

2024 EMS Data Report

**Bureau of
Emergency Medical
Services**

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pennsylvania
DEPARTMENT OF HEALTH

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Abbreviations

AEMT	Advanced Emergency Medical Technician
ALS	Advanced Life Support
APOT	Average Patient Offload Time
BLS	Basic Life Support
CAPCE	Commission on Accreditation for Pre-Hospital Continuing Education
CCT	Critical Care Transport
CoAEMSP	Committee on Accreditation of Education Programs for the Emergency Medical Services Profession
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
IALS	Intermediate Advanced Life Support
LMS	Learning Management System
NASEMSO	National Association of State Emergency Medical Services Officials
NEMSIS	National Emergency Medical Services Information System
NEMSQA	National Emergency Medical Services Quality Alliance
NREMT	National Registry of Emergency Medical Technicians
NREMT	National Registry of Emergency Medical Technicians
PCR	Patient Care Report
PHP	Pre-Hospital Physician
PHPE	Pre-Hospital Physician Extender
PHRN	Pre-Hospital Registered Nurse
QRS	Quick Response Service
ROSC	Return of Spontaneous Circulation
SMC	Student Minimum Competency
STEMI	ST Elevated Myocardial Infarction

Executive Summary

The Pennsylvania Department of Health (Department) Bureau of Emergency Medical Services (Bureau) prepared this statewide end of year report to provide detailed clinical, operational, and workforce data to the public and the Emergency Medical Services (EMS) community pertaining to the Commonwealth of Pennsylvania's EMS system. It is the Bureau's intent that this report serves as a benchmark to help individual agencies and municipalities to assess their EMS system performance against statewide datasets.

In 2024, the EMS system in Pennsylvania comprised 1,217 agencies that responded to 2,360,179 calls for service. Of these responses, 76.4% were for 911 emergency calls. Of those, 63% resulted in patient transport to an emergency department.

EMS continues to play a crucial role in the continuum of health care, providing 24/7 access to out-of-hospital requests for emergency medical response through the 911 system. The EMS system also provides the vital service of interfacility and medical transport. EMS continues to face challenges with funding, workforce shortages, and resource utilization. This report aims to provide an accurate picture of the resources, and demands for those resources across the Commonwealth, and to examine the current clinical performance of Pennsylvania's EMS System compared to national quality metrics.

The accuracy of certain data elements and datasets used in this report is only as accurate as the information provided by field providers through electronic patient care records (ePCR) systems and to the department's various certification and licensure systems. For example, if an EMS provider only documents the administration of a medication in the narrative portion of the ePCR, this is not reflected in the datasets. The Bureau is aware that the datasets are not perfect but reflect a reasonable account of the Commonwealth's EMS system.

Commonwealth EMS system leaders at all levels should continue to utilize these data for a variety of decision-making processes, such as policy development and recommendations to regional and state medical advisory committees (MACs) for protocol development. Additionally, these data can be used to address operational and staffing concerns

If there are questions regarding any of the information contained in this report, please contact the Bureau of Emergency Medical Services.

Methods

The Bureau used a variety of data sources to construct this comprehensive report. Most of the raw data are obtained from the state EMS data bridge. Pursuant to 28 Pa. Code § 1021.8 and § 1021.41, all EMS agencies are required to submit ePCRs to this state data bridge. All patient care data collected for the purposes of this report were submitted in the National Emergency Medical Services Information System (NEMSIS) 3.5 standard.

This report includes data that was uploaded to the state data repository provided by Biospatial with any incident date between January 1, 2024, and December 31, 2024, with several comparisons to prior year's data. Unless otherwise specified with the notation of "emergency records," the data in this report include all types of EMS requests for service.

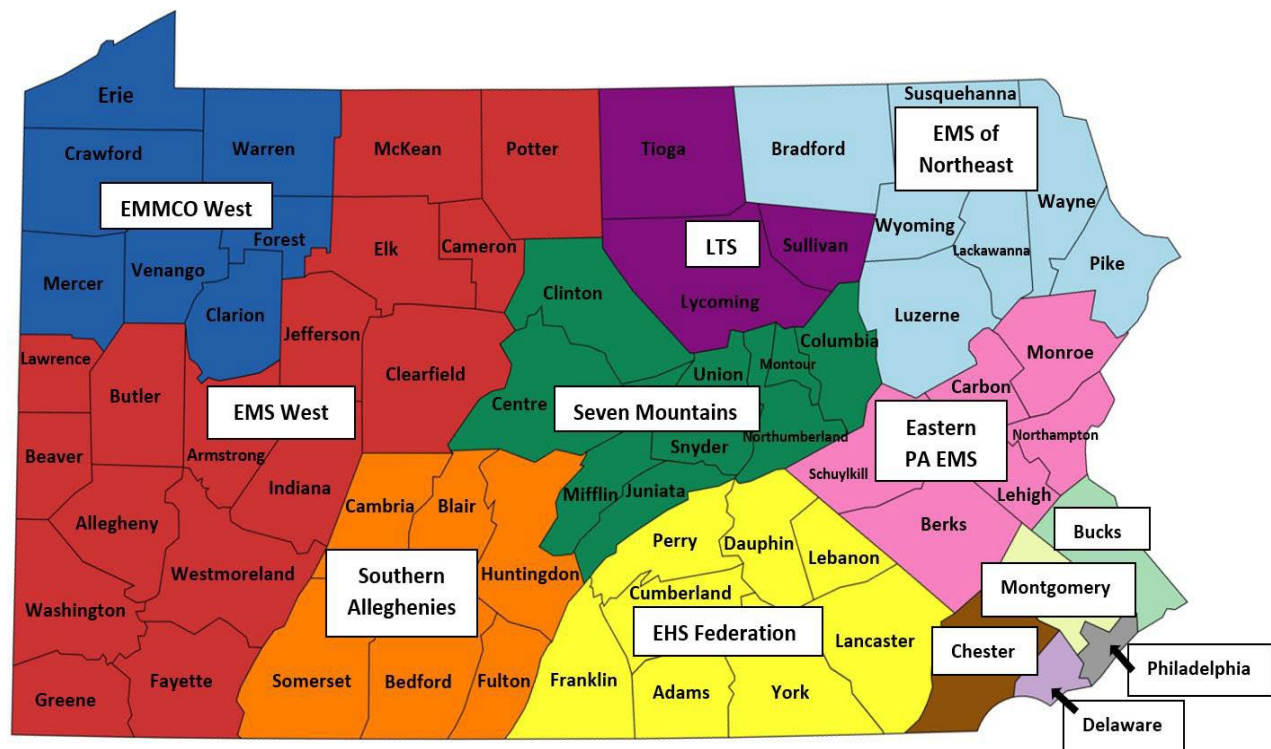
Other sources of data include the National Registry of Emergency Medical Technicians (EMTs), and the Bureau's EMS certification registry and licensure system, as reported between January 1, 2024, and December 31, 2024, unless indicated otherwise within a specific report.

Quick Response Service (QRS) agencies are non-transporting Basic Life Support (BLS) agencies. QRS agencies are currently exempt from submitting data to the state EMS data bridge and are only required to complete paper PCRs that are maintained at the agency level. As a result, information related to calls, interventions, medications, etc., provided by a QRS are likely not reflected in this report. This is particularly important to note for naloxone administration from QRS, the public, or law enforcement which may not be reflected in this report, unless an EMS transport provider documented the medication as given prior to EMS arrival.

Pennsylvania Regional EMS Councils

EMS oversight in the Commonwealth of Pennsylvania is divided among 13 Regional EMS Councils. These Councils contract with the Department to manage system development, licensure, testing, and compliance within their designated regions. Of these, seven are independent nonprofit organizations overseeing multiple counties, five are individual counties that contract solely for their own jurisdiction, and one, Lycoming County (LTS), also provides Regional Council services for two additional counties.

Map 1.



Operational Data

The following table outlines key categories of EMS responses that extend beyond routine emergency calls. These categories include intercepts, interfacility transports, medical transports, mutual aid, public assistance, and standby dispatches. Each reflects a distinct type of service EMS agencies provide, whether supporting other units, transferring patients, assisting the public in non-medical situations, or being on-site for high-risk operations.

Table 1. EMS Data Summary Figures, 01/01/2024 – 12/31/2024

Metric	Count	% of Total
Total of service requested	2,360,179	
911 response (scene)	1,746,197	74.2%
Intercept*	14,927	<1%
Interfacility transport	196,121	8.3%
Medical transport	349,164	14.8%
Mutual aid	33,414	<1%
Public assistance	4,847	<1%
Standby Dispatch	9,604	<1%
Total emergency records	1,799,385	76.4%
EMS patients by gender		
Female	1,043,222	52.5%
Male	944,839	47.5%
EMS patients by age		
0 to 17 years	100,913	5%
18 years and older	1,887,148	95%

