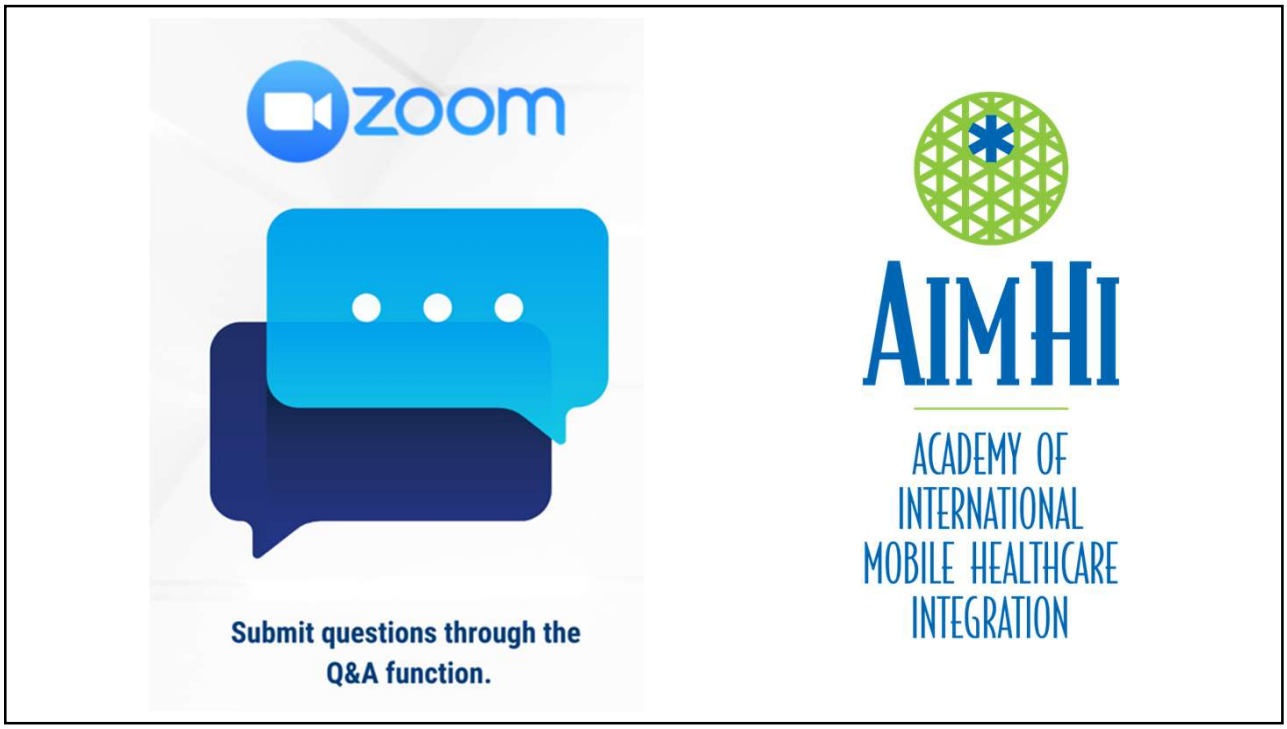

AIMHI
ACADEMY OF INTERNATIONAL MOBILE HEALTHCARE INTEGRATION
FREE AIMHI WEBINAR
BEYOND RESPONSE TIMES:
REDEFINING WHAT
GREAT EMS
LOOKS LIKE
Insights from the 2026 AIMHI High-Performance/High-Value EMS Benchmark Report
DATE:
Thursday, September 17, 2026
TIME:
2:00 PM CT
LOCATION:
Zoom Webinar
Today's leading EMS systems are measuring success far beyond the stopwatch. Join us to explore the data, trends, and strategies defining high-performance, high-value EMS—and a new framework for answering the question:
How do we know if our EMS system is actually performing well?
CLINICAL OUTCOMES
PATIENT EXPERIENCE
WORKFORCE RESILIENCE
OPERATIONAL EFFICIENCY
FINANCIAL SUSTAINABILITY
COMMUNITY VALUE

1


THIS SESSION IS BEING RECORDED.
The archive will be emailed to all registrants tomorrow.

