Virginia Department of Health

Office of Emergency Medical Services (OEMS)

Quarterly Report on EMS Incidents

Q3 2024

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This report is based on analyses requested by the Medical Direction Committee and performed by Office of EMS Epidemiology staff. The accuracy of the data within this report is limited by system performance and the accuracy of data submissions from EMS agencies.

Quarter 3 2024 data for this report was collected from the ESO Pre-hospital Data System (NEMSIS version 3.4 and 3.5) on December 2 and 17, 2024. Importantly, many records submitted by Virginia EMS agencies for incidents occurring during the third quarter of 2024 failed to pass established validation rules and are not counted in the dataset used for this report (see Table 1).

Table 1. Counts of Failed Records by Month, Third Quarter, 2024, Virginia

Month	Total Failed Records
July	7,254
August	3,960
September	3,511

Virginia EMS Call Summary, Third Quarter, 2024

EMS agencies in Virginia responded to a total of 447,096 EMS calls during the third quarter of 2024 (see Tables 2—5 and Figure 1).

Table 2. Number of EMS Incidents by Type of Service Requested and Disposition, Third Quarter, 2024, Virginia

Incident/ Patient Disposition			Туре	e of Service R	equested				Total
	911 Response (Scene)	Intercept/ Rendezvous	Interfacility Transport	Medical Transport	Mutual Aid	Public Assistance/ Not Listed	Standby	Blank	
Assist (Agency, Public, or Unit)	8,148	22	43	14	54	875	220	0	9,376
Canceled (Prior to Arrival at Scene or On Scene)	60,108	176	1,301	1,026	553	2,104	789	1	66,058
Patient Dead at Scene (with and without resucitation; with and without transport)	2,139	9	37	23	9	60	0	0	2,277
Patient Evaluated, No Treatment/Transport Required	5,309	11	12	18	15	268	7	0	5,640
Patient Refused Evaluation/Care (with or without transport)	26,275	76	65	106	81	729	79	0	27,411
Patient Treated, Released (AMA or per protocol)	17,760	37	74	304	44	744	72	1	19,036
Patient Treated, Transferred Care to Another EMS Unit	14,414	54	139	145	66	379	34	1	15,232
Patient Treated, Transported by Law Enforcement	210	3	0	4	0	12	0	0	229
Patient Treated, Transported by Private Vehicle	563	6	1	0	0	45	1	0	616
Patient Treated, Transported by this Unit	190,678	579	46,176	50,368	526	3,722	134	0	292,183
Standby (no services/support provided or public safety, fire, or EMS operational support provided)	6,745	17	43	20	85	1,161	841	0	8,912
Transport Non-Patient, Organs, etc.	3	0	21	10	0	27	8	0	69
Blank	46	0	1	2	2	2	0	4	57
Total	332,398	990	47,913	52,040	1,435	10,128	2,185	7	447,096

Table 3. Number of EMS Incidents by Type of Service Requested and Age Group, Third Quarter, 2024, Virginia

Type of				Age Gro	ир			Total
Service	0-4	5-12	13-17	18-24	25-64	65 and	Unknown	
Requested	years	years	years	years	years	older		
911	4,892	4,305	5,652	15,756	112,574	116,699	72,520	332,398
Response								
(Scene)								
Intercept/	16	17	10	48	338	338	223	990
Rendezvous								
Interfacility	1,272	978	1,098	1,534	17,834	24,706	491	47,913
Transport								
Medical	248	224	315	326	12,609	38,084	234	52,040
Transport								
Mutual Aid	15	17	20	46	336	336	665	1,435
Public	123	94	125	303	2,485	3,688	3,310	10,128
Assistance/								
Other Not								
Listed								
Standby	12	20	44	27	171	86	1,825	2,815
Blank	0	0	0	1	0	0	6	7
Total	6,578	5,655	7,264	18,041	146,347	183,937	79,274	447,096

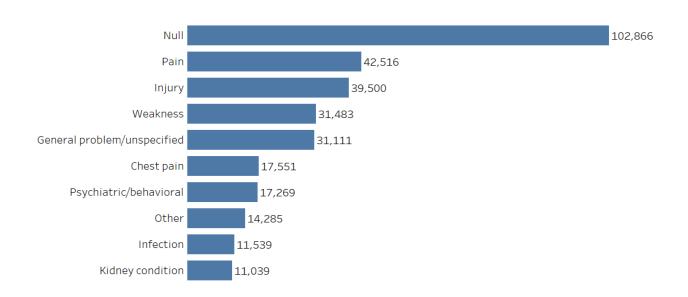
Table 4. Number of EMS Incidents by Patient Disposition and Age Group, Third Quarter, 2024, Virginia

Incident/ Patient				Age G	roup			Total
Disposition	0-4	5-12	13-17	18-24	25-64	65 and	Unknown	
	years	years	years	years	years	older		
Assist (Agency,	64	34	40	63	466	918	7,791	9,376
Public, or Unit)								
Canceled (Prior to	291	186	180	252	1,663	2,342	61,144	66,058
Arrival at Scene or								
On Scene)								
Patient Dead at	18	6	13	39	863	1,324	14	2,277
Scene (with and								
without								
resucitation; with								
and without								
transport)								
Patient Evaluated,	257	170	195	432	2,249	2,311	26	5,640
No Treatment/								
Transport Required								

Table 4 (continued). Number of EMS Incidents by Patient Disposition and Age Group, Third Quarter, 2024, Virginia

