NEW YORK STATE

Department of Health
Division of State EMS

New York State County EMS Plan Framework

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State EMS Director / Chief

County EMS Plan Overview

- N.Y. General Municipal Law § 122-b
  - The County EMS Plan shall describe how coordinated and reliable Emergency Medical Services within the county would be provided for all residents within the county.
- N.Y. Public Health Law § 3019
  - The Department will provide a model County EMS Plan framework that is publicly available on the Department's website and outlines the components of the plan.

Purpose of Framework

1

EMS DELIVERY MODELS

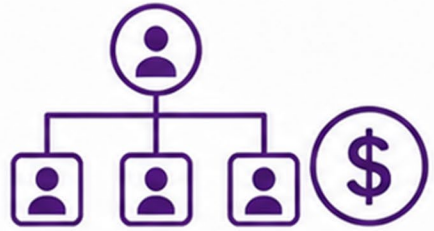
Describe how EMS is delivered throughout the county

2

SERVICE LEVELS & GAPS

Identify current service levels and gaps

3



EMS AGENCY STRUCTURES

Define organizational and financial structures supporting EMS

4

COORDINATED DECISIONS

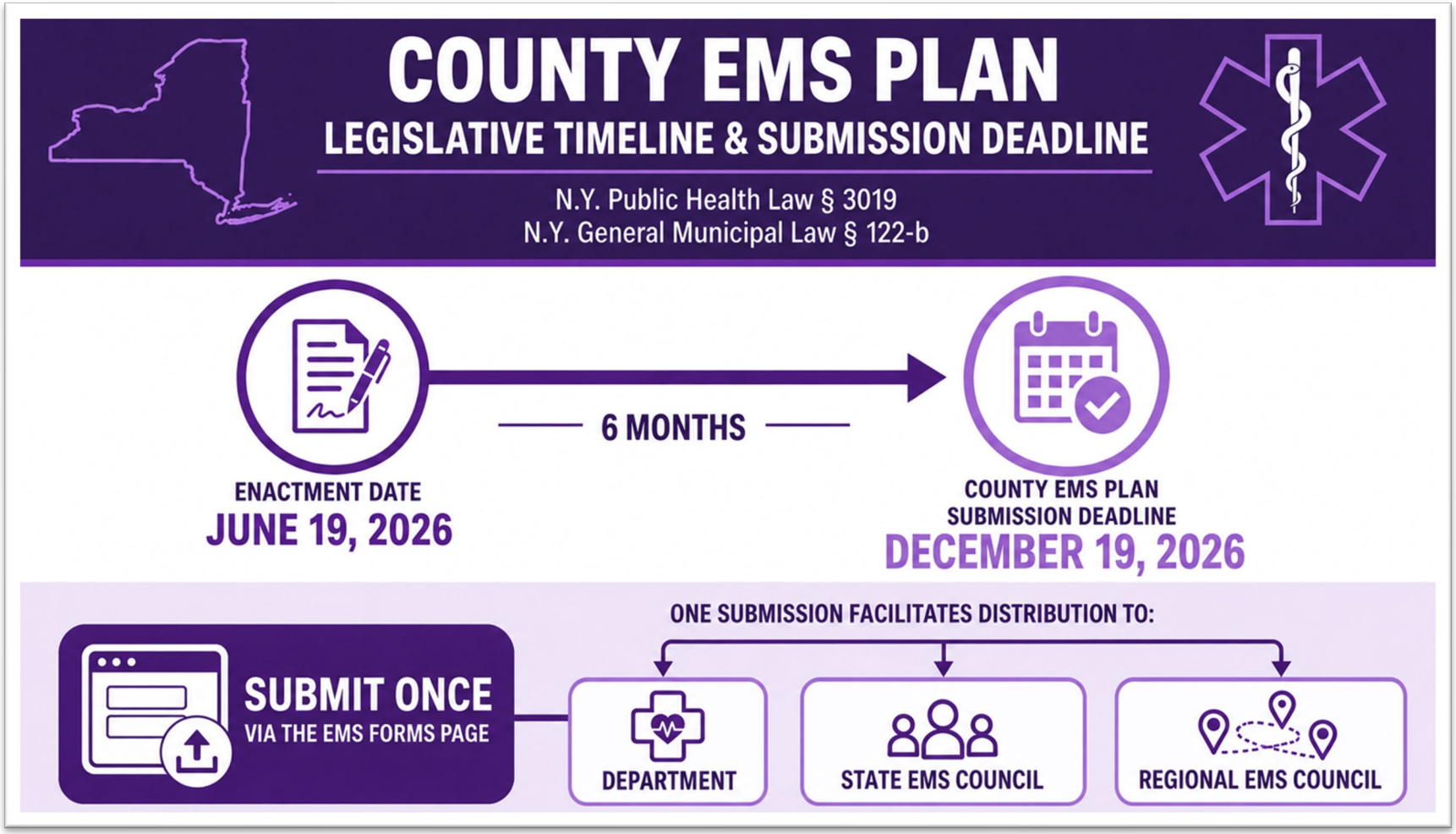
Support coordinated decision-making among counties, municipalities, EMS providers, and the State

5

TIMELY SUBMISSION & FEEDBACK

Facilitate timely submission, feedback, and value to stakeholders

TIMELINES & SUBMISSIONS



County EMS Plan Structure

Each section below includes:

CORE PLAN ELEMENTS

- **Core Plan Elements** – components for a complete comprehensive County EMS Plan

EXPANDED PLANNING ELEMENTS

- **Expanded Planning Elements** – recommended components when data or system capacity allows

County EMS Plan Framework

County EMS Plan Framework — Table of Contents

Section I: County Overview & EMS System Description

I: County Overview & EMS System Description

CORE PLAN ELEMENTS

1. **County geographic size and general description**
2. **Municipal structure (cities, towns, villages)**
3. **Residential population and notable population patterns**
4. **High-level description of EMS delivery models in the county**
    a. County-run EMS service(s)
    b. Local Municipal Service
    c. Commercial service contract(s)
    d. Volunteer/combination service(s)
    e. Fire-based service(s)
    f. Air Medical Service(s)

I: County Overview & EMS System Description

EXPANDED PLANNING ELEMENTS

1. Combined daytime workforce and residential population estimates
2. Demographic factors impacting EMS demand
3. Summary of air medical services serving the county
4. Initial identification of system strengths and vulnerabilities

Section II: EMS Resource & Coverage Analysis

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II: EMS Resource & Coverage Analysis

CORE PLAN ELEMENTS

1. **Identification of EMS service areas by municipality or geographic zone**
    a. Identify service areas by municipality, region, EMS tax district, or other subdivisions within the County
    b. Complete EMS Agency Chart (Appendix A)
    c. Complete Coverage Area Chart (Appendix B)
2. **Identification of primary and backup EMS providers by municipality**
3. **Description of organizational models used to provide service**
4. **Identification of areas with limited or inconsistent coverage**
5. **Description of staffing and availability of resources throughout county**
6. **Identification of geographic or time-based service gaps**

II: EMS Resource & Coverage Analysis

EXPANDED PLANNING ELEMENTS

1. Mapping of coverage areas and response zones
2. Identification of overlapping responsibilities
3. Description of stations and general infrastructure conditions
4. Availability of out of service data
5. Cost of readiness

Section III: EMS Workforce & Practitioner Analysis

III: EMS Workforce & Coverage Analysis

CORE PLAN ELEMENTS

1. **Summary of EMS practitioners by certification level**
    a. Provide the number of certified EMS practitioners in the county by certification level - Certified First Responder (CFR), Emergency Medical Technician (EMT), Advanced-Emergency Medical Technician (AEMT), Emergency Medical Technician-Critical Care (EMT-CC), Paramedic.

    Note: This is by home address, providers may work in the area and live outside the area.

    b. Identify whether practitioners are active within the county EMS system, appear on Electronic Patient Care Report (ePCR), and note any trends in certification levels over time.

2. **Description of staffing models (career, volunteer, combination)**
    a. Identify the primary staffing models used by EMS agencies in the county and the number of agencies using each model.

    b. Describe how these staffing models influence hours of coverage, response capability, and operational readiness.

3. **Identification of workforce challenges affecting reliability**
    a. Identify key workforce challenges such as recruitment shortages, daytime staffing gaps, volunteer availability, or training pipeline limitations.

    b. Describe how these challenges impact service reliability, response times, or agency operational capacity.

III: EMS Workforce & Coverage Analysis

EXPANDED PLANNING ELEMENTS

1. **Retention and turnover trends**
    a. Describe trends in practitioner retention, turnover, or workforce attrition within EMS agencies in the county.
    b. Identify factors contributing to workforce turnover such as retirement, career transitions, workload, or compensation differences.
2. **Advanced Life Support (ALS) availability by geography or time of day**
    a. Identify areas of the county where Advanced Life Support (ALS) coverage may be limited based on geography, agency distribution, or staffing availability.
    b. Describe any variations in Advanced Life Support (ALS) availability during different times of day or day of the week.
3. **Reliance on mutual aid due to staffing limitations**
    a. Identify circumstances where agencies rely on mutual aid due to limited staffing or resource availability.
    b. Describe how frequent mutual aid reliance may affect response reliability or resource distribution across the county.

Section IV: Call Volume, Demand, & Dispatch Overview

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IV: Call Volume, Demand, & Dispatch Overview

CORE PLAN ELEMENTS

1. **Summary of county-wide EMS call volume**
    a. Requests, Responses, Transports, Treat and Release, Refuse Medical Aid (RMA), Low Acuity
2. **Identification of 911 call intake and dispatch entities**
    a. How many call transfers need to occur before an ambulance is assigned?
3. **Description of call prioritization and dispatch practices**
    a. Tiered response, Emergency Medical Dispatch (EMD) prioritization, etc.
    b. How much time is permitted between primary agency not being able to respond and the next agency being dispatched?
4. **Identification of routine mutual aid use due to unavailability**
5. **Call Time on Tasks Averages**
    a. Dispatch to Clear
    b. Out of chute times / call receipt interval

IV: Call Volume, Demand, & Dispatch Overview

EXPANDED PLANNING ELEMENTS

1. **Breakdown of responses, transports, and non-transport encounters**
2. **Review of Emergency Medical Dispatch (EMD) utilization**
    a. Is every call screen using Emergency Medical Dispatch (EMD) and is Emergency Medical Dispatch (EMD) used for prioritization of EMS assignments, gaps in screening
    b. Emergency Medical Dispatch (EMD) Data collection and analysis for system improvement
3. **Mutual aid activation trends**
4. **Review of interoperability capabilities**