2


zoom
Submit questions through the Q&A function.
AIMHI
ACADEMY OF INTERNATIONAL MOBILE HEALTHCARE INTEGRATION

3


NAAC
this
Certificate of Completion
is presented as evidence of completion, by the CAC, CACO, CAFO, CAPO, CAPRO whose signature and Certification Number appear below, of the NAAC ® approved Continuing Education course entitled
AIMHI - 2026 - Beyond Response Times - Redefining What Great EMS Looks Like
CEU Code: QeV2Hkpg
CEU Units: 1.00
I hereby certify that I have completed the continuing education training as represented on this certificate.
Signed: _____ NAAC ® ID: _____
Britanie Holubik
Program Coordinator
09/17/26
Date of Training
Certificate is invalid without the signature and certification number of the attendee.

4

## About AIMHI

AIMHI is the nation's leading advocate for ***high-performance***, ***high-value*** EMS delivery.

We champion ***innovative care models***, ***integrated mobile healthcare***, and ***alternative care pathways*** that ***improve outcomes*** and ***reduce system-wide costs***.

AIMHI member agencies represent the most nimble, innovative, transparent, and data-driven EMS systems in the world — setting the standard for what's next in mobile healthcare.

***Our Mission***

Leading the transformation of EMS to mobile integrated healthcare through the development of high-performance systems, and setting the standard for clinical excellence, accountability, public education, research and economic efficiency.

***Our Vision***

To improve patient health and experience of care by promoting excellence in mobile healthcare integration through evidence-based out of hospital healthcare system effectiveness and efficiency.

Learn More About Membership: www.aimhi.mobi

5

## About AIMHI

***Membership Eligibility***

- Externally reports performance measures; and
- Are authorized by local government; and
- Bills for services provided; and
- Should include, but not be limited to, the following system/agency attributes:
  - Tiered Deployment (BLS/ALS)
  - Flexible production strategy
  - Exhibits evidence-based clinical sophistication
  - Aligns with the mission and vision of AIMHI


- Any agency that operates an EMS-Based Mobile Integrated Healthcare program designed to improve patient outcomes, enhance the patient's experience of care, and reduce healthcare expenditures, defined as:
  - Uses specially trained personnel; and
  - Works as part of an organized delivery model, integrated with the local healthcare community; and
  - Are credentialed by a physician medical director; and
  - Augments the community's existing healthcare resources

Learn More About Membership: www.aimhi.mobi

6

## About AIMHI

***Current Members***

- Emergency Medical Services Authority (Tulsa and Oklahoma City, OK)
- Mecklenburg EMS Agency (MEDIC) (Charlotte, NC)
- Medic Ambulance of Scott County (Davenport, IA)
- Medic Ambulance of Solano (Solano, CA)
- Metropolitan EMS Authority (Little Rock, AR)
- Northwell Health Center for EMS (Syosset, NY)
- Novant Health Mobile Health (Wilmington, NC)
- Pinellas County EMS Authority (Sunstar) (Largo, FL)
- ProEMS (Cambridge, MA)
- REMSA Health (Reno, NV)
- Richmond Ambulance Authority (Richmond, VA)
- Three Rivers Ambulance Authority (Ft. Wayne, IN)


Learn More About Membership: www.aimhi.mobi

7

## Expert Panel

Johna Easley, MBA, CHC
*Emergency Medical Services Authority*
Oklahoma City/Tulsa, OK

John "JP" Peterson, MS, MBA
*Mecklenburg EMS Agency*
Charlotte, NC

Jonathan D. Washko, MBA, FACPE, NRP, AEMD
*Northwell Health Center for Emergency Medical Services*
Syosset, NY

Thomas J. Wieczorek
*Center for Public Safety Management/ICMA*
Washington, DC

8

## 2026 AIMHI High Performance / High Value EMS Benchmark Survey

***Organizational, Operational, Clinical and Financial Benchmarks from North America's Leading EMS Systems***

High-performance EMS is no longer defined solely by how quickly an ambulance arrives. In today's healthcare environment, success is measured by an organization's ability to deliver **exceptional clinical outcomes, create outstanding patient experiences, develop and retain a highly skilled workforce, operate sustainably,** and **continuously improve through data-driven decision making.**

