

Ambulance Service Rates Audit



INTERNAL AUDIT OFFICE





Ambulance Service Rates

Date: August 31, 2026

TO: Paul Luizzi, Fire Chief

FROM: Billy Vickers, CIA, CRMA, CFE, CISA, CC
City Auditor

Subject: Ambulance Billing Rate Audit

We have completed an ambulance billing rate audit of the Fire Department – EMS unit covering the period October 2025 through June 2026. The results of the audit follow this letter including additional information, objective, scope, background, and methodology.

Management concurred with the recommendations and Internal Audit considers the management responses appropriate to the recommendations in this report.

We will include the results of this audit in a future quarterly update to the Audit Committee. We also will request your department to complete a customer survey after the release of the final audit report.

We appreciate the high level of cooperation received from the Fire Department and EMS during our audit process. If you have any questions about this audit, please contact me at 623-882-7026.

Attachments

CC: City Manager
Audit Committee
City Council



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Executive Summary

As part of our annual audit plan, we conducted an audit of the Ambulance Service Rates as a separate review of the ambulance billing audit.

The objectives of the audit were to:

1. Determine whether the current ambulance billing rates remain relevant to demand and costs.
2. Determine current cost recovery metrics.
3. Identify any areas for revenue efficiency improvements.

Why This Audit Is Important

The City of Goodyear Fire Department works to provide ambulance services to transport patients to medical facilities such as hospitals and provides in-transit care of basic and advanced life support as appropriate.

We performed this audit to review the City's ambulance service rate structure to assess whether current rates remain reasonable considering population growth, service-demand trends, benchmark comparisons, projected revenue impacts, current economic conditions, and the estimated time required for the program to improve efficiency and achieve optimum cost recovery.

Key Observations

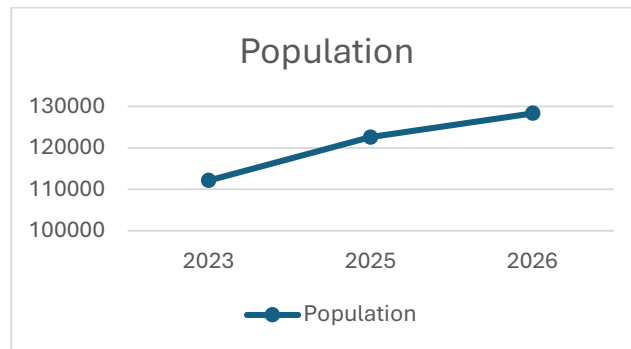
- An opportunity exists to improve cost recovery through requesting ambulance billing rate increases and periodically review rates for future adjustments.
- Improving production of revenue can help reduce the time required for optimum cost recovery.
- Developing a process to identify non-emergency requests can achieve a reduction in non-transport (non-billable) dispatches.

What We Audited

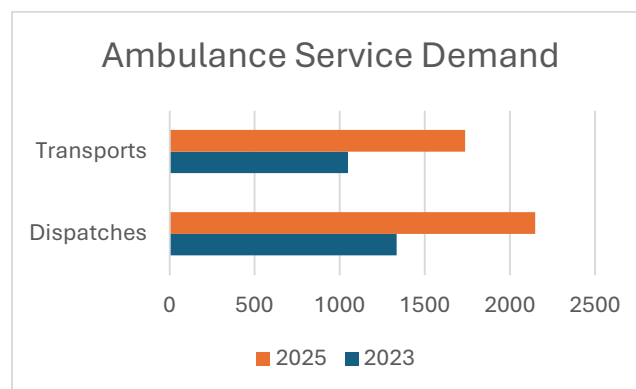
Following is a summary of the audit work performed. Detailed observations and recommendations were discussed with Paul Luizzi, Fire Chief and staff. We appreciate the high level of engagement provided by the Fire Department and EMS staff. Management concurred with audit recommendations.

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The analysis indicates that Goodyear's ambulance program is operating in a period of sustained growth. The City's population increased from 112,157 in 2023 to 122,569 in 2025 and is projected to reach 128,372 in 2026.