Incident/ Patient				Age G	iroup			Total
Disposition	0-4	5-12	13-17	18-24	25-64	65 and	Unknown	
	years	years	years	years	years	older		
Patient Refused	782	793	1,013	2,673	12,622	9,127	401	27,411
Evaluation/Care								
(with or without								
transport)								
Patient Treated,	495	466	570	1,406	8,018	7,614	467	19,036
Released (AMA or								
per protocol)								
Patient Treated,	269	215	299	847	6,359	5,994	1,249	15,232
Transferred Care to								
Another EMS Unit								
Patient Treated,	0	3	11	30	156	27	2	229
Transported by Law								
Enforcement								
Patient Treated,	50	53	40	68	238	166	1	616
Transported by								
Private Vehicle								
Patient Treated,	4,311	3,706	4,880	12,193	113,442	153,549	102	292,183
Transported by this								
EMS Unit								
Standby (no	35	23	21	35	231	524	8,043	8,912
services/support								
provided or public								
safety, fire, or EMS								
operational support								
provided)								
Transport Non-	5	0	2	2	29	30	1	69
Patient, Organs, etc.								
Blank	1	0	0	1	11	11	33	57
Total	6,578	5,655	7,264	18,041	146,347	183,937	79,274	447,096

Figure 1. All EMS Incidents by Top 10 Primary Impression Categories, Third Quarter, 2024, Virginia



Of the 447,096 total EMS calls that occurred during the third quarter of 2024, a total of 190,678 (42.6%) represented emergency response incidents (i.e., incidents with a Type of Service Requested equal to "911 Response (Scene)" and a Patient Disposition of "Patient Treated, Transported by this EMS Unit").

Figure 2. Emergency Responses by Top 10 Primary Impression Categories, Third Quarter, 2024, Virginia

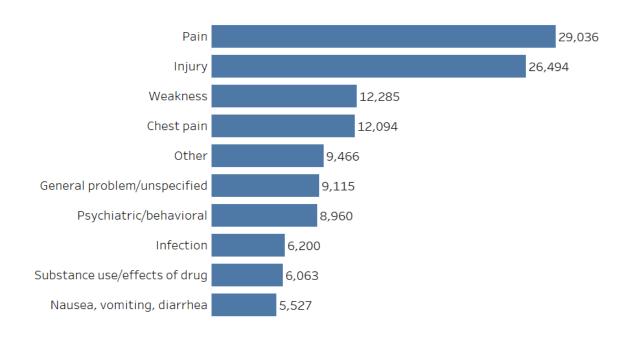


Table 5. Top 10 Primary Impressions for Emergency Responses by Patient Age Group, Third Quarter, 2024, Virginia

Provider				Age Group			
Primary Impression	0-4 years	5-12 years	13-17 years	18-24 years	25-64 years	65 and older	Unknown
1	Seizure/ convulsions	Injury	Injury	Injury	Pain	Pain	Injury
2	Injury	Seizure/ convulsions	Psychiatric/ behavioral	Pain	Injury	Injury	Substance use/ effects of drug
3	General problem/ unspecified	Pain	Pain	Psychiatric/ behavioral	Chest pain	Weakness	General problem/ unspecified*
4	Fever	Allergic reaction	Seizure/ convulsions	Substance use/ effects of drug	Psychiatric/ behavioral	Other	Brain injury/death*
5	Fluid in/around the lungs	General problem/ unspecified	Syncope/near syncope	Seizure/ convulsions	Substance use/ effects of drug	Chest pain	Psychiatric/ behavioral
6	Infection	Fluid in/around the lungs	Substance use/ effects of drug	Chest pain	General problem/ unspecified	General problem/ unspecified	Cardiac arrest* Awareness/
7	Allergic reaction	Asthma	Allergic reaction	General problem/ unspecified	Weakness	Infection	consciousness problem*
8	Other	Breathing abnormalities	General problem/ unspecified*	Nausea, vomiting, diarrhea	Other	Breathing abnormalities	Seizures/ convulsions*
9	Breathing abnormalities	Psychiatric/ behavioral	Brain injury/ death*	Syncope/near syncope	Seizures/ convulsions	Nausea, vomiting, diarrhea	Other*
10	Nausea, vomiting, diarrhea	Infection	Other	Obstetric condition	Nausea, vomiting, diarrhea	Fluid in/around the lungs	Weakness* Pain*

^{*}Multiple Provider Primary Impressions were tied for the rankings denoted by an asterisk.

Chest Pain Emergency Responses

Importantly, a provider impression of "chest pain" can include multiple causes of chest pain, not specific or limited to chest pain of cardiac causes.

Non-Traumatic Chest Pain

Non-traumatic chest pain incidents are defined as those with a primary impression that includes the words "chest pain," "myocardial infarction," or "angina". Incidents with a response of "yes" in the possible injury (esituation.02) field and/or that have a primary impression that includes the words "injury," "trauma," or "burn" are excluded. Twelve-lead acquisition is defined as ECG type (evitals.04) or Procedure (eprocedures.03) = 12 lead-left sided (normal), 12 lead-right sided, 15 lead, or 18 lead. Of the 190,678 emergency response incidents reported by EMS during the third quarter of 2024, 10,790 (5.7%) non-traumatic chest pain incidents were identified in patients 35 years of age and older. Of these, a total of 9,110 (84.4%) patients had 12-lead acquisition and 5,920 (54.9%) had aspirin administration documented in the record, either taken daily or administered by EMS.

Table 6. Emergency Responses Among Non-Traumatic Chest Pain Patients ≥ 35 Years of Age with 12-lead Acquisition by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional	Number	Number of	Percent With 12-	Percent Without 12-
Council	Patients	Patients with 12-	Lead Acquisition	Lead Acquisition
		Lead Acquisition	Documented	Documented
Blue Ridge	414	349	84.3	15.7
Central	486	442	90.9	9.1
Shenandoah				
Lord Fairfax	376	354	94.1	5.9
Northern Virginia	1,618	1,234	76.3	23.7
Old Dominion	2,181	1,557	71.4	28.6
Peninsulas	925	869	93.9	6.1
Rappahannock	645	615	95.3	4.7
Southwest Virginia	576	437	75.9	24.1
Thomas Jefferson	412	386	93.7	6.3
Tidewater	1,952	1,807	92.6	7.4
Western Virginia	1,198	1,055	88.1	11.9
Out of State	7	5	71.4	28.6
Total	10,790	9,110	84.4	15.6

Table 7. Emergency Responses Among Non-Traumatic Chest Pain Patients ≥ 35 Years of Age with Aspirin Administration* by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional	Number	Number of	Percent With Aspirin	Percent Without
Council	Patients	Patients with	Administration	Aspirin
		Aspirin	Documented	Administration
		Administration		Documented
Blue Ridge	414	263	63.5	36.5
Central	486	275	56.6	43.4
Shenandoah				
Lord Fairfax	376	187	49.7	50.3
Northern Virginia	1,618	749	46.3	53.7
Old Dominion	2,181	1,254	57.5	42.5
Peninsulas	925	505	54.6	45.4
Rappahannock	645	398	61.7	38.3
Southwest Virginia	576	324	56.3	43.8
Thomas Jefferson	412	263	63.8	36.2
Tidewater	1,952	1,102	56.5	43.5
Western Virginia	1,198	598	49.9	50.1
Out of State	7	2	28.6	71.4
Total	10,790	5,920	54.9	45.1

^{*}Includes documentation of medication administration or relevant pertinent negative.