### Introduction

Emergency Medical Services is undergoing one of the most significant periods of transformation in its history. Workforce shortages, rising operating costs, reimbursement challenges, increasing clinical complexity, and growing expectations for patient-centered care are fundamentally changing how EMS systems are designed, managed, and evaluated. At the same time, EMS has expanded well beyond its traditional role as a transportation service, becoming an essential component of the healthcare continuum, public health infrastructure, and community resilience.

Against this backdrop, objective benchmarking has never been more important. Since publishing its first High-Performance/High-Value EMS Benchmarking Study in 2006, the Academy of International Mobile Healthcare Integration (AIMHI) has provided one of the EMS profession's most comprehensive and respected sources of operational, clinical, workforce, and financial performance data. **By sharing validated performance metrics and emerging best practices among many of North America's highest-performing EMS systems,** this report enables leaders to compare performance, identify opportunities for improvement, and better understand the characteristics that distinguish high-value EMS organizations.

The 2026 AIMHI High-Performance/High-Value EMS Benchmarking Report builds upon that legacy while expanding its focus to reflect the evolving priorities of modern EMS. In addition to examining organizational structure, service delivery, response performance, workforce development, and financial sustainability, this year's report highlights the increasing importance of **clinical quality, patient experience, research participation, prehospital blood administration, accreditation,** and **evidence-based system management.** Together, these benchmarks provide a comprehensive picture of what defines high-performance EMS in 2026 - not simply how quickly ambulances arrive, but how effectively organizations deliver exceptional clinical care, steward public resources, support their workforce, and improve the health of the communities they serve.

It is our hope that the findings contained in this report will not only assist EMS leaders in evaluating their own systems, but also provide policymakers, healthcare partners, and community leaders with compelling evidence of the value that high-performance EMS systems deliver every day.

***Benchmarking is not simply about measuring performance; it is about accelerating improvement, fostering innovation, and ensuring that EMS continues to advance as an essential component of modern healthcare.***



### Contents



https://aimhi.mobi/benchmarking-resources/

9

## Table of Tables






**Table 3: Service Area Demographics**

| Agency Name | Jurisdiction Type | Service Area Population | Service Area (Sq. Miles) | Population Density |
|---|---|---|---|---|
| Emergency Medical Services Authority (East - Tulsa Metro, OK) | Multiple | 450,000 | 219 | 2,055 |
| Emergency Medical Services Authority (West - Oklahoma City, OK) | Multiple | 726,000 | 611 | 1,188 |
| Medic Ambulance of Scott County (Davenport, IA) | Multiple | 175,259 | 468 | 374 |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | Multiple | 1,200,000 | 524 | 2,290 |
| Metropolitan Emergency Medical Services (Little Rock, AR) | Multiple | 450,000 | 1,800 | 250 |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | Multiple | 7,284,500 | 1,800 | 4,047 |
| Novant Health - Novant Health Mobile Health (Wilmington, NC) | Multiple | 243,333 | 329 | 740 |
| REMSA Health (Washoe County, NV) | Multiple | 575,000 | 6,542 | 88 |
| Richmond Ambulance Authority (City of Richmond, VA) | Single | 239,981 | 63 | 3,840 |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | Multiple | 300,000 | 110 | 2,727 |
| **Total/Average** | | 11,194,073 | 12,247 | 1,760 |