Section V: Operational Capacity & System Performance

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V: Operational Capacity & System Performance

CORE PLAN ELEMENTS

1. **Staffing Response Model — Description of staffed versus non-staffed resources**
    a. Percentage of time staffed in station or vehicle
    b. Percentage of time with a schedule of assigned EMS clinicians and/or EMS Emergency Vehicle Operators responding from a location other than the station
    c. Percentage of time with no scheduled responder (all potential responders notified and those available respond)
    d. Number of unit hours per agency per week (staffed ambulances, prepared to immediately respond)
2. **Coverage patterns by time of day**
3. **Identification of operational challenges impacting reliability**
4. **Description of medical oversight structure**

V: Operational Capacity & System Performance

EXPANDED PLANNING ELEMENTS

1. Out-of-service trends and causes
2. Time-on-task estimates
3. Advanced Life Support (ALS) availability when requested
4. Overview of Quality Assurance Programs/Activities

Section VI: Education, Training, & Workforce Readiness

VI: Education, Training, & Workforce Readiness

CORE PLAN ELEMENTS

1. **Training Availability**
    a. Summarize the availability of EMS education and training resources serving the county, including:
        i. General availability of initial certification courses in a year
        ii. General availability of Continuing Medical Education (CME)
        iii. Identification of any geographic, scheduling, or capacity barriers affecting access to training
        iv. Overall testing pass rates by educational program

2. **Agency Training Practices**
    a. Describe common agency practices related to workforce readiness:
        i. Use of Continuing Medical Education (CME) programs (internal or through partnerships)
        ii. Presence of formal onboarding or field training processes with trained Field Training Officers
        iii. General use of Quality Assurance/Quality Improvement or call review processes to support clinical improvement
        iv. Participation in county/regional quality assurance programs

VI: Education, Training, & Workforce Readiness

CORE PLAN ELEMENTS

3. Workforce Impact

a. Describe how education and training availability affects workforce stability:
   i. Recruitment of new EMS personnel
   ii. Retention and advancement of existing personnel
   iii. Known challenges related to course access, cost, or scheduling
   iv. Where available, provide high-level observations regarding:
      1. Certification or recertification challenges impacting workforce

EXPANDED PLANNING ELEMENTS

1. Coordination and Improvement Opportunities

a. Where applicable, describe:
   i. Regional or county-level coordination of training resources
   ii. Use of shared instructors, facilities, or training partnerships
   iii. Identified training gaps that impact staffing reliability
   iv. Opportunities to strengthen workforce readiness through coordination, shared services, or targeted support

Section VII: Fiscal Structure & EMS Sustainability

VII: Fiscal Structure & EMS Sustainability

CORE PLAN ELEMENTS

1. **EMS Funding Overview**
    a. Summarize how EMS services are funded across the county, including:
        i. Municipal and/or county tax support
        ii. Billing for service
        iii. Donations, grants, and other local funding sources
2. **Municipal and County Financial Participation**
    a. Describe:
        i. The percentage of municipalities that directly fund EMS services
        ii. Use of alternative tax structures (fire districts, ambulance districts, or special districts)
        iii. Any county-level financial support, subsidies, or shared services that support EMS delivery
3. **Financial Pressures Impacting Reliability**
    a. Identify key fiscal challenges affecting EMS service delivery

VII: Fiscal Structure & EMS Sustainability

CORE PLAN ELEMENTS

4. Operating Funds

a. Operating budgets by service area and agency

b. Total EMS operating expenses in county (all agencies combined)

c. Municipalities budget dedicated to supporting/funding EMS service(s)

5. Strategic Fiscal Reserves Planning

a. How many EMS agencies maintain financial reserves or contingency funding for at least 6 months of operational budget

EXPANDED PLANNING ELEMENTS

1. Cost of Service and Readiness

a. Where available, summarize:

i. Average cost per transport by service level (Basic Life Support, Advanced Life Support-1, Advanced Life Support-2, Specialty Care Transport)

ii. Fixed costs required to maintain EMS readiness, including staffing, facilities, vehicles, and training

2. Capital Needs and Oversight

a. Condition and replacement challenges for ambulances and equipment

b. Any county-level oversight or coordination related to EMS finances

Section VIII: Emergency Preparedness & System Resilience

VIII: Emergency Preparedness & System Resilience

CORE PLAN ELEMENTS

1. **County Response Expectations**
    a. Outline any county expectations/metrics for reliability of ambulances:
        i. Sample: target of 90–95% first-call reliability
        ii. Current units in operations vs. estimated units needed
    b. Collect input from local government jurisdictions and public on expectations for response times, service quality, and clinical outcomes
    c. Evaluate whether expectations align with current performance and identify gaps
2. **System Reliability & Capacity**
    a. Relative to these expectations:
        i. Assess first-call response reliability
        ii. Compare routinely available and reliable units to expected EMS demand
        iii. Identify geographic areas or time periods where system capacity is routinely limited and does not meet demand
        iv. Evaluate how often mutual aid resources are utilized to maintain service continuity

