Department of Health
Division of State EMS

New York State

County EMS Plan Framework

Supporting Resource Documents

Attachment 1:

EMS Agency Data Collection

Comprehensive County Emergency Medical Services System Planning Framework

Pursuant to N.Y. Public Health Law § 3019

June 2026

Document Use Guide

This attachment is intended to provide a resource document for EMS agencies to prepare metrics that will later be entered into the portal found on the EMS Forms page of the Department's website. These metrics should be utilized in the development of the County EMS Plan and help to answer several Core Planning Elements as well as supplement any Expanded Planning Elements.

EMS Agency Data Collection

1. Total number of certified ambulances

    BLS

    AEMT

    EMT-CC/Paramedic

    Critical Care

    Specialty

2. Total number of certified non-transport units

    BLS

    AEMT

    EMT-CC/Paramedic

    Critical Care

    Specialty

3. Average staffed certified ambulances available per day shift

    BLS

    AEMT

    EMT-CC/Paramedic

    Critical Care

    Specialty

4. Average staffed certified ambulances available per night shift

    BLS

    AEMT

    EMT-CC/Paramedic

    Critical Care

    Specialty

5. Average staffed certified non-transport units available per day shift

    BLS

    AEMT

    EMT-CC/Paramedic

    Critical Care

    Specialty

6. Average staffed certified non-transport units available per night shift

    BLS

    AEMT

    EMT-CC/Paramedic

    Critical Care

    Specialty

7. Response model for staffed certified ambulances for calls --
8. Response model for staffed certified non-transport units for calls --
9. Average number of unstaffed certified ambulances available per 24-hour period
10. Average number of unstaffed certified non-transport units available per 24-hour period
11. Total certified EMS practitioners by level of care

    CFR

    EMT

    AEMT

    EMT-CC

    Paramedic

12. Number of non-certified support personnel

    Administration/Administrative Support

    Field Operation Support

13. Number of certified EMS practitioners on roster for 3 years or less
14. Number of certified EMS practitioners on roster for >3 years
15. Presence of a recruitment and retention plan --
16. Annual EMS call volume
17. Number of calls responded to by this agency
18. Number of calls requiring mutual aid activation
19. Presence of automatic mutual aid protocols --
20. Number of calls “held” due to unit availability at time of dispatch
21. Average time from time of call to time of response (minutes)
22. Average time from time of call to time of patient contact (minutes)
23. Average total call time from time of response to time call ended (minutes)
24. County-wide radio interoperability present in EMS vehicles --
25. Type of CME program --
26. Average annual formal EMS training hours at agency
27. Participation in formal internal QA/QI program --
28. Utilization of QA/QI clinical data to drive formal training and education plan --
29. Participation in formal regional QA/QI program --
30. Formal FTO/onboarding program in place --
31. Agency medical director engaged in reviewing cases --
32. Agency medical director engaged in planning or conducting of training and/or education --
33. Percentage of funding sources

    Tax Base

    Billing

    Donations

    Grants

    Other

34. Total beginning of year planned EMS operating budget for 2025
35. Total end of year EMS operating expenses for 2025
36. Presence of a reserve budget for at least six (6) months of EMS operational costs --
37. Presence of a written strategic plan for long-term sustainability --
38. Presence of a written durable medical equipment replacement plan --
39. Presence of a written vehicle replacement plan --
40. Presence of a written capital improvement plan --
41. Participation in a written county MCI plan --
42. Presence of a written internal MCI plan --
43. Have you had an MCI drill in the last 24 months? --
44. Do you hold public naloxone training events? --
45. Do you hold public bleeding control training events? --
46. Do you hold public CPR training events? --
47. Do you hold community education events not listed above? --
48. Do you have any EMS practitioner mental health awareness/support programs in place? --

Feedback (Optional)

1. List 3 things in your county system that work well.

2. List 3 areas in your county system that have opportunities in the future.

3. List any additional comments or suggestions you want to share with the county to help in the development of the County EMS Plan.