**Table 21: Operational Statistics**

| Agency | EMSA East, OK | EMSA West, OK | Medic - Scott County, IA | Mecklenburg, NC | MEMS, AR | Northwell, NY | Novant Health, NC | RAA -Richmond, VA | REMSA, NV | TRAX, IN | Overall | Median | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Scheduled Unit Hours | 224,211 | 233,064 | 97,628 | 327,993 | 261,139 | 271,860 | 118,260 | 101,829 | 180,000 | 85,176 | 1,901,160 | 202,106 | 190,116 |
| Produced Unit Hours | 190,522 | 204,639 | 87,360 | 327,730 | 225,270 | 266,968 | 115,068 | 102,040 | 170,000 | 79,459 | 1,769,656 | 180,261 | 176,966 |
| Scheduling Efficiency | 85.0% | 87.8% | 89.5% | 99.9% | 86.3% | 98.2% | 97.3% | 100.8% | 94.4% | 93.3% | 93.1% | 89.2% | 93.1% |
| Total Responses | 123,859 | 147,059 | 36,703 | 176,189 | 115,900 | 94,527 | 50,966 | 58,024 | 108,144 | 63,504 | 974,035 | 101,336 | 87,951 |
| Unit Hour Utilization - Response | 0.650 | 0.719 | 0.421 | 0.538 | 0.510 | 0.354 | 0.443 | 0.569 | 0.636 | 0.799 | 0.550 | 0.562 | 0.497 |
| Total Transports | 77,538 | 90,996 | 26,969 | 121,904 | 79,500 | 81,219 | 29,505 | 33,148 | 61,287 | 36,681 | 638,747 | 69,413 | 63,875 |
| Transport Ratio | 62.6% | 61.9% | 73.4% | 69.2% | 69.1% | 85.9% | 57.9% | 57.1% | 56.7% | 57.8% | 65.6% | 68.5% | 72.6% |
| Unit Hour Utilization - Transports | 0.407 | 0.445 | 0.309 | 0.372 | 0.353 | 0.304 | 0.256 | 0.323 | 0.361 | 0.462 | 0.361 | 0.385 | 0.361 |
| Population Served | 450,000 | 726,000 | 175,259 | 1,200,000 | 450,000 | 7,284,500 | 243,333 | 239,981 | 575,000 | 300,000 | 4,359,573 | 450,000 | 1,164,407 |
| Response Rate Per Capita* | 0.2752 | 0.2026 | 0.2098 | 0.1468 | 0.2556 | | 0.2094 | 0.2418 | 0.1881 | 0.2117 | 0.2234 | 0.2252 | 0.07553 |
| Transport Rate Per Capita* | 0.1723 | 0.1253 | 0.1539 | 0.1016 | 0.1767 | | 0.1213 | 0.1381 | 0.1066 | 0.1223 | 0.1465 | 0.1543 | 0.1218 |
| Ambulance Unit Hours Per Capita* | 0.4982 | 0.3210 | 0.5570 | 0.2733 | 0.5803 | | 0.4860 | 0.4243 | 0.3130 | 0.2839 | 0.4059 | 0.4066 | 0.16327 |

https://aimhi.mobi/benchmarking-resources/

10

EMS Advocacy

## It's time to redefine what great EMS looks like

The 2026 AIMHI Benchmark Report gets to the heart of what the highest-performing EMS organizations have in common

August 05, 2026 01:27 PM • **Matt Zavadsky, MS-HSA, EMT, Rob Lawrence**

Every profession's members eventually reach a point where they have to stop asking, *"What have we always done?"* and start asking, *"What should excellence look like now?"*

EMS has reached that point.

For decades, we have measured ourselves largely by how quickly we arrived, how many patients we transported, and how many ambulances we could keep on the street. Those measures were appropriate for a profession that was still establishing itself. They helped build systems, justified resources and created accountability.

But the profession has evolved.

EMS 1

https://www.ems1.com/ems-advocacy/its-time-to-redefine-what-great-ems-looks-like

11

# The Question We're Really Here to Answer

***How do we know if our EMS system is actually performing well?***


***And would an EMS leader, medical director, patient, city manager, elected official, and taxpayer answer that question the same way?***

12

# Yesterday's EMS Scorecard

→ **RESPONSE TIME**
→ **TRANSPORTS**
→ **AMBULANCES ON THE STREET**

- Those measures tell us what EMS ***did***.
- Not necessarily what EMS ***accomplished***.


