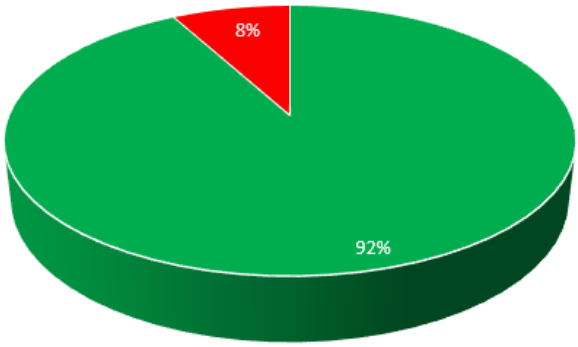
State of Indiana
Emergency Medical Services

Monthly EMS Reporting

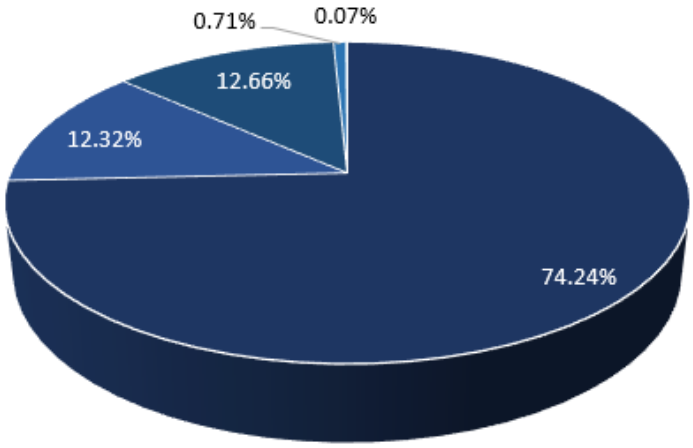
February 2021



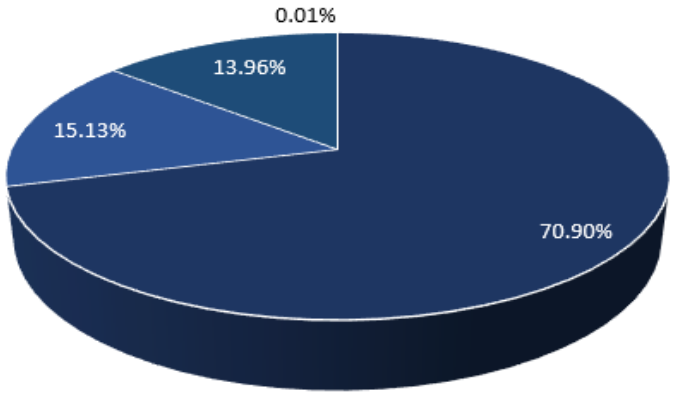
Agencies Reporting	Agencies Required to Report
306	331

Reporting Percentage	Total ePCR's submitted
92%	84,455

Type of Service Requested	Total #	Percentage
911 Response/Intercept/Mutual Aid	62,704	74.24%
Interfacility Transport	10,404	12.32%
Medical Transport	10,696	12.66%
Public Assistance/Stand-by	598	0.71%
Not Recorded/ Blank	53	0.07%



Transport Disposition	Total #	Percentage
Transported	59,866	70.90%
Not Transported	12,776	15.13%
Stand-by/Cancelled/No Patient	11,782	13.96%
Not Recorded/Blank	31	0.01%



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State of Indiana
Emergency Medical Services

Monthly EMS Reporting

Monthly reporting numbers are based off the Emergency Medical Services that are required to report electronic patient care reports to the State of Indiana. This report reflects all agencies that have submitted electronic patient care reports during the month being represented. Agencies who are submitting electronic patient care reports late will not be represented on this report.

Defining the Graphs

1. Reporting numbers- Represents the percentage of EMS agencies required to report to the State of Indiana.

2. Type of Service Requested- The type of service or category of service requested of the EMS Agency responding for this specific EMS event *(see expanded definitions below)*

- **911 Response-** Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).
- **Intercept-** When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.
- **Mutual Aid-** Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.
- **Interfacility Transport-** A. HOSPITAL-TO-HOSPITAL TRANSFER: Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).

  B. HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER: Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center.

  C. NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER: Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic.

  D. NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER: Any transfer from a non-hospital facility to a hospital. An example of this is a transfer from a dialysis center to a hospital.
- **Medical Transport-** Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).
- **Public Assistance-** The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).
- **Standby-** Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).

3. Transport Disposition- The transport disposition for an EMS event identifying whether a transport occurred or did not occur.

Agencies Not Participating: 0016; 0047; 0065; 0287; 0311; 0357; 0406; 0478; 0499; 0573; 0607; 0722; 0727; 0761; 0947; 0989; 1075; 1124; 1177; 1213; 1284; 1299; 1300; 1306; 1307