Public Health
Seattle & King County

EMERGENCY MEDICAL SERVICES DIVISION

ANNUAL REPORT
2026

Medic One/Emergency Medical Services (EMS) serves more than 2.4 million people in Seattle and King County and provides life-saving services on average ***every 2 minutes***.

It is available to everyone, whatever and wherever the emergency. Every year, **the Medic One/EMS System saves thousands of lives**:

In 2025,
Emergency Medical Technicians (EMTs)
responded to over **247,000** calls regionwide.

Paramedics responded to nearly
47,500 calls for advanced life support.

Compared to other communities, cardiac arrest victims are ***two to three times*** **more likely to survive** in Seattle and King County from out-of-hospital cardiac arrest.

Strong, effective medicine is the hallmark of the regional Medic One/EMS system.

DIRECTORS MESSAGE & EXECUTIVE SUMMARY

Greetings from the Directors,

We are pleased to present the **2026 Emergency Medical Services (EMS) Division Annual Report**, as required by King County Ordinance #12849.

Each year as we prepare the annual report for submission, we look for a common thread or theme that culminates into an overall sentiment of the past year. We didn't have to look far to recognize our region experienced a significant transition in paving the way for a new 6-year EMS levy this past year. This required an incredible effort by our EMS partners and elected officials across King County, culminating in an **80.1% approval rating in support of the EMS levy** at the November 2025 election and ushering in a refreshed *EMS 2026-2031 Strategic Plan* that lays the foundation for regional work over the next six years.

The renewed EMS levy ensures continued advocacy and financial support for the many programs currently in place to create a seamless and coordinated response to 9-1-1 calls for emergency medical services. As the first annual report of the new levy period, we'd like to highlight a few new and improved components of the Strategic Plan that ensure we address emerging needs in the community, including the following:

- Implementation of the newly minted ***Behavioral Health and Wellness: A Roadmap for King County First Responders*** as a cohesive and tactical approach for agencies to develop or enhance their mental wellness strategies and bringing a deeper level of financial commitment and focus to the work (page 10).

- Inclusion of an enhanced **Telephone Referral Program** with features that provide options for lower acuity callers to receive more appropriate levels of care while ensuring the quality of patient care is monitored and measurable (page 11).

- Creation of the **Equity Pod** to strategically bring the array of equity-associated activities under an internal organizational structure, including the expanded EMS Community Health Outreach (ECHO) strategic initiative and the equity-focused partnerships with EMS agencies, to ensure we are able to meet community expectations of fairness, respect and cultural understanding with seamless coordination and communication (page 12).

We appreciate the opportunity to share with you evidence of our continued commitment to excellence in the EMS system in King County and thank you for your continued support and advocacy.

Dr. Sandra Valenciano,
Department Director and
Health Officer
Public Health - Seattle & King County

Michele Plorde, MPH
Division Director, Emergency Medical Services
Public Health - Seattle & King County

ACKNOWLEDGMENTS

We would be remiss if we didn't acknowledge the deeply committed collaboration with our EMS partners in King County. The time, expertise, and investments required of the EMS community demonstrate exactly why the EMS system in King County is so successful and serves as an international role model.

Dispatch Centers

NORCOM
Port of Seattle
Seattle Fire Alarm Center
Valley Communications Center

University of Washington

Dr. Tom Rea
Dr. Peter Kudenchuk

BLS Providers

Bellevue FD
Bothell FD
Eastside Fire & Rescue
Enumclaw FD
KCFD #2 (Burien)
KCFD #11 (North Highline)
KCFD #20 (Skyway/Bryn Mawr)
KCFD #27 (Fall City)
KCFD #47 (Kangley-Palmer)
KCFD #50 (Skykomish)
KCFD #51 (Snoqualmie Pass)
Kirkland FD
Mountain View Fire & Rescue
Port of Seattle FD
Puget Sound RFA
Redmond FD
Renton RFA
Seattle FD
Shoreline FD
Snoqualmie Fire & Rescue
South King Fire
Valley RFA
Vashon Island Fire & Rescue

ALS Providers

Bellevue Medic One
King County Medic One
Northeast King County Medic One
Seattle Medic One
Shoreline Medic One

EMS Division Staff

Executive & Managing Editors
Kelly O'brien
Amy Raridan

Administration Section
Becky Ellis

Community Programs Section
Chris Drucker

Equity Pod
Kristine Mejilla

King County Medic One
Andrea Coulson
Evan Van Otten

Regional QI Section
Jennifer Blackwood
Camilla Osborne
Megin Parayil
Dmitry Sharkov
Jenny Shin
Lihua Yin
Rose Young

Training & Education Section
Jason Hammond

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IT TAKES A SYSTEM

King County EMS personnel responded to over **1580** out-of-hospital cardiac arrests in 2025.

COMMUNITY

63 median age of cardiac arrest patient | **67%** were male.

66% of cardiac arrests occurred at home

49% of cardiac arrests were witnessed

911 DISPATCH

75% received bystander CPR

120 had an AED applied prior to EMS

77% of CPR assisted by 911

EMS RESPONSE

Median response

6 minutes BLS

9 minutes ALS

87% first intubation attempt success*

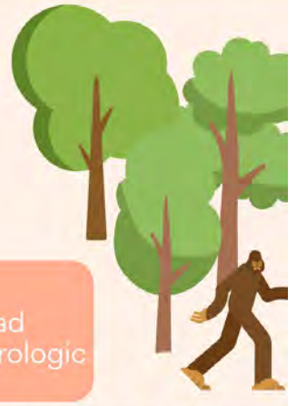
ADVANCED CARE

43% survived to hospital admission

315 **patients discharged alive**

53% Utstein Survival

20% Overall Survival



90% of survivors had favorable neurologic outcomes

* Indicates data for all King County agencies minus Seattle Fire Department.

EMS SYSTEM OVERVIEW

Any time residents of Seattle and King County call 9-1-1 for a medical emergency, they are using the Medic One/EMS system. The internationally renowned regional system responds to an area of 2,134 square miles and serves a population of more than 2.3 million people. The system is managed by Emergency Medical Services (EMS) Division, Public Health - Seattle & King County and relies on complex partnerships with fire departments, paramedic agencies, EMS dispatch centers, and hospitals for the program's success. The Medic One/EMS system in Seattle and King County is distinct from other systems in that it is medically-based, regional, and uses a tiered system for out-of-hospital response. There are four major components in the tiered regional Medic One/EMS system, described below.

EMS SYSTEM ACCESS

A patient or bystander accesses the Medic One/EMS System by calling 9-1-1 for medical assistance. Bystander reactions and rapid responses to the scene can greatly impact the chances of patient survival.

TELECOMMUNICATOR (DISPATCHER) TRIAGE

9-1-1 calls are received and triaged by telecommunicators at one of four dispatch centers. Following medically-approved guidelines, telecommunicators determine the most appropriate level of care needed and resources. Providing pre-arrival instructions for most medical emergencies, the dispatcher guides the caller through life-saving steps, including CPR/AED instructions, until the Medic One/EMS provider arrives.

TIER ONE RESPONSE - BASIC LIFE SUPPORT (BLS) SERVICES

Emergency Medical Technicians (EMTs) respond to 100% of emergency medical services calls. Arriving on scene in 5.2 minutes on average, BLS provides advanced first aid to stabilize the patient. EMTs are certified by the state and are required to complete initial and ongoing training to maintain certification.

TIER TWO RESPONSE - ADVANCED LIFE SUPPORT (ALS) SERVICES

Paramedics usually arrive second on scene to provide emergency care for critical or life-threatening injuries or illness. Regional paramedic services are provided by five agencies operating 27 ALS units throughout King County, including fire departments in Bellevue (4), Redmond (3), Shoreline (3), Seattle (8). and King County Medic One (9).

The renewal of the levy ensures the ongoing strength of the EMS System.

EMS TIERED RESPONSE SYSTEM

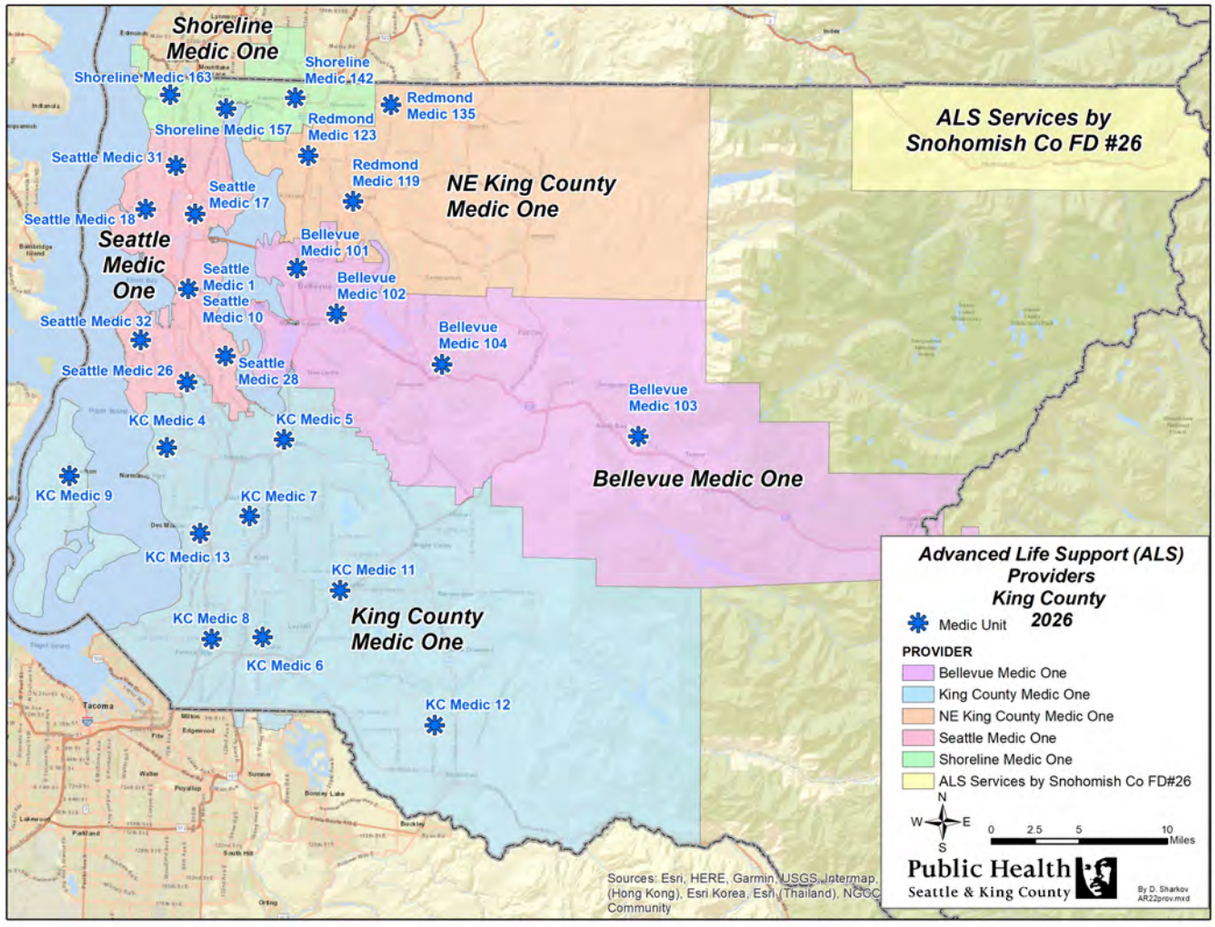
ACCESS TO EMS SYSTEM
Bystander call 9-1-1