13

# Today's EMS Is Being Asked to Do Much More

14

# KEY FINDING 1:
## *There Is No Single Model for Great EMS*

**The benchmark includes:**

- ***Public Utility Models***
- ***Local/Joint Government***
- ***Health-System EMS***
- ***Franchise systems***

***Who owns the ambulances may matter less than the system's focus & how it is led and managed.***

15

# Panel Conversation:
## *What Actually Creates Excellence?*

16

# KEY FINDING 2:
## *The Stopwatch Is Losing Its Monopoly*

- **37.3% of responses received a lights-and-siren response.**
- **6.9% of transports** were conducted HOT.


*High performance increasingly means getting the **right resource to the right patient at the right time** — not getting **every resource everywhere** as **fast** as possible.*

17

## Not Every Patient Needs the Same Response


18

**Table 6: Response Time and Goals**

| Agency Name | High Acuity Call Average Response Time | High Acuity Compliance Standard | Low Acuity Average Response Time | Low Acuity Call Compliance Standard |
|---|---|---|---|---|
| Emergency Medical Services Authority (East - Tulsa Metro, OK) | 6:56 | **10:59** | 10:39 | **24:59** |
| Emergency Medical Services Authority (West - Oklahoma City, OK) | 7:07 | **10:59** | 10:46 | **24:59** |
| Medic Ambulance of Scott County (Davenport, IA) | 6:56 | **8:59** | 9:44 | **14:59** |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | 8:37 | **10:59** | 14:05 | **15:00 (1)** |
| Metropolitan Emergency Medical Services (Little Rock, AR) | 6:30 | **8:59** | 7:30 | **12:59** |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | 9:49 | **10:00** | 16:00 | **30:00** |
| Novant Health - Novant Health Mobile Health (Wilmington, NC) | 5:00 | **9:59** | 6:00 | **15:00** |
| REMSA Health (Washoe County, NV) | 8:30 | **8:30** | 30:00 | **30:00** |
| Richmond Ambulance Authority (City of Richmond, VA) | 8:34 | **10:59** | 18:49 | **59:59** |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | 7:22 | **8:30** | 10:12 | **20:00** |

**TIME-CRITICAL:** Cardiac Arrest → STEMI → Stroke → Major Trauma

**LOWER ACUITY:** Minor Illness → Routine Injury → Assistance → Navigation

19

# But the Patient's Clock Starts First

***Patients don't distinguish between the 9-1-1 center, dispatcher, fire truck and the ambulance.***

***They simply know when they called for help.***

20

**Table 5: Response Time Calculation**

| Agency Name | When does the response time clock start? | When does the response time clock stop? |
|---|---|---|
| Emergency Medical Services Authority (East - Tulsa Metro, OK) | Call Taker Phone Pickup | Transport Unit Arrives on Scene |
| Emergency Medical Services Authority (West - Oklahoma City, OK) | Call Taker Phone Pickup | Transport Unit Arrives on Scene |
| Medic Ambulance of Scott County (Davenport, IA) | Call Taker Phone Pickup | Transport Unit Arrives on Scene |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | Call Taker Phone Pickup | Transport Unit Arrives on Scene |
| Metropolitan Emergency Medical Services (Little Rock, AR) | Time of Confirmed Address | First MEMS Unit Arrives On-Scene |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | Time of Confirmed Address | First Unit Arrives On-Scene |
| Novant Health - Novant Health Mobile Health (Wilmington, NC) | 1st unit Dispatched | First Novant Unit Arrives On-Scene |
| REMSA Health (Washoe County, NV) | Call Taker Phone Pickup | First Unit Arrives On-Scene |
| Richmond Ambulance Authority (City of Richmond, VA) | Time of Confirmed Address | First RAA Unit Arrives On-Scene |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | Time of Confirmed Address | Transport Unit Arrives on Scene |

Patient-Centric ***Response Time*** vs. "***Travel Time***"