At the same time, service demand increased at a materially *faster* pace. Dispatches increased from 1,335 in 2023–2024 to 2,149 in 2024–2025, or approximately 61.0 percent, while transports increased from 1,049 to 1,737, or approximately 65.6 percent. These trends suggest that utilization of ambulance services is expanding faster than the City's population base.



Benchmark Comparison

To assess the reasonableness of current rates, the analysis compared Goodyear to a benchmark group of cities consisting of Queen Creek, Avondale (via Maricopa Ambulance), Surprise, and Buckeye. Goodyear's current rates are \$882.15, for Basic Life Support (BLS) and \$990.33, for Advanced Life Support (ALS). Based on this comparison, Goodyear's currently approved rates appear relatively low.

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The benchmark cities have relative population and population growth rates to those of Goodyear. Compared with the benchmark group, Goodyear's current ambulance service rates place the City at the bottom not only of all state-approved ambulance service providers but the lowest of the benchmark cities.

Benchmark Group		
Rates		
Cities	BLS	ALS
Buckeye	\$ 1,606.12	\$ 1,606.12
Avondale (Maricopa Ambulance)	\$ 1,071.37	\$ 1,202.74
Surprise	\$ 1,071.37	\$ 1,202.74
Queen Creek	\$ 1,004.18	\$ 1,118.25
Goodyear	\$ 882.15	\$ 990.33

As population and service demand has increased, Goodyear's current rates have not kept pace while the added service demand continues to increase the overall cost of operating the ambulance service.

Recommendations

Financial Impact

The financial impact analysis assumed that approximately 85 percent of ambulance service billable calls are ALS and 15 percent are BLS. Under that assumption, annual service fee revenue is estimated to increase from \$1,998,289, under current rates to approximately \$2,534,593, under the proposed rates. This represents an estimated increase of \$536,304, or approximately 26.8 percent.

Recommended Target	BLS	ALS Notes	Revenue Impact	Value
Current Goodyear Rate	\$882.15	\$990.33 Current approved rate	Current Service Fees	\$1,998,289.45
Recommended Target	\$1,150.00	\$1,250.00 Final target	Estimated New Service Fees	\$2,534,669.65
Increase \$	\$267.85	\$259.67 Dollar increase	Estimated Increase \$	\$536,380.20
Increase %	30.4%	26.2% Percent increase	Estimated Increase %	26.8%
2026 Current Rate per 1,000	6.87	7.71 Current per 1,000	Billing Mix - BLS	15.0%
2026 Recommended Rate per 1,000	8.96	9.74 Target per 1,000	Billing Mix - ALS	85.0%

Recommendation Rationale

Final targets use the revised benchmark set (Queen Creek, Avondale via Maricopa Ambulance, Surprise, and Buckeye), Goodyear population growth through the 2026 projection, service-demand growth in dispatches and transports, and a revenue-impact test using an 85% ALS / 15% BLS billing mix. The resulting balanced recommendation is \$1,150 for BLS and \$1,250 for ALS.

Using growth assumptions, the program is estimated to reach full cost recovery (both operating and one-time costs) in approximately 7.5 years under the current rate structure,

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compared with approximately 2.2 years under the proposed rates without any major changes to current costs.

Overall Conclusion

Based on the analysis performed, Goodyear's current ambulance transport rates appear compressed relative to current operating conditions, population growth, increased demand for ambulance service and increased cost of operation and compared to selected benchmark providers. An opportunity exists to increase the billing rates to improve cost recovery and revenue optimization.

Recommendations

(See Appendix Recommendation #1 for rate analysis).

Recommendation # 1(a): Management should pursue an update to the City's transport rates to better align the rate structure with current demand, benchmark comparisons, and cost-recovery needs. Specifically, management should consider requesting approval from City Council to file for a rate increase from the Arizona Department of Health Services (ADHS) for a change to the Basic Life Support (BLS) rate from \$882.15 to \$1,150 and the Advanced Life Support (ALS) rate from \$990.33 to \$1,250. Updating the rates to these levels would help address the identified revenue gap, improve recovery of ambulance program costs, and better position the program to respond to continued population and service-demand growth.

Management Response: Fire Management agrees with the recommendation to update the City's ambulance transport rates to better align with current operating costs, service demand, benchmark comparisons, and cost-recovery objectives. Staff has evaluated ambulance program expenditures and transport volumes to identify a rate structure that supports the long-term financial sustainability of the service.

