-07:59	2	3	6	1	0.3
Morning 08:00-11:59	11	12	3	0	0.7
Afternoon 12:00-15:59	5	10	5	0	0.5
Evening 16:00-19:59	13	10	15	1	1.0
Night 20:00-23:59	10	9	10	1	0.8
Total	42	46	42	4	3.4

Cuba Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	40	41	51	14
Monday	45	38	51	12
Tuesday	41	46	40	8
Wednesday	45	45	36	10
Thursday	46	54	53	10
Friday	21	53	49	20
Saturday	44	53	49	14
Total	282	330	329	88

Calls by Month	2020	2021	2022	2023
January	20	31	14	32
February	24	40	13	29
March	16	34	12	27
April	16	27	11	
May	19	29	14	
June	26	36	28	
July	24	31	30	
August	35	28	36	
September	25	26	46	
October	24	23	52	
November	25	13	29	
December	28	12	44	
Total	282	330	329	88

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	12.4 mins	19.5 mins	80.5 mins	123.4 mins
Early Morning 04:00-07:59	14.5 mins	21.8 mins	78.1 mins	128.2 mins
Morning 08:00-11:59	11.7 mins	18.3 mins	86.8 mins	154.8 mins
Afternoon 12:00-15:59	9.9 mins	16.4 mins	80.6 mins	111.1 mins
Evening 16:00-19:59	10.1 mins	18.1 mins	83.9 mins	127.7 mins
Night 20:00-23:59	9.7 mins	15 mins	75.5 mins	110.7 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	23	22	20	4	1.8
Early Morning 04:00-07:59	14	26	16	8	1.6
Morning 08:00-11:59	49	72	88	19	5.8
Afternoon 12:00-15:59	71	80	77	25	6.5
Evening 16:00-19:59	64	81	76	13	6.0
Night 20:00-23:59	61	49	52	19	4.6
Total	282	330	329	88	26.4

Fillmore Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	33	24	15	3
Monday	35	21	19	4
Tuesday	48	22	22	4
Wednesday	34	28	25	5
Thursday	28	23	26	2
Friday	47	31	41	6
Saturday	34	25	30	3
Total	259	174	178	27

Calls by Month	2020	2021	2022	2023
January	26	18	15	6
February	22	16	13	10
March	17	19	14	11

Calls by Month	2020	2021	2022	2023
April	23	12	13	
May	21	16	16	
June	23	15	17	
July	22	14	20	
August	29	16	11	
September	22	11	17	
October	19	14	14	
November	23	14	14	
December	12	9	14	
Total	259	174	178	27

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	11.7 mins	21.1 mins	60.6 mins	147.2 mins
Early Morning 04:00-07:59	10.4 mins	20.1 mins	91.3 mins	135 mins
Morning 08:00-11:59	11.4 mins	13.6 mins	84.9 mins	146.5 mins
Afternoon 12:00-15:59	7.3 mins	16.3 mins	87.4 mins	177.6 mins
Evening 16:00-19:59	8.2 mins	16.3 mins	106.6 mins	150.8 mins
Night 20:00-23:59	11.9 mins	18.7 mins	108.8 mins	157.4 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	24	22	20	3	1.8
Early Morning 04:00-07:59	29	12	15		1.4
Morning 08:00-11:59	45	20	15	4	2.2
Afternoon 12:00-15:59	66	33	30	5	3.4
Evening 16:00-19:59	57	49	56	9	4.4
Night 20:00-23:59	38	38	42	6	3.2
Total	259	174	178	27	16.4

Friendship Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	10	3	8	
Monday	12	9	5	
Tuesday	8	4	5	1
Wednesday	3		5	
Thursday	14	6	8	1
Friday	13	8	6	
Saturday	12	8	6	1
Total	72	38	43	3

Calls by Month	2020	2021	2022	2023
January	10	1		3
February	3	5	1	
March	8	4	1	
April	4	5		
May	10	1		
June	2	6	2	
July	6	5		
August	5	4	1	
September	5	1	7	
October	9	2	13	
November	8	4	10	
December	2		8	
Total	72	38	43	3

