EMS Advisory Committee Meeting

Tukwila Community Center,
Room A-B

12424 42nd Ave S
Tukwila, WA 98168

Wednesday, June 17, 2026

1:00PM to 2:30PM

AGENDA

- **Welcome/Introductions – Michele Plorde**
- **Finance Plan Update – Becky Ellis**
- **Medical Program Director Updates – Tom Rea**
- **STRIVE Strategic Initiative – Jason Hammond**
- **Annual EMS Statistics Packet – Rose Young**
- **Good of the Order**

Next Meeting: Wednesday, September 23, 2026, from 1pm-2:30pm @ Mercer Island Community & Event Center

EMERGENCY MEDICAL SERVICES

DRAFT **5/26/26**

2026-2031 Levy Plan (March 2026 OEFA Forecast)

	2026*	2027	2028	2029	2030	2031	2026-2031 Levy	Original Plan	Difference	%
BEGINNING FUND BALANCE	**129,288,653**	**148,630,327**	**164,975,672**	**176,993,285**	**186,455,768**	**192,197,679**	**195,476,431**			
REVENUES										
Property Taxes[1]	152,006,810	154,906,376	157,207,466	160,284,413	162,264,597	165,789,904	952,459,566	913,711,826	38,747,740	104%
Interest Earnings/Other Revenue[2]	6,066,000	6,119,000	6,144,000	6,533,000	6,800,000	6,941,000	38,603,000	34,182,000	4,421,000	113%
EMS REVENUE TOTAL	**158,072,810**	**161,025,376**	**163,351,466**	**166,817,413**	**169,064,597**	**172,730,904**	**991,062,566**	**947,893,826**	**43,168,740**	**105%**
EXPENDITURES										
ALS Allocations	(77,159,487)	(80,457,611)	(84,114,072)	(87,451,039)	(90,760,466)	(94,160,328)	(514,103,004)	(515,103,196)	(1,000,192)	100%
BLS Allocations	(33,742,786)	(35,200,476)	(36,819,697)	(38,292,486)	(39,751,430)	(41,250,058)	(225,056,933)	(225,511,378)	(454,445)	100%
MIH Allocation	(7,541,074)	(7,866,848)	(8,228,723)	(8,557,872)	(8,883,927)	(9,218,851)	(50,297,295)	(50,398,858)	(101,563)	100%
Regional Services	(18,829,301)	(19,642,728)	(20,546,294)	(21,368,145)	(22,182,272)	(23,018,543)	(125,587,283)	(125,840,876)	(253,593)	100%
Strategic Initiatives	(1,258,488)	(1,303,968)	(1,407,434)	(1,458,311)	(1,507,840)	(1,557,582)	(8,493,623)	(8,493,623)	0	100%
Non-Levy	(200,000)	(208,400)	(217,632)	(227,077)	(236,751)	(246,789)	(1,336,649)		1,336,649	
EMS EXPENDITURE TOTAL	**(138,731,136)**	**(144,680,031)**	**(151,333,852)**	**(157,354,931)**	**(163,322,686)**	**(169,452,151)**	**(924,874,788)**	**(925,347,931)**	**473,143**	**100%**
Difference Revenues & Expenditures	*19,341,674*	*16,345,345*	*12,017,614*	*9,462,482*	*5,741,911*	*3,278,753*	*66,187,778*	*22,545,895*	*43,641,883*	*294%*
Unrealized Loss/Gain							0		0	
Total Other Fund Transactions	-	-	-	-	-	-	**0**		**0**	
ENDING FUND BALANCE	**148,630,327**	**164,975,672**	**176,993,285**	**186,455,768**	**192,197,679**	**195,476,431**	**195,476,431**	**57,116,315**	**138,360,116**	**342%**
RESERVES AND DESIGNATIONS										
Designations[3]	(42,449,421)	(42,449,421)	(42,449,421)	(42,449,421)	(42,449,421)	(42,449,421)	(42,449,421)	(17,550,681)	24,898,740	242%
Reserves/Contingencies	(106,180,906)	(122,526,251)	(134,543,864)	(144,006,347)	(149,748,258)	(153,027,010)	(153,027,010)	(43,112,269)	109,914,741	355%
TOTAL RESERVES & DESIGNATIONS	**(148,630,327)**	**(164,975,672)**	**(176,993,285)**	**(186,455,768)**	**(192,197,679)**	**(195,476,431)**	**(195,476,431)**	**(60,662,950)**	**134,813,482**	**322%**
ENDING UNDESIGNATED FUND BALA	-	-	-	-	-	-	**0**	**0**	-	

Levy Rate (per $1,000 AV)	**2026**	**2027**	**2028**	**2029**	**2030**	**2031**
Current	0.2500	0.2489	0.2427	0.2359	0.2336	0.2294
Planned	0.2500	0.2462	0.2403	0.2379	0.2324	0.2295

	2026	**2031**
Current	25.00	22.94
Planned	25.00	22.95