Narrative Review

Of the 4,870 non-traumatic chest pain incidents occurring in patients \geq 35 years of age without aspirin administration or a pertinent negative documented, 25 incidents were randomly selected for narrative review. For three (12.0%) patients, aspirin was administered prior to the arrival of EMS. The remaining 22 (88.0%) records did not have aspirin administration or a pertinent negative documented in the narrative.

STEMI Patients

STEMI incidents are defined as those with a documented:

- impression or symptom of myocardial infarction, or
- impression or symptom of unstable angina or angina pectoris and a cardiac rhythm of left bundle branch block, or
- cardiac rhythm of STEMI, or
- STEMI protocol used, or
- STEMI pre-arrival activation.

Time to receive an EKG is defined as the difference between the date/time the EMS clinician arrived at the patient and the date/time an EKG was performed. Of the 190,678 emergency response incidents reported by EMS during the third quarter of 2024, 963 (0.5%) STEMI incidents were identified. Of these, 729 (75.7%) patients had 12-lead acquisition, with 889 (92.3%) records containing information on the time between arrival at patient and when an EKG was performed. Of these 889 records, time to receive an EKG ranged from 0 minutes to 1 hour and 7 minutes. It took a median of 6 minutes and 20 seconds and an average of 8 minutes and 8 seconds for the 889 STEMI patients to receive an EKG.

Stroke Emergency Responses

Stroke incidents are defined as those with a documented primary/secondary impression/symptom of stroke, a positive stroke scale score, a destination activation for stroke, or a stroke/TIA protocol used by an EMS clinician. Of the 190,678 emergency response incidents reported by EMS during the third quarter of 2024, 4,846 (2.5%) stroke incidents were identified. Of the stroke incidents, 3,941 (81.3%) documented the performance of a stroke scale or a pertinent negative, 4,362 (90.0%) had a blood glucose or pertinent negative recorded, and 4,819 (99.4%) had the date/time the patient was last known well or the date/time of the patient's symptom onset recorded. For 1,216 (25.1%) patients, the interval between symptom onset and EMS clinician arrival at the patient was greater than 4.5 hours and less than 24 hours.

Table 8. Emergency Responses Among Stroke Patients by Destination Hospital Stroke Certification Level and EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional Council	Number Stroke Patients	Number (% Across) of Patients Transported to Out of State Facilities	Number (% Across) of Patients Not Transported to a Certified Facility	Number (% Across) of Patients Transported to Acute Stroke Ready Facilities	Number (% Across) of Patients Transported to Primary Stroke Centers	Number (% Across) of Patients Transported to Thrombectomy Capable Hospitals	Number (% Across) of Patients Transported to Comprehensive Stroke Centers
Blue Ridge	234	0 (0.0)	9 (3.8)	0 (0.0)	1 (0.4)	223 (95.3)	1 (0.4)
Central Shenandoah	144	0 (0.0)	22 (15.3)	0 (0.0)	118 (81.9)	1 (0.7)	3 (2.1)
Lord Fairfax	97	0 (0.0)	18 (18.6)	0 (0.0)	79 (81.4)	0 (0.0)	0 (0.0)
Northern Virginia	818	5 (0.6)	46 (5.6)	28 (3.4)	334 (40.8)	96 (11.7)	309 (37.8)
Old Dominion	1,071	0 (0.0)	90 (8.4)	6 (0.6)	424 (39.6)	7 (0.7)	544 (50.8)
Peninsulas	332	0 (0.0)	9 (2.7)	0 (0.0)	113 (34.0)	0 (0.0)	210 (63.3)
Rappahannock	305	0 (0.0)	45 (14.8)	0 (0.0)	232 (76.1)	0 (0.0)	28 (9.2)
Southwest Virginia	213	49 (23.0)	123 (57.7)	0 (0.0)	39 (18.3)	2 (0.9)	0 (0.0)
Thomas Jefferson	208	0 (0.0)	4 (1.9)	0 (0.0)	7 (3.4)	1 (0.5)	196 (94.2)
Tidewater	912	10 (1.1)	28 (3.1)	36 (3.9)	534 (58.6)	0 (0.0)	304 (33.3)
Western Virginia	496	5 (1.0)	107 (21.6)	36 (7.3)	162 (32.7)	186 (37.5)	0 (0.0)
Out of State	16	11 (68.8)	0 (0.0)	0 (0.0)	0 (0.0)	5 (31.3)	0 (0.0)
Total	4,846	80 (1.7)	501 (10.3)	106 (2.2)	2,043 (42.2)	521 (10.8)	1,595 (32.9)