TRIAGE BY DISPATCHER
Use of Emergency Medical Response Assessment Criteria

FIRST TIER OF RESPONSE
Basic Life Support (BLS) by firefighter/EMTs

SECOND TIER OF RESPONSE
Advanced Life Support (ALS) by paramedics

ADDITIONAL MEDICAL CARE
Transport to Hospital


Shoreline Medic One
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Redmond Medic 135
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Redmond Medic 119
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Seattle Medic 18
Seattle Medic One
Bellevue Medic 101
Seattle Medic 1
Bellevue Medic 102
Seattle Medic 10
Seattle Medic 32
Bellevue Medic 104
Seattle Medic 28
Seattle Medic 26
KC Medic 4
KC Medic 5
Bellevue Medic 103
KC Medic 9
KC Medic 7
KC Medic 13
KC Medic 11
KC Medic 8
KC Medic 6
KC Medic 12
NE King County Medic One
Bellevue Medic One
King County Medic One
ALS Services by Snohomish Co FD #26
Advanced Life Support (ALS) Providers King County 2026
Medic Unit
PROVIDER
Bellevue Medic One
King County Medic One
NE King County Medic One
Seattle Medic One
Shoreline Medic One
ALS Services by Snohomish Co FD#26
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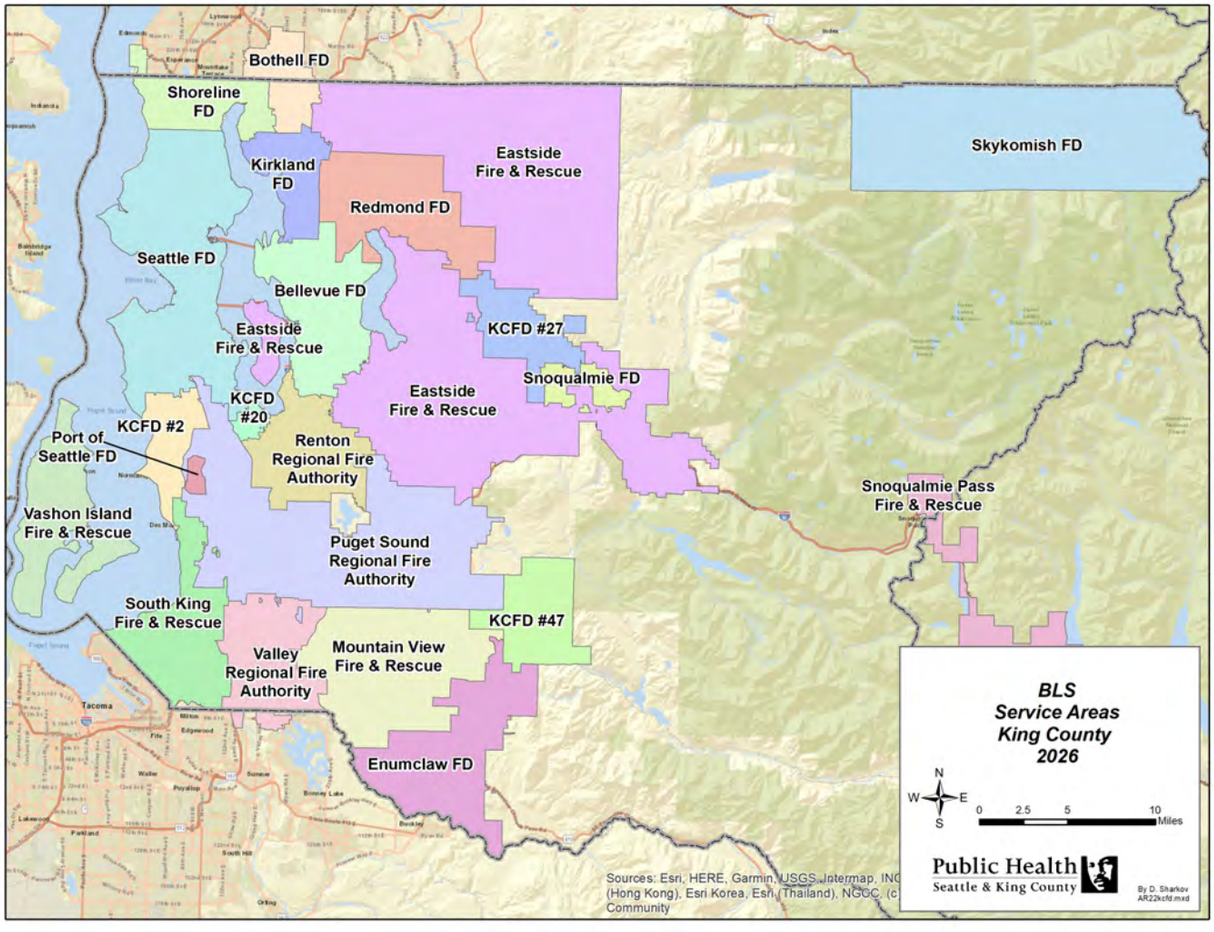
Bothell FD
Shoreline FD
Kirkland FD
Eastside Fire & Rescue
Redmond FD
Skykomish FD
Seattle FD
Bellevue FD
Eastside Fire & Rescue
KCFD #27
Snoqualmie FD
KCFD #20
Eastside Fire & Rescue
KCFD #2
Port of Seattle FD
Renton Regional Fire Authority
Snoqualmie Pass Fire & Rescue
Vashon Island Fire & Rescue
Puget Sound Regional Fire Authority
South King Fire & Rescue
KCFD #47
Valley Regional Fire Authority
Mountain View Fire & Rescue
Enumclaw FD
BLS Service Areas King County 2026
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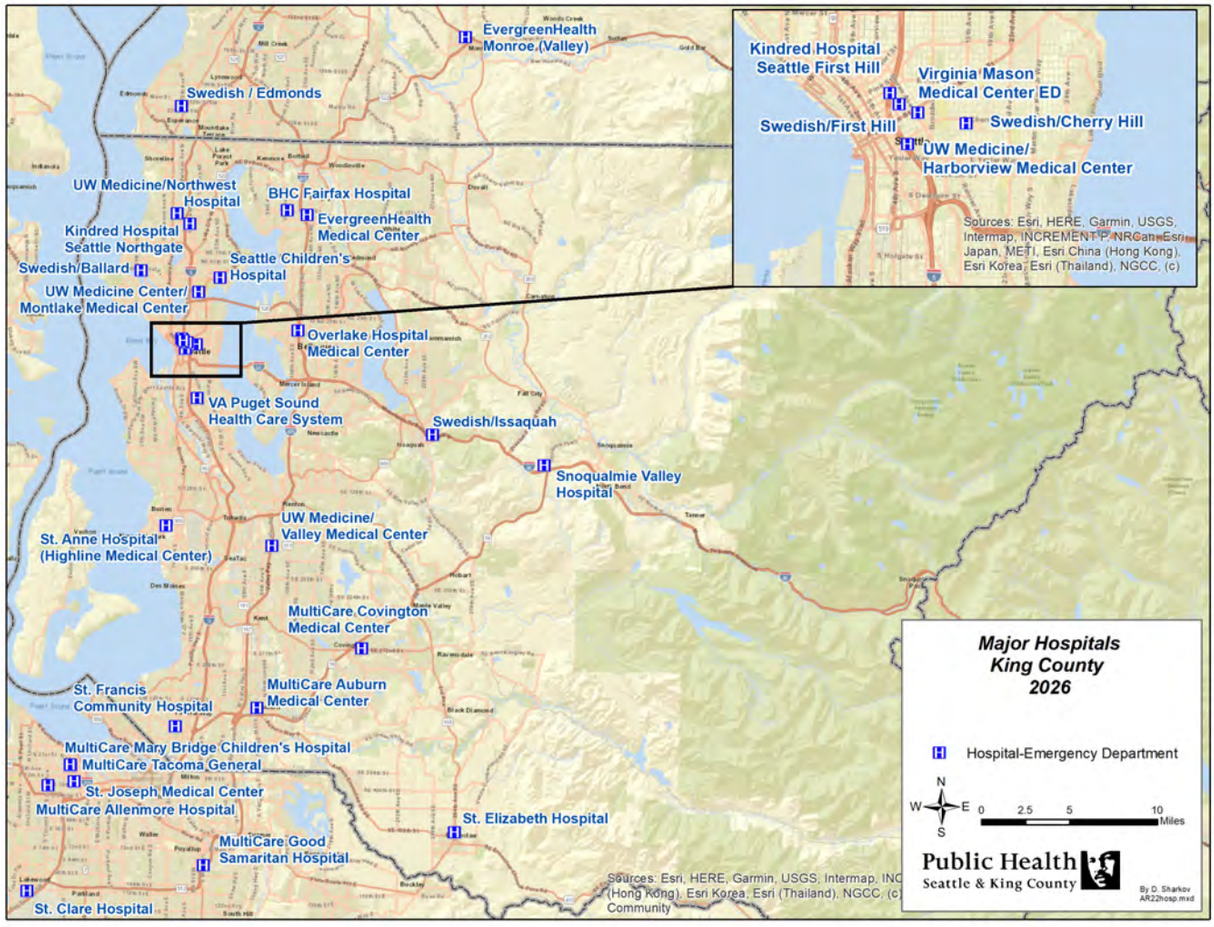
EvergreenHealth Monroe (Valley)
Swedish / Edmonds
UW Medicine/Northwest Hospital
BHC Fairfax Hospital
EvergreenHealth Medical Center
Kindred Hospital Seattle Northgate
Swedish/Ballard
Seattle Children's Hospital
UW Medicine Center/ Montlake Medical Center
Overlake Hospital Medical Center
VA Puget Sound Health Care System
Swedish/Issaquah
Snoqualmie Valley Hospital
UW Medicine/ Valley Medical Center
St. Anne Hospital (Highline Medical Center)
MultiCare Covington Medical Center
MultiCare Auburn Medical Center
St. Francis Community Hospital
MultiCare Mary Bridge Children's Hospital
MultiCare Tacoma General
St. Joseph Medical Center
MultiCare Allenmore Hospital
St. Elizabeth Hospital
MultiCare Good Samaritan Hospital
St. Clare Hospital
Kindred Hospital Seattle First Hill
Virginia Mason Medical Center ED
Swedish/First Hill
Swedish/Cherry Hill
UW Medicine/ Harborview Medical Center
Major Hospitals
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2026
Hospital-Emergency Department
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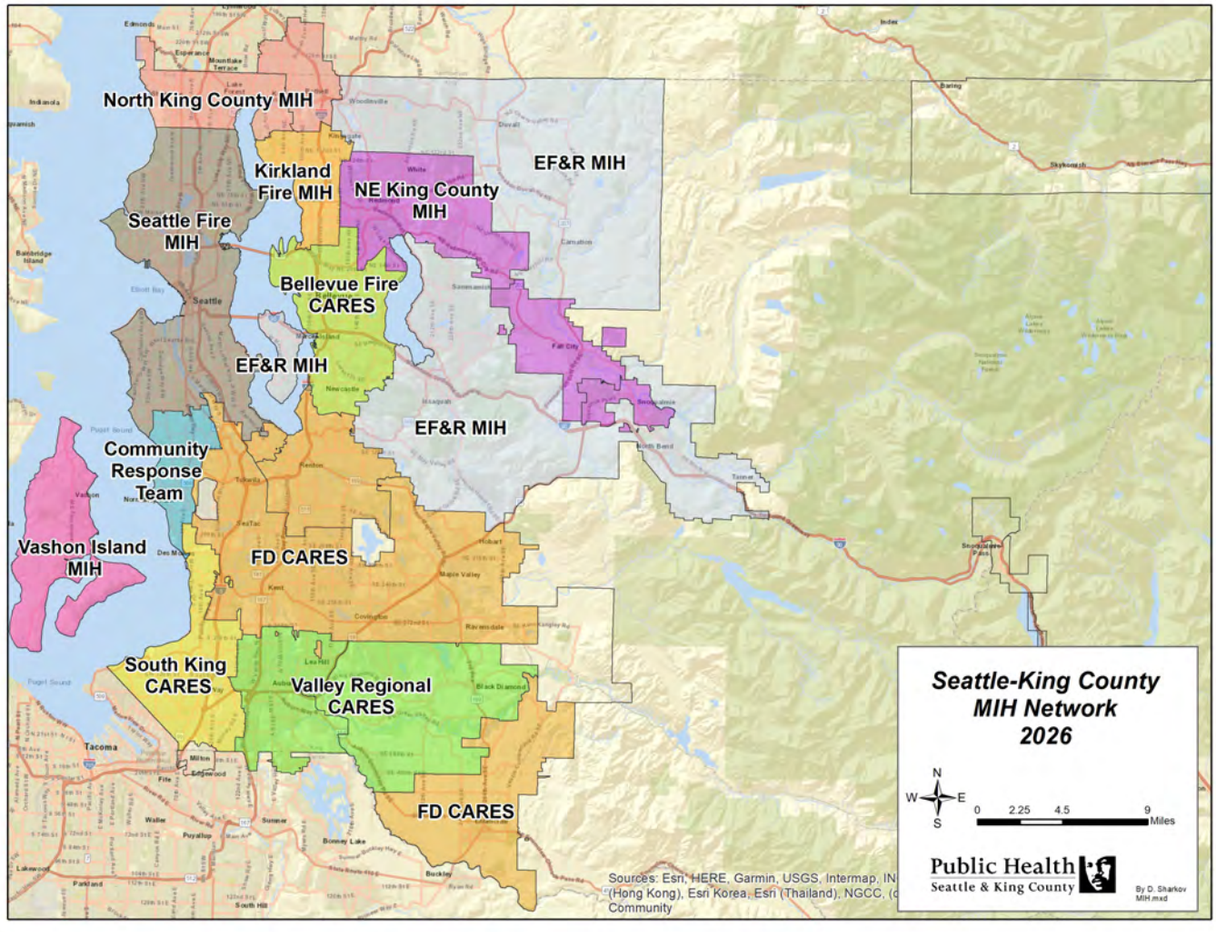
Seattle & King County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NE King County MIH
EF&R MIH
Seattle Fire MIH
Bellevue Fire CARES
EF&R MIH
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Community Response Team
Vashon Island MIH
FD CARES
South King CARES
Valley Regional CARES
FD CARES
Seattle-King County
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Seattle & King County

2026 EMS DIVISION HIGHLIGHTS - MENTAL WELLNESS FOR FIRST RESPONDERS

A PARTNERSHIP COMMITTED TO MENTAL WELLNESS

It's well documented that first responders experience many issues related to mental health, including fatigue, stress, and even suicide due to the nature of the emergency medical response work.* Embedded in the new 2026-2031 EMS Strategic Plan is a continued commitment by the EMS Division and the King County Fire Chiefs Association (KCFCA) to support a comprehensive approach to improving the mental wellness of first responders in King County.