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	7 mins	11.9 mins	88.7 mins	96.6 mins
Early Morning 04:00-07:59	8.5 mins	9.5 mins	86.7 mins	94 mins
Morning 08:00-11:59	10.2 mins	14.7 mins	71.9 mins	106 mins
Afternoon 12:00-15:59	8.4 mins	11.2 mins	34 mins	89.7 mins
Evening 16:00-19:59	7.7 mins	14.7 mins	73.4 mins	102.1 mins
Night 20:00-23:59	9.3 mins	12.7 mins	90 mins	117.3 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	6	5	3		6
Early Morning 04:00-07:59	4	1	2	1	4
Morning 08:00-11:59	8	4	6		8
Afternoon 12:00-15:59	18	11	10	1	18
Evening 16:00-19:59	23	11	11		23
Night 20:00-23:59	13	6	11	1	13
Total	72	38	43	3	72

Houghton Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	26	26	18	5
Monday	23	30	22	2
Tuesday	30	34	11	5
Wednesday	24	31	26	8
Thursday	24	25	24	3
Friday	38	23	21	2
Saturday	29	31	19	7
Total	194	200	141	32

Calls by Month	2020	2021	2022	2023
January	24	13	8	10
February	23	23	8	8
March	13	24	11	14
April	9	12	8	
May	11	16	9	
June	16	16	16	
July	17	12	13	
August	18	12	8	
September	20	21	18	
October	16	18	16	
November	19	15	13	
December	8	18	13	
Total	194	200	141	32

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	13.6 mins	21.8 mins	127.3 mins	148.9 mins
Early Morning 04:00-07:59	12.4 mins	16.5 mins	144.4 mins	146.8 mins
Morning 08:00-11:59	11.6 mins	14.7 mins	128.2 mins	174.7 mins
Afternoon 12:00-15:59	12.2 mins	19.4 mins	130.3 mins	165 mins
Evening 16:00-19:59	10.5 mins	18.5 mins	125.2 mins	195.9 mins
Night 20:00-23:59	11.4 mins	15.6 mins	140.2 mins	203.2 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	9	10	9	3	0.8
Early Morning 04:00-07:59	15	30	11	7	1.6
Morning 08:00-11:59	53	56	33	7	3.8
Afternoon 12:00-15:59	47	45	29	4	3.2
Evening 16:00-19:59	46	33	37	9	3.2
Night 20:00-23:59	24	26	22	2	1.9
Total	194	200	141	32	14.5

Independence Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	7	10	17	5
Monday	12	15	16	1
Tuesday	14	15	8	2
Wednesday	10	11	12	5
Thursday	17	14	12	1
Friday	11	18	19	4
Saturday	14	11	13	2
Total	85	94	97	20

Calls by Month	2020	2021	2022	2023
January	11	8	13	3
February	6	3	9	6
March	8	5	4	11

Calls by Month	2020	2021	2022	2023
April	6	10	12	
May	4	4	8	
June	7	3	8	
July	7	10	13	
August	8	4	11	
September	6	15	4	
October	8	10	4	
November	6	12	8	
December	8	10	3	
Total	85	94	97	20

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	11.7 mins	25.7 mins	103.5 mins	244.8 mins
Early Morning 04:00-07:59	15 mins	25.4 mins	114.1 mins	269.4 mins
Morning 08:00-11:59	12.2 mins	27.7 mins	84.6 mins	174.9 mins
Afternoon 12:00-15:59	9 mins	22.8 mins	94.2 mins	136.9 mins
Evening 16:00-19:59	10.3 mins	19.9 mins	81.9 mins	133.2 mins
Night 20:00-23:59	13.7 mins	22.4 mins	92.4 mins	120.6 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	6	12	15	2	0.9
Early Morning 04:00-07:59	9	8	14	2	0.8
Morning 08:00-11:59	19	24	24	4	1.8
Afternoon 12:00-15:59	20	21	21	7	1.8
Evening 16:00-19:59	21	21	13	4	1.5
Night 20:00-23:59	10	8	10	1	0.7
Total	85	94	97	20	7.6

Medical Transport Ambulance

These are the 911 calls for MTS. They do not take into account the direct calls from healthcare facilities.