Table 9. Emergency Responses Among Stroke Patients with Symptom Onset Between 4.5 and 24 Hours Prior to EMS Arrival by Destination Hospital Stroke Certification Level and EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional Council	Number Stroke Patients	Number (% Across) of Patients Transported to Out of State Facilities	Number (% Across) of Patients Not Transported to a Certified Facility	Number (% Across) of Patients Transported to Acute Stroke Ready Facilities	Number (% Across) of Patients Transported to Primary Stroke Centers	Number (% Across) of Patients Transported to Thrombectomy Capable Hospitals	Number (% Across) of Patients Transported to Comprehensive Stroke Centers
Blue Ridge	60	0 (0.0)	1 (1.7)	0 (0.0)	0 (0.0)	59 (98.3)	0 (0.0)
Central Shenandoah	49	0 (0.0)	6 (12.2)	0 (0.0)	43 (87.8)	0 (0.0)	0 (0.0)
Lord Fairfax	27	0 (0.0)	4 (14.8)	0 (0.0)	23 (85.2)	0 (0.0)	0 (0.0)
Northern Virginia	209	1 (0.5)	12 (5.7)	2 (1.0)	82 (39.2)	26 (12.4)	86 (41.1)
Old Dominion	242	0 (0.0)	16 (6.6)	3 (1.2)	93 (38.4)	3 (1.2)	127 (52.5)
Peninsulas	85	0 (0.0)	4 (4.7)	0 (0.0)	25 (29.4)	0 (0.0)	56 (65.9)
Rappahannock	72	0 (0.0)	10 (13.9)	0 (0.0)	52 (72.2)	0 (0.0)	10 (13.9)
Southwest Virginia	48	8 (16.7)	28 (58.3)	0 (0.0)	11 (22.9)	1 (2.1)	0 (0.0)
Thomas Jefferson	40	0 (0.0)	1 (2.5)	0 (0.0)	2 (5.0)	0 (0.0)	37 (92.5)
Tidewater	268	4 (1.5)	7 (2.6)	6 (2.2)	150 (56.0)	0 (0.0)	101 (37.7)
Western Virginia	116	2 (1.7)	23 (19.8)	11 (9.5)	37 (31.9)	43 (37.1)	0 (0.0)
Out of State	0	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total	1,216	15 (1.2)	112 (9.2)	22 (1.8)	518 (42.6)	132 (10.9)	417 (34.3)

Trauma Emergency Responses

Trauma incidents are defined as those meeting the criteria outlined in the VDH Office of EMS quarterly report on trauma incidents. Step 1, 2, and 3 trauma incidents are defined as those meeting the Virginia Field Trauma Triage Decision Scheme. Of the 190,678 emergency response incidents reported by EMS during the third quarter of 2024, 27,891 (14.6%) trauma incidents were identified; 22 (0.1%) of the trauma patients were noted to be in cardiac arrest. In addition, a total of 87 (0.3%) of the 27,891 trauma patients were noted to be part of a mass casualty incident (MCI). Of the 27,782 patients not in cardiac arrest or part of an MCI, a total of 1,957 (7.0%) Step 1 patients, 323 (1.2%) Step 2 patients, 475 (1.7%) Step 3 patients, and 25,027 (90.1%) patients not meeting step criteria were noted. Details on the transport of Step 1, 2, and 3 trauma patients who were not in cardiac arrest and not part of an MCI can be found in Tables 10—12.

Table 10. Emergency Responses Among non-MCI Step 1 Trauma Patients Not in Cardiac Arrest Transported to a Level 1/Pediatric or Level 2 Trauma Center by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional Council	Number	Number (% Across) of	Number (% Across) of
	Trauma	Patients Transported to	Patients Transported to
	Patients	Level 1 Trauma Center	Level 2 Trauma Center
Blue Ridge	55	8 (14.5)	42 (76.4)
Central Shenandoah	60	5 (8.3)	0 (0.0)
Lord Fairfax	58	1 (1.7)	32 (55.2)
Northern Virginia	406	168 (41.4)	73 (18.0)
Old Dominion	459	229 (49.9)	56 (12.2)
Peninsulas	120	2 (1.7)	75 (62.5)
Rappahannock	87	4 (4.6)	58 (66.7)
Southwest Virginia	93	10 (10.8)	1 (1.1)
Thomas Jefferson	63	55 (87.3)	2 (3.2)
Tidewater	372	134 (36.0)	18 (4.8)
Western Virginia	182	62 (34.1)	20 (11.0)
Out of State	2	1 (50.0)	0 (0.0)
Total	1,957	679 (34.7)	377 (19.3)

Table 11. Emergency Responses Among non-MCI Step 2 Trauma Patients Not in Cardiac Arrest Transported to a Level 1/Pediatric or Level 2 Trauma Center by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional Council	Number Trauma	Number (% Across) of	Number (% Across) of
	Patients	Patients Transported to	Patients Transported to
		Level 1 Trauma Center	Level 2 Trauma Center
Blue Ridge	6	2 (33.3)	4 (66.7)
Central Shenandoah	9	2 (22.2)	0 (0.0)
Lord Fairfax	1	0 (0.0)	1 (100.0)
Northern Virginia	67	35 (52.2)	9 (13.4)
Old Dominion	83	65 (78.3)	5 (6.0)
Peninsulas	14	1 (7.1)	13 (92.9)
Rappahannock	19	1 (5.3)	17 (89.5)
Southwest Virginia	24	7 (29.2)	2 (8.3)
Thomas Jefferson	6	6 (100.0)	0 (0.0)
Tidewater	68	36 (52.9)	9 (13.2)
Western Virginia	26	13 (50.0)	1 (3.8)
Out of State	0	0 (0.0)	0 (0.0)
Total	323	168 (52.0)	61 (18.9)

Table 12. Emergency Responses Among non-MCI Step 3 Trauma Patients Not in Cardiac Arrest Transported to a Level 1/Pediatric, Level 2, or Level 3 Trauma Center by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional	Number	Number (% Across) of	Number (% Across) of	Number (% Across) of
Council	Trauma	Patients Transported	Patients Transported	Patients Transported
	Patients	to Level 1 Trauma	to Level 2 Trauma	to Level 3 Trauma
		Center	Center	Center
Blue Ridge	17	3 (17.6)	13 (76.5)	0 (0.0)
Central				
Shenandoah	7	1 (14.3)	0 (0.0)	0 (0.0)
Lord Fairfax	4	0 (0.0)	1 (25.0)	0 (0.0)
Northern				
Virginia	76	24 (31.6)	17 (22.4)	27 (35.5)
Old Dominion	93	56 (60.2)	14 (15.1)	13 (14.0)
Peninsulas	29	2 (6.9)	24 (82.8)	0 (0.0)
Rappahannock	30	0 (0.0)	27 (90.0)	1 (3.3)
Southwest				
Virginia	34	6 (17.6)	0 (0.0)	7 (20.6)
Thomas				
Jefferson	11	7 (63.6)	1 (9.1)	0 (0.0)
Tidewater	135	63 (46.7)	6 (4.4)	61 (45.2)
Western Virginia	39	10 (25.6)	3 (7.7)	15 (38.5)
Out of State	0	0 (0.0)	0 (0.0)	0 (0.0)
Total	475	172 (36.2)	106 (22.3)	124 (26.1)

Pain Emergency Responses

Pain incidents are defined as those with documented pain scale scores between 4 and 10. Patients with a primary impression of chest pain are excluded.