Inclusion of $1.16 million over the life of the 6-year levy period was intended to help implement an inclusive mental wellness program reflecting the needs of front-line workers and garnering the expertise of leaders in the mental wellness field.

A ROAD MAP FOR MENTAL HEALTH

In early 2025, Dr. Kira Mauseth and Seattle University led a year-long assessment of regional mental wellness perspectives and needs culminating in the publication of a regional Road Map for King County First Responders. This road map is designed to provide an overall approach for regional leaders, but also to guide individual agencies through a stepwise process for how to evaluate and advance behavioral health and wellness programming within their own organization.

In 2026, the EMS Division and the KCFCA Mental Wellness Subcommittee will host biannual Mental Wellness retreats to bring local leaders and advocates together to discuss emerging issues, learn about best practices and build a regional cadre of support for implementation of the road map across the region. Focal areas include facilitating peer support networking, targeted training, and availability of individualized consultation by experts in the field.

** Understanding the Increased Mental Health Risks Facing Emergency Medical Service,* Peter Huston, Journal of Emergency Medical Services (JEMS), October 18, 2024.

For more information, please see Behavioral Health and Wellness: A Roadmap for King County First Responders.

2026 EMS DIVISION HIGHLIGHTS - TELEPHONE REFERRAL PROGRAM

A NEW BEGINNING FOR THE TELEPHONE REFERRAL PROGRAM

The Telephone Referral Program (TRP) has been part of the Medic One/EMS system's regional strategy for more than 25 years, helping redirect non-emergent 9-1-1 medical calls to a 24-hour nurse consultation service. By helping patients receive the most appropriate level of care for non-emergent medical concerns, the program preserves EMS resources for critical, time-sensitive emergencies while improving overall system efficiency.

After transitioning to a new service provider in late 2024, 2025 marked a *new beginning* with the first full year of King County's partnership with Global Medical Response's Nurse Navigation program. In addition to traditional nurse triage and self-care guidance, the enhanced program also helps connect patients with community-based healthcare services and alternative transportation options.

From January 1 through December 31, 2025, regional communication centers transferred 3,000 calls to Nurse Navigation, an average of more than **eight calls per day**. These transfers represented approximately 2.2% of the county's total Basic Life Support (BLS) call volume, more than double the historical average transfer rate of about 1%. This increase likely reflects better identification of non-emergent calls by communication centers, and greater familiarity with the program capabilities across the EMS system.

Of all calls transferred, approximately 2,300 were fully assessed by nurses, with 54% of patients receiving self-care advice or navigation to community-based healthcare resources, while 37% were assisted with alternative transportation options such as ride-share services or private ambulance transport to clinics or other healthcare destinations. The most common medical concerns managed through Nurse Navigation included gastrointestinal complaints, urinary problems, and minor chest or cardiovascular concerns.

Program operations remained stable throughout the year. **Average answer time was 15 seconds, and calls lasted slightly longer than 10 minutes** on average, giving nurses enough time to assess patient concerns and discuss available care options. About 38% of calls occurred between 8:00 p.m. and 8:00 a.m., when access to other healthcare services may be more limited.

Safety monitoring also remained an important part of the program. About 3% of transferred calls were sent back to 9-1-1 communication centers after nurses identified high-acuity medical concerns during further assessment. Compared with previous years, the enhanced Nurse Navigation model reduced the number of calls requiring return to communication centers.

Follow-up surveys provided insight into why people accessed the 9-1-1 system for non-emergent medical concerns. About half of surveyed callers said they believed their condition was serious or potentially life-threatening. Roughly a third reported they were unsure how to access other medical care options, while 10% identified transportation barriers as a factor. **Overall satisfaction with the Nurse Navigation program averaged 4.7 out of 5.**

King County EMS will continue evaluating and refining the Nurse Navigation program as part of its broader efforts to connect patients with the most appropriate EMS response. Current work includes closer integration with Mobile Integrated Healthcare programs to connect community members with health and social services outside of the Medic One/EMS system.

COMMUNITY PROGRAMS

2026 EMS DIVISION HIGHLIGHTS - EQUITY POD LAUNCH

A NEW BEGINNING FOR EQUITY IN EMS

Starting in 2026, EMS Division is launching the Equity Pod, a new effort designed to strengthen how we work together to advance equity, racial justice, and social justice across our entire emergency medical system. This new structure brings several important programs under one coordinated umbrella, helping us better serve the people of King County with fairness, respect, and cultural understanding.

PUTTING COMMUNITIES FIRST

At the center of the Equity Pod is our partnership with the **Emergency Community Health Outreach (ECHO) program**. ECHO works directly with communities that have historically faced barriers to health care—whether due to language, culture, systemic racism, or past injustices.

We believe that where we invest our resources shows what we value. By investing in ECHO, we are investing in communities. Equity Pod funding will help us expand language-accessible, culturally responsive training so that more people are prepared for emergency situations before first responders arrive. Over the next six years, ECHO will grow to include updated training materials, new mental wellness curriculum, and additional staff to support this important work.

Building Equity Into Everyday EMS Work

The Equity Pod will also support ongoing training for EMS staff and leadership, ensuring that equity is part of our daily decisions and long-term planning. This includes strengthening the role of our Equity, Inclusion, and Belonging (EIB) Manager and the EMS ERSJ CORE Team, and offering staff more opportunities to learn about racial equity, cultural responsiveness, and language access.

A key part of this work is maintaining our Language Access Plan, which helps ensure that people who speak languages other than English can receive clear, accurate, and respectful information during emergencies.

EQUITY POD

SUPPORTING EQUITY ACROSS OUR FIRE AND EMS PARTNERS

Equity doesn't stop at EMS—it extends to our fire agencies and ambulance service partners. The Equity Pod provides direct support to the **King County Fire Chiefs Association (KCFCA)** and their diversity, equity, and inclusion (DEI) initiatives, including the boots on the ground DEI Network. This includes funding for diversity recruitment workshops, mental wellness programs, and the annual Self-Care Retreat for firefighters, dispatchers, administrative staff, and agency leaders.

The division's commitment to equity is further demonstrated through its continued support of programs that expand access, representation, and opportunity within the EMS and fire service workforce. Investments in the **STAR Program**, **Future Women in Fire & EMS**, and the **Diversity and Recruitment Workshop** reflect a strategic focus on building pathways for individuals who have been historically underrepresented in emergency services. These initiatives provide hands-on exposure, mentorship, and professional development opportunities that help diversify the pipeline of future EMS and fire professionals. By supporting these programs, the division affirms its dedication to fostering an inclusive workforce that reflects the communities of King County and strengthens the long-term resilience and cultural responsiveness of the region's emergency response system.

The Equity Pod, in partnership with the KCFCA DEI Subcommittee, continues to advance the recommendations from the 2021 Toolkit for Advancing Diversity, Equity, and Inclusion in King County Fire and Emergency Services. In alignment with this work, the Equity Pod partnered with 828 Consulting to conduct a demographic survey of fire agency partners, offering a five-year comparison to the 2019 baseline and a clearer picture of how the workforce has changed to be more inclusive. The insights from this survey—and the toolkit—will guide ongoing efforts in recruitment, retention, and mentorship, helping ensure our partner agencies increasingly reflect the communities they serve.

A STRONGER, MORE EQUITABLE FUTURE

The Equity Pod brings together three major areas of equity work in EMS:

- Strengthening and expanding the ECHO program
- Embedding equity and racial justice into EMS policies, training, and daily operations
- Supporting DEI and mental wellness efforts across our fire and EMS partners
- **This new beginning represents our commitment to building an EMS system where everyone—no matter their language, background, or neighborhood—has access to compassionate, culturally responsive emergency care.**

The Equity Pod is our promise to keep equity at the heart of how we serve King County.

EQUITY POD

TRAINING & EDUCATION

A NEW BEGINNING FOR EMS ONLINE

The EMS Division Training & Education Section continued its commitment in 2026 to advancing high-quality, equitable, and innovative EMS education across Seattle and King County. The year marked the successful conclusion of the 2020-2025 STRIVE (Strategic Transition in Regionalized Innovation, Value, and Education) Strategic Initiative, completing a six-year regional effort to modernize the educational infrastructure supporting the Medic One/EMS system.

STRIVE transformed nearly every aspect of the region's educational ecosystem. Working alongside regional EMS agencies, King County Information Technology, instructional designers, subject matter experts, and training officers, the initiative replaced legacy learning systems with a modern cloud-based Learning Management System (LMS) and Learning Record Store (LRS), creating a scalable platform capable of supporting current operational needs while positioning the region for future innovation. More than a technology project, STRIVE established the foundation for a more connected, data-informed, and learner-centered educational program.

The initiative delivered significant improvements for learners, instructors, administrators, and regional agencies alike. Providers now benefit from mobile-friendly access to educational content, streamlined certification tracking, simplified registration, and improved user experience. Training officers and agency leaders have enhanced reporting capabilities, improved compliance monitoring, and more efficient management of continuing education requirements. The modernized Learning Record Store also provides the foundation for expanded analytics, quality improvement initiatives, and future integration with regional EMS data systems.

Beyond technology, STRIVE strengthened the long-term sustainability of regional education through standardized instructional design practices, modern course development tools, enhanced accessibility, improved cybersecurity, and governance structures that support continuous improvement. The successful implementation was completed on schedule and under budget, reflecting strong regional collaboration, disciplined project management, and responsible stewardship of EMS Levy resources. The investments made through STRIVE have established a sustainable educational framework that will continue supporting high-quality EMS education and operational readiness throughout King County for years to come.

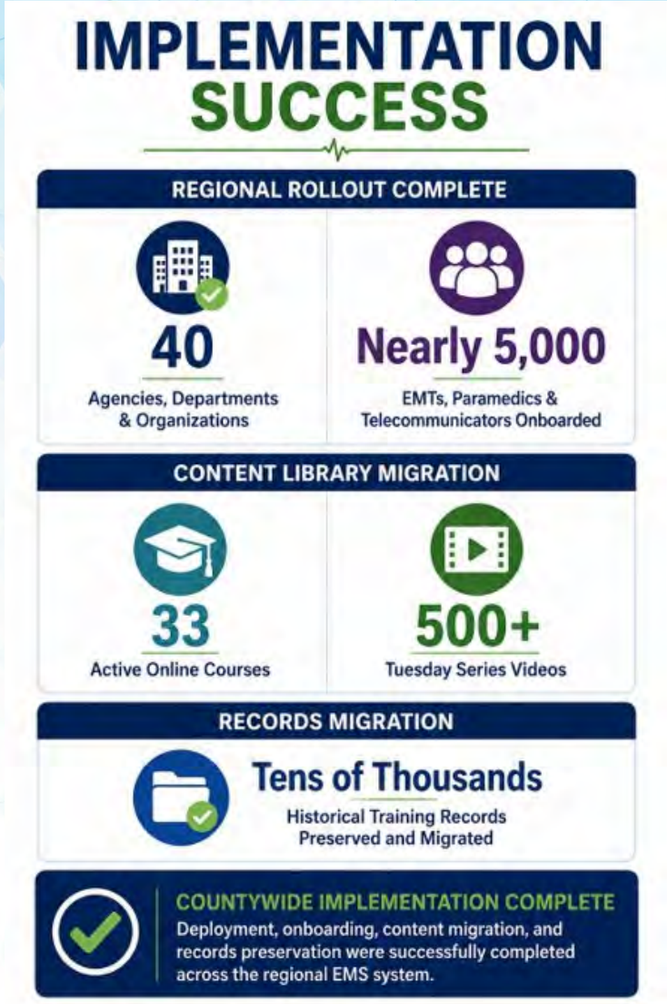
Building upon this modernized educational foundation, the EMS Division successfully achieved reaccreditation of its continuing education program through the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). The reaccreditation process included a comprehensive review of educational policies, instructional design practices, learner engagement, course quality, and compliance with national accreditation standards. CAPCE reviewers recognized the division's commitment to educational excellence, stakeholder engagement, scalable online learning, and the development of high-quality clinical content reviewed by regional subject matter experts.