VIII: Emergency Preparedness & System Resilience

CORE PLAN ELEMENTS

3. Emergency Preparedness & Surge Capability

a. Describe how EMS services coordinate during periods of increased demand, including:

i. County-wide or regional Mass Causality Incident (MCI) and surge response planning
ii. Role of EMS in county emergency management structures
iii. Mutual aid coordination during disasters, major incidents, or prolonged system strain

EXPANDED PLANNING ELEMENTS

1. Alignment of Expectations and Performance

a. Where information is available, describe:

i. How current EMS performance aligns with community and municipal expectations
ii. Gaps between expected and actual service reliability
iii. Patterns indicating chronic reliance on external or mutual aid resources

2. Continuous System Readiness

a. Where applicable, describe:

i. Processes used to monitor system reliability over time
ii. Planning considerations to improve resilience, reliability, and surge capacity
iii. Opportunities to strengthen coordination, agreements, or preparedness activities

Section IX: Community Programs & Alternative Response Models

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IX: Community Programs & Alternative Response Models

CORE PLAN ELEMENTS

1. **Community Outreach & Education**
    a. Describe existing community education and outreach efforts related to EMS and public health, such as:
        i. Cardiopulmonary Resuscitation (CPR)/Automate External Defibrator (AED) training
        ii. Naloxone distribution and overdose education
        iii. Bleeding control or first aid training
2. **High-Utilization Populations and Facilities**
    a. Identify populations or facilities that generate higher-than-average EMS demand, including:
        i. Skilled nursing or assisted living facilities
        ii. Behavioral health or substance use–related calls
        iii. Recurrent non-injury or lift-assist locations
    b. Describe how these patterns affect EMS availability and workload.

IX: Community Programs & Alternative Response Models

CORE PLAN ELEMENTS

3. Existing Alternative Response Approaches

a. Identify any programs or practices that supplement traditional EMS response, such as:

i. Community Paramedicine or Mobile Integrated Health

ii. Treat-in-place

iii. Non-transport protocols

iv. Nurse Navigation

EXPANDED PLANNING ELEMENTS

1. Additional Care Pathways

a. Where applicable, describe:

i. Alternate destinations or referral options

ii. Telemedicine or remote clinical support

iii. Barriers to expanding alternative response models

Section X: System Assessment, Gaps, & Strategic Direction

X: System Assessment, Gaps, & Strategic Direction

CORE PLAN ELEMENTS

1. **System Strengths and Limitations**
    a. Summarize key findings from the plan, including:
        i. Areas where EMS services are reliable and well-supported
        ii. Structural, operational, or financial challenges affecting delivery
    b. Summarize strengths and opportunities based on data metric collections about the system

2. **Identification of Service Gaps**
    a. Identify gaps that impact EMS reliability or access, such as:
        i. Geographic areas with limited coverage
        ii. Time periods with insufficient unit availability
        iii. Workforce or funding constraints
        iv. Chronic reliance on mutual aid
    b. Describe how these gaps affect patients, providers, or local governments
    c. Do current funding structures adequately support a reliable EMS delivery model
    d. Identify any funding gaps or structural vulnerabilities that may require county or municipal action
    e. Provide recommendations, including fiscal, to eliminate service gap

X: System Assessment, Gaps, & Strategic Direction

CORE PLAN ELEMENTS

3. **Strategic Direction and Priority Actions**
    a. Outline priority strategies to address identified gaps, including:
        i. Service delivery changes
        ii. Organizational or structural adjustments
        iii. Financial or policy considerations
        iv. Future Metrics for System Sustainability & Monitoring

4. **Financial**
    a. Cost and Feasibility Considerations

EXPANDED PLANNING ELEMENTS

1. **Collaborative training, purchasing, response and/or staffing models**

X: Planning Horizons

PLANNING HORIZONS

1. **Provide 5 anticipated short-term (12–24 months) system improvement opportunities**
2. **Provide 5 longer-term (36–48 months) system improvement opportunities**
3. **Additional Considerations:**
    a. Add Advanced Life Support (ALS) coverage to underserved rural zones, deploy rapid response vehicles in rural areas
    b. Establish reliable 24/7 transport coverage in all geographic sectors
    c. Improve recruitment and retention through stipends and incentive
    d. Integrate telehealth triage and Treat-in-Place and Mobile Integrated Health programs county-wide
    e. Improve interfacility transport availability
    f. Increase First Responder capability county-wide
    g. Evaluation of County-wide Certificate of Need (CON/Operating Authority) to increase revenue when providing mutual aid
    h. Reduce mutual aid by "stacking" Omega, Alpha and Bravo calls

Section XI:
Appendices & Attachments

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XI: APPENDICES & ATTACHMENTS