Pain Scale Score 4—6

Of the 190,678 emergency response incidents reported by EMS during the third quarter of 2024, 21,442 (11.2%) incidents occurred among patients with a pain score of 4—6. For 17,736 (82.7%) of the incidents, an ALS-level crew member was involved in the response, while 3,706 (17.3%) incidents involved only BLS-level crew members. Among ALS-level incidents, 2,154 (12.1%) involved administration of an analgesic, while 27 (0.7%) BLS-level incidents documented analgesic administration, for a total of 2,181 patients who received an analgesic (additional details provided in Tables 13—15). By age group, 104 (0.5%) incidents occurred among patients younger than 5 years of age, 306 (1.4%) incidents occurred among patients 5—12 years of age, 499 (2.3%) incidents occurred among patients 13—17 years of age, 1,540 (7.2%) incidents occurred among patients 18—24 years of age, 9,921 (46.3%) incidents occurred among patients 25—64 years of age, 9,066 (42.3%) incidents occurred among patients 65 years of age and older, and 6 (<0.1%) incidents occurred in patients whose age was not documented.

Crew Member Level Data Quality (Pain Scale Score 4—6)

The NEMSIS v3.5 data fields Crew Member Level (eCrew.02) and Level of Care Provided per Protocol (eDisposition.32) both capture information on the level of care provided to a patient by the responding unit. Crew Member Level reflects the functioning levels of the crew members during the EMS patient encounter and Level of Care Provided per Protocol reflects the general level of care provided to a patient as defined per provider level in local EMS protocols or clinical guidelines. In defining the methodology to analyze ALS and BLS incidents in this and subsequent sections, it is worthwhile to evaluate the alignment of these two fields.

According to Crew Member Level (eCrew.02), there were 17,736 (82.7%) incidents with at least one ALS-level crew member and 3,706 (17.3%) incidents with only BLS-level crew members involved in the response. In contrast, according to Level of Care Provided per Protocol (eDisposition.32), 12,143 (56.6%) incidents involved an ALS-level protocol, 8,692 (40.5%) incidents involved a BLS-level protocol, and 607 (2.8%) records reported some other protocol documentation (i.e., No Care Provided, EMS and Other Health-Care Staff, Critical Care, blank).

Of the 17,736 incidents with an ALS-level crew member (eCrew.02), 11,949 (67.4%) documented ALS-level protocols (eDisposition.32) whereas 5,272 (29.7%) documented only BLS-level protocols. The remaining 515 (2.9%) incidents with an ALS-level crew member reported some other protocol documentation. Among the 11,942 incidents with alignment between the ALS-level crew member and ALS-level protocols, 1,937 (16.2%) documented analgesic administration. In contrast, among the 5,272 incidents with an ALS-level crew member and only BLS-protocols, only 74 (1.4%) documented analgesic administration. These discrepancies suggest data quality concerns may exist between the two fields. However, there may be specific reasons for misalignment between the level of care able to be provided by crew members present on scene and the level of care provided per protocol, such as available resources, drive times, or other factors impacting patient care. This should be taken into consideration when evaluating the subsequent analyses, which utilize Crew Member Level (eCrew.02) to define ALS and BLS incidents.

Narrative Review (Pain Scale Score 4—6)

Of the 15,582 incidents involving ALS-level crew members that occurred among patients with a pain score of 4—6 without analgesic administration or a pertinent negative documented, 25 incidents were randomly selected for narrative review. For one (4.0%) record, the narrative noted an analgesic was administered prior to arrival of EMS. For one (4.0%) additional record, a contraindication for one analgesic was documented. None of the remaining 23 (92.0%) records had analgesic administration or a pertinent negative documented in the narrative.

Table 13. Emergency Responses Among Patients with a Pain Score of 4—6 and Analgesic Administration* by Age Group and Crew Member Level, Third Quarter 2024, Virginia

	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members	
Age Group	Number of	Number (Percent) of	Number of Pain	Number (Percent) of
	Pain Patients	Patients Receiving an	Patients	Patients Receiving an
		Analgesic		Analgesic
0-4 years	81	4 (4.9)	23	0 (0.0)
5–12 years	243	37 (15.2)	63	0 (0.0)
13–17 years	400	78 (19.5)	99	1 (1.0)
18—24 years	1,262	204 (16.2)	278	1 (0.4)
25—64 years	8,323	1,066 (12.8)	1,598	10 (0.6)
65+ years	7,422	765 (10.3)	1,644	15 (0.9)
Unknown	5	0 (0.0)	1	0 (0.0)
Total	17,736	2,154 (12.1)	3,706	27 (0.7)

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 14. Emergency Responses Among Patients with Pain Score of 4—6 and Analgesic Administration* by EMS Regional Council and Crew Member Level, Third Quarter 2024, Virginia