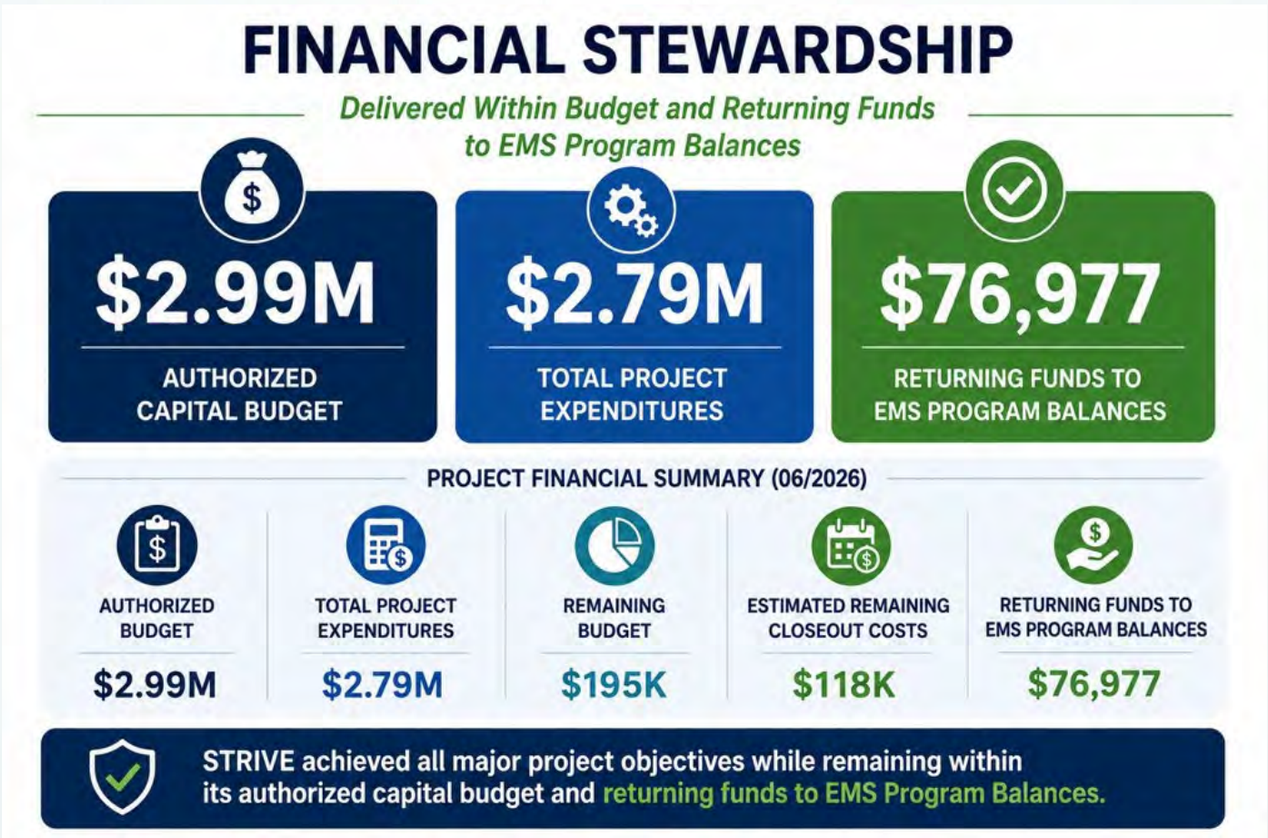
In support of ongoing workforce education and regional training needs, the Training & Education Section developed, produced, and distributed ten new online continuing education courses for EMTs, paramedics, and emergency medical telecommunicators. Delivered through EMS Online, these courses addressed operational, clinical, regulatory, and professional development topics while providing learners with greater flexibility to complete required education. The growing online catalog continues to strengthen the region's ability to rapidly distribute standardized educational content, support protocol updates, and respond to emerging system priorities.

Throughout 2026, the Training & Education Section continued supporting initial EMT education, ongoing EMT continuing education, paramedic training support, evaluator development, instructor mentorship, and specialized regional workshops. Working collaboratively with regional fire agencies, training consortiums, and educational partners, the division continued to strengthen clinical competency and operational readiness while supporting agencies addressing ongoing workforce recruitment and retention challenges.
Equity, inclusion, and workforce development remained central priorities throughout the year. The section continued supporting initiatives such as the Strategic Training and Recruitment (STAR) Program and Future Women in EMS and Fire workshops, creating pathways for individuals from historically underrepresented communities to pursue careers in emergency medical services. Educational content development also incorporated Equity, Racial, and Social Justice (ERSJ) principles through inclusive instructional design, culturally responsive learning practices, and statewide required education addressing implicit bias, health equity, and provider wellness.

In addition to provider education, the Training & Education Section continued supporting regional public education initiatives, including CPR/AED awareness, community outreach, and collaborative partnerships with academic institutions and community organizations. These efforts help strengthen community resilience and expand access to lifesaving education throughout King County.

Together, these accomplishments reflect the EMS Division's continued commitment to delivering innovative, evidence-based education that prepares EMS professionals to meet the evolving needs of the communities they serve. Through strategic investment in educational infrastructure, nationally accredited continuing education, workforce development, and strong regional partnerships, the Training & Education Section is well positioned to support the Medic One/EMS system with accessible, high-quality learning opportunities for years to come.



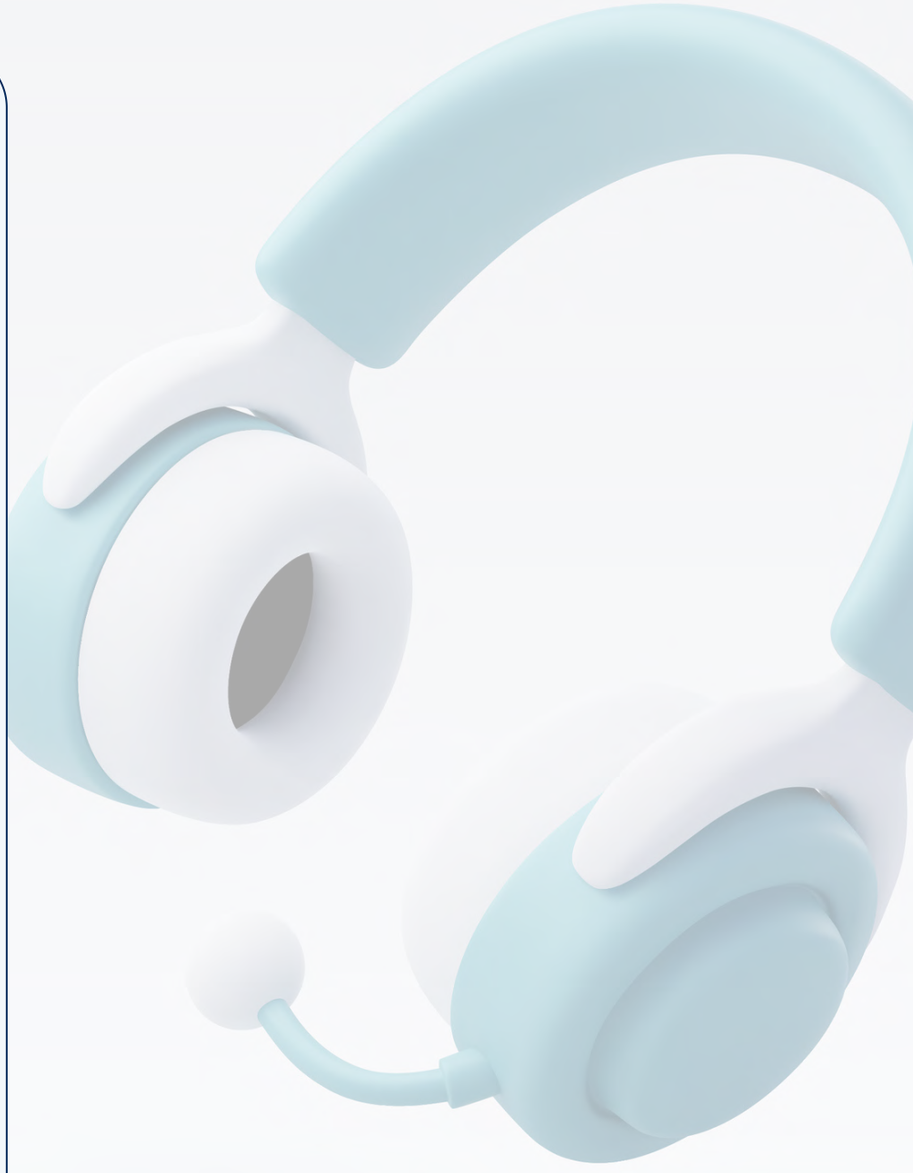


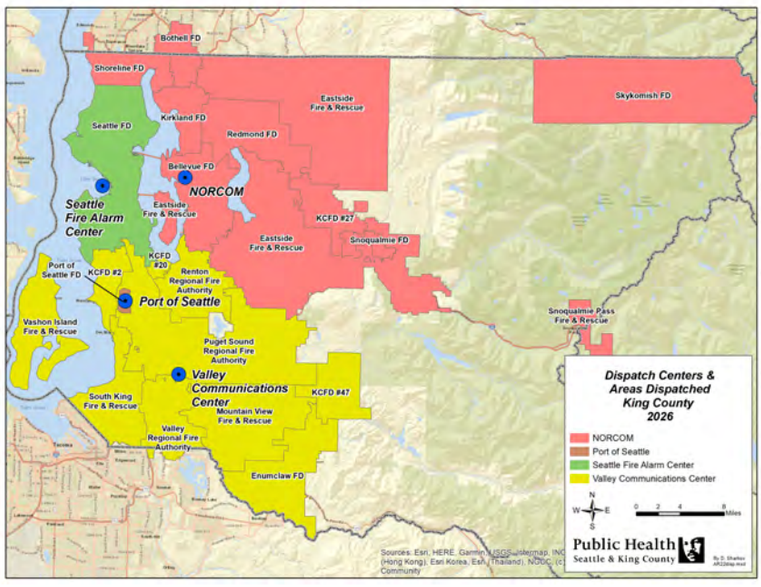
STRATEGIC INITIATIVE - EMERGENCY MEDICAL DISPATCH

A NEW BEGINNING FOR EMERGENCY MEDICAL DISPATCH

The Emergency Medical Dispatch (EMD) Strategic Initiative represents a *new beginning* for how 9-1-1 medical calls are supported across the regional Medic One/EMS system. As part of the 2026-2031 Strategic Plan, this new initiative invests in modernizing the electronic criteria-based dispatch (eCBD) guidelines used by telecommunicators to assess medical emergencies and determine the most appropriate response. **By transitioning to a modernized, robust platform**, the system will gain greater reliability, faster implementation of guideline updates, improved interoperability between 9-1-1 and EMS systems, and enhanced data integration to support more efficient and consistent medical call handling services across King County, outside the City of Seattle.