Appendices

Appendix A: EMS Agency Inventory and Map

Appendix B: EMS Agency Detailed Data Map

Appendix C: Response Time, Time to Patient, and Call Volume Analysis

Appendix D: Financial Estimates by Region

Appendix E: Letters of Support and Intermunicipal Agreement

Resource Documents

Attachment 1: EMS Agency Data Collection

Attachment 2: Course Sponsor Data Collection

Attachment 3: Municipality Data Collection

Attachment 4: Supplemental Planning Considerations

Attachment 5: Designated Primary EMS Agency by Municipality Template

Timelines & Submissions

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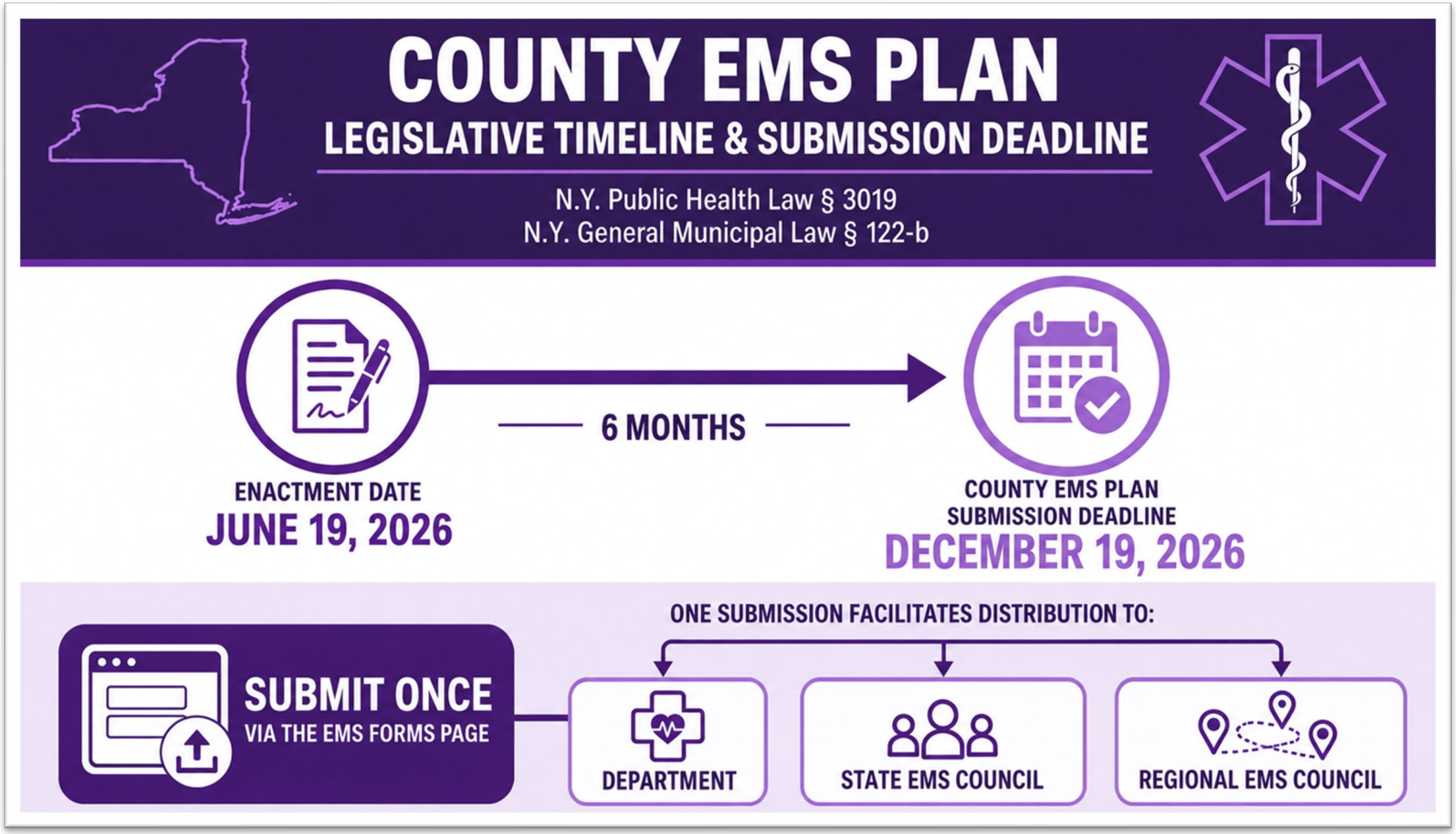
TIMELINES & SUBMISSIONS