	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members	
EMS Regional Council	Number Pain Patients	Number (Percent) of Patients Receiving an Analgesic	Number of Pain Patients	Number (Percent) of Patients Receiving an Analgesic
Blue Ridge	1,097	147 (13.4)	30	0 (0.0)
Central Shenandoah	717	103 (14.4)	149	5 (3.4)
Lord Fairfax	428	27 (6.3)	107	1 (0.9)
Northern Virginia	2,942	334 (11.4)	1,043	7 (0.7)
Old Dominion	3,241	264 (8.1)	935	3 (0.3)
Peninsulas	1,649	133 (8.1)	60	2 (3.3)
Rappahannock	1,223	288 (23.5)	266	0 (0.0)
Southwest Virginia	1,154	149 (12.9)	283	4 (1.4)
Thomas Jefferson	589	133 (22.6)	63	0 (0.0)
Tidewater	2,839	320 (11.3)	248	1 (0.4)
Western Virginia	1,835	246 (13.4)	522	4 (0.8)
Out of State	22	10 (45.5)	0	0 (0.0)
Total	17,736	2,154 (12.1)	3,706	27 (0.7)

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 15. Analgesics Administered to Patients with Pain Score of 4—6, Third Quarter 2024, Virginia

Analgesic Administered	Number Analgesic Administrations†	Percent of Analgesics Administered
Acetaminophen/Tylenol	51	2.3
Dilaudid/Hydromorphone	1	<0.1
Fentanyl	1,686	74.8
Ibuprofen/Motrin	12	0.5
Ketamine	82	3.6
Ketorolac/Toradol	197	8.7
Morphine	226	10.0
Total	2,255	100.0

[†]The number of analgesic administrations is higher than the number of patients receiving an analgesic, as patients may receive more than one medication during an incident.

Pain scale score 7—10

During the third quarter of 2024, 28,999 (15.2% of 190,678) incidents occurred among patients with a pain score between 7 and 10. For 22,380 (77.2%) of the incidents, an ALS-level crew member was involved in the response, while 6,619 (22.8%) incidents involved only BLS-level crew members. Among ALS-level incidents, 4,435 (19.8%) involved administration of an analgesic, while 58 (0.9%) BLS-level incidents documented analgesic administration, for a total of 4,493 patients who received an analgesic (additional details provided in Tables 16—18). By age group, 58 (0.2%) incidents occurred among patients younger than 5 years of age, 288 (1.0%) incidents occurred among patients 5—12 years of age, 547 (1.9%) incidents occurred among patients 13—17 years of age, 1,843 (6.4%) incidents occurred among patients 18—24 years of age, 15,759 (54.3%) incidents occurred among patients 25—64 years of age, 10,495 (36.2%) incidents occurred among patients 65 years of age and older, and 9 (<0.1%) incidents occurred in patients whose age was not documented.

Crew Member Level Data Quality (Pain Scale Score 7—10)

The NEMSIS v3.5 data fields Crew Member Level (eCrew.02) and Level of Care Provided per Protocol (eDisposition.32) both capture information on the level of care provided to a patient by the responding unit. Crew Member Level reflects the functioning levels of the crew members during the EMS patient encounter and Level of Care Provided per Protocol reflects the general level of care provided to a patient as defined per provider level in local EMS protocols or clinical guidelines. In defining the methodology to analyze ALS and BLS incidents in this and subsequent sections, it is worthwhile to evaluate the alignment of these two fields.

According to Crew Member Level (eCrew.02), there were 22,380 (77.2%) incidents with at least one ALS-level crew member and 6,619 (22.8%) incidents with only BLS-level crew members involved in the response. In contrast, according to Level of Care Provided per Protocol (eDisposition.32), 15,050 (51.9%) incidents involved an ALS-level protocol, 13,414 (46.3%) incidents involved a BLS-level protocol, and 535 (1.8%) records reported some other protocol documentation (i.e., No Care Provided, EMS and Other Health-Care Staff, Integrated Health Care, Critical Care, blank).

Of the 22,380 incidents with an ALS-level crew member (eCrew.02), 14,722 (65.8%) documented ALS-level protocols (eDisposition.32) whereas 7,223 (32.3%) documented only BLS-level protocols. The remaining 435 (1.9%) incidents with an ALS-level crew member reported some other protocol documentation. Among the 14,722 incidents with alignment between the ALS-level crew member and ALS-level protocols, 4,121 (28.0%) documented analgesic administration. In contrast, among the 7,223 incidents with an ALS-level crew member and only BLS-protocols, only 142 (2.0%) documented analgesic administration. These discrepancies suggest data quality concerns may exist between the two fields. However, there may be specific reasons for misalignment between the level of care able to be provided by crew members present on scene and the level of care provided per protocol, such as available resources, drive times, or other factors impacting patient care. This should be taken into consideration when evaluating the subsequent analyses, which utilize Crew Member Level (eCrew.02) to define ALS and BLS incidents.

Narrative Review (Pain Scale Score 7—10)

Of the 17,945 incidents involving ALS-level crew members that occurred among patients with a pain score of 7—10 without analgesic administration or a pertinent negative documented, 25 incidents were randomly selected for narrative review. For one (4.0%) of the records, an analgesic was noted in the patient's current medication list, without indication of whether the patient had taken the medication that day. None of the 24 (96.0%) other records had analgesic administration or a pertinent negative documented in the narrative.

Table 16. Emergency Responses Among Patients with Pain Score of 7—10 and Analgesic Administration* by Age Group and Crew Member Level, Third Quarter 2024, Virginia

	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members		
Age Group	Number Pain	Number (Percent) of	Number of	Number (Percent) of	
	Patients	Patients Receiving	Pain Patients	Patients Receiving	
		an Analgesic		an Analgesic	
0—4 years	45	12 (26.7)	13	0 (0.0)	
5–12 years	216	72 (33.3)	72	4 (5.6)	
13–17 years	419	131 (31.3)	128	3 (2.3)	
18—24 years	1,440	340 (23.6)	403	2 (0.5)	
25—64 years	12,344	2,381 (19.3)	3,415	28 (0.8)	
65 years and older	7,907	1,497 (18.9)	2,588	21 (0.8)	
Unknown	9	2 (22.2)	0	0 (0.0)	
Total	22,380	4,435 (19.8)	6,619	58 (0.9)	

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 17. Emergency Responses Among Patients with Pain Score of 7—10 and Analgesic Administration* by EMS Regional Council and Crew Member Level, Third Quarter 2024, Virginia