Management recommends implementing a single transport rate for both Basic Life Support (BLS) and Advanced Life Support (ALS) services. This approach is based on an analysis of total ambulance operating costs divided by annual transport volume. Using the FY26 ambulance budget of \$7,450,600 and 6,133 transports, the estimated average cost per transport is approximately \$1,214.84, which would serve as the basis for the proposed transport rate.

A single transport rate provides a straightforward and equitable fee structure that more accurately reflects the overall cost of providing ambulance services. In addition



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to supporting the City's cost-recovery goals, the proposed rate will help offset increasing costs for medical supplies, equipment, and operational expenses, as well as the additional resource demands associated with ambulance wait times and delayed hospital turnarounds.

Upon Council approval, the Goodyear Fire Department will submit the necessary application to the Arizona Department of Health Services (ADHS) for approval of the updated rates.

Expected Implementation: September 2027

Recommendation # 1(b): Management should establish a formal process to review ambulance transport rates and related billable charges on a periodic basis, such as annually or every two to three years, using current data on population growth, service demand, benchmark providers, allowable billing opportunities, and program costs. This process should include documentation of the analysis performed and consideration of whether rate adjustments should be required to keep the rate structure aligned with current operating conditions and cost-recovery objectives.

Management Response: Fire Management agrees with the recommendation. The EMS Division will develop and implement a formal policy establishing a periodic review process for ambulance transport rates and other billable charges. The policy will require a comprehensive rate analysis to be conducted at least every three years, or more frequently as warranted by significant changes in operating conditions and cost.

The review process will include an evaluation of population growth, service demand, program operating costs, benchmark comparisons with similar ambulance providers, allowable billing opportunities, reimbursement trends, and overall cost-recovery objectives. The policy will also require documentation of the analysis performed, findings, and management's consideration of any recommended rate adjustments.

The established process will help ensure that ambulance rates and related charges remain aligned with current service delivery costs, industry practices, and the City's financial sustainability goals.

Expected Implementation: November 2026

(See Appendix Recommendation #2 for additional details).

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Recommendation # 2(a): Management should seek City Council approval to include wait time as part of the application to ADHS requesting to increase rates and then implement a formal billing process for allowable ambulance wait time when crews are delayed beyond the applicable grace period for reasons outside EMS control. The process should define qualifying circumstances, establish billing parameters consistent with ARS, ADHS state requirements, and follow Medicare procedures as required with clear documentation of start and stop times and the reason for delay, and include supervisory review to promote consistency and reduce dispute risk. By developing a defined mechanism to identify, document, and bill allowable wait time, the City would be better positioned to recover revenue for qualifying delays, improve billing completeness, and strengthen overall cost recovery for the ambulance program.

Management Response: Fire Management acknowledges that extended ambulance wait times and hospital turnaround delays create a financial burden for both the City and the citizens we serve. These delays increase operational costs by reducing ambulance availability and extending the amount of time personnel and equipment are committed to a single transport.

As part of the current ambulance rate review process, Fire Management has taken the costs associated with ambulance wait times into consideration when developing the proposed transport rate increase to be submitted to the Arizona Department of Health Services (ADHS). Incorporating these costs into the overall transport rate structure provides a more comprehensive approach to cost recovery while minimizing the financial impact on individual patients.

While the fire department recognizes the potential to bill allowable wait times as a separate charge, Fire Management has determined that this approach may not be the most effective solution. Most insurance providers do not reimburse stand-by or wait time charges as a separate billable service, which could result in increased out-of-pocket costs for patients and create a negative customer service experience. By incorporating these operational costs into the overall transport rate review, the City can better address cost recovery objectives while maintaining a fair and predictable billing process for residents.

Expected Implementation: September 2027

Recommendation # 2(b): Management should develop and implement written billing procedures and staff training for allowable wait time charges, including clear criteria for when wait time may be billed, required documentation standards, roles and responsibilities

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for EMS and billing staff, and periodic monitoring to confirm the charge is applied consistently and in accordance with Medicare and state requirements. By doing so, ensures that allowable wait time is identified and billed consistently rather than being overlooked or applied inconsistently.