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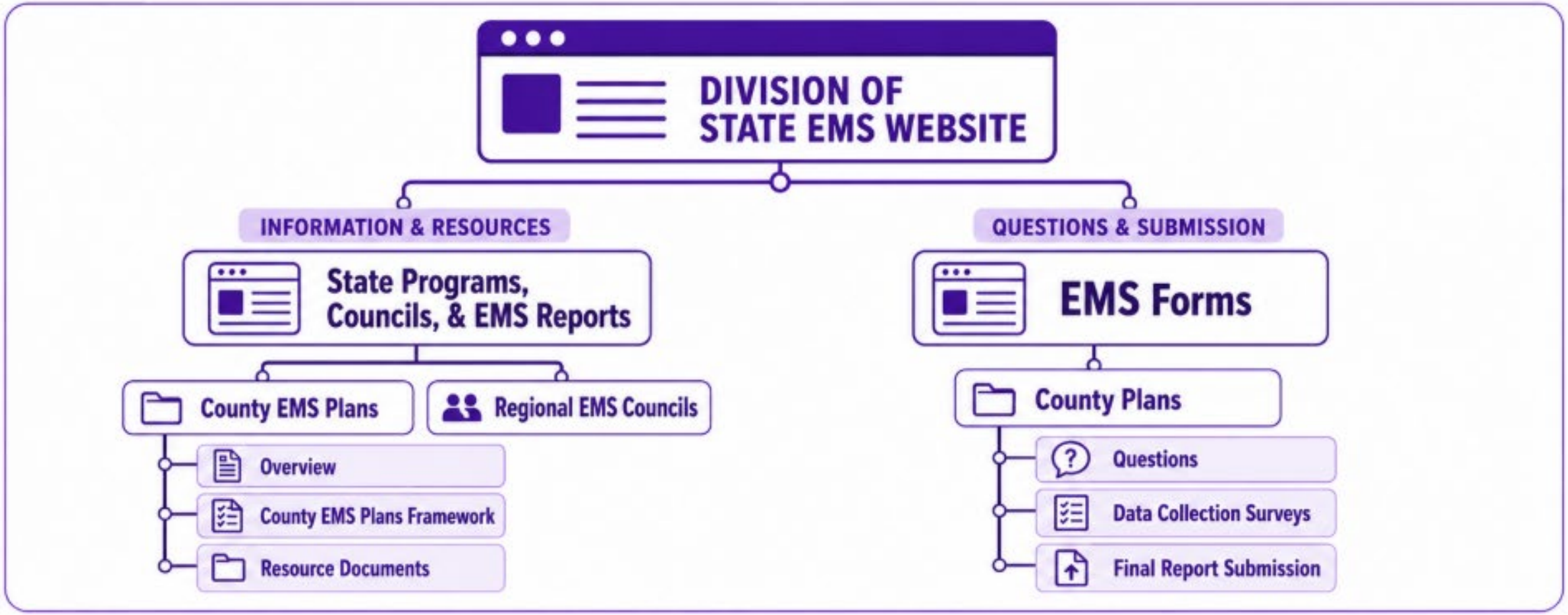

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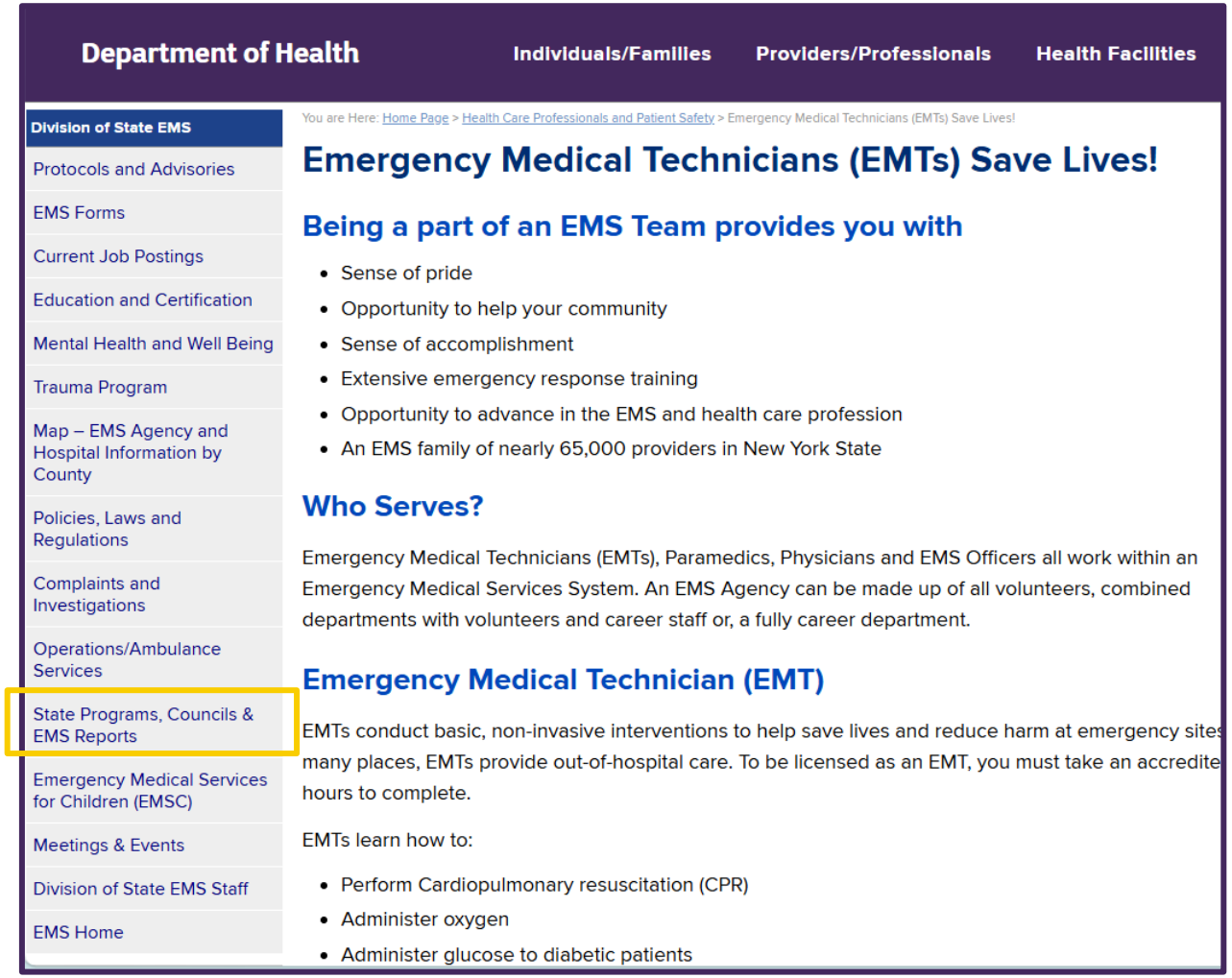

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County EMS Plans

Comprehensive County EMS System Planning

Pursuant to New York State Public Health Law § 3019 and General Municipal Law § 122-b, each county is required to develop and submit a Comprehensive County EMS System Plan to the Regional and State EMS councils and New York State Department of Health. The Department has developed a standardized County EMS Plan Framework to assist counties in creating comprehensive, collaborative, and data-informed plans that evaluate the current EMS system, identify service gaps, and establish strategies to strengthen the delivery of emergency medical services throughout each county. The framework and supporting documents have been sent to each of the County EMS Coordinators on file with the department.