**Ring Duration**
**Call Processing Duration**
**Activation Duration**

21

# KEY FINDING 3:

## *100% Use Tiered ALS/BLS Deployment*

- **Most commonly:**
  - ✓ **ALS = EMT + Paramedic**
  - ✓ **BLS = EMT + EMT**

***High-performance EMS agencies don't automatically send their most expensive or advanced resource to every patient.***

22

## *And They Don't Send First Responders Everywhere Either*

**Table 8: First Response Use and Clinical Level**

| Agency Name | Does a first response agency respond to all calls? | How is it determined which calls the first responders are required? | What percentage of calls are first responders sent? | Minimum Clinical Cert for 1st Response |
|---|---|---|---|---|
| Emergency Medical Services Authority (East - Tulsa Metro, OK) | No | EMD Determinant | 60.0% | EMT |
| Emergency Medical Services Authority (West - Oklahoma City, OK) | No | EMD Determinant | 60.0% | EMT |
| Medic Ambulance of Scott County (Davenport, IA) | No | EMD Determinant | 75.0% | EMR |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | No | EMD Determinant | 56.0% | EMT |
| Metropolitan Emergency Medical Services (Little Rock, AR) | No | Based on the jurisdiction being served and their preference | 9.9% | None Required |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | No | EMD Determinant + Distance of closest appropriate unit | 41.0% | EMT |
| Novant Health - Novant Health Mobile Health (Wilmington, NC) | No | EMD Determinant | 28.0% | EMT |
| REMSA Health (Washoe County, NV) | No | EMD Determinant | 78.0% | EMT |
| Richmond Ambulance Authority (City of Richmond, VA) | No | EMD Determinant | 39.0% | EMT |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | No | EMD Determinant | 13.0% | EMT |
| **Overall Median** | | | **41.0%** | |

23

## KEY FINDING 4:
## *Start Measuring What Happens to Patients*

**OLD SCORECARD:** Responses ◆ Transports ◆ Response Times ◆ Unit Hours

**NEW SCORECARD:** Clinical Outcomes ◆ Patient Experience ◆ Safety ◆ Efficiency ◆ Financial Sustainability ◆ Value


***50%** participate in **clinical research trials***
***29** IRB studies in the prior **two years***

24

## *High-Performance agencies EMS Measure & Report Clinical Performance as a Core Metric (and not just cardiac arrests!)*

**Table 10: Use of Clinical Dashboards**

| Agency Name | Do you develop and use clinical dashboards? |
|---|---|
| Emergency Medical Services Authority (West - Oklahoma City, OK) | Yes |
| Emergency Medical Services Authority (East - Tulsa Metro, OK) | Yes |
| Medic Ambulance of Scott County (Davenport, IA) | Yes |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | Yes |
| Metropolitan Emergency Medical Services (Little Rock, AR) | Yes |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | Yes |
| Novant Health - Novant Health Mobile Health (Wilmington, NC) | Yes |
| Richmond Ambulance Authority (City of Richmond, VA) | Yes |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | Yes |

| Agency Name | What dashboards do you publish? |
|---|---|
| Medic Ambulance of Scott County (Davenport, IA) | Out of Hospital Cardiac Arrest |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | Out of Hospital Cardiac Arrest, STEMI/ACS, Trauma |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | Out of Hospital Cardiac Arrest, STEMI/ACS, Stroke |
| Novant Health - Novant Health Mobile Health (Wilmington, NC) | Out of Hospital Cardiac Arrest, STEMI/ACS, Stroke, Trauma |
| Richmond Ambulance Authority (City of Richmond, VA) | Out of Hospital Cardiac Arrest, STEMI/ACS, Stroke, Trauma |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | Out of Hospital Cardiac Arrest, Ventilation Management STEMI/ACS, Stroke, Trauma |