Management Response: Fire management has determined that developing separate billing procedures, documentation requirements, training, and monitoring processes for allowable wait time charges is not necessary.

As part of the proposal to increase the current ambulance rates, Goodyear Fire incorporated wait time costs into the rate methodology on an aggregate basis, allowing for appropriate cost recovery while reducing the administrative burden associated with identifying, documenting, monitoring, and billing individual wait time occurrences.

Expected Implementation: September 2027

(See Appendix Recommendation #3 for additional details).

Recommendation # 3(a): Management should develop and implement a tiered ambulance utilization management program designed to reduce avoidable ambulance dispatches for lower-acuity incidents that do not require transport. The program should include enhanced call triage, identification of common non-transport call patterns, alternative response pathways where operationally appropriate, and periodic review of dispatches that did not result in transport. By improving how lower-acuity calls are screened, routed, and reviewed, the City can better match resources to patient need, reduce unnecessary use of ambulance units, and improve operational efficiency while maintaining patient safety.

Management Response: Fire Management agrees with the recommendation. The EMS Division currently reviews call and dispatch data on an ongoing basis to evaluate ambulance utilization and determine whether the automatic dispatch of ambulance units is appropriate for specific call types. Building upon these existing efforts, the Division will formalize a utilization management process that includes periodic analysis of non-transport incidents, identification of recurring lower-acuity call patterns, and evaluation of opportunities to enhance dispatch protocols and resource deployment.

The review process will be conducted by Goodyear Fire operational staff to assess whether alternative response models or modifications to dispatch criteria may be appropriate while maintaining patient safety and compliance with applicable

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standards of care. Management will also establish a process for documenting analyses performed and recommendations considered to support continuous improvement in ambulance utilization and operational efficiency.

These actions will help ensure ambulance resources are deployed appropriately, reduce avoidable dispatches when operationally feasible, and support the effective delivery of emergency medical services to the community.

Expected Implementation: November 2026

Recommendation # 3(b): Management should establish formal policies, decision criteria, and performance monitoring for ambulance utilization management, including defined triage standards, roles and responsibilities, alternative response eligibility criteria, and routine analysis of non-transport dispatch data. Management should also provide training to dispatch, EMS, and supervisory staff and periodically review program results to identify trends, repeat callers, and additional opportunities to refine response practices. By putting clear guidance, training, and monitoring in place, the City would be better positioned to apply the program consistently and sustain improvements over time.

Management Response: Fire management agrees with the recommendation. The EMS Division has developed a Transportation Operations Policy that is currently undergoing review for approval and implementation. The policy will formalize ambulance utilization management practices, including operational responsibilities, documentation requirements, performance monitoring, and periodic review of ambulance deployment and non-transport data.

Ambulance dispatches are currently triaged by the incident taker at the Phoenix Fire Department Alarm Room and dispatched in accordance with established regional dispatch standards/protocols. The Goodyear Fire Department regularly participates in the review and evaluation of these standards to ensure they remain appropriate for community needs and operational requirements.

Upon implementation of the Transportation Operations Policy, the EMS Division will establish a formal process for ongoing monitoring and analysis of ambulance utilization, including review of non-transport incidents, identification of trends and repeat callers, evaluation of resource deployment practices, and assessment of opportunities to improve operational efficiency while maintaining patient safety. Training will be provided to EMS supervisory and operational staff regarding policy requirements, performance expectations, and monitoring procedures.

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These actions will support consistent application of ambulance utilization management practices and promote continuous improvement in service delivery and resource utilization.

Expected Implementation: November 2026

Recommendation # 4(a): As part of the approval from City Council to apply for rate increases from the ADHS, Management should seek approval to implement a formal process to bill for allowable medical supplies used in connection with ambulance service when those supplies are necessary to assess, treat, stabilize, or transport the patient and are supported by appropriate documentation. The process should define which supplies are billable, establish documentation standards in the patient care record, align charges with applicable billing rules and payer requirements, and include periodic review to promote consistency and completeness.

Management Response: Fire management has incorporated the costs associated with medical supplies into the proposed ambulance rate increase recommendations (Rec#1(a)) and believes a bundled rate structure is the most effective and efficient approach for recovering these costs.