The County EMS Plan Framework was developed in collaboration with the State EMS Council Legislative Committee, County EMS Coordinators, the Department, and other stakeholders. The framework is designed to support counties in producing meaningful plans that are inclusive each area of the county, EMS agencies, and other stakeholders involved in the delivery of emergency medical services.

County EMS Plans should serve as living documents that support ongoing system evaluation, planning, and continuous improvement. Through a collaborative planning process, counties can identify strengths, address operational and workforce challenges, evaluate financial sustainability, and improve the long-term reliability and resiliency of EMS services across New York State.

County EMS Plan Documents

The following documents are available to assist counties in developing and submitting their County EMS Plans.

County EMS Plan Framework (PDF) - Provides the recommended structure and guidance for developing a comprehensive County EMS Plan.

Attachment 1 – EMS Agency Data Collection (PDF) - Resource for EMS agencies to compile data supporting county planning.

Attachment 2 – Course Sponsor Data Collection (PDF) - Resource for EMS course sponsors to collect education and training metrics.

Attachment 3 – Municipality Data Collection (PDF) - Resource for municipalities to gather information related to local EMS operations and funding.

Attachment 4 – Supplemental Planning Considerations (PDF) - Optional planning topics to help counties expand their system analysis beyond the core framework.

Attachment 5 – Designated Primary EMS Agency by Municipality Template (XLSX) - Template for identifying the primary EMS agency serving each municipality within the county.

Questions and County EMS Plan Submissions

To ensure consistent communication and tracking throughout the planning process, **all County EMS Plan questions and document submissions must be submitted through the County EMS Plans section of the EMS Forms page.**

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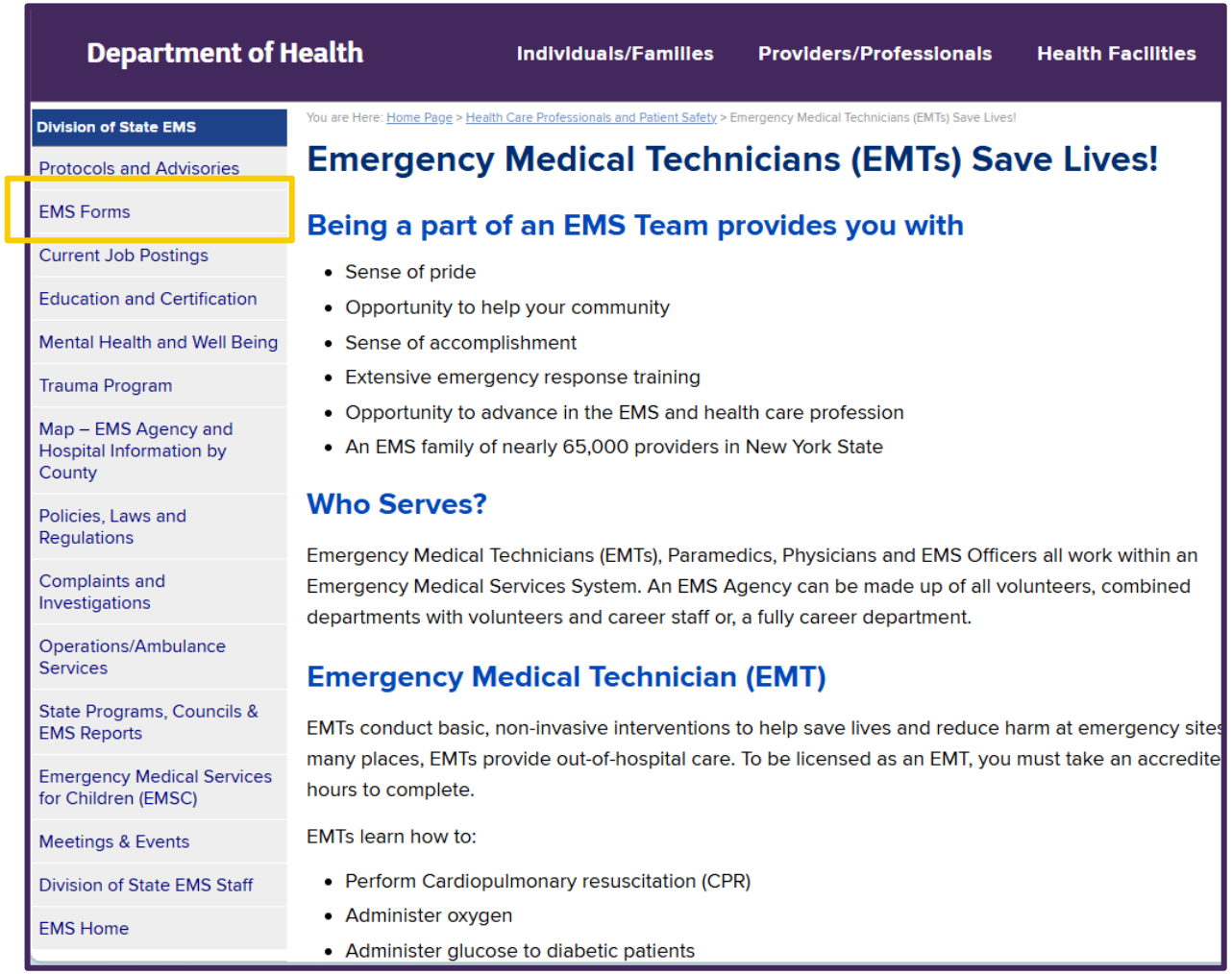