Responses by Day of Week	2020	2021	2022	2023
Sunday	338	436	469	119
Monday	339	392	441	103
Tuesday	388	422	410	129
Wednesday	365	439	490	117
Thursday	374	509	472	116
Friday	468	525	575	133
Saturday	439	507	465	105
Total	2,711	3,230	3,322	822

Calls by Month	2020	2021	2022	2023
January	257	259	265	270
February	244	256	260	253
March	180	238	249	299
April	172	225	218	
May	218	226	282	
June	195	208	277	
July	234	281	277	
August	234	279	294	
September	201	264	285	
October	263	320	289	
November	278	332	304	
December	235	342	322	
Total	2711	3230	3322	822

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	15.3 mins	24.1 mins	56.4 mins	107.3 mins
Early Morning 04:00-07:59	14.9 mins	24.9 mins	63.6 mins	123.9 mins
Morning 08:00-11:59	14.3 mins	23 mins	58.1 mins	129.8 mins
Afternoon 12:00-15:59	12.5 mins	23.9 mins	65.3 mins	122.3 mins
Evening 16:00-19:59	12 mins	21.1 mins	54.6 mins	124.5 mins
Night 20:00-23:59	11.4 mins	22.9 mins	50.5 mins	125 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	248	279	303	76	23.2
Early Morning 04:00-07:59	323	397	385	113	31.2
Morning 08:00-11:59	615	778	727	177	58.9
Afternoon 12:00-15:59	576	714	750	171	56.7
Evening 16:00-19:59	551	627	678	177	52.1
Night 20:00-23:59	398	435	479	108	36.4
Total	2,711	3,230	3,322	822	258.6

Richburg Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	9	6	5	3
Monday	14	9	9	2
Tuesday	15	13	8	9
Wednesday	17	8	6	3
Thursday	15	14	7	1
Friday	20	12	17	
Saturday	15	11	5	2
Total	105	73	57	20

Calls by Month	2020	2021	2022	2023
January	8	4	1	10
February	6	6		3
March	10	6	2	7
April	3	11	4	
May	9	12		
June	6	3	6	
July	8	7	4	
August	13	7	8	
September	10	6	3	
October	15	8	15	
November	10	2	7	
December	7	1	7	
Total	105	73	57	20

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	Not Avail	Not Avail	Not Avail	Not Avail
Early Morning 04:00-07:59	Not Avail	Not Avail	Not Avail	Not Avail
Morning 08:00-11:59	Not Avail	Not Avail	159 mins	411 mins
Afternoon 12:00-15:59	Not Avail	Not Avail	132.4 mins	269.7 mins
Evening 16:00-19:59	Not Avail	Not Avail	97.5 mins	223.3 mins
Night 20:00-23:59	Not Avail	Not Avail	45.4 mins	55.8 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	5	6	1		0.3
Early Morning 04:00-07:59	7	4	3	1	0.4
Morning 08:00-11:59	12	17	7	5	1.1
Afternoon 12:00-15:59	19	13	15	2	1.3
Evening 16:00-19:59	31	19	17	6	1.9
Night 20:00-23:59	31	14	14	6	1.7
Total	105	73	57	20	6.5

Rushford Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	12	12	15	8
Monday	19	18	12	3
Tuesday	16	9	13	5
Wednesday	15	8	17	1
Thursday	14	13	28	2
Friday	22	22	28	2
Saturday	17	29	17	3
Total	115	111	130	24

Calls by Month	2020	2021	2022	2023
January	10	8	5	8
February	11	5	9	8
March	7	6	17	8

Calls by Month	2020	2021	2022	2023
April	9	3	3	
May	18	7	11	
June	6	6	11	
July	11	7	11	
August	16	8	17	
September	8	17	13	
October	9	17	12	
November	8	13	11	
December	2	14	10	
Total	115	111	130	24