The EMD Strategic Initiative also creates opportunities to strengthen quality improvement and innovation within emergency communications. Through pilot projects focused on data analytics, system evaluation, and continuous quality assurance, the initiative will help improve decision-making during and after 9-1-1 calls while supporting equitable and effective care for the community. These efforts will enhance the EMS system's ability to respond to emerging public health threats and needs, support telecommunicators with modern tools and technology, and **ensure the region's emergency response system remains resilient, adaptable, and patient-centered into the future.**



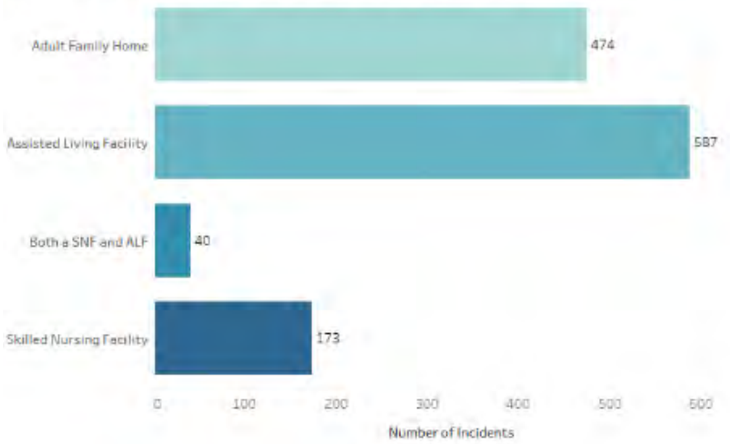


COMMUNITIES OF CARE

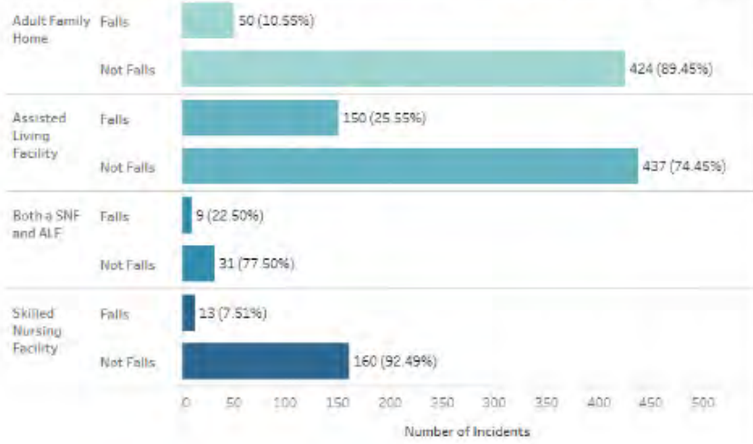
The Communities of Care Program continues to strengthen partnerships with BLS agencies throughout King County and long-term care facilities across the region. This year marks a *new beginning* in how we use data to better understand and support the emergency medical needs of residents in assisted living facilities, adult family homes, and skilled nursing facilities. In collaboration with the Regional Quality Improvement Section, the Communities of Care Program launched new dashboards that provide insight into EMS call volume by facility characteristics, and service needs throughout King County. **This new approach strengthens collaboration, supports informed decision-making, and marks an important step forward in building a more connected system of care.**

Recent Trends

Number of Incidents in Last 30 Days by Facility Type



Number of Incidents Related to Falls in Last 30 Days by Facility Type

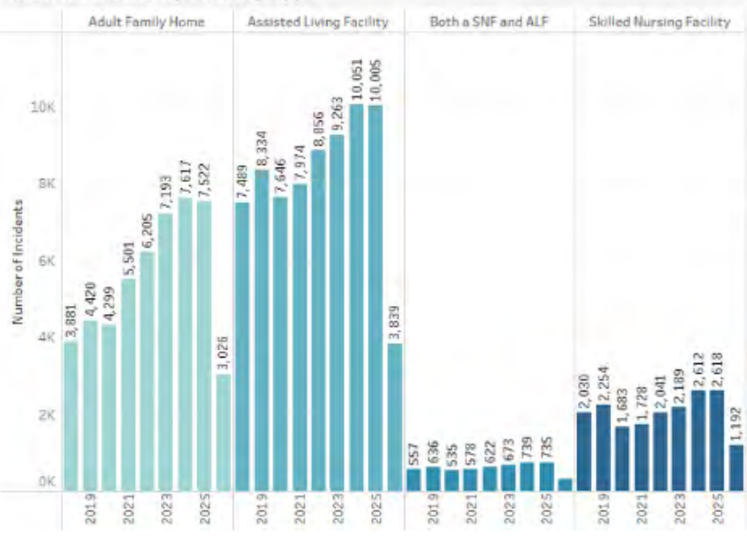


EMS Incidents to Long-Term Care Facilities Historical and Recent Trends

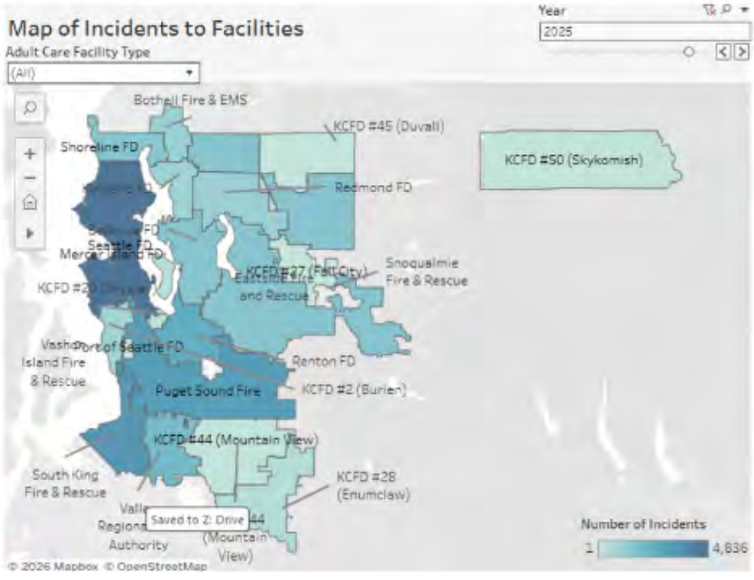
Data Source:
King County EMS data repository for Electronic Health Records from 28 fire departments and 5 paramedic agencies in King County, WA. Draft records, private ambulance records, and other first responder records are not included.

Annual Trends

Total Incidents by Facility Type



Map of Incidents to Facilities



FALL PREVENTION

The One Step Ahead Fall Prevention program advanced fall prevention efforts across King County by responding to 911referrals, 78% of which were initiated by Mobile Integrated Healthcare partners after a fall-related 911 call. Through this coordinated effort **194 older adults** received individualized fall-risk assessments, home safety guidance, and tailored recommendations to support safe and independent living.

Complementing this approach, the Shape Up program offered evidence-based, discounted exercise classes, reaching well **over 3,000 participants in 2025**, with participation expected to increase in 2026. These community-based exercise opportunities reinforce the importance of movement, confidence, and social connections in preventing falls.

Together, these efforts form the foundation of our expanding fall prevention partnerships. Through culturally responsive education, multilingual materials, and deeper collaboration with community organizations, the Fall Prevention Program continues to broaden its reach and strengthen community capacity to support safe aging throughout King County.

CHILD PASSENGER SAFETY EDUCATION

As a community coalition member of Safe Kids Seattle/South King County, the EMS Division works with partners such as Fire Agencies, Law Enforcement Agencies, and various Public Health divisions to provide leadership for child passenger safety activities, such as car seat inspections, child passenger safety education, and Child Passenger Safety Technician Certification training.

To increase child passenger safety resources for caregivers in communities with limited access, efforts are underway to i**ncrease partnerships with organizations who provide cultural and language support to caregivers**. A Child Passenger Safety Technician course was recently completed and as a result, **15 new technicians** were certified, including those who spoke **8 languages** other than English. This will increase capacity within communities to provide culturally consistent child passenger safety programs and keep children safe in vehicles.

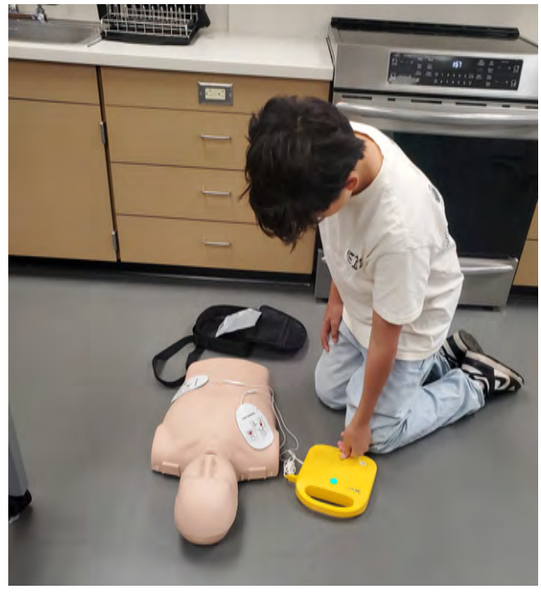
COMMUNITY CPR/AED PROGRAM

Early recognition and response to cardiac arrest continues to be a critical link in the cardiac arrest Chain of Survival. The sooner a bystander can recognize and respond to a cardiac emergency, the higher a patient's chance for survival becomes. Building a community's awareness, education and training about CPR and AEDs will improve its role in cardiac arrest response and save lives.

Community partnerships are the foundation of our community CPR/AED program. **As we enter the next levy period, we will continue to grow and enhance partnerships with schools, community-based organizations, and law enforcement to increase awareness, education and training in our community.**

The School CPR Program continues to thrive, with its annual funding support to King County school districts to provide education and training to over 10,000 students each year. Beginning in 2026, two large school districts have been added to the program, which will provide thousands more students each year with CPR/AED education and skills. In addition, the King County EMS curriculum is being updated to reflect newly-released CPR/AED standards and increased concern for opioid-related cardiac arrest response.

The Community CPR/AED program will also continue to grow its support of community-based organizations who provide CPR/AED education and training in their communities. These organizations bring strength through their existing connections and knowledge of community needs. In many circumstances, they can also provide CPR/AED education and training in languages other than English, reaching many who have been previously underserved.



It's not only important to support ongoing CPR/AED programs, but to also recognize the role bystanders already play in cardiac arrest response. **As we enter the new levy period, we intend to continue recognizing community members and law enforcement officers who provide bystander CPR and save lives.**

STRATEGIC INITIATIVE - ECHO

With the new levy span comes renewed growth of EMS's commitment to equity, racial, and social justice principles through the EMS Community Health Outreach (ECHO) Program. Formerly known as the Vulnerable Populations Strategic Initiative (VPSI), ECHO collaborates with EMS agencies, community leaders and trusted community-based organizations to reduce disparities in accessing EMS-related care across King County. The program focuses on communities that have experienced barriers due to language access, cultural differences, historical injustices, and systemic racism.

ECHO provides community-centered education and outreach designed to build self-assurance, increase understanding of EMS services, and improve access to care. Subject matter experts guide the development of all educational topics which are delivered by trained educators in culturally responsive, language accessible formats within community settings. Community educational outreach topics include:

- **Bystander CPR**: Having trusted community organizations host CPR training events with supplemental topics that can include choking and AED use.
- **Calling 9-1-1:** Helping communities understand when and how to call 9-1-1 while building confidence and reducing fear.
- **Fall Prevention**: Teaching common fall risks, safety tips, and what to do when you fall.
- **Hypertension**: Increasing awareness of hypertension prevention and when to seek EMS care.
- **Stroke**: Increasing awareness of stroke warning signs and the importance of a rapid response.
- **Mental Wellness**: Equipping educators with tools to lead culturally responsive conversations, reduce stigma, and strengthen awareness of available support systems and emergency response resources.

EQUITY POD

REGIONAL QUALITY IMPROVEMENT

The Regional Quality Improvement (RQI) Section supports continuous improvement across the King County EMS system through data analysis, clinical quality improvement, research, and systems development. The section consists of the Data Analytics Team (DAT), the Data Retrieval, Evaluation, Assessment, and Management (DREAM) Team, the Center for the Evaluation of EMS Services (CEEMS), and a dedicated Systems Analyst.

DAT is comprised of epidemiologists and a GIS specialist who collaborate with Medical Program Directors, EMS agencies, and Public Health partners to provide data analysis, reporting, and performance monitoring that support regional decision-making and quality improvement efforts. DREAM manages the region's Cardiac Arrest Surveillance System (CASS), providing comprehensive case review and outcome tracking that serves as the foundation for ongoing cardiac arrest quality improvement initiatives. CEEMS conducts rigorous evaluations and research aimed at advancing the science of pre-hospital emergency care and improving patient outcomes throughout the EMS system.

QUARTERLY MEDICAL QUALITY IMPROVEMENT AUDITS

Delivering the highest quality patient care requires establishing standardized protocols for EMS personnel, mechanisms for monitoring the delivery of care, and systematically identifying how patient care can be improved across the region. **One way the EMS Division conducts regional quality improvement is through quarterly audits to evaluate how BLS and ALS respond to a wide variety of conditions.** These audit report findings are distributed to all King County medical directors, EMS agency chiefs, training officers, dispatch center leaders, and hospital cardiac and stroke coordinators to encourage an ongoing culture of evaluating and improving patient care. Various KCEMS individuals contribute towards these reviews including clinical expertise and in-depth data analysis techniques.