Rather than establishing a separate process to identify, track, and itemize individual medical supply charges, the Department's proposed transport rates have been calculated to include the costs of supplies and equipment routinely utilized in the assessment, treatment, stabilization, and transport of patients.

Management believes that incorporating these costs into the overall ambulance transport rate promotes administrative efficiency, simplifies billing practices, reduces the potential for inconsistent application of charges, and provides a more transparent and predictable billing structure for patients and payers. The EMS Division will continue to ensure that patient care activities and the use of medical supplies are appropriately documented within the patient care record and that ambulance rates are reviewed to maintain alignment with operating costs and cost-recovery objectives.

Expected Implementation: August 2027

Recommendation # 4(b): Management should develop written billing procedures, charge criteria, and staff training for medical supply billing, including a standardized list of allowable supplies, documentation requirements, coding or charge-entry instructions, and routine monitoring to confirm that billable supplies are identified and charged consistently.



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Management Response: Management has determined that implementation of this recommendation is not necessary. As part of the development of the proposed ambulance rate increase, Goodyear Fire evaluated the costs associated with medical supplies and incorporated those costs into the rate methodology on an aggregate basis. This approach allows for appropriate recovery of medical supply expenses through the established rate structure while reducing the administrative burden associated with identifying, documenting, coding, monitoring, and billing individual medical supplies.

Management believes that including medical supply costs within the overall ambulance rate promotes operational efficiency, simplifies billing processes, and provides a consistent method for recovering these costs. Therefore, the development of separate billing procedures, charge criteria, and staff training for individual medical supply billing is not considered necessary at this time.

Expected Implementation: November 2026



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Appendix

RECOMMENDATION #1:

Methodology: The rate analysis considered multiple factors to assess whether Goodyear's current ambulance transport rates remain reasonable and supportable. The review compared current BLS and ALS rates to selected benchmark providers, evaluated Goodyear's population growth trend, analyzed changes in dispatches and transports as indicators of service demand, and estimated the financial effect of revised rates using the current billing mix. The analysis also considered the program's current annual operating cost and estimated the effect of proposed rates on revenue recovery and time to break even. Based on these combined factors, the recommended rate changes were developed to better align Goodyear's rates with comparable providers, reflect increased demand for service, improve cost recovery, and reduce the time required for the ambulance program to reach full cost recovery.

Population Trend and Population-Based Rate Analysis

Goodyear Population and Current Rate Factors									
Year	Population	Current BLS Rate	BLS per 1,000	BLS Rate Needed to Maintain This Year's Factor in 2026	Current ALS Rate	ALS per 1,000	ALS Rate Needed to Maintain This Year's Factor in 2026	BLS Per-Person Factor	ALS Per-Person Factor
2023	112,157	\$882.15	7.87	\$1,009.69	\$990.33	8.83	\$1,133.51	0.007865	0.008830
2024	116,794	\$882.15	7.55	\$969.60	\$990.33	8.48	\$1,088.50	0.007553	0.008479
2025	122,569	\$882.15	7.20	\$923.92	\$990.33	8.08	\$1,037.22	0.007197	0.008080
2026	128,372	\$882.15	6.87	\$882.15	\$990.33	7.71	\$990.33	0.006872	0.007715
Average			7.37	\$946.34		8.28	\$1,062.39	0.007372	0.008276

Current Rate Comparison at 2026 Projection			
Measure	Population / Rate	BLS Value	ALS Value Notes
2026 Projected Population	128,372		2026 denominator
Current Goodyear Rate		\$882.15	\$990.33 Current rate
Current Rate per 1,000		6.87	7.71 Current per 1,000
2023 Factor Preservation Rate		\$1,009.69	\$1,133.51 Hold 2023 factor
Average-Factor Preservation Rate		\$946.34	\$1,062.39 Hold avg factor