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	16.7 mins	20 mins	81.4 mins	135.8 mins
Early Morning 04:00-07:59	14.1 mins	18.8 mins	75.6 mins	171.4 mins
Morning 08:00-11:59	9.2 mins	17.2 mins	115.7 mins	135.4 mins
Afternoon 12:00-15:59	12.4 mins	15.8 mins	63.4 mins	159.5 mins
Evening 16:00-19:59	11.9 mins	13.6 mins	43.9 mins	112.7 mins
Night 20:00-23:59	12.4 mins	21.8 mins	107.8 mins	133.7 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	14	9	11	2	0.9
Early Morning 04:00-07:59	9	12	14	3	1.0
Morning 08:00-11:59	22	16	24	4	1.7
Afternoon 12:00-15:59	22	26	21	2	1.8
Evening 16:00-19:59	28	29	30	9	2.5
Night 20:00-23:59	20	19	30	4	1.9
Total	115	111	130	24	9.7

Wellsville Ambulance

Responses by Day of Week	2020	2021	2022	2023
Sunday	214	262	263	75
Monday	239	247	246	52
Tuesday	249	256	258	75
Wednesday	209	214	303	79
Thursday	217	235	243	68
Friday	180	176	163	30
Saturday	175	159	212	49
Total	1,483	1,549	1,688	428

Calls by Month	2020	2021	2022	2023
January	121	140	123	169
February	115	124	104	138
March	137	156	149	121
April	98	149	127	
May	116	122	148	
June	113	147	148	
July	134	117	154	
August	134	121	144	
September	115	124	151	
October	149	113	140	
November	111	109	138	
December	140	127	162	
Total	1483	1549	1688	428

	Unit Response Time (2022)		Time on Task (2022)	
Responses by Hour	50th Percentile	90th Percentile	50th Percentile	90th Percentile
Overnight 00:00-03:59	5.4 mins	10.8 mins	38.3 mins	100.4 mins
Early Morning 04:00-07:59	6 mins	10.4 mins	37.2 mins	196.3 mins
Morning 08:00-11:59	6.2 mins	13.2 mins	37.9 mins	75.5 mins
Afternoon 12:00-15:59	5.2 mins	12.9 mins	34.4 mins	85.5 mins
Evening 16:00-19:59	5.6 mins	13.2 mins	39 mins	81.4 mins
Night 20:00-23:59	5.4 mins	12.8 mins	39.2 mins	91.2 mins

Responses by Hour	2020	2021	2022	2023	Avg per Month
Overnight 00:00-03:59	113	125	106	14	9.2
Early Morning 04:00-07:59	111	115	144	25	10.1
Morning 08:00-11:59	272	312	362	90	26.6
Afternoon 12:00-15:59	324	367	419	115	31.4
Evening 16:00-19:59	402	387	391	110	33.1
Night 20:00-23:59	261	243	266	74	21.6
Total	1,483	1,549	1,688	428	132

Appendix C: Glossary of EMS Terms

ALS vs. BLS – EMS medical care is divided into the categories of Basic Life Support (BLS) and Advanced Life Support (ALS) care. Typically, BLS involves techniques providing a more basic level of care, such as treating injuries from a fall, while ALS involves more advanced techniques and a higher level of training, such as dealing with and administering medicines to heart attack and stroke victims. BLS care is often more readily available, as more EMS responders are trained to the BLS level. ALS care may require specialists like paramedics, who are in shorter supply. A well-functioning EMS system should have a good mix of ALS and BLS providers readily available.

Advanced Life Support (ALS) - The use of specialized equipment such as cardiac monitors, defibrillators, intravenous fluids, drug infusion, and endotracheal intubation to stabilize a patient's condition.[11] ALS typically requires a higher level of complex care, administered by more highly trained specialists such as paramedics, than BLS does.

ALS intercept - An intercept is an authorized and staffed ALS unit, dispatched by request or protocol, meeting a BLS unit while it is *en route* to the nearest appropriate hospital in order to provide advanced care. A BLS unit assesses the patient, determines the need for and requests ALS.

Advanced EMT (AEMT) – An AEMT, EMT-A, or EMT Advanced, is a step below a paramedic in certification and is able to use more complex techniques and equipment than (Basic) EMTs. They often assist paramedics by suctioning and intubated patients and preparing IVs.