25

## *Patients Get a Vote Too…*

**80% measure <u>patient experience</u> using an outside agency.**

**Table 16: Patient Experience Scores**

| Agency Name | Does your agency conduct patient experience surveys? | Who conducts the customer experience survey? | Do you track patient experience scores on a field provider level | How are your patient experience survey results published? |
|---|---|---|---|---|
| Emergency Medical Services Authority (East - Tulsa Metro, OK) | Yes | External Agency | Yes | Website |
| Emergency Medical Services Authority (West - Oklahoma City, OK) | Yes | External Agency | Yes | Website |
| Medic Ambulance of Scott County (Davenport, IA) | Yes | External Agency | Yes | Website |
| Mecklenburg EMS Agency (MEDIC) (Charlotte, NC) | Yes | External Agency | No | Annual Report |
| Northwell Center for Emergency Medical Services (New York City, Nassau & Suffolk Counties, NY) | Yes | External Agency | No | |
| REMSA Health (Washoe County, NV) | Yes | External Agency | No | Washoe County Public Health Oversight |
| Richmond Ambulance Authority (City of Richmond, VA) | Yes | External Agency | Yes | Annual Reports (published on RAA's website and provided to the City of Richmond's Clerk's Office for public posting) |
| Three Rivers Ambulance Authority (Fort Wayne, IN) | Yes | External Agency | Yes | Public Board Meetings |

26

# KEY FINDING 5:

## *Great EMS Has to Be Financially Sustainable*

### The Economics of High-Performance EMS

| Metric | AIMHI Member Agency | GADCS (All NPIs) | GADCS (Public Safety) |
|---|---|---|---|
| Median Expense Per Transport | $639 | $1,355 | $1,969 |
| Median Revenue Per Transport | $523 | $613 | $607 |

27

# The Policy Question:

***If communities expect high-performance EMS, who should pay for the readiness required to provide it?***

- ✓Patients?
- ✓Insurers?
- ✓Medicare/Medicaid?
- ✓Hospitals?
- ✓Taxpayers?
- ✓All of the above?


28

## What Great EMS Looks Like

**Continuous Improvement**

29


30

# Panel Lightning Round 1:

**You have just been elected Mayor for a community of 500,000 people.**

**You can add ONE metric to the EMS dashboard *besides response time*.**

**What metric would you add?**

31

# Panel Lightning Round 2: STOP!

***What's one thing communities should STOP using as evidence that they have a high-performing EMS system?***

32

# Five Questions Every Community Should Ask About EMS

1. Are we measuring ***outcomes***, or simply ***activity***?
2. Are we ***matching resources*** to actual ***patient need***?
3. Are our ***workforce*** and ***operating*** models **sustainable**?
4. Do we understand what EMS actually ***costs***, and who is ***paying*** for it?
5. How do we know we're ***improving*** compared with ***similar systems***?