In 2025, we successfully published a new QI report quarterly:

- Telephone Referral Program: One Year Impact Without Services
- Hypoglycemia and EMS: The Impacts of Medical Progress
- Anaphylaxis and EMS Epinephrine
- Apnea Interval: A Prognostic Measure for Cardiac Arrest Treatment

CENTER FOR THE EVALUATION OF EMS

The Center for the Evaluation of Emergency Medical Services (CEEMS) undertakes rigorous evaluations to advance the science of pre-hospital emergency care. CEEMS research and quality improvement efforts involve collaborations between field providers, clinicians, and researchers. These alliances include personnel from the EMS Division, King County providers, the University of Washington, and other experts from around the world. This past year included ongoing investigations and important reports on cardiac arrest resuscitation combining best practices and advanced technologies to improve patient care and outcomes.

CEREBRAL OXIMETRY IN CARDIAC ARREST

Anoxic brain injury is a common mode of death following out-of-hospital cardiac arrest (OHCA). We assessed the course of regional cerebral oxygen saturation (rSO2) during resuscitation to understand its association with return of spontaneous circulation (ROSC) and functional survival. This investigation found greater values of rSO2 and ΔrSO2 identified instantaneous ROSC and predicted favorable neurological survival among those who achieved ROSC.

Publication: Real-time cerebral oximetry and outcomes during out-of-hospital resuscitation

FIRST RESPONDER AIRWAY & COMPRESSION RATE TRIAL (FACT)

FACT evaluates clinically approved interventions in OHCA to determine whether certain interventions lead to improved survival outcomes. This multi-year countywide investigation compares primary EMT airway interventions and EMT compression rates within American Heart Association guidelines. 2024 marked the trial start date, along with two Data Safety Monitoring Board reviews of the trial to date. EMS providers and the FACT study team continue to implement the randomized study arms and gather data.

Publication: First responder airway and compression rate cluster randomized controlled trial: rational and design

REGIONAL QUALITY IMPROVEMENT

CENTER FOR THE EVALUATION OF EMS

MACHINE LEARNING AND PREDICTIVE ANALYSIS

Refractory ventricular fibrillation sudden cardiac arrest (VF-SCA) can be pragmatically defined as VF requiring ≥3 defibrillation attempts. During resuscitation, cardiac rhythm response to shock is typically assessed two minutes after shock without knowledge of the rhythm's interim evolution. However, treatments might be better directed by defining refractory VF-SCA "subtypes" based on the immediate, shock-specific response: successful defibrillation with VF recurrence (recurrent VF) versus unsuccessful defibrillation without VF termination (incessant VF). We compared two methods for recurrent versus incessant classification to understand their agreement and prognosis. These two different methods classifying VF shock response produced excellent agreement. Recurrent-mixed-incessant shock responses were associated with progressive decline in favorable outcome, highlighting a measurable phenotype to direct care.

Publication: Incessant versus recurrent refractory ventricular fibrillation: classification and prognosis in out-of-hospital cardiac arrest

Additional ongoing collaboration and research topics include participation in the Cardiac Arrest Registry to Enhance Survival (CARES) research network, the Pediatric Emergency Care Applied Research Network (PECARN), PulsePoint technology in cardiac arrest, and additional machine learning and waveform analyses to improve outcomes from cardiac arrest. We continue to collaborate with providers, researchers, and experts in the field both within King County and around the globe.

Over the next levy period, CEEMS aims to continue to leverage King County's incredible field providers, rich data sources, and advanced technology to continue striving for improvements in EMS care. These include rigorous analysis of current technology and protocols as well as advancing technology using the latest in machine learning, AI, and other emerging research and technologies.

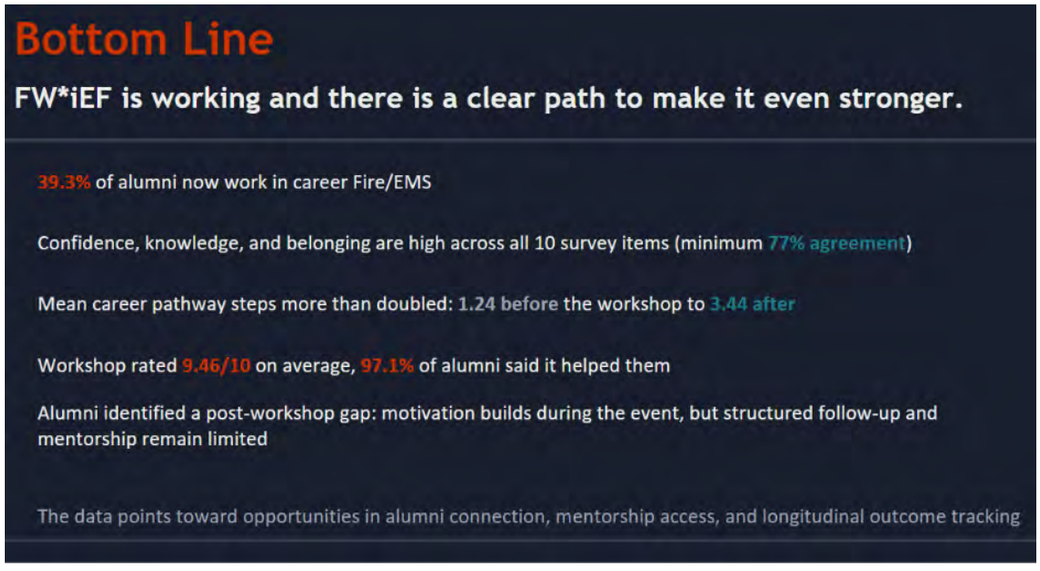
REGIONAL QUALITY IMPROVEMENT

FUTURE WOMEN* IN EMS AND FIRE

The King County Fire Chiefs Association (KCFCA) and the EMS Division are committed to improving diversity in fire departments and EMS and are actively recruiting women to join the workforce. The two-day Future Women* in EMS and Fire workshop was designed by women for women aimed to educate, clarify expectations, and provide support for individuals in pursuing a career path in the fields of Fire and EMS.

Workshop participants spend a weekend exploring the world of fire and EMS, learning CPR and firefighting tasks, watching demonstrations and participating in hands-on training. Participants also hear from women from various agencies around the county during discussion panels.

Workshops are held biannually at designated locations throughout King County. Over 400 women from the region have participated in past workshops, some of whom are now working full-time in this career. **This year, we partnered with a UW School of Public Health Master's candidate to formally evaluate this program.** The evaluation used a cross-sectional survey within a mixed-methods program evaluation to better understand how alumni describe its impact, what barriers participants continue to encounter, and how the workshop may be strengthened to better support women and gender-diverse participants pursuing EMS and fire careers in King County. Key findings are outlined below.

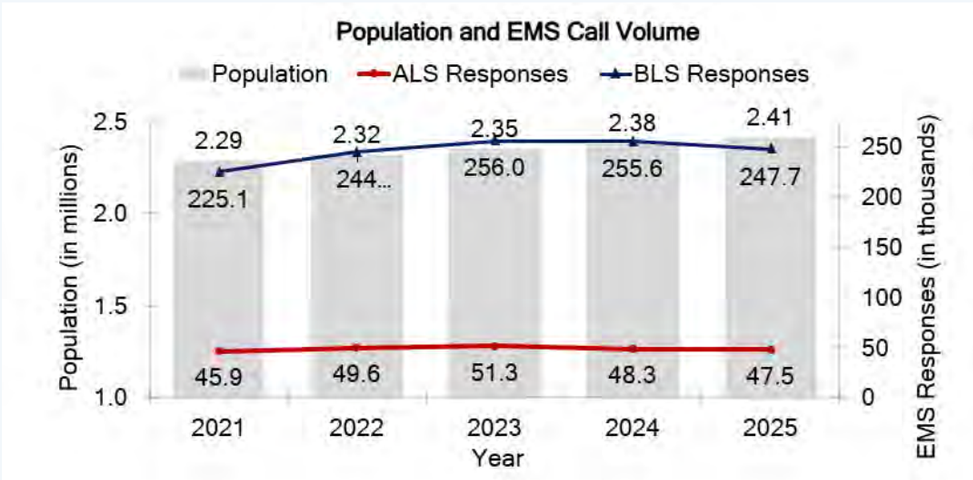


**This workshop is inclusive of underrepresented genders including women, women-identifying individuals, non-binary, trans, and gender non-conforming people who are comfortable in a space that centers the experience of women in EMS/Fire.*

MEASURING & IMPROVING

EMS System Operational Statistics

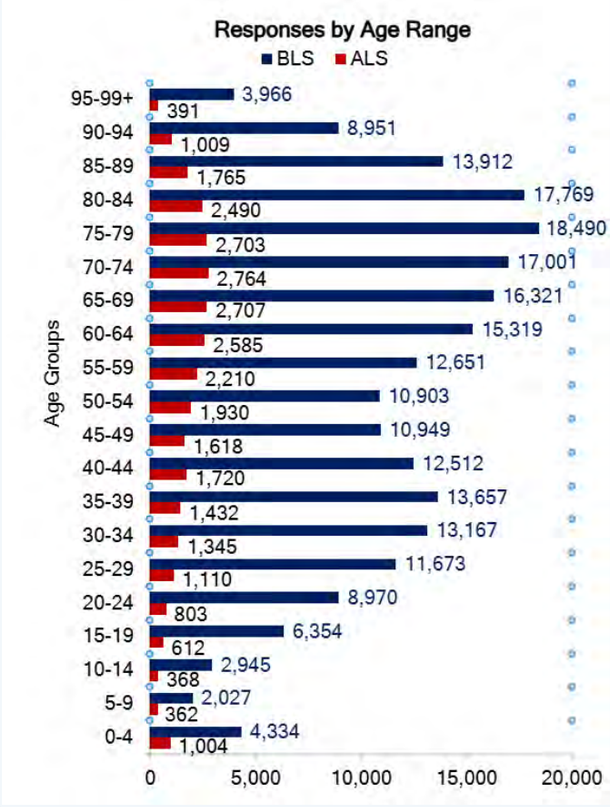
Population serves as an important indicator to predict the trend in the number of emergency medical responses. **This means that the demographic profile of King County matters:** When King County's population increases, the number of emergency medical responses and call volume typically increase.

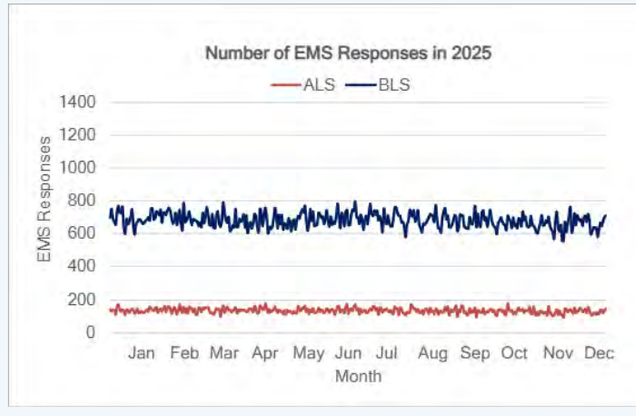


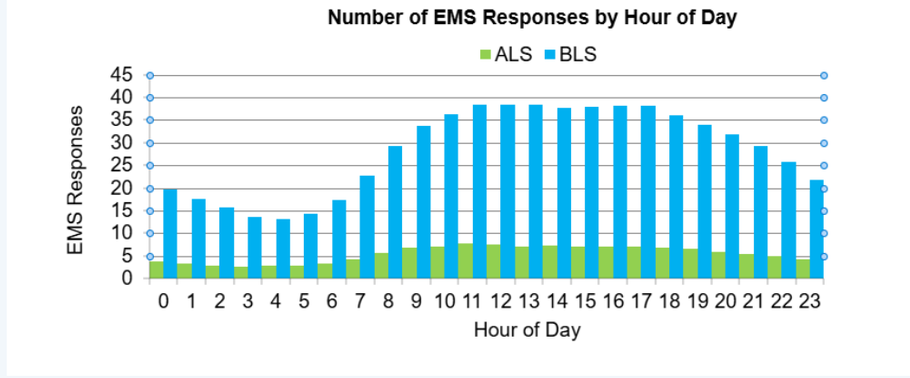
2025 Statistics	
Total EMS Responses	247,640
BLS-Only Responses	152,650
BLS & ALS Responses	47,795
Average # of Calls Per Month	20,637 BLS 3,958 ALS
Average # of Calls Per Day	678 BLS 130 ALS

In the tiered EMS response system, BLS responds to 100% of all EMS calls. Cancelled enroute calls accounted for approximately **24.9%** of all ALS calls, compared to **4.5%** of all BLS calls.