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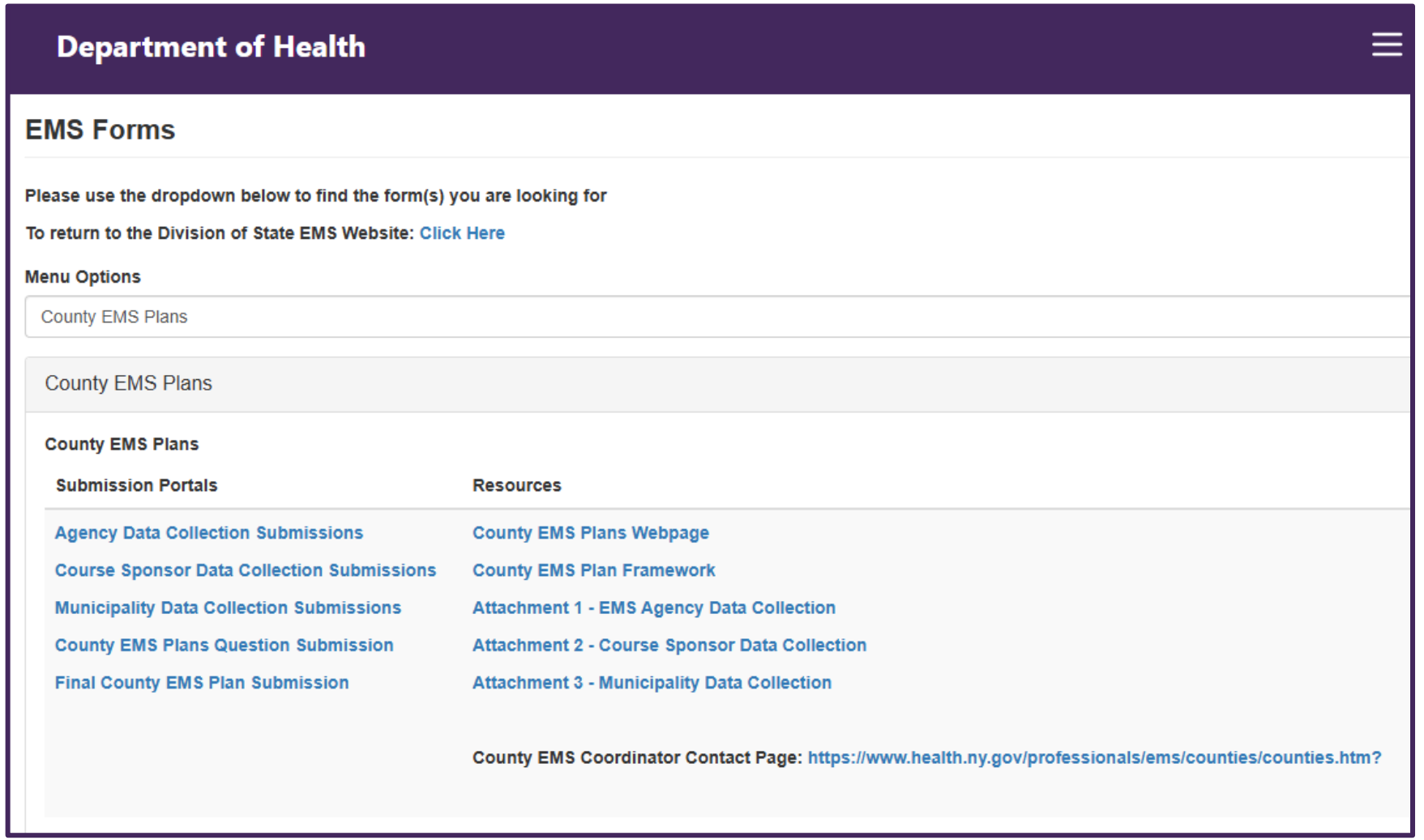

Department of Health

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County EMS Plans

County EMS Plans

County EMS Plans

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Agency Data Collection Submissions	County EMS Plans Webpage
Course Sponsor Data Collection Submissions	County EMS Plan Framework
Municipality Data Collection Submissions	Attachment 1 - EMS Agency Data Collection
County EMS Plans Question Submission	Attachment 2 - Course Sponsor Data Collection
Final County EMS Plan Submission	Attachment 3 - Municipality Data Collection

County EMS Coordinator Contact Page: https://www.health.ny.gov/professionals/ems/counties/counties.htm?

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QUESTIONS?

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