Department of Health
Division of State EMS

New York State

County EMS Plan Framework

Supporting Resource Documents

Attachment 4:

Supplemental Planning Considerations

Comprehensive County Emergency Medical Services System Planning Framework

Pursuant to N.Y. Public Health Law § 3019

June 2026

Supplemental Planning Considerations

This attachment includes additional planning considerations and prompts developed through discussions of the State EMS Council Legislative Committee to support counties in expanding upon the core County EMS Plan Framework. While not required components of the framework, these topics were identified by committee members as valuable areas for further review, system analysis, and local planning.

Document Use Guide

This attachment is intended to supplement the primary framework by highlighting additional areas for consideration without duplicating required content. Counties may use these optional elements to support deeper analysis, planning, and system design based on local needs, system priorities, and available data.

I. County Overview & EMS System Description

1. Identification of first response agency vs. transporting agency
2. Identification of secondary / mutual aid agencies by service area
3. Documentation of overlapping agency responsibilities
4. Identification or designation of a county-level EMS system oversight entity or coordinator
5. Assessment of number, age, and condition of EMS stations

II. EMS Resource & Coverage Analysis

1. Establishment of defined community expectations for EMS reliability (e.g., first-call coverage targets)
2. Comparison of reliable unit availability vs. expected demand
3. Collection of municipal and public input on service expectations
4. Evaluation of alignment between expectations and current performance

III. EMS Workforce

> *No additional elements beyond core framework – included for alignment only.*

IV. Call Volume, Demand, & Dispatch Overview

1. Identification of:
    a. Who answers EMS calls (PSAP vs. local dispatch vs. other entity)
    b. What information is collected during call intake
2. Evaluation of:
    a. Dispatch authority to initiate mutual aid
    b. Time thresholds for dispatch escalation to backup agencies
3. Assessment of:
    a. Percentage of low-acuity calls
    b. Opportunities for alternative outcomes or destinations
4. Determination of:
    a. Whether EMD is used universally or selectively

V. Operational Capacity & System Performance

1. Analysis of:
    a. Deadhead (non-patient transport) travel time
    b. Man-hours expended and staff utilization
2. Identification of:
    a. Frequency and causes of unit out-of-service (OOS) status
    b. Mechanical vs. staffing-related
3. Evaluation of:
    a. Agencies who are unable to cover call volume without routine mutual aid
    b. Frequency of first-call mutual aid coverage needs

VI. Education, Training, & Workforce Readiness

1. Evaluation of:
    a. ePCR system capability and interoperability
    b. Hospital notification and data-sharing capabilities
    c. Real-time system data availability
2. Assessment of:
    a. Availability of online medical control (24/7)
    b. Level and structure of medical director engagement
3. Identification of:
    a. System-level CQI program presence and effectiveness

VII. Fiscal Structure & EMS Sustainability

1. Calculation of:
    a. Cost per unit hour
    b. Cost per response
    c. Cost per transport
    d. Total system cost including readiness
2. Assessment of:
    a. Age of ambulances and major equipment
    b. Ability to fund capital replacement cycles

3. Identification of:
    a. Capital infrastructure funding gaps

VIII. Emergency Preparedness & System Resilience

1. Quantification of:
    a. Mutual aid received vs. provided
    b. Frequency of calls turned over to mutual aid
2. Identification of:
    a. Patterns of chronic reliance on external resources
3. Assessment of:
    a. Formal mutual aid agreements and surge capacity

IX. Community Programs & Alternative Response Models

1. Identification of:
    a. Special populations impacting EMS demand (elderly, rural, underserved)
    b. High-utilization facilities and institutions
2. Evaluation of:
    a. Regional coordination opportunities with REMSCO or partners
3. Identification of:
    a. Barriers to implementing alternative response models

X. System Assessment, Gaps & Strategic Direction

1. Development of:
    a. Strategies to improve first-call reliability
    b. Strategies to ensure sufficient daily unit availability
2. Identification of:
    a. Opportunities for regional collaboration or shared services
    b. Public-private partnership opportunities
3. Inclusion of:
    a. Cost estimates tied to system improvements and investments