Source: Biospatial Data Repository, 2025

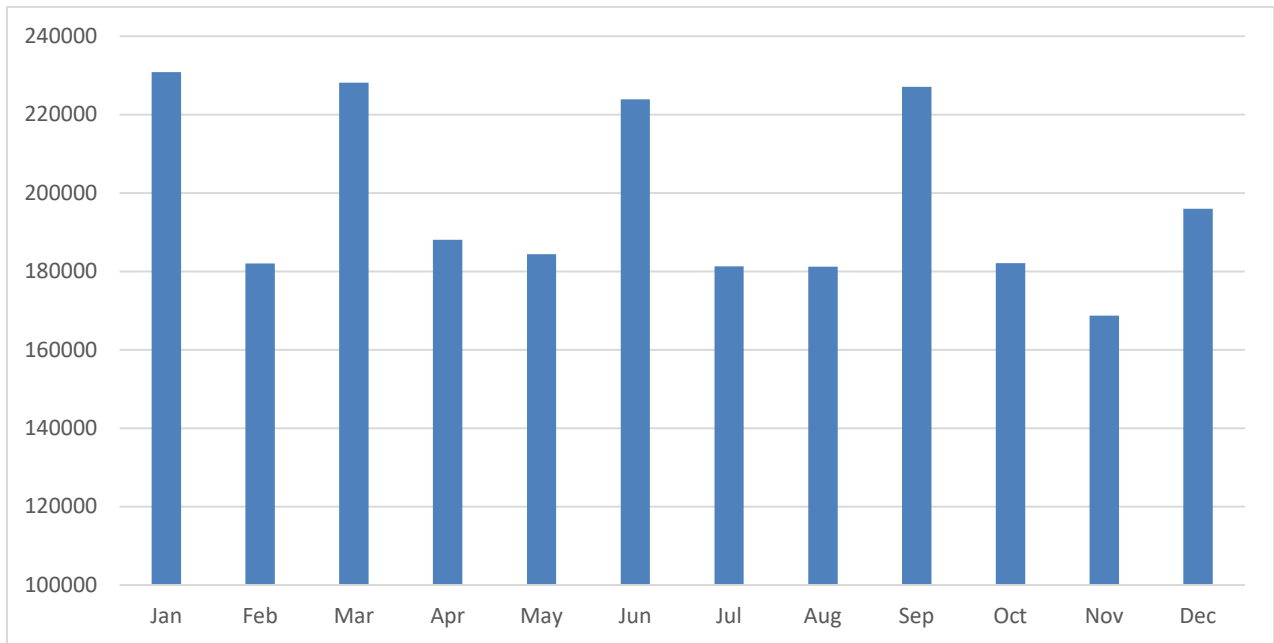
***Definitions:**

- *Intercept: Non-transport Advanced Life Support (ALS) unit assisting a BLS ambulance.*
- *Interfacility Transport: Transfer between acute care hospitals, usually for higher-level care.*
- *Medical Transport: Patient transport requires monitoring, but not hospital-to-hospital.*
- *Mutual Aid: Additional agencies dispatched to support the primary responder.*
- *Public Assistance: Non-medical aid request (e.g., lifting a non-injured fallen person).*
- *Standby Dispatch: EMS presence requested during high-risk operations (e.g., firefighting, hazmat).*

Patient Care Reports

Every EMS response requires the completion of an electronic patient care report (ePCR). This includes all 911 calls for service as well as interfacility transport requests. Once completed, these reports are imported into the Commonwealth's data repository. From there, required data elements are submitted to NEMSIS. The following figure and table illustrate the volume of patient care reports uploaded to the repository, which also serve as the source for all clinical care and response statistics.

Figure 1. Total Number of Records Submitted to the State Data Repository by Month of EMS Response, 01/01/2024 – 12/31/2024



Source: Biospatial Data Repository, 2025

Table 2. EMS Records by Regional Council, Service Requested for 2023 and 2024

Regional Council	2023 Emergency	2023 Non-Emergency	2023 Total	2024 Emergency	2024 Non-Emergency	2024 Total	% Change from 2021
Bucks County	64,307	19,158	83,465	63,014	25,373	88,387	(+) 6.3%
Chester County	60,356	18,489	78,851	55,676	18,088	73,764	(+) 5.1%
Delaware County	80,210	25,129	105,339	86,945	24,827	111,772	(+) 5.3%
Eastern PA EMS Council	208,196	40,209	248,405	202,230	46,769	248,999	(+) 0.3%
Emergency Health Services Federation	234,476	50,225	284,701	180,596	41,333	221,929	(-) 2.3%
EMMCO West	80,579	20,876	101,455	88,479	23,615	112,094	(+) 9.9%
EMS of Northeastern Pennsylvania	124,456	39,131	163,587	109,264	39,213	148,477	(-) 2.2%
EMS West	454,198	132,748	586,946	436,397	126,816	563,213	(+) 3.4%
LTS EMS Council	29,538	7,001	36,539	29,655	7,180	36,835	(+) 1.2%
Montgomery County	74,299	47,020	121,319	70,035	51,464	121,499	(+) 1.5%
Philadelphia	314,912	148,051	462,963	348,032	128,274	476,306	(+) 9.4%
Seven Mountains	72,130	14,755	86,885	66,946	14,651	81,597	(-) 5.4%
Southern Alleghenies EMS Council	66,177	13,187	79,364	68,108	12,288	80,396	(-) 1.3%

Source: Biospatial Data Repository, 2025

Table 2 displays the EMS emergency and non-emergency call volume for 2023 and 2024, by PA Regional EMS Council. Responses that occurred out of the state are not captured.

Patient Disposition (Outcomes)

Table 3. EMS Emergency Incident Disposition Figures, 01/01/2024 – 12/31/2024

Incident/patient disposition	Count of incident disposition	% of incident dispositions
Patient treated, transported by this EMS unit	1,186,441	62.91%
Canceled After Initial Dispatch	208,930	11.08%
Non-Transport Response	161,681	8.57%
Patient Refusals	77,482	4.11%
Patient treated, transferred care to another EMS unit	62,208	3.30%
Patient treated, released (per protocol)	49,442	2.62%
Patient evaluated, no treatment/transport required	39,825	2.11%
Standby-public safety, fire, or EMS operational support provided	28,728	1.52%
Involving a Fatality	24,401	1.29%
Cardiac Arrest Primary Impression	22,112	1.17%
Public Assistance	14,579	0.77%
Cardiac Arrest Resuscitation Attempted	9,978	0.53%

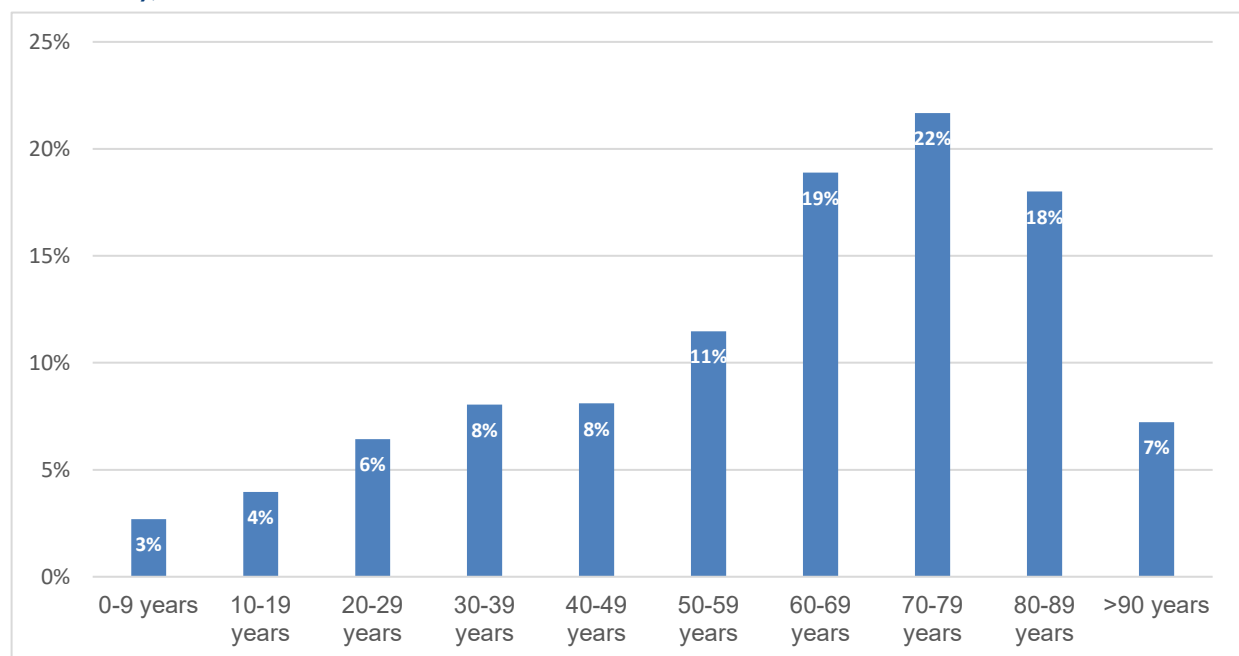
Source: Biospatial Data Repository, 2025

Table 3 shows the disposition of all emergency dispatches within the Commonwealth. 63% of 911 call requests for EMS service result in a patient treated and transported to the hospital. This is consistent with volumes across the country with the current 911 response model.

Patient Age Distribution

The following figure illustrates EMS utilization by age group across the Commonwealth. The highest percentage of use is seen in the 70–79 age range, with a significant portion of the patient population (45.6 percent) at or above Medicare eligibility age (65+). In contrast, the birth-to-nine age group represents the lowest utilization. Given this limited exposure to pediatric patients, it remains essential for EMS providers to maintain proficiency in pediatric care. To support this, the Bureau encourages agencies to participate in the voluntary Pediatric Recognition Program and the Pediatric Emergency Care Coordinator (PECC) program.