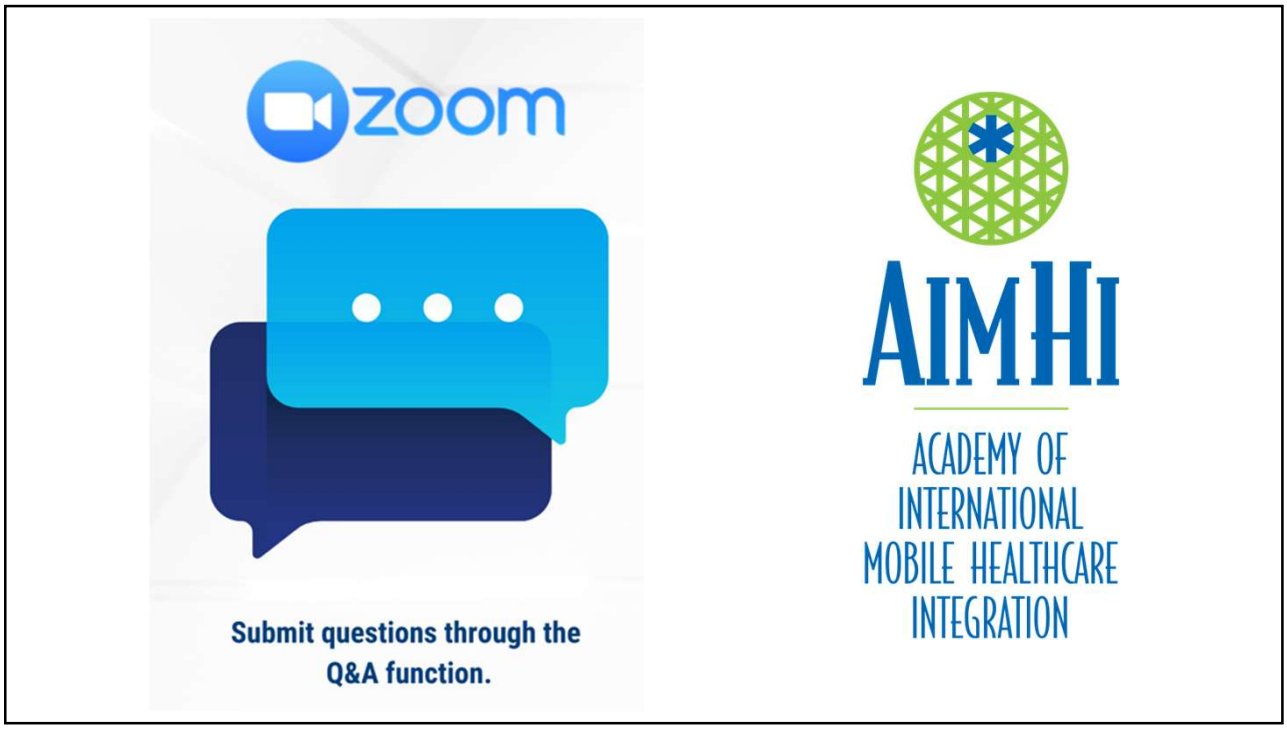
33

# Great EMS isn't defined by a stopwatch, an organizational chart, or the number of ambulances in the garage.

***It's defined by measurable outcomes, disciplined leadership, responsible stewardship, continuous improvement and the value delivered to patients and communities.***

**Measure What Matters…**

34


zoom
Submit questions through the Q&A function.
AIMHI
ACADEMY OF INTERNATIONAL MOBILE HEALTHCARE INTEGRATION

35


THIS SESSION IS BEING RECORDED.
The archive will be emailed to all registrants tomorrow.

36


Expert Panel
Thank you!
Johna Easley, MBA, CHC
Emergency Medical Services Authority
Oklahoma City/Tulsa, OK
John "JP" Peterson, MS, MBA
Mecklenburg EMS Agency
Charlotte, NC
Jonathan D. Washko, MBA, FACPE, NRP, AEMD
Northwell Health Center for Emergency Medical Services
Syosset, NY
Thomas J. Wieczorek
Center for Public Safety Management/ICMA
Washington, DC

37


AIMHI
ACADEMY OF INTERNATIONAL MOBILE HEALTHCARE INTEGRATION
FREE AIMHI WEBINAR
BEYOND RESPONSE TIMES:
REDEFINING WHAT
GREAT EMS
LOOKS LIKE
Insights from the 2026 AIMHI High-Performance/High-Value EMS Benchmark Report
DATE:
Thursday, September 17, 2026
TIME:
2:00 PM CT
LOCATION:
Zoom Webinar
Today's leading EMS systems are measuring success far beyond the stopwatch. Join us to explore the data, trends, and strategies defining high-performance, high-value EMS—and a new framework for answering the question:
How do we know if our EMS system is actually performing well?
CLINICAL OUTCOMES
PATIENT EXPERIENCE
WORKFORCE RESILIENCE
OPERATIONAL EFFICIENCY
FINANCIAL SUSTAINABILITY
COMMUNITY VALUE

38

***this***

# *Certificate of Completion*

*is presented as evidence of completion, by the CAC, CACO, CAFO, CAPO, CAPRO whose signature and Certification Number appear below, of the NAAC ® approved Continuing Education course entitled*

## AIMHI - 2026 - Beyond Response Times - Redefining What Great EMS Looks Like

CEU Code: QeV2Hkpg
CEU Units: 1.00

I hereby certify that I have completed the continuing education training as represented on this certificate.

Signed: _____ NAAC ® ID: _____

*Britanie Holubik* 09/17/26

Program Coordinator Date of Training

Certificate is invalid without the signature and certification number of the attendee.