Automatic Aid – is aid from one or more neighboring departments at the time of dispatch based on a pre-set criteria. An example is multiple fire departments being dispatched at the time of call for a reported structure fire.

Automated External Defibrillator (AED) - Portable battery-powered devices that recognize life-threatening cardiac arrhythmias (irregular heartbeats) and delivers an electric shock to re-establish a regular heartbeat.

Basic Life Support (BLS) - A level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by qualified bystanders.

BLSFR (Basic Life Support First Response) – An agency that responses to provide BLS care. To meet this standard, agencies must carry certain equipment, maintain certified responders and have an agreement with a transporting agency.

Certified First Responder (CFR) – A medical provider trained and certified in providing initial lifesaving care for medical and traumatic emergencies. This is the New York State version of the Emergency Medical Responder program. This curriculum is about 50 hours long.

Certified Instructor Coordinator (CiC) – Anyone providing EMS training must be certified by NYS to do so, as a CiC.

Certificate Of Need (CON) –A group wishing to operate an ambulance has to prove to their state health authority that there is a need for it in their area before they get an operating certificate. As NYS defines the process: *"Certificate of Need (CON) is a process defined in NY State Public Health Law Article 30, section 3005, whereby an entity wishing to operate an ambulance service makes application to its local Regional EMS Council (REMSCO) for a determination of public need, prior to NYS DOH BEMS granting of a certificate of operating authority."*

Community Paramedicine -A movement to extend EMS care into the community for non-emergency situations to improve patient outcomes and reduce hospitalizations and other healthcare utilization. There are multiple pilot programs underway, but as yet no standard definition or New York State certification for this type of care.

Continuing Medical Education (CME) – Becoming a licensed medical provider typically involves taking a certification exam. Providers must be periodically re-certified to keep their medical licenses. CME is a training shortcut that allow an EMT/AEMT who is in "continuous practice," who has "demonstrated competence in applicable behavioral and performance objectives," and who has "demonstrated completion of appropriate continuing education," to renew their certification "without requiring the completion of a written examination."

Critical Care EMTs (CC/AEMT-CC) – Advanced EMT–Critical Care is a former EMS certification that was unique to New York State. AEMT-CCs are ALS providers who are a level above Advanced EMTs, but below Paramedics in training and their scope of practice (authorization to perform certain types of care). NYS phased out new AEMT-CC training in 2018. Currently existing AEMT-CCs are allowed to continue maintain their certification via CME.

Emergency Medical Dispatch: A formal procedure used by a 911 call taker to categorize the medical emergency using a script of questions. This procedure allows EMS agencies to determine what resources to send and the urgency of the call.

Emergency Medical Services (EMS): A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, EMTs first responders and other ambulance crew. It is generally regulated by the Department of Health.

Emergency Medical Technician (EMT) - A person who is trained and certified to provide basic life support and certain other noninvasive prehospital medical procedures EMTs have greater than 150 hours of initial training. EMT-Basic is the most basic level. These staff are sometimes referred to as "basics".

Fly Car– A non-transporting vehicle dispatched by EMS to quickly assess situations or respond to non-serious injuries. Treatment is usually on the scene and if the patient needs transport to a hospital an ambulance will be called. The use of Flycars was developed to more efficiently allocate resources based on first-responder certification levels and reduce the costly dependence on using ambulances for every call.

Mutual Aid is the exchange of aid between departments based on the request of an agency commander at the time of the incident. This can include the request of special resources such as rapid intervention teams, aerial devices or water supply.

Operating Certificate - A formal authorization from the State for an EMS agency to serve a particular area. Agencies can be found deficient if they are operating outside of their area without permission/authorization.

Paramedic - Persons trained and certified to provide ALS-level care. They effectively bring the first 20 minutes of emergency department treatment wherever they respond. Paramedics have greater than 1000 hours of initial training. Paramedics are sometimes simply referred to as "medics" in the EMS field.

Public Safety Answering Point (PSAP) - sometimes called public-safety access point, is a call center where emergency/non-emergency calls (like police, fire brigade, ambulance) initiated by any landline, mobile or Voice Over Internet Protocol ("VOIP") subscriber is terminated.