Benchmarks

Benchmark Cities									
Provider / City Basis	Population	BLS Rate	BLS per 1,000	ALS Rate	ALS per 1,000	Benchmark Note	BLS Per-Person	ALS Per-Person	Include in Core Avg
Queen Creek	88,050	\$1,004.18	11.40	\$1,118.25	12.70	Growth peer	0.011405	0.012700	Yes
Avondale using Maricopa Ambulance	100,686	\$1,071.37	10.64	\$1,202.74	11.95	Ops market	0.010641	0.011945	Yes
Surprise	172,943	\$1,071.37	6.19	\$1,202.74	6.95	West Valley	0.006195	0.006955	Yes
Buckeye	119,317	\$1,606.12	13.46	\$1,606.12	13.46	Upper-end	0.013461	0.013461	No
Core Benchmark Avg (Excl Buckeye)		\$1,048.97	9.41	\$1,174.58	10.53	Primary midpoint			
All 4 Benchmark Avg		\$1,188.26	10.43	\$1,282.46	11.27	Incl. Buckeye			

Goodyear vs Benchmark Positioning				
Scenario	BLS Rate	BLS per 1,000	ALS Rate	ALS per 1,000 Notes
Goodyear Current (2026 Pop)	\$882.15	6.87	\$990.33	7.71 Current 2026
Goodyear Recommended	\$1,150.00	8.96	\$1,250.00	9.74 Recommended
Rate to Match Core Benchmark Factor	\$1,208.42	9.41	\$1,352.19	10.53 Match core factor
Rate to Match All 4 Benchmark Factor	\$1,338.32	10.43	\$1,446.15	11.27 Match all-4 factor



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Service Demand Trend Analysis

Dispatches, Transports, and Utilization								
Period	Start Population	End Population	Average Population	Dispatches	Transports	Dispatches per 1,000	Transports per 1,000	Transport Yield
2023-2024	112,157	116,794	114,476	1,335	1,049	11.66	9.16	78.6%
2024-2025	116,794	122,569	119,682	2,149	1,737	17.96	14.51	80.8%
Growth 2023-2024 to 2024-2025				61.0%	65.6%	54.0%	58.4%	2.9%
Interpretation								
Dispatches and transports grew much faster than population. This strengthens the case for rate increases beyond simple population preservation, because actual workload, transport activity, and fee-generating service demand expanded materially between the two measured periods.								

Scenario Analysis and Final Recommendations

BLS Recommendation Scenarios				
Scenario	Target Rate	Increase \$	Increase %	Comment
Maintain 2023 Factor	\$1,009.69	\$127.54	14.5%	Hold 2023 factor
Maintain 2024 Factor	\$969.60	\$87.45	9.9%	Hold 2024 factor
Maintain 2025 Factor	\$923.92	\$41.77	4.7%	Hold 2025 factor
Average-Factor Preservation	\$946.34	\$64.19	7.3%	Hold avg factor
Core Benchmark Nominal Avg	\$1,048.97	\$166.82	18.9%	Nominal core avg
Rate to Match Core Benchmark Factor	\$1,208.42	\$326.27	37.0%	Match core factor
All 4 Benchmark Nominal Avg	\$1,188.26	\$306.11	34.7%	Nominal all-4 avg
Rate to Match All 4 Benchmark Factor	\$1,338.32	\$456.17	51.7%	Match all-4 factor
Final Recommended Target	\$1,150.00	\$267.85	30.4%	Final target
ALS Recommendation Scenarios				
Scenario	Target Rate	Increase \$	Increase %	Comment
Maintain 2023 Factor	\$1,133.51	\$143.18	14.5%	Hold 2023 factor
Maintain 2024 Factor	\$1,088.50	\$98.17	9.9%	Hold 2024 factor
Maintain 2025 Factor	\$1,037.22	\$46.89	4.7%	Hold 2025 factor
Average-Factor Preservation	\$1,062.39	\$72.06	7.3%	Hold avg factor
Core Benchmark Nominal Avg	\$1,174.58	\$184.25	18.6%	Nominal core
Rate to Match Core Benchmark Factor	\$1,352.19	\$361.86	36.5%	Match core factor
All 4 Benchmark Nominal Avg	\$1,282.46	\$292.13	29.5%	Nominal all-4
Rate to Match All 4 Benchmark Factor	\$1,446.15	\$455.82	46.0%	Match all-4 factor
Final Recommended Target	\$1,250.00	\$259.67	26.2%	Final target