	Incident	s Involving an	Incidents	Involving Only
EMS Regional	ALS-Level Crew Member		BLS-Level Crew Members	
Council	Number Pain	Number (Percent) of	Number of	Number (Percent) of
Council	Patients	Patients Receiving	Pain Patients	Patients Receiving
		an Analgesic		an Analgesic
Blue Ridge	981	271 (27.6)	50	0 (0.0)
Central	883	217 (24.6)	329	7 (2.1)
Shenandoah				
Lord Fairfax	756	91 (12.0)	233	1 (0.4)
Northern Virginia	2,880	745 (25.9)	1,632	25 (1.5)
Old Dominion	5,221	615 (11.8)	2,128	4 (0.2)
Peninsulas	2,362	318 (13.5)	60	3 (5.0)
Rappahannock	1,253	505 (40.3)	309	5 (1.6)
Southwest Virginia	1,141	238 (20.9)	371	4 (1.1)
Thomas Jefferson	839	247 (29.4)	158	0 (0.0)
Tidewater	3,870	728 (18.8)	507	1 (0.2)
Western Virginia	2,177	447 (20.5)	842	8 (1.0)
Out of State	17	13 (76.5)	0	0 (0.0)
Total	22,380	4,435 (19.8)	6,619	58 (0.9)

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 18. Analgesics Administered to Patients with Pain Score of 7—10, Third Quarter 2024, Virginia

Analgesic Administered	Number Analgesic Administrations†	Percent of Analgesics Administered
Acetaminophen/Tylenol	67	1.4
Dilaudid/Hydromorphone	1	<0.1
Fentanyl	3,597	76.4
Ibuprofen/Motrin	9	0.2
Ketamine	226	4.8
Ketorolac/Toradol	371	7.9
Morphine	435	9.2
Total	4,706	100.0

[†]The number of analgesic administrations is higher than the number of patients receiving an analgesic, as patients may receive more than one medication during an incident.

Pediatric (<15 Years) Pain Emergency Responses

During the third quarter of 2024, 986 incidents with a recorded pain score between 4 and 10 were identified among patients younger than 15 years of age. For 758 (76.9%) of the incidents, an ALS-level crew member was involved in the response, while 228 (23.1%) incidents involved only BLS-level crew members. Among ALS-level incidents, 146 (19.3%) involved administration of an analgesic, while 6 (2.6%) BLS-level incidents documented analgesic administration, for a total of 152 patients who received an analgesic (additional details provided in Tables 19—20).

Table 19. Emergency Responses Among Pediatric Patients with Pain Score of 4—10 and Analgesic Administration* by EMS Regional Council and Crew Member Level, Third Quarter 2024, Virginia

	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members	
EMS Regional	Number Pediatric	Number (Percent)	Number Pediatric	Number (Percent)
Council	Pain Patients	of Patients	Pain Patients	of Patients
		Receiving an		Receiving an
		Analgesic		Analgesic
Blue Ridge	42	13 (31.0)	0	0 (0.0)
Central	26	9 (34.6)	8	0 (0.0)
Shenandoah				
Lord Fairfax	20	0 (0.0)	6	0 (0.0)
Northern Virginia	163	40 (24.5)	85	5 (5.9)
Old Dominion	152	17 (11.2)	72	0 (0.0)
Peninsulas	71	7 (9.9)	3	0 (0.0)
Rappahannock	44	8 (18.2)	19	1 (5.3)
Southwest Virginia	31	6 (19.4)	4	0 (0.0)
Thomas Jefferson	21	2 (9.5)	0	0 (0.0)
Tidewater	112	28 (25.0)	12	0 (0.0)
Western Virginia	74	15 (20.3)	19	0 (0.0)
Out of State	2	1 (50.0)	0	0 (0.0)
Total	758	146 (19.3)	228	6 (2.6)

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 20. Analgesics Administered to Pediatric Patients with Pain Score of 4—10, Third Quarter 2024, Virginia

Analgesic Administered	Number Analgesic	Percent of Analgesics
	Administrations†	Administered
Acetaminophen/Tylenol	3	1.9
Dilaudid/Hydromorphone	0	0.0
Fentanyl	125	78.6
Ibuprofen/Motrin	1	0.6
Ketamine	8	5.0
Ketorolac/Toradol	7	4.4
Morphine	15	9.4
Total	159	100.0

[†]The number of analgesic administrations is higher than the number of patients receiving an analgesic, as patients may receive more than one medication during an incident.

Asthma Emergency Responses

Asthma incidents are defined as those with a primary impression that includes the words "asthma" or "reactive airway" or with a protocol that includes the word "asthma". Patients with a primary impression of chronic obstructive pulmonary disease are excluded. Of the 190,678 emergency response incidents reported by EMS during the third quarter of 2024, 1,841 (1.0%) asthma incidents were identified. For 1,710 (92.9%) of the incidents, an ALS-level crew member was involved in the response, while 131 (7.1%) incidents involved only BLS-level crew members. By age group, 22 (1.2%) incidents occurred among patients younger than two years of age, 170 (9.2%) incidents occurred among patients 2 – 17 years of age, and 1,649 (89.6%) incidents occurred among patients older than 18 years of age. A total of 747 (40.6%) incidents had no steroid, magnesium, or Albuterol/ipratropium administration documented, while 1,094 (59.4%) incidents reported administration of at least one of the three medications or had a pertinent negative documented (additional details provided in Tables 21 – 26). Among ALS-level incidents, 664 had no steroid, magnesium, or Albuterol/ipratropium administration documented, while 83 BLS-level incidents had no steroid, magnesium, or Albuterol/ipratropium administration documented (additional details provided in Tables 23—26).