Figure 2. Age Distribution by Years of EMS Patient Contacts (Emergency Records), 01/01/2024 – 12/31/2024

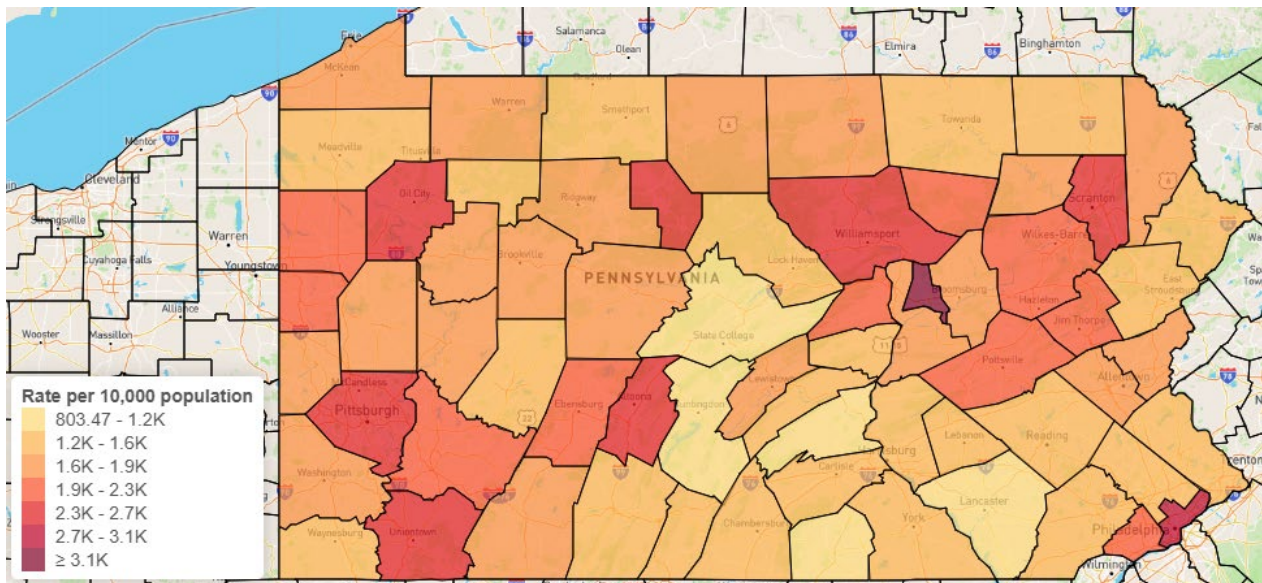


Source: Biospatial Data Repository, 2025

EMS Call Concentration

EMS response volume and concentration vary greatly across the Commonwealth. The volume of calls, geography, demographics are just a few of the many variables. The following map illustrates the concentration of calls per 10,000 population in each county. Higher call volumes per population demand a larger volume of resources committed to the area. Lower call volume areas provide less revenue to support the cost of readiness. It is important that each community evaluate their resource utilization and the financial needs to support adequate resources to remain ready to respond to emergencies.

Map 2. Ground Ambulance Activations per 10,000 population 01/01/2024-12/31/2024



Source: Biospatial Data Repository, 2025.

EMS Time on Task

Figure 3 represents time for tasks from dispatch to arrival at destination. These times represent the amount of time each dispatch occupies a given resource. If another emergency occurs during this occupied time another unit or a mutual aid agency must be dispatched to cover that additional need for resources. Comparing the time on task to the volume of calls can indicate guides to local communities for how much cost of readiness is needed to meet the needs of their community.

Median and 90th percentile Time-on-Task information can aid in the deployment planning and cost of readiness estimation. 90th Percentile eliminates extreme outliers to ensure that readiness of resources is available for the standard operational needs and that critical resources are available for all but the most extreme, disaster type, incidents.

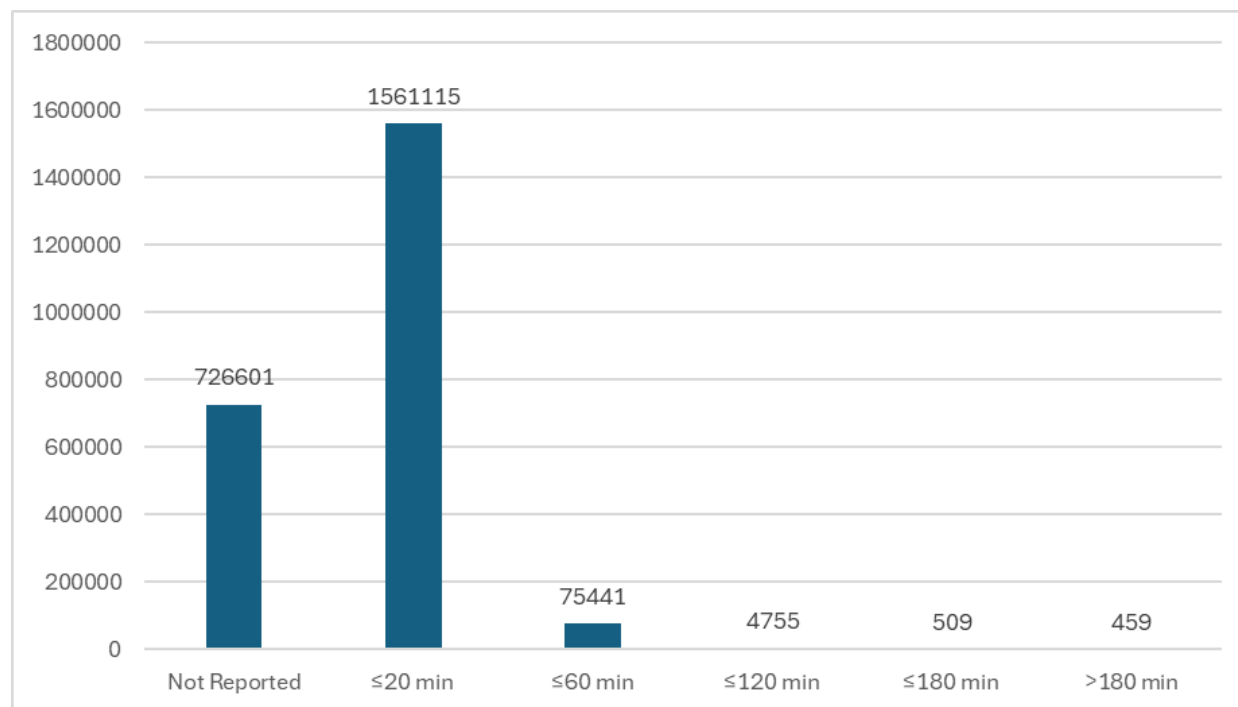
Figure 3. Median time of EMS transport from scene to hospital in minutes, 01/01/2024 – 12/31/2024

County	Median Time-on-Task (minutes)	90 th Percentile Time-on-Task	County	Median Time-on-Task (minutes)	90 th Percentile Time-on-Task
Adams	46.5	70.4	Lackawanna	39.3	62.6
Allegheny	44.2	64.9	Lancaster	44.0	62.0
Armstrong	46.0	74.0	Lawrence	38.5	73.3
Beaver	58.0	95.1	Lebanon	43.4	66.2
Bedford	62.0	92.0	Lehigh	31.7	49.6
Berks	49.0	69.0	Luzerne	35.0	60.1
Blair	48.0	73.0	Lycoming	63.0	99.8
Bradford	28.0	55.0	McKean	29.9	71.0
Bucks	36.0	52.9	Mercer	32.0	57.4
Butler	57.0	64.0	Mifflin	36.0	68.0
Cambria	57.0	105.0	Monroe	48.0	73.0
Cameron	80.0	115.0	Montgomery	33.8	52.8
Carbon	47.0	68.0	Montour	34.6	54.9
Centre	39.0	60.0	Northampton	34.0	50.0
Chester	42.0	69.8	Northumberland	56.9	104.0
Clarion	64.0	82.0	Perry	63.0	83.9
Clearfield	38.7	66.0	Philadelphia	56.4	194.0
Clinton	43.0	93.0	Pike	53.3	84.0
Columbia	59.4	84.2	Potter	65.8	90.0
Crawford	40.0	74.0	Schuylkill	38.0	70.9
Cumberland	38.9	55.7	Snyder	52.0	69.0
Dauphin	39.2	74.9	Somerset	54.0	81.0
Delaware	33.6	56.8	Sullivan	72.0	102.0
Elk	44.0	81.4	Susquehanna	79.0	104.0
Erie	36.5	62.0	Tioga	67.0	96.3
Fayette	40.0	70.0	Union	56.5	66.4
Forest	73.0	93.9	Venango	51.0	72.0
Franklin	41.6	67.0	Warren	33.2	62.4
Fulton	62.0	85.3	Washington	45.0	68.0
Greene	54.0	86.0	Wayne	61.6	87.2
Huntingdon	66.0	96.8	Westmoreland	42.0	63.9
Indiana	43.0	69.0	Wyoming	66.6	91.6
Jefferson	38.1	64.8	York	42.2	66.9
Juniata	63.0	84.4	PA Total	40.1	65.6

Source: Biospatial Data Repository, 2025

Figure 4. Average Patient Offload Times (APOT), 01/01/2024 – 12/31/2024

Average Patient Offload Time (APOT) measures the amount of time an ambulance spends at the hospital after transferring care of the patient. Higher APOT indicates emergency departments without the capacity to immediately receive incoming ambulance patients and creates an unreimbursed obligation on the ambulance crew to remain with the patient until care is transferred. Substantial regional and county level variability in this number exists.



Source: Biospatial Data Repository, 2025

EMS Agencies in Pennsylvania

Table 4. EMS Agency Count by Region, 01/01/2024 – 12/31/2024

Region	Count of EMS Agencies
Bucks	52
Chester	30
Delaware	35
Eastern	127
EMMCO West	121
EMS West	295
Federation	148
LTS	52
Montgomery	54
Northeast	125
Philadelphia	23
SAEMS	73
Seven Mountains	82
Total	1217

Source: Pennsylvania State EMS Registry, 2025

Table 5. EMS Agency Count by County, 01/01/2024 – 12/31/2024

County	Count of EMS Agencies	County	Count of EMS Agencies
Adams	8	Lancaster	37
Allegheny	94	Lawrence	13
Armstrong	9	Lebanon	18
Beaver	20	Lehigh	20
Bedford	8	Luzerne	35
Berks	31	Lycoming	25
Blair	7	McKean	15
Bradford	20	Mercer	12
Bucks	51	Mifflin	5
Butler	22	Monroe	15
Cambria	32	Montgomery	53
Cameron	2	Montour	4
Carbon	6	Northampton	27
Centre	14	Northumberland	12
Chester	30	Out Of State	7
Clarion	10	Perry	8
Clearfield	17	Philadelphia	23
Clinton	14	Pike	15
Columbia	6	Potter	12
Crawford	25	Schuylkill	28
Cumberland	16	Snyder	14
Dauphin	15	Somerset	10
Delaware	35	Sullivan	8
Elk	7	Susquehanna	16
Erie	34	Tioga	19
Fayette	8	Union	6
Forest	1	Venango	21
Franklin	16	Warren	17
Fulton	4	Washington	28
Greene	5	Wayne	9
Huntingdon	12	Westmoreland	21
Indiana	5	Wyoming	6
Jefferson	15	York	30
Juniata	7		
Lackawanna	22	Total	1217

Source: Pennsylvania State EMS Registry, 2025

All agencies are listed by the location of their primary license address.