Patterns for ALS & BLS responses in 2025:







REGIONAL QUALITY IMPROVEMENT

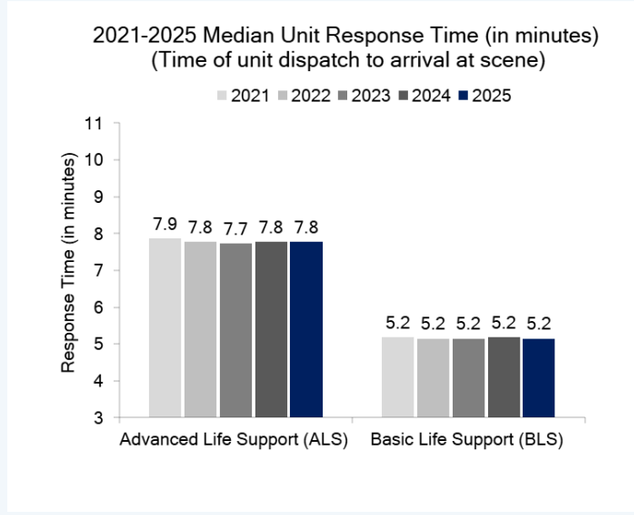
MEASURING & IMPROVING

EMS System Operational Statistics

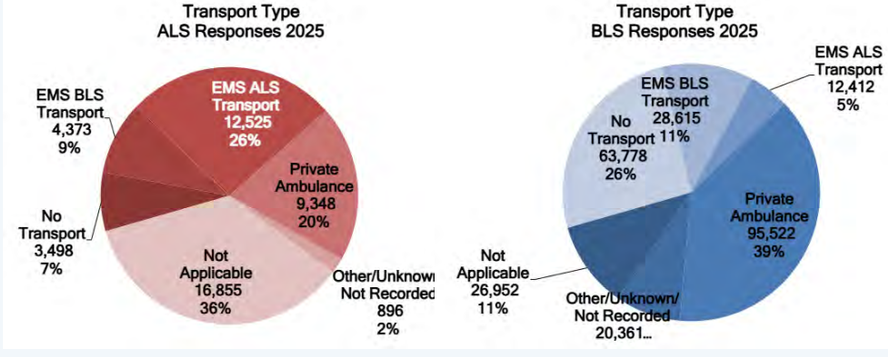
EMS Call Types: EMS responds to a wide variety of emergency medical calls. **In 2025, nearly 50% of ALS responses involved serious, life-threatening conditions** such as cardiovascular, respiratory, and neurological calls. **BLS responds to 100% of calls**, which are comprised of nearly **20% involving trauma.**

Medical Type	ALS		BLS	
Cardiovascular	8,410	27.7%	16,418	7.7%
Respiratory	3,673	12.1%	14,127	6.6%
Neurological	3,183	10.5%	17,745	8.3%
Behavorial/ Psychological	2,446	8.0%	19,106	9.0%
Trauma	2,158	7.1%	41,292	19.4%
Alcohol/Drug	2,123	7.0%	13,391	6.3%
Abdomincal/ Genito-Urinary	1,401	4.6%	15,661	7.3%
Allergy/ Anaphlyaxis	897	3.0%	1,952	0.9%
Infection	842	2.8%	5,464	2.6%
Endocrine/ Metabolic	663	2.2%	2,661	1.2%
OB/Perinatal	383	1.3%	1,078	0.5%
Environmental	76	0.3%	419	0.2%
Obvious Death	126	0.4%	2,378	1.1%
Other Medical	3,620	11.9%	45,602	21.4%
No Injury/Illness	391	1.3%	15,784	7.4%
Total Medical Calls	**30,392**	**98.7%**	**213,078**	**92.6%**

Unit Response Time serves as a key performance indicator of operational efficiency in any EMS system. Two important metrics include the **total response time** - the time between the 9-1-1 call being received by the dispatch center and the EMS unit's arrival on scene - and the unit response time. The unit response time is the time between the unit dispatched and EMS arrival on scene. Across the last 5 years, **ALS consistently met the standard performance goal of a median response time of 10 minutes or less, and 80% of all calls within 14 minutes or less.**



Transport Type is an important component of providing EMS care. Once a patient is stabilized, EMS personnel use their skills and knowledge to determine whether transporting the patient to a hospital is needed for further medical attention. Based on the clinical needs of the patient, a decision to identify the most appropriate transport resource is made. **The charts shown below identify the transport types for EMS responses across 2025, broken into two categories for ALS and BLS responses.**



REGIONAL QUALITY IMPROVEMENT

MEASURING & IMPROVING

Cardiac Arrest Statistics

Cardiac arrest is a public health challenge with stark health consequences. It occurs when a person's heart stops working suddenly, often without warning. As a result, blood stops circulating and the body is deprived of oxygen. The person collapses, loses consciousness, and their breathing becomes agonal (gasping), or stops completely. The sudden nature of cardiac arrest always leads to death unless there is a rapid action by a series of rescuers. **Cardiac arrest data reported each year combines both Seattle and the balance of King County, providing a snapshot of outcomes and treatment for two specific groups of cardiac arrest victims.**

Year	2021	2022	2023	2024	2025
Cardiac Arrests	1,499	1,598	1,669	1,568	1,580

Overall Group: Person suffering arrest who are two years or older who received ALS treatment and had no advanced directives to limit care.

King County 2025 Highlight: Overall survival to hospital discharge based on arrest before or after arrival of EMS personnel and initially monitored cardiac arrest rhythm.

	Patients Treated	Survived to Discharge	Percent Survived
Arrest BEFORE Arrival of EMS	**1,362**	**252**	**19%**
Ventricular Fibrillation/ Tachycardia (VF/VT)	301	141	47%
Asystole	619	17	3%
PEA	375	64	17%
Not shockable, unknown if PEA or asystole	39	7	18%
Pulses on First Check	22	17	77%
Unknown	6	6	100%
Arrest AFTER Arrival of EMS	**218**	**63**	**29%**
Ventricular Fibrillation/ Tachycardia (VF/VT)	36	20	56%
Asystole	30	3	10%
PEA	142	36	25%
Not shockable, unknown if PEA or asystole	3	1	33%
Pulses on First Check	5	3	60%
Unknown	2	0	0%
Total	**1580**	**315**	**20%**

Utstein Group: Persons in the overall group whose cardiac arrests were witnessed by bystanders and are primarily due to a medical condition of the heart with an initial heart rhythm that requires a defibrillator shock.

Year	Survival Rate	5-Year Cumulative Total (2021-2025)
2025	113/214 (53%)	482/979 (49%)

Overall CPR initiated by bystanders, limited to arrest BEFORE arrival of EMS personnel

Year	Bystander CPR
2021	966/1,292 (75%)
2022	976/1,378 (71%)
2023	1,095/1,448 (76%)
2024	1,000/1,361 (73%)
2025	1,016/1,362 (75%)

EMTs:

- % of time that compressions are actively applied to the chest, until efforts are ceased, or until sustained ROSC (Return of Spontaneous Circulation) is achieved (whichever event comes earliest): **94%**

Dispatchers:

- Rate of correctly identified cardiac arrests by telecommunicators: **83% (740/887)**
- % of bystander CPR resulting from telecommunicator-assisted CPR instructions: **77% (524/683)**

REGIONAL QUALITY IMPROVEMENT

KING COUNTY MEDIC ONE

A NEW AWARENESS OF THE EFFECTS OF CLIMATE CHANGE

Historic atmospheric rivers and global warming fueled the devastating December 2025 floods across South King County, reshaping the region's climate reality.

The disaster lasted from December 8 through December 30, 2025, and stood as one of the largest and most prolonged flood events the Pacific Northwest has experienced in decades. Fueled by a relentless series of Category 4 atmospheric rivers, multiple major river systems across King County reached Phase 4 flooding—the highest possible classification. The historic rainfall and unseasonably warm temperatures triggered levee failures and widespread damage, providing a tangible look at how global warming alters local weather systems.

The South King County Crisis: Breaches and Evacuations

While the entire Puget Sound region was impacted, South King County faced a direct crisis due to its specific river topography and infrastructure strain.

- **The Tukwila Levee Failure**: On December 17, a saturated earthen levee along the Green River tore open. Millions of gallons of water surged into a major industrial and commercial zone in Tukwila, halting business infrastructure and overwhelming local drainage systems.

- **The Pacific Neighborhood Inundation**: Early the next morning, on December 18, temporary HESCO flood barriers along Pacific City Park gave way. The White River poured directly into residential neighborhoods in the city of Pacific, forcing emergency teams to pull hundreds of residents from their beds in a rapid evacuation. The breach damaged approximately 220 homes, leaving many families displaced.

- **River Record Meltdown**: Ground soils were already completely saturated from early December rains, preventing any absorption of the incoming deluge. Driven by torrential downpours, the Cedar River at Renton shattered its previous water-level record by over a foot, peaking at 18.22 feet. Meanwhile, the Duwamish River at Tukwila surged to a staggering 21.87 feet, and the Green River at Auburn swelled to 68.7 feet by December 13.

December storms were unseasonably warm. Instead of snow falling in the Cascade Mountains to build a traditional winter snowpack, heavy rain fell at high elevations. This lack of high-altitude freezing meant that 15+ inches of mountain rain drained directly into valley riverbeds within a 72-hour window.

South King County's December crisis marked a *new beginning* in our awareness and serves as a stern reminder that climate adaptation is no longer a future problem—it is a present necessity.

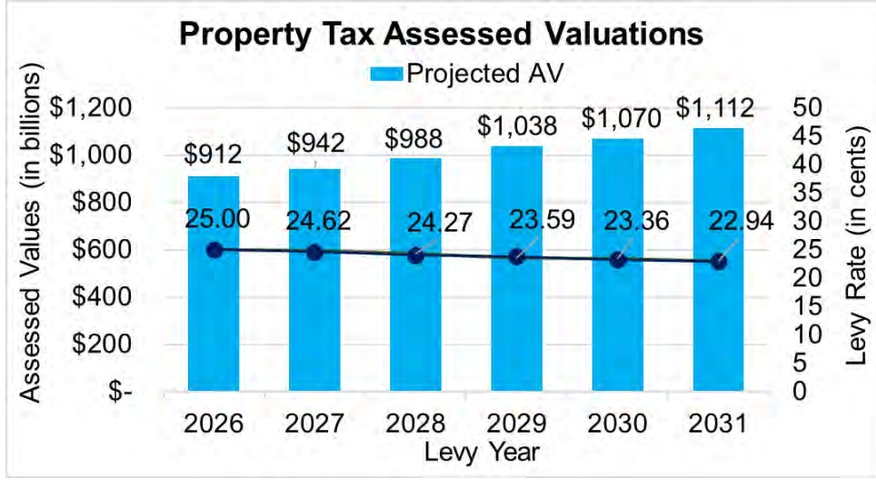
FINANCIAL MANAGEMENT

EMS FUNDING & 2026 FINANCIAL PLAN

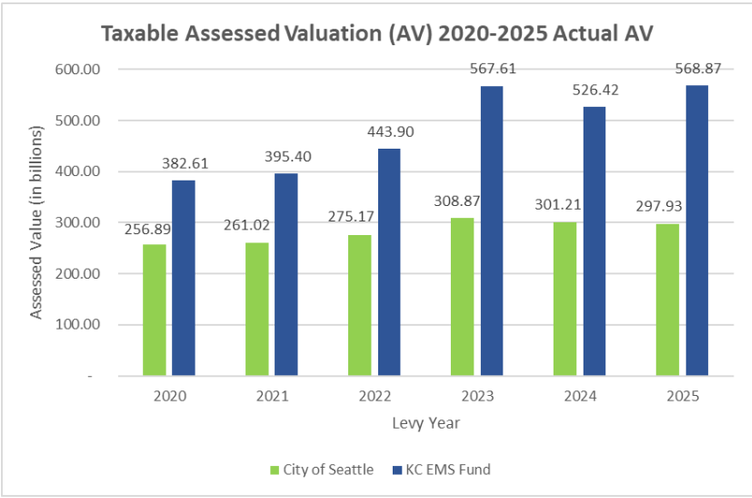
A New Levy, A New Beginning: 2026-2031 Levy Overview

The 2026-2031 EMS levy was planned in 2024 as post COVID-19 pandemic inflation and high costs were returning to normal levels. King County local economic signals indicated continued moderate growth throughout the 2026-2031 levy period. In the time leading up to the new levy, Assessed Valuations (AV), interest income, and the Seattle/King County split grew significantly. Increased property taxes resulted in carrying forward $83 million into the new levy to buy down the starting levy rate, allowing a lower starting levy rate (25.0 cents/$1,000 AV than 26.5 cents/$1,000 AV in 2020).

