



## Executive Summary

# 2018 Member Benchmarking Study

 Download the Full Benchmarking Report Free at [www.aimhi.mobi](http://www.aimhi.mobi)!

The AIMHI benchmarking studies perform a fundamental service to EMS by providing tools through which we can continue to learn about the successes and opportunities of today's emergency care system, ensure its progress and growth, and work to expand the reputation and efficiency of EMS nationally and internationally. The 2018 study is the latest addition to the body of knowledge required for effective service delivery and improvement.

Since the first study in 1998, AIMHI has developed valuable evidenced-based studies to share clinical, response-time, and economic data across EMS systems serving diverse geographic and demographic communities. Our ultimate goal is to provide AIMHI members and the EMS community with tools, data, and outcomes to continue research that demonstrates the value of mobile healthcare as the initial point of entry to, and the safety net of, the healthcare continuum.

High Performance, High Value Systems Surveyed	Primary Service Area
Emergency Health Systems (EHS) Nova Scotia	Halifax, Nova Scotia
Emergency Medical Services Authority (EMSA) – Eastern Division	Tulsa, Oklahoma
Emergency Medical Services Authority (EMSA) – Western Division	Oklahoma City, Oklahoma
Mecklenburg EMS Agency	Charlotte, North Carolina
Medic EMS	Davenport, Iowa
MedStar Mobile Healthcare	Fort Worth, Texas
Metro EMS (MEMS) – Little Rock Ambulance Authority	Little Rock, Arkansas
Niagara EMS	Niagara-on-the-Lake, Ontario
Northwell Health Center for Emergency Medical Services	Syosset, New York
Pinellas County EMS Authority/SunStar Paramedics	Largo, Florida
Regional Emergency Medical Services Authority - REMSA	Reno, Nevada
Richmond Ambulance Authority	Richmond, Virginia
Three Rivers Ambulance Authority (TRAAC)	Fort Wayne, Indiana

## What Is High Performance/High Value EMS (HP/HVEMS)?

High Performance/High Value EMS systems share key features of system design rarely associated with less cost-effective systems. Characteristics may include:

- **Sole provider:** Exclusive market rights to furnish emergency and non-emergency ambulance services are granted to a sole and often competitively selected provider for a specific population or service area.
- **Control center operations:** The ambulance provider has control of the dispatch center.
- **Accountability:** HP/HVEMS systems have performance requirements that can result in financial penalties or replacement of the provider when the requirements are not met. HP/HVEMS systems use and collect data regularly to meet these performance requirements, which has allowed for the ability to collect data for the HP/HVEMS Market Study.

- **Revenue maximization:** HP/HVEMS systems incorporate the business function into their operations, resulting in an understanding of the billing requirements, thus collecting all appropriate revenues from Medicare, Medicaid, self-pay and other third-party payors.
- **Flexible production strategy:** HP/HVEMS systems employ a single fleet of ALS units capable of handling any type of service request, resulting in all patients receiving the highest level of care and higher productivity levels.
- **System Status Management (SSM):** HP/HVEMS systems use the flexible deployment techniques to schedule and position ambulances in anticipation of when and where ambulances will be needed.

## Key Metrics & Takeaways

- AIMHI Member agencies serve a **combined population of 7.6 million** people and a geography of over **27,000 square miles**.
- Member agencies responded to **1.17 million ambulance calls** in 2018, **transporting 835,000** patients for a **transport ratio of 70.6%**.
- **92.3% of AIMHI member agencies are accredited** by the **Commission on the Accreditation of Ambulance Services (CAAS)** and **100% of member dispatch centers are accredited** as Accredited Centers of Excellence **by the International Academies of Emergency Dispatch**.
- The **average Unit Hour Utilization** (*a rate of transports during the time an ambulance is on duty*) for AIMHI member agencies is **0.373** (*i.e. 37.3 transports per 100 hours of ambulance hours produced*).
- The **average fully allocated cost** per staffed ambulance unit hour by AIMHI member agencies is **\$167**, the **average cost per transport is \$459**, and the **average cost per capita is \$58**.

There are many other data included in the report on clinical, operational, and fiscal performance, as well as descriptive data on the EMS Systems and their capabilities.

 Download the Full Benchmarking Report Free at [www.aimhi.mobi](http://www.aimhi.mobi)!

## About the Academy of International Mobile Healthcare Integration

The Academy of International Mobile Healthcare Integration (AIMHI) represents high performance emergency medical and mobile healthcare providers in the U.S. and abroad. Member organizations employ business practices from both the public and private sectors. By combining industry innovation with close government oversight, AIMHI affiliates are able to offer unsurpassed service excellence and cost efficiency. [www.aimhi.mobi](http://www.aimhi.mobi) | [hello@aimhi.mobi](mailto:hello@aimhi.mobi) | [@AIMHI MIH](https://www.facebook.com/aimhihealthcare) | [www.fb.me/aimhihealthcare](http://www.fb.me/aimhihealthcare)