Narrative Review

Of the 664 asthma incidents involving ALS-level crew members that occurred among patients without steroid, magnesium, or Albuterol/ipratropium administration or a pertinent negative documented, 25 incidents were randomly selected for narrative review. Medication administration or a pertinent negative was documented in the narrative for 9 (36.0%) incidents. Of these 9:

- In one instance, use of a breathing treatment by EMS was noted in the narrative, with no detail provided on what medication was administered.
- In one instance, a contraindication for a steroid was noted in the narrative.
- In seven instances, Albuterol and/or DuoNeb was administered prior to arrival of EMS. For
 one of these patients, a steroid was also administered prior to EMS arrival. For another one
 of these patients, Albuterol, Atrovent, and DuoNeb were also administered by EMS.

The remaining 16 (64.0%) records did not have medication administration or a pertinent negative documented in the narrative.

Table 21. Emergency Responses Among Asthma Patients with Albuterol/Ipratropium Administration* by Age Group, Third Quarter 2024, Virginia

Age Group	Number Asthma Patients	Number of Patients Receiving Albuterol/ Ipratropium	Percent With Albuterol/ Ipratropium Administration Documented	Percent Without Albuterol/Ipratropium Administration Documented
< 2 years	22	6	27.3	72.7
2 – 17 years	170	116	68.2	31.8
18 and older	1,649	955	57.9	42.1
Total	1,841	1,077	58.5	41.5

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 22. Emergency Responses Among Asthma Patients with Albuterol/Ipratropium Administration* by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional Council	Number Asthma Patients	Number of Patients Receiving Albuterol/ Ipratropium	Percent With Albuterol/ Ipratropium Administration Documented	Percent Without Albuterol/ Ipratropium Administration Documented
Blue Ridge	44	31	70.5	29.5
Central	41	21	51.2	48.8
Shenandoah				
Lord Fairfax	30	21	70.0	30.0
Northern Virginia	165	102	61.8	38.2
Old Dominion	279	177	63.4	36.6
Peninsulas	171	124	72.5	27.5
Rappahannock	183	84	45.9	54.1
Southwest Virginia	190	88	46.3	53.7
Thomas Jefferson	61	41	67.2	32.8
Tidewater	438	266	60.7	39.3
Western Virginia	236	122	51.7	48.3
Out of State	3	0	0.0	100.0
Total	1,841	1,077	58.5	41.5

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 23. Emergency Responses Among Asthma Patients with Steroid Administration* by Age Group and Crew Member Level, Third Quarter 2024, Virginia

	Incidents II	nvolving an	Incidents Involving Only		
	ALS-Level Crew Member		BLS-Level Crew Members		
Age Group	Number Asthma Number (Percent)		Number Asthma	Number (Percent)	
	Patients	Patients Receiving	Patients	Patients Receiving	
		a Steroid		a Steroid	
< 2 years	21	0 (0.0)	1	0 (0.0)	
2 – 17 years	158	23 (14.6)	12	1 (8.3)	
18 and older	1,531 352 (23.0)		118	0 (0.0)	
Total	1,710	375 (21.9)	131	1 (0.8)	

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 24. Emergency Responses Among Asthma Patients with Steroid Administration* by EMS Regional Council and Crew Member Level, Third Quarter 2024, Virginia

EMS Regional Council	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members	
	Number Asthma Patients	Number (Percent) Patients Receiving a Steroid	Number Asthma Patients	Number (Percent) Patients Receiving a Steroid
Blue Ridge	42	21 (50.0)	2	1 (50.0)
Central Shenandoah	31	9 (29.0)	10	0 (0.0)
Lord Fairfax	29	14 (48.3)	1	0 (0.0)
Northern Virginia	159	38 (23.9)	6	0 (0.0)
Old Dominion	243	65 (26.7)	36	0 (0.0)
Peninsulas	171	62 (36.3)	0	0 (0.0)
Rappahannock	164	31 (18.9)	19	0 (0.0)
Southwest Virginia	172	26 (15.1)	18	0 (0.0)
Thomas Jefferson	56	10 (17.9)	5	0 (0.0)
Tidewater	430	54 (12.6)	8	0 (0.0)
Western Virginia	210	45 (21.4)	26	0 (0.0)
Out of State	3	0 (0.0)	0	0 (0.0)
Total	1,710	375 (21.9)	131	1 (0.8)

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 25. Emergency Responses Among Asthma Patients with Magnesium Administration* by Age Group and Crew Member Level, Third Quarter 2024, Virginia

	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members	
Age Group	Number Asthma	Number (Percent)	Number Asthma	Number (Percent)
	Patients	Patients Receiving	Patients	Patients Receiving
		Magnesium		Magnesium
< 2 years	21	0 (0.0)	1	0 (0.0)
2 – 17 years	158	5 (3.2)	12	0 (0.0)
18 and older	1,531	84 (5.5)	118	0 (0.0)
Total	1,710	89 (5.2)	131	0 (0.0)

^{*}Includes documentation of medication administration or relevant pertinent negative.

Table 26. Emergency Responses Among Asthma Patients with Magnesium Administration* by EMS Regional Council, Third Quarter 2024, Virginia

EMS Regional Council	Incidents Involving an ALS-Level Crew Member		Incidents Involving Only BLS-Level Crew Members	
	Number Asthma Patients	Number (Percent) Patients Receiving Magnesium	Number Asthma Patients	Number (Percent) Patients Receiving Magnesium
Blue Ridge	42	8 (19.0)	2	0 (0.0)
Central Shenandoah	31	0 (0.0)	10	0 (0.0)
Lord Fairfax	29	1 (3.4)	1	0 (0.0)
Northern Virginia	159	7 (4.4)	6	0 (0.0)
Old Dominion	243	8 (3.3)	36	0 (0.0)
Peninsulas	171	9 (5.3)	0	0 (0.0)
Rappahannock	164	10 (6.1)	19	0 (0.0)
Southwest Virginia	172	0 (0.0)	18	0 (0.0)
Thomas Jefferson	56	1 (1.8)	5	0 (0.0)
Tidewater	430	40 (9.3)	8	0 (0.0)
Western Virginia	210	5 (2.4)	26	0 (0.0)
Out of State	3	0 (0.0)	0	0 (0.0)
Total	1,710	89 (5.2)	131	0 (0.0)

^{*}Includes documentation of medication administration or relevant pertinent negative.