Even with this healthy outlook, the region supported the inclusion of appropriate reserves in the financial plan to ensure the system could weather potential changes in economic conditions.



Increased AV led to a decreased levy rate, dropping from 26.50 cents/$1,000 AV in 2020 to 22.15 cents/$1,000 in 2025.



Updated Levy Forecast

Assessed Valuations (AV) in the Region. Per the Revised Code of Washington (RCW), the total increase in EMS property taxes collected per year is limited to 1% plus new construction. As a result, when AV increases at a rate higher than 1%, levy rates decrease to stay within the legal limit. Forecasted increases in AV project that 2026-2031 levy rates will decrease from 25.0 cents/$1,000 AV in 2026 to 22.94 cents/$1,000 AV by 2031.

This section summarizes the financial conditions, trends, and changes experienced during the 2020-2025 Medic One/EMS levy span. An inter-local agreement between King County and the City of Seattle allows for EMS levy funds collected within Seattle to go directly to, and be managed by, the City. Therefore, except for the Assessed Valuation and split charts, this section excludes the City of Seattle and pertains only to the EMS fund throughout the remainder of King County (KC EMS Fund).

Assessed Valuations (AV) Property Taxes – King County & City of Seattle. The 2020-2025 levy rate began at 26.5 cents/$1,000 AV. As previously mentioned, the total amount collected by the levy is limited to 1% plus new construction, per RCW. The variability in the levy rate shown on the following chart is proportionate to the changes in AV.

Actual Taxable Assessed Valuation	2020	2021	2022	2023	2024	2025
% City of Seattle	40.2%	39.8%	38.3%	35.3%	36.4%	34.4%
% KC EMS Fund	59.8%	60.2%	61.7%	64.7%	63.6%	65.6%

FINANCIAL MANAGEMENT

EMS FUNDING & 2026 FINANCIAL PLAN

Revenues

Approximately 97% of revenue for the EMS levy comes from property taxes and income related to property taxes. Interest income increased significantly above plan due to the economic conditions of the levy period.

Revenue Type	2020	2021	2022	2023	2024	2025	Total
Property Tax	$100.55	$104.13	$109.82	$118.23	$118.79	$124.67	$676.19
Interest/Other Income	$1.61	$1.30	$1.89	$4.58	$6.64	$7.05	$23.07
Total	$102.16	$105.42	$111.71	$122.81	$125.44	$131.71	$699.25

Expenditures

The EMS levy revenues support Medic One/EMS operations for direct service delivery and support programs:

Advanced Life Support (ALS) covers all eligible ALS paramedic costs

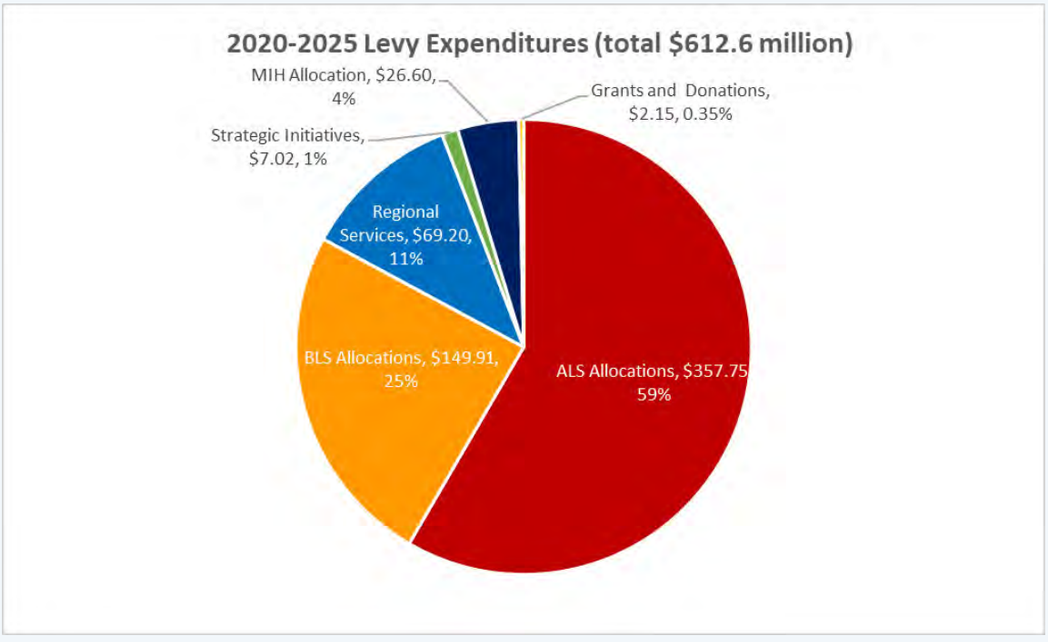
Basic Life Support (BLS) contributes to each fire agency for BLS (EMT) services

Regional Services (RS) funds core programs critical to providing the highest quality out-of-hospital emergency care available

Strategic Initiatives (SI) supports pilot projects aimed at improving the system

Mobile Integrated Heath (MIH) is available to each fire agency to provide MIH services

Grants and Donations support Center for Evaluation of EMS (CEEMS) and donations



FINANCIAL MANAGEMENT

A NEW BEGINNING: EMS FUNDING & 2026 FINANCIAL PLAN

The following financial plan provides an overview of the EMS Division Fund, including a summary of revenues, expenditures, fund balance, and reserves and designations based on the 2025 actuals and a 2026 estimated forecast. In alignment with King County's strategic goal of financial stewardship, this plan is regularly reviewed by EMS regional partners to ensure sound financial management.

EMS FUND 1190 FINANCIAL PLAN	2025 Actuals	2026 Estimate
BEGINNING FUND BALANCE (A)*	**120,681,663**	**129,288,653**
REVENUES		
Property Taxes	124,666,888	152,006,810
Interest Earnings/Miscellaneous Revenue	8,019,632	6,066,000
TOTAL REVENUES (B)	**132,686,520**	**158,072,810**
EXPENDITURES		
Advanced Life Support Services	70,206,284	77,159,487
Basic Life Support Services	30,840,614	33,742,786
Regional Services	13,914,886	7,541,074
Strategic Initiatives	1,129,148	18,829,301
Mobile Integrated Healthcare	6,595,407	1,258,488
Grants, Entrepreneurial & Donations	289,361	200,000
TOTAL EXPENDITURES (C)	**122,975,700**	**138,731,136**
TOTAL REVENUES LESS TOTAL EXPENDITURES (D)	***9,710,820***	***19,341,674***
Other Fund Transactions (E)	(1,103,830)	
ENDING FUND BALANCE (A+D+E=F)	**129,288,653**	**148,630,327**
RESERVES AND DESIGNATIONS		
Designations (incl Program Balances)	44,345,014	42,449,421
Reserves	86,047,469	106,180,906
FMV GAAP Adjustment	(1,103,830)	
TOTAL RESERVES AND DESIGNATIONS (G)	129,288,653	148,630,327
ENDING UNDESIGNATED FUND BALANCE	-	-
	-	

**Adjustments to 2025 beginning fund balance due to change in how King County accounts for unrealized gains and losses. These paper gains/losses will reflect in financials when they become realized.*

Conclusion

The structure of the EMS levy, which includes elements to address unforeseen financial risks, continues to accommodate changing economic conditions and emerging needs.

APPENDICES

A. EMS PERFORMANCE MEASURES

Resource Category	Performance Measure	2025 Results
System-wide	Rate of cardiac arrest survival (Utstein) % of patients discharged alive from hospital for all non-traumatic bystander witnessed cardiac arrests with an initial arrest rhythm of VF/VT	53%
Bystander	Rate of bystander CPR in cases of cardiac arrest % bystander CPR provided for cardiac arrest cases where the arrest occurred before arrival of EMS personnel. Includes only non-traumatic etiology that received ALS care in patients 2 years of age or older	76%
Dispatch	Rate of correctly identified arrest by telecommunicators % of confirmed cardiac arrest cases that were correctly identified by dispatcher when provided opportunity to assess	83%
	% of bystander CPR resulting from telecommunicator-assisted instructions % bystander CPR provided in cases for cardiac arrest where the arrest occurred before arrival of EMS personnel and CPR was not initiated until after telecommunicator instructions were delivered	77%
	Rate of correctly transferred T-ICD calls % of T-IDC calls that were sent to the Nurseline versus received a BLS response	97%
Basic Life Support (Emergency Medical Technicians	Median response time for emergency BLS calls (in minutes)	Urban: 4.4 Suburban: 5.8 Rural: 6.6 Wilderness: NA
	Rate of EMTs documenting FAST and glucometry for suspected stroke patients* % of EMS-suspected stroke patients with EMT documentation of FAST exam and glucometry results	74%
	Rate that "on scene time" standards are met % of suspected CVA and suspected TIA patients with <15 minutes BLS scene time	39%
	Number of taxi transported patients	951 vouchers
	Compression fraction during resuscitation attempts % of time that compressions are actively applied to the chest, until efforts are ceased, or until sustained ROSC is achieved (whichever event comes earliest)	94%

APPENDICES

Resource Category	Performance Measure	2025 Results
Advanced Life Support (Paramedics)	% that response standards are met Respond on average 10 minutes or less, 14 minutes or less, 80% of all calls	(=<10 min. 75% =<14 min 94% Median time 7.8 min)
	Rate of paramedics documenting a 12-lead ECG for STEMI patients % of suspected STEMI cases where paramedics documented use of a 12-lead ECG	95%
	Rate that "on scene time" standards are met % of suspected STEMI patients with <15 minute on scene time	28.5%
	Rate of paramedics documenting Glasgow Coma Scale for Trauma patients % of trauma transported to Harborview Medical Center by paramedics where GCS was documented	91%
	Rate of scene time for trauma patients % of trauma patients transported to Harborview Medical Center by paramedics with <15 minutes ALS scene time	55%
	Rate of successful first attempt intubations % of successful first attempt intubations	87%
Regional	Rate of cancelled enroute ALS calls % of cancelled enroute ALS calls to all ALS calls	24%
	% of calls where no upgrade or downgrade was needed % of calls where ALS was not cancelled and not requested from scene	51%
	Rate of ALS requests from scene % of BLS requests for ALS from scene of all ALS calls	25%
	# of mandatory overtime hours for paramedics # of non-voluntary hours that paramedics were required to work to fully staff medic units	11,198

APPENDICES

B. EMS ADVISORY COMMITTEE MEMBERSHIP LIST

Name	Representation	Title/Organization
Michele Plorde, Chair	Emergency Medical Services Division	Director
Dave Tait	ALS Providers - Bellevue	Chief, Bellevue Fire Department
Andrea Coulson	ALS Providers - KC Medic One	MSA, King County Medic One (KCM1(
Adrian Sheppard	ALS Providers - Redmond	Chief, Redmond Fire Department
Harold Scoggins	ALS Providers - Seattle	Chief, Seattle Fire Department
Matt Cowan	ALS Providers - Shoreline	Chief, Shoreline Fire Department
Brad Thompson	BLS in Cities > 50,000 (Auburn)	Chief, Valley Regional Fire Authority
Jason Gay	BLS in Cities > 50,000 (Burien)	Chief, Fire District #2
Ryan Woodey	BLS in Cities > 50,000 (Federal Way)	Chief, South King Fire
Mark Jones	BLS in Cities > 50,000 (Kent)	Chief, Puget Sound Regional Fire Authority
Patrick LeDoux	BLS in Cities > 50,000 (Kirkland)	Chief, Kirkland Fire Department
Steve Heitman	BLS in Cities > 50,000 (Renton)	Chief, Renton Regional Fire Authority
Will Aho	BLS in Cities > 50,000 (Sammamish)	Chief, Eastside Fire and Rescue
Dr. Tom Rea	King County Medical Program Director	Medical Program Director
Dr. Peter Kudenchuk	Chair, Medical Directors' Committee	Medical Program Director, KCM1
Dr. Michael Sayre	Seattle Medical Program Director	Medical Program Director, Seattle
Anita Sandall	KC Fire Commissioner's Assn - Rural	Fire Commissioner, Eastside Fire and Rescue
[Vacant]	KC Fire Commissioner's Assn - Urban	
[Vacant]	Labor - BLS	
JR Klein	Labor - ALS	Paramedic, KCM1
Katy Myers	Dispatch	Director, NORCOM
Brandt Butte	Ambulance	Director, Business Development, American Medical Response
[Vacant]	Health Care System	

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