EMS Agencies Levels of Service

Table 6. EMS Agency Count by Regional Council, 01/01/2024 – 12/31/2024

	Air	CCT	ALS	ALS Squad	IALS	IALS Squad	BLS	BLS Squad	QRS
Bucks	0	3	16	1	0	0	9	0	23
Chester	0	0	11	1	1	0	8	1	8
Delaware	0	4	7	1	0	0	20	0	3
Eastern	1	3	34	1	2	0	23	1	60
EMMCO	0	3	17	1	3	0	38	10	48
EMS West	2	0	98	14	1	3	29	12	135
Federation	1	3	26	2	15	1	41	4	56
LTS	0	1	4	0	0	0	30	0	15
Montgomery	1	0	24	0	0	0	15	0	12
Northeast	9	1	22	3	5	0	61	0	24
Philadelphia	0	4	3	0	0	0	12	0	4
SAEMS	0	1	28	1	1	0	14	0	26
Seven Mountains	1	1	19	1	0	0	25	0	34

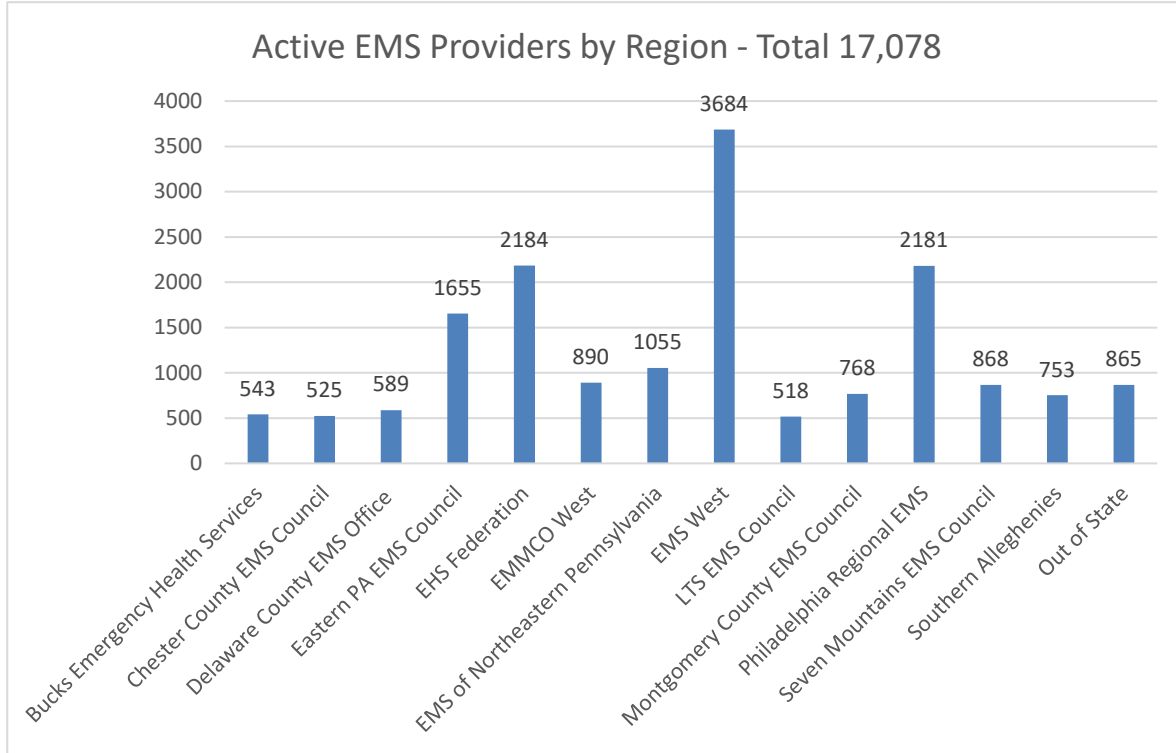
Source: Pennsylvania State EMS Registry, 2025

Figure 6. EMS Certifications

	EMS West	EHS Federation, Inc.	Philadelphia Regional Office of EMS	Eastern PA EMS Council, Inc.	EMS of Northeastern PA, Inc	EMMCO West, Inc.	Montgomery County Emergency Medical Services	Seven Mountains EMS Council, Inc.	Southern Alleghenies EMS Council, Inc.	Bucks County Emergency Health Services	Delaware County EHS Council, Inc.	Chester County EMS Council	LTS EMS Council	
EMT	6711	4611	3770	3209	2366	1754	1653	1487	1326	1545	1515	1285	798	32030
Paramedic	2121	986	546	774	518	358	327	257	300	311	323	262	190	7273
MC Physician	523	379	573	450	164	116	255	127	75	122	90	61	30	2965
EMR	613	367	13	371	158	212	40	141	211	40	38	47	105	2356
EMSVO	233	187	410	184	276	244	43	68	140	66	125	27	130	2133
PHRN	464	245	90	229	150	103	72	77	82	66	73	57	30	1738
AEMT	237	336	40	84	76	53	48	48	39	26	19	50	9	1065
PHP	142	53	21	43	22	9	13	8	4	10	7	6	6	344
EMSVO QRS	41	7	7	23	15	17	13	19	35	25	1	11	0	214
PHPE	17	7	1	9	6	3	2	6	0	0	0	1	4	56
	11102	7178	5471	5376	3751	2869	2466	2238	2212	2211	2191	1807	1302	50174

EMS Workforce

Figure 6. Total active providers by Regional Council - 1/1/2024 – 12/31/2024

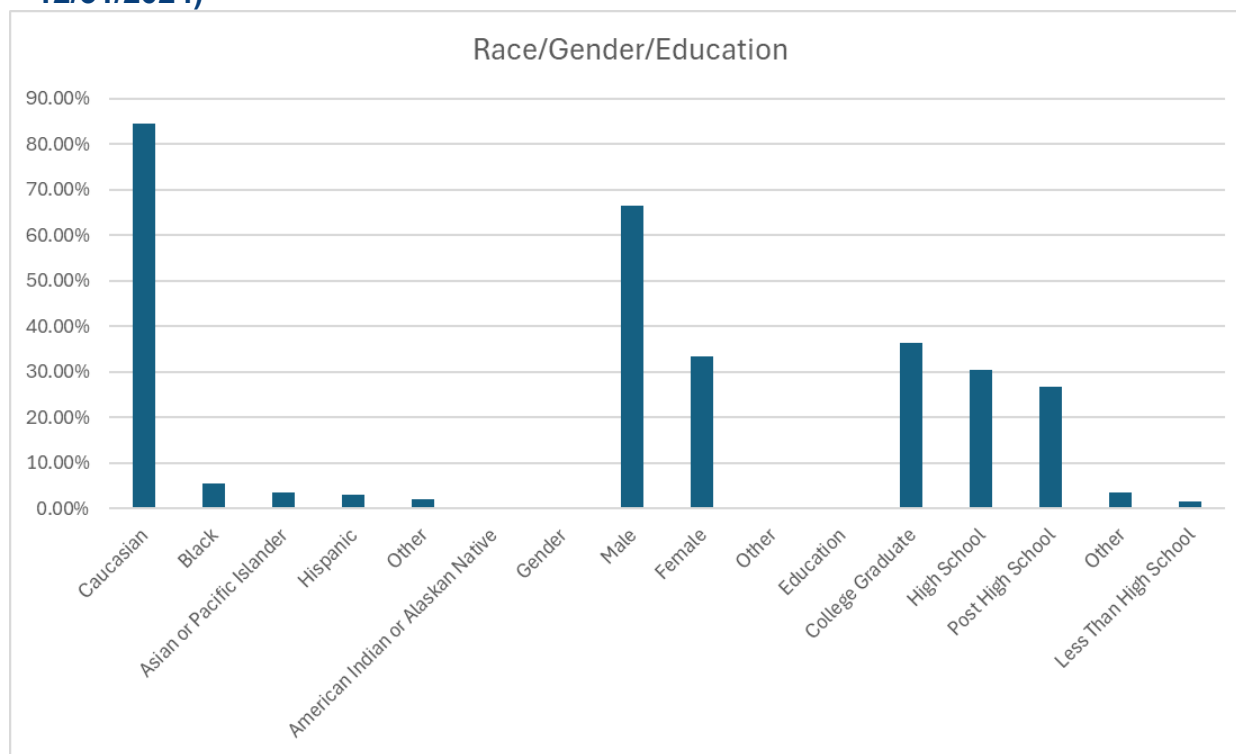


Source: EMS System Registry, 2025

Figure 6 lists the number of providers that are listed in Patient Care Reports (PCRs) per Regional Council. Of the 50,174 certified providers in the Commonwealth, only 34% are providing documented health care as EMS providers. Providers who serve in a fire department, or other QRS, that do not complete PCRs would not be listed in this count.