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Final Recommendation Summary			
Measure	BLS	ALS	Notes
Recommended Target	\$1,150.00	\$1,250.00	Planning target
Increase \$	\$267.85	\$259.67	Vs current
Increase %	30.4%	26.2%	Vs current
2026 Rate per 1,000	8.96	9.74	Forward per 1,000

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RECOMMENDATION #2:

Arizona allows a standby waiting rate for a ground ambulance when the unit must wait more than 15 minutes to load or unload a patient, unless the delay is caused by the ambulance or crew (does need State approval as part of the requested rate proposal). The charge is assessed in quarter-hour increments, and the City sets the standby waiting rate at no higher than the BLS base rate divided by 4. The rules also exclude time beyond the first 15 minutes that is needed for necessary medical treatment and stabilization at pickup.

Possible parameters:

- Bill only when wait time exceeds 15 minutes at pickup or destination.
- Charge in 15-minute increments.
- Cap the rate at the state-approved standby waiting rate for the service, which may be no higher than one-fourth of the BLS base rate.
- Exclude delays caused by the ambulance crew, equipment issues, or medically necessary stabilization time at pickup.
- Limit billing to clearly documentable circumstances, such as:
 - emergency department offload delays,
 - delayed patient handoff,
 - destination not ready to receive patient,
 - scheduled return or multi-stop transports requiring unit hold time.
- Requires PCR documentation of:
 - arrival time,
 - patient-ready time,
 - transfer-of-care time,
 - reason for delay,
 - whether the delay was outside EMS control.
- Consider a management review trigger for waits over 30 or 60 minutes to support consistency and reduce dispute risk.

For planning purposes, if Goodyear used a standby rate at the state maximum based on the current BLS rate of \$882.15, the ceiling would be about \$220.54 per hour, or about \$55.13 per 15 minutes. This would be adjusted according to the newly proposed rates if approved by the State.

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RECOMMENDATION #3:

A good next step would be to create a program that helps ensure ambulances are sent only when truly needed and that lower-acuity calls are handled in other safe ways when possible. This could include better call screening, alternative response options, and regular review of calls that did not result in transport. A defined objective of reducing avoidable ambulance dispatches and unnecessary transport for low-acuity incidents by improving call triage, expanding alternative response options, and monitoring non-transport patterns.

An approach to reducing the unnecessary dispatch would include four key parts:

1. Medical call triage enhancement

Strengthen dispatch and clinical triage protocols to better identify calls that may not need ambulance transport to an emergency department.

Examples include:

- low-acuity complaints
- lift assists without injury
- minor illness complaints
- repeat callers with non-emergent needs
- welfare checks where transport is unlikely

This does not mean refusing service. It means routing the right resource to the right call.

2. Alternative response pathways

Create alternatives for calls where ambulance transport may not be the best outcome, such as:

- treat-and-release protocols were permitted
- nurse triage or telehealth consultation
- referral to urgent care, primary care, crisis response, or community paramedicine
- non-transport response units for low-acuity incidents
- scheduled follow-up for frequent utilizers

3. Non-transport review program

Track and review non-transport dispatches by category to identify patterns.

The review should ask:

- Why was transport not needed?
- Could the call have been handled by another response type?

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- Are there repeat addresses or repeat callers?
- Are certain call types generating avoidable dispatch volume?
- Are dispatch protocols over-triaging certain complaints?

4. Public education and system coordination

Work with dispatch, fire, EMS leadership, hospitals, and community partners to educate the public on appropriate EMS use and available alternatives for non-emergency care.

Practical Performance Measures to Develop

- dispatch-to-transport rate
- non-transport dispatch count
- non-transport dispatch percentage
- repeat non-transport callers
- low-acuity dispatch categories
- avoidable dispatches redirected to alternative care
- patient safety outcomes and complaint trends

Reasonable Targets

Review non-transport dispatches and reduce avoidable low-acuity ambulance responses by 5% to 10% over the next year, while maintaining patient safety and response reliability.

Using 2024–2025 data, with 432 non-transport dispatches:

- a 5% reduction equals about 22 fewer non-transport dispatches
- a 10% reduction equals about 43 fewer non-transport dispatches

That is measurable and realistic without being overly aggressive while improving efficiency and effectiveness of the ambulance service program including incremental cost reduction.