EMS Workforce – Race, Gender, and Education

Figure 7. Current, race gender and education of PA EMS providers (1/1/2024 – 12/31/2024)



Source: Pennsylvania State EMS Registry, 2025

EMS Certification Classes

Table 7. Certification Classes held – 1/1/2024 – 12/31/2024

EMS Regional Council	EMR	EMT	AEMT	Paramedic
Bucks County EHS	1	21		
Chester County EMS Council	1	84	3	3
Delaware County EHS Council, Inc.		13		1
Eastern PA EMS Council, Inc.	4	36	1	2
EHS Federation, Inc.	3	67	16	3
EMMCO West, Inc.		16	2	2
EMS of Northeastern PA, Inc	2	17	3	
EMS West	23	78	8	7
LTS EMS Council	1	6	2	
Montgomery County Emergency Medical Services		9	1	
Philadelphia Regional Office of EMS		27	1	1
Seven Mountains EMS Council, Inc.	4	22	1	
Southern Alleghenies EMS Council, Inc.	3	9		1
Grand Total	42	405	38	20

Source: Pennsylvania State EMS Registry, 2025

Class Enrollment

Table 8. Student Enrollment – 1/21/2024 – 12/31/2024

	EMR	EMT	AEMT	Paramedic
Bucks County EHS	4	294	0	0
Chester County EMS Council	7	588	41	55
Delaware County EHS Council, Inc.	0	203	0	21
Eastern PA EMS Council, Inc.	21	437	39	52
EHS Federation, Inc.	35	846	155	48
EMMCO West, Inc.	0	219	27	10
EMS of Northeastern PA, Inc	33	195	38	0
EMS West	256	1228	97	164
LTS EMS Council	12	70	25	0
Montgomery County Emergency Medical Services	0	181	3	0
Philadelphia Regional Office of EMS	0	429	5	9
Seven Mountains EMS Council, Inc.	58	288	7	0
Southern Alleghenies EMS Council, Inc.	42	107	0	3
Grand Total	468	5085	437	362

Source: Pennsylvania State EMS Registry, 2025

Table 7 and 8 identify the number of initial certification classes that were held and the total enrollment of students in those classrooms.

Pennsylvania Certification Pass Rate by Certification

Table 9. Student Pass Rates by Certification – 1/1/2020 – 12/31/2023

Certification Program	Number of Students who attempted the Exam	Cumulative Pass within 3 Attempts	National Passing Percentage
Emergency Medical Responder (EMR)	752	72%	73%
Emergency Medical Technician (EMT)	11,270	76%	80%
Advanced Emergency Medical Technician (AEMT)	935	78%	74%
Paramedic	1,145	87%	86%
Grand Total	14,102		

Source: Pennsylvania State EMS Registry, 2025

Table 9 details the overall pass rates for initial certification attempts of the National Registry Exam compared to the national average. Paramedic and AEMT exceed the national average while EMT and EMR are lagging the national average. The Bureau is evaluating institutes that have higher success rates for EMT and EMR and is working to develop best practices to share across the Commonwealth to improve the overall EMT and EMR pass rates.

A full evaluation of each discipline by education institutes is available on the BEMS website. Web links are below for each certification discipline.

- [EMR performance report 2020 to 2023.pdf](#)
- [EMT performance report 2020 to 2023.pdf](#)
- [AEMT performance report 2020 to 2023.pdf](#)
- [Paramedic performance report 2020 to 2023.pdf](#)

On July 1, 2024, the National Registry of EMTs (NREMT) sunset their ALS practical examinations that tested a candidate for certification after the candidate completed their initial provider education. According to a statement from the NREMT, “The National Registry is discontinuing the ALS Psychomotor Examination because there have been advancements in testing practices and testing science, and there has been a consistent, resonant call for modernization and efficiency by stakeholders across the industry.”

Pennsylvania, like many other states that used the NREMT practical skills examination for AEMT and Paramedic, transitioned to the Student Minimum Competency (SMC) format for the practical examination and will follow the testing process set forth by the NREMT. Therefore, Pennsylvania adopted the suggested SMCs from the Committee on Accreditation of Education Programs for the Emergency Medical Services Profession (CoAEMSP) for Paramedic and the National Association of State EMS Officials (NASEMSO) for AEMT.

Effective July 1, 2025, EMR, EMT, Pre-Hospital Registered Nurse (PHRN), Pre-Hospital Physician Extender (PHPE), and Pre-Hospital Physician (PHP) practical exam is a scenario and skills-based examination identified by BEMS and conducted by the Regional EMS Councils within the Commonwealth. This exam is known as the Commonwealth of Pennsylvania 2025 EMS Psychomotor Exam.

- a. This exam also serves as the Psychomotor Exam for all levels requiring such an exam for Pennsylvania certification reinstatement.
- b. Starting July 1, 2025, those AEMT or Paramedics who have a psychomotor examination requirement for reinstatement will utilize the Commonwealth of Pennsylvania 2025 EMS Psychomotor Exam for certification reinstatement.

More information may be found in PA EMS Information Bulletin 2024-07 and EMS Information Bulletin 2025-01

Complaints, Investigations, and Administrative Actions

Table 10. 01/01/2019 – 12/31/2024

- Complaints - the Bureau receives complaints from individuals for a variety of reasons, including but not limited to, when they believe something was not handled correctly, they have safety concerns, or a situation did not meet their expectations.
- Investigations are conducted when there is an actual or perceived violation of the EMS Act, rules and regulations, or protocols.
- Criminal History Reviews are completed when an applicant or EMS provider reports a conviction.
- Actions are taken by the Bureau against an applicant or EMS Provider. Actions may include, but are not limited to, denying an application, probation, reeducation, suspension, or revocation.
- The tracking of complaints in 2024 switched to registering all complaints for tracking purposes, even those that were unfounded.

	Complaints	Investigations	Criminal History Review	Actions
2019	84	72	75	17
2020	34	32	96	13
2021	72	69	125	39
2022	117	116	96	37
2023	44	45	143	4
2024	272	88	153	26

Registered EMS Instructors – 2024

Table 11. Credentialed EMS Instructors by County (1/1/2024 – 12/31/2024)

County	# of Instructors	County	# of Instructors
Adams	5	Lackawanna	43
Allegheny	190	Lancaster	68
Armstrong	7	Lawrence	13
Beaver	25	Lebanon	22
Bedford	8	Lehigh	51
Berks	45	Luzerne	48
Blair	11	Lycoming	48
Bradford	12	McKean	19
Bucks	72	Mercer	19
Butler	20	Mifflin	7
Cambria	14	Monroe	18
Cameron	4	Montgomery	68
Carbon	14	Montour	0
Centre	30	Northampton	41
Chester	68	Northumberland	12
Clarion	7	Perry	12
Clearfield	30	Philadelphia	87
Clinton	5	Pike	10
Columbia	6	Potter	5
Crawford	23	Schuylkill	27
Cumberland	21	Snyder	6
Dauphin	32	Somerset	15
Delaware	96	Sullivan	1
Elk	15	Susquehanna	15
Erie	37	Tioga	12
Fayette	28	Union	4
Forest	0	Venango	10
Franklin	10	Warren	15
Fulton	1	Washington	28
Greene	8	Wayne	10
Huntingdon	2	Westmoreland	70
Indiana	10	Wyoming	7
Jefferson	14	York	32
Juniata	5	Out of state	87
		Total	1805

Source: Pennsylvania State EMS Registry, 2025

EMS Continuing Education

Table 12. Continuing Education classes within the Commonwealth (1/1/2024 – 12/31/2024)

Course Format	Number
Classroom*	3653
Distributive*	1579
Virtual Instructor Lead Training*	658
TOTAL COURSES	5890

Source: Pennsylvania State EMS Registry, 2025

The definitions for this continuing education type were adapted from previous PA EMS Information Bulletins and Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) 2025 Organizational Accreditation Manual p8

**Classroom: Students and instructors interact in real time and in the same geographical locations.*

**Distributive Learning: Self-paced learning. This may be an asynchronous activity which is a computer-based training through a learning management system (LMS), the review of a journal article, viewing of a DVD, or virtual interactive program.*

**Virtual Instructor Lead Training (VILT): Utilizes online technology to deliver educational programs in a virtual classroom. The instructor and the student are in separate geographical locations and can see the teaching material and verbally communicate synchronously during a live session.*

Clinical Markers

Table 13. EMS Provider Primary Impressions, All Records, 01/01/2024 – 12/31/2024

This table displays the provider's primary impressions, the most likely cause for the complaint as observed by the EMS provider, for all EMS calls for service between January 1, 2024, and December 31, 2024. Accurate reporting of primary impression creates an accurate picture as to the clinical severity and demographic of the patient population. Information such as this can help drive future protocol development. These specific impressions are determined by the National EMS Information System (NEMSIS) and are provided as a drop down in PCR options for EMS providers.

Providers primary impression	Count of providers primary impression
Pain	377,047
Malaise	317,899
Altered Level of Consciousness	201,382
Trauma	195,147
Abdominal Pain or Pelvic Pain	189,683
Cardiovascular	169,005
Respiratory	146,436
No Patient Complaint	97,407
Neurological	76,688
Mobility Issue	67,112
General Illness	47,311
Emotional State/Behavior	46,646
Alcohol/Drug Exposure	43,320
Endocrine/Urinary	40,079
Seizure	40,004
Digestive	34,452
Stroke	29,840
Traumatic Brain Injury	20,978
Cardiac Arrest	17,253
Sepsis	16,462
Diabetes	16,246
Myocardial Infarction (NSTEMI/STEMI)	5,215
Reproductive System	4,940
Poisoning by Drug	4,176
Burn and Corrosion	1,369
Poisoning by Toxin	151

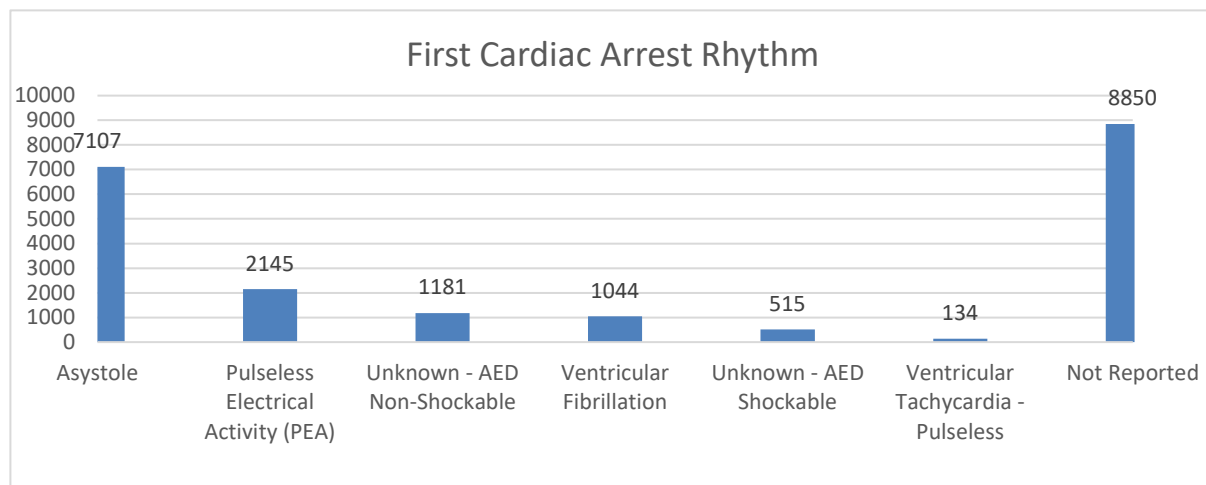
Source: Biospatial Data Repository, 2025

Cardiac Arrest Data

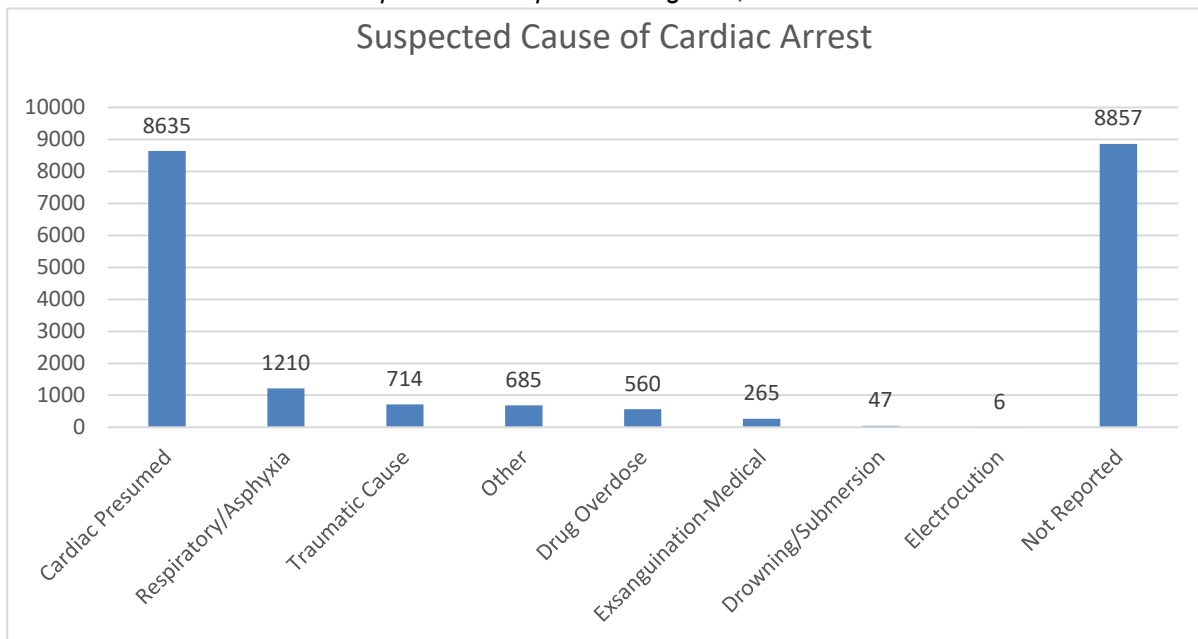
Figure 8. Cardiac Arrest Data Report, 01/01/2024 – 12/31/2024



Source: Biospatial Data Repository, 2025

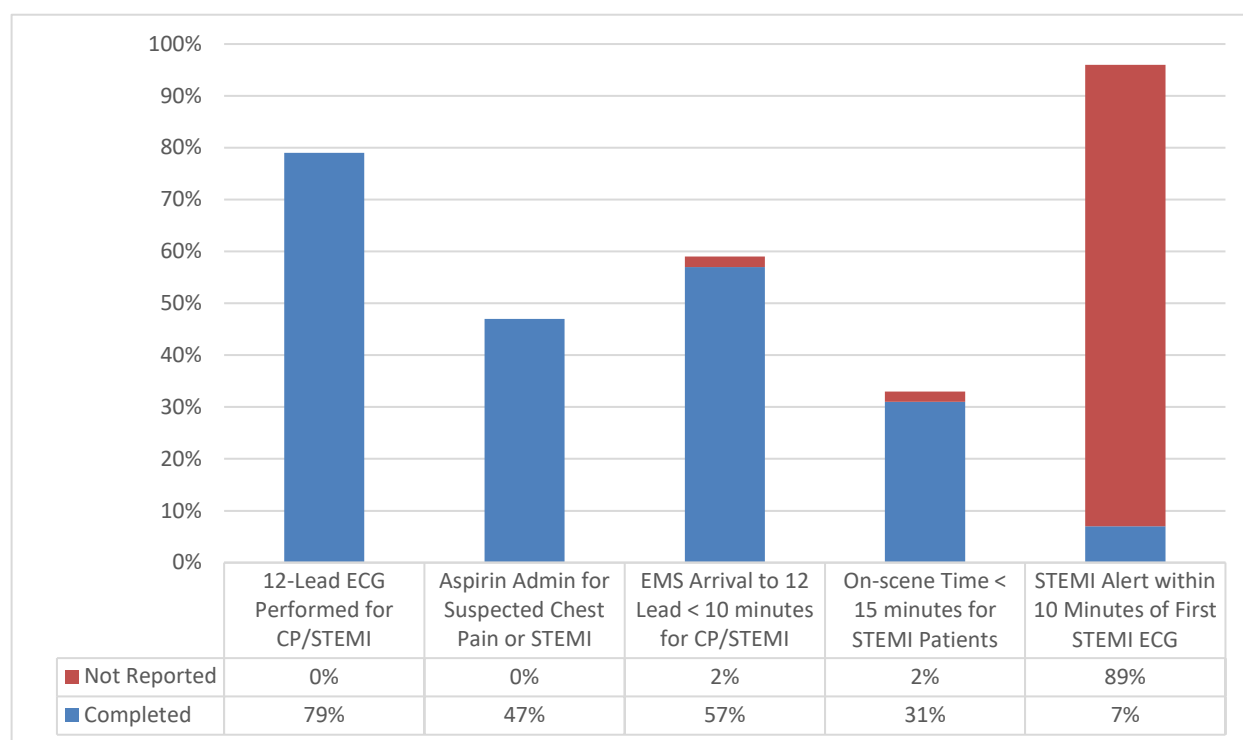


The top dashboard of Figure 8 lists the number of cardiac arrest dispatches, the number of attempted resuscitations, any Return of Spontaneous Circulation (ROSC) that was achieved and the patients who continued with ROSC following transfer of Care to the Emergency Department. The 2025 YTD is the total number Year-to-Date when this report was compiled on August 6, 2025.



ST Elevation Myocardial Infarction (STEMI)

Figure 9. National STEMI EMS Performance Metrics, 01/01/2024 – 12/31/2024



Source: Biospatial Data Repository, 2025

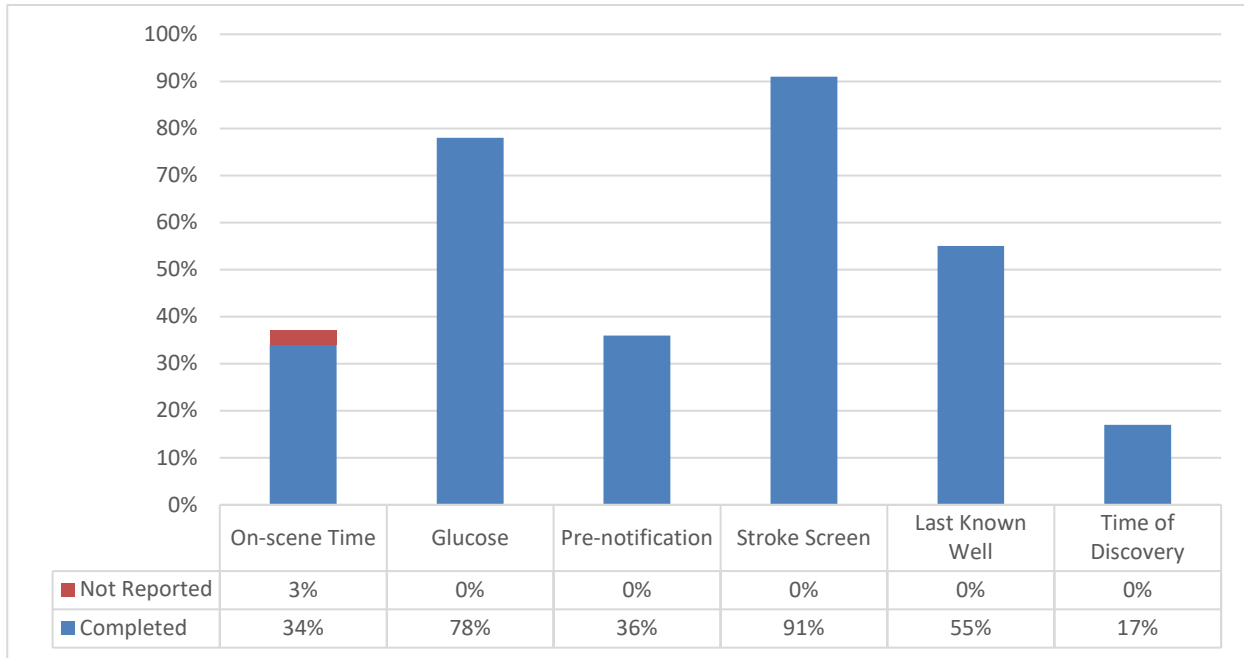
Figure 9 demonstrates current EMS documented performance of National STEMI performance measures. Quality Metrics are new to EMS and are developed by the National EMS Quality Alliance (NEMSQA), and much learning is required across the Commonwealth to ensure accurate data collection and measurement. Aspects of this data appear to have a poor reporting rate because at the present time much of these data points are not collected in a reportable way.

The goal of reporting this data is to be able to monitor improvement in both performance and data collection in the coming years.

Evidence-based standards state that for STEMI and strokes EMS scene times should be kept to a minimum. Early notification of a STEMI ECG and transmission of that ECG to the receiving hospital has shown to significantly improve patient outcomes. Timely transport to definitive care is the most effective treatment for these two conditions. Industry goals for ST segment elevated myocardial infarction (STEMI) and strokes are 15 minutes or less.

Stroke

Figure 10. National Stroke EMS Performance Metrics, 01/01/2024 – 12/31/2024



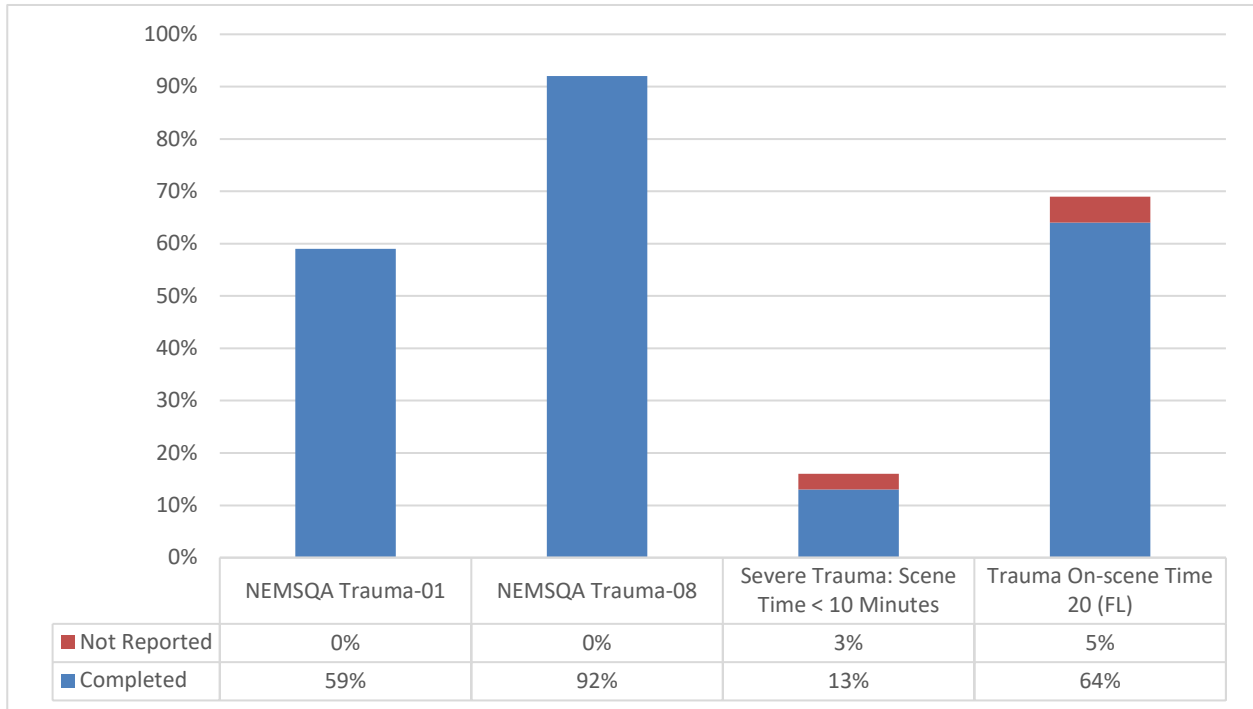
Source: Biospatial Data Repository, 2025

Figure 10 demonstrates current EMS documented performance of National Stroke EMS performance metrics. As with STEMI metrics, stroke quality metrics are a new measure for both EMS providers and for the vendors who provide the data collection systems. It is likely that some of the numbers seeming to report poor performance are based on the process of documentation. The Bureau will continue to work with vendors and agencies to improve documentation as well as care which should result in these quality indicators demonstrating improved performance over the next several years.

- *On-Scene Time - <20 minutes*
- *Glucose - Blood glucose level measured on presumed stroke patients*
- *Pre-notification - Notification of suspected stroke to receiving emergency department*
- *Stroke Screen – Documentation of a completed stroke screen*
- *Last Known Well – Time of last known observed well documented*
- *Time of Discovery – documentation for exact time of stroke symptoms discovered*

Trauma

Figure 11. National Trauma EMS Performance Metrics, 01/01/2024 – 12/31/2024



Source: Biospatial Data Repository, 2025

Figure 11 demonstrates the current performance of four National Trauma EMS Performance Metrics.

- NEMSQA Trauma-01 – Pain Assessment Documented
- NEMSQA Trauma-08 – Glasgow Coma Scale, Blood Pressure, Heart Rate, and Respiratory Rate documented
- Severe Trauma Scene Time<10 minutes
- All Trauma On-Scene Time<20 minutes

Overdose Data

Map 3. Overdose Heat Map, 1/1/2024 – 12/31/2024

Substance abuse, particularly the opioid epidemic, has continued to result in high levels of demand for overdose emergency response. Continued evaluation of the demand for overdose response can help guide education, resource deployment needs, and ongoing community partnership with stakeholder organizations. While urban areas tend to have a higher rate per population, rural areas also see a significant number of overdose emergencies. Figure 12 demonstrates a higher rate among middle-aged males than females. The Bureau will continue evaluating these age and gender statistics to assist in prevention and response processes.

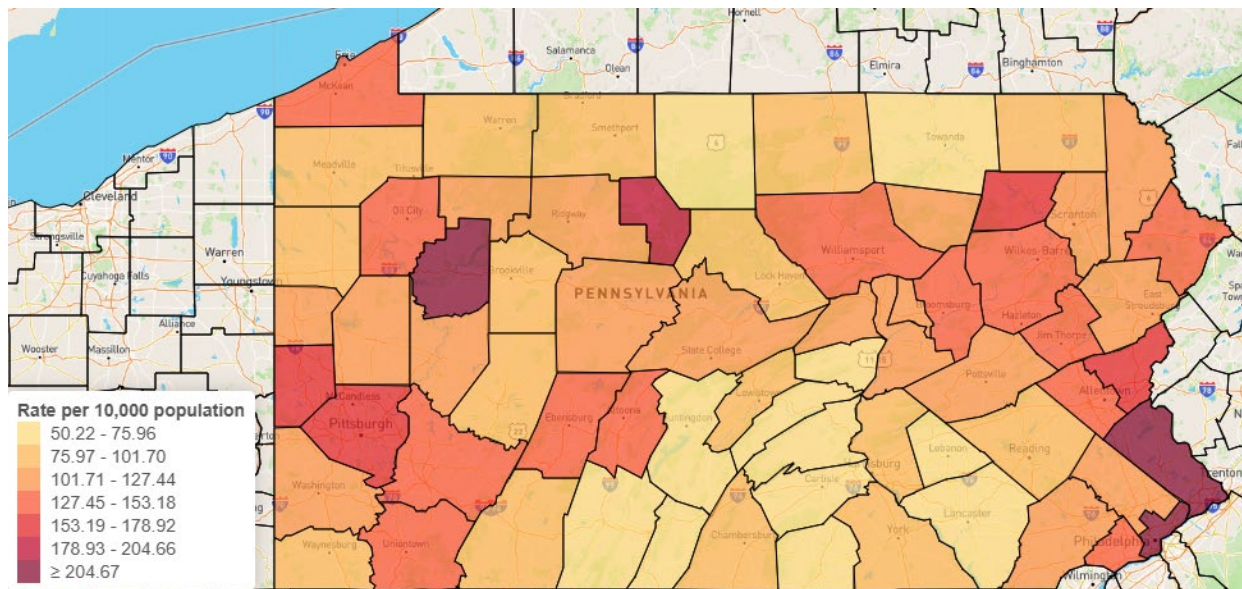
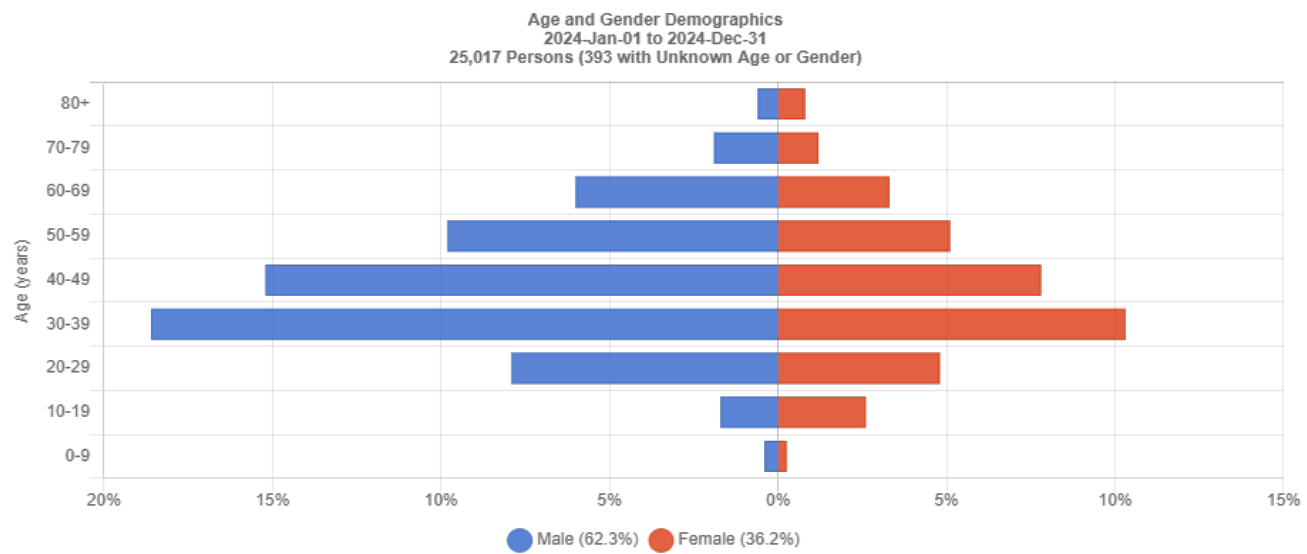


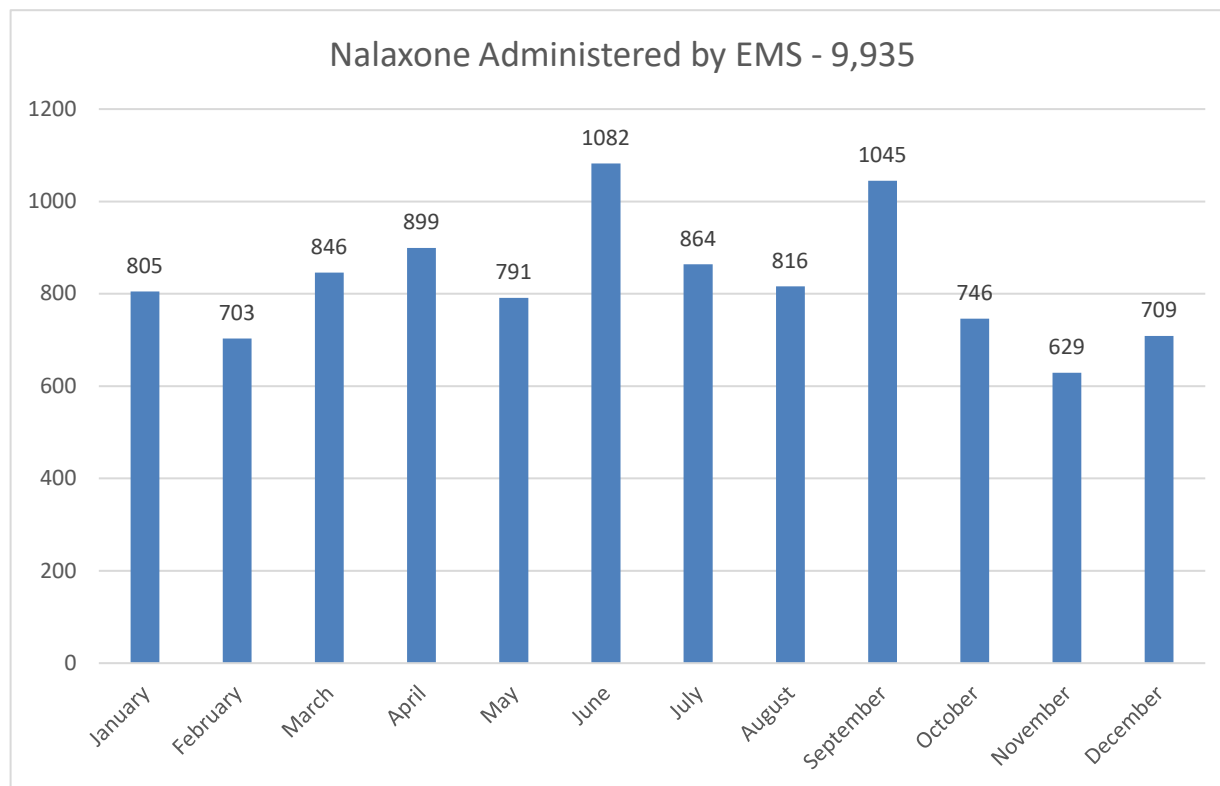
Figure 12. Age and Gender for Overdose Responses, 1/1/2024 – 12/31/2024



Source: Biospatial Data Repository, 2025

Naloxone Administration

Figure 13. Naloxone Administered by EMS Responder, 1/1/2024 – 12/31/2024



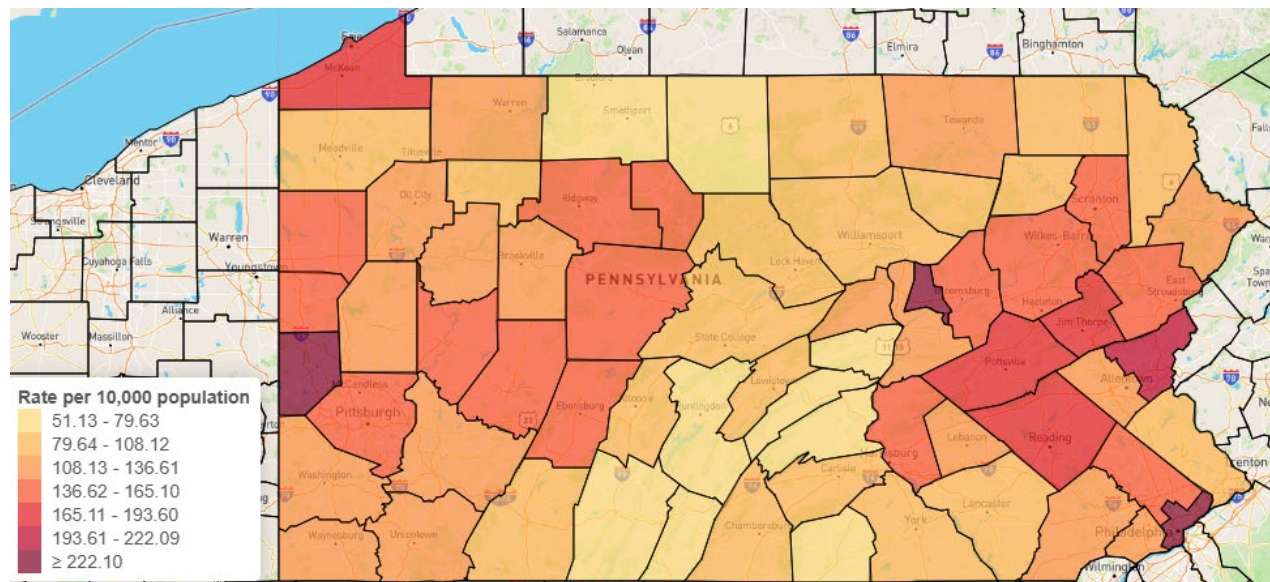
Source: Biospatial Data Repository

Figure 13 lists the amount of naloxone administered by EMS providers. This would not include naloxone administered by bystanders or first responders other than EMS. The week of April 28, 2024, to May 4, 2024 was a very high volume of 294 naloxone administrations by EMS, primarily due to a local surge of overdoses requiring response within the City of Philadelphia.

Mental Health Emergency Response Data

Map 4. Mental Health Heat Map, 1/1/2024 – 12/31/2024

Mental health emergency responses have continued to increase across the Commonwealth. These emergencies tend to require more time commitment than many other types of responses. The challenges of limited psychiatric in-patient beds result in many of these emergencies requiring additional EMS transportation to in-patient destinations following their Emergency Department visits.

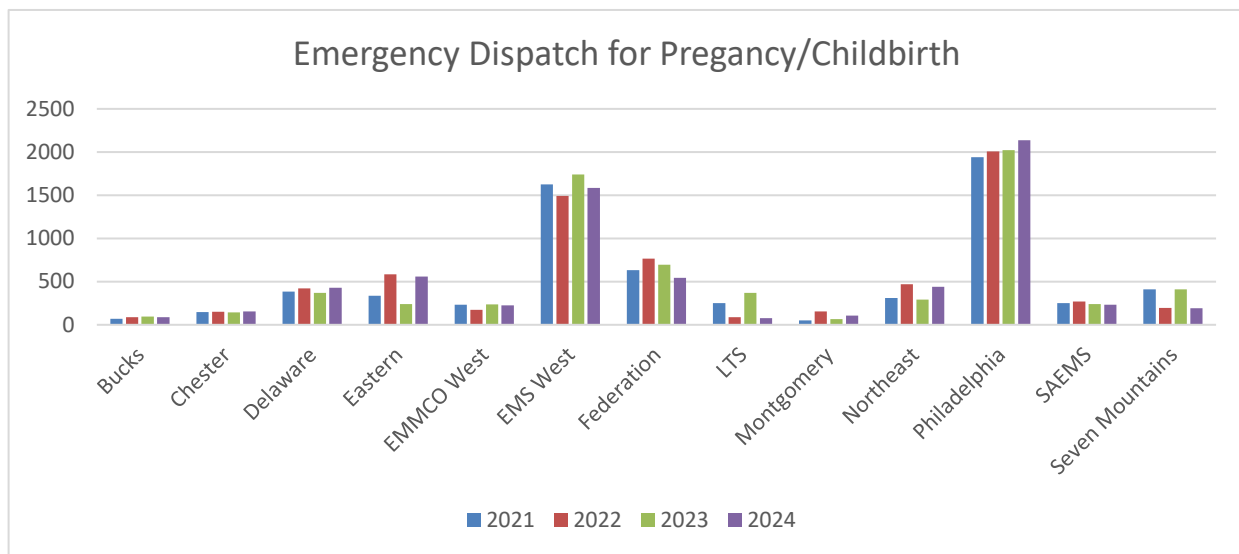


Source: Biospatial Data Repository, 2025

Pregnancy/Childbirth Emergencies

Figure 14. Emergency Dispatch for Pregnancy/Childbirth, 1/1/2021 – 12/31/2024

Over the last several years, hospitals have decreased their OB/GYN services. This raises the concern that there will be an increase in volume for Pregnancy/Childbirth emergencies as patients in these areas need to rely on 911 dispatches and longer distances to reach access to care. This figure looks at the last four years of EMS dispatch for pregnancy/childbirth. It does not appear that there has been a significant increase in these types of emergencies in the rural areas where these services decreased. It is important to continue tracking these trends and continue to provide focused education for EMS where access to OB/GYN care decreased.



Source: Biospatial Data Repository, 2025

Figure 14 shows the volume of emergency dispatches for childbirth, miscarriage, or pregnancy that included transport to a hospital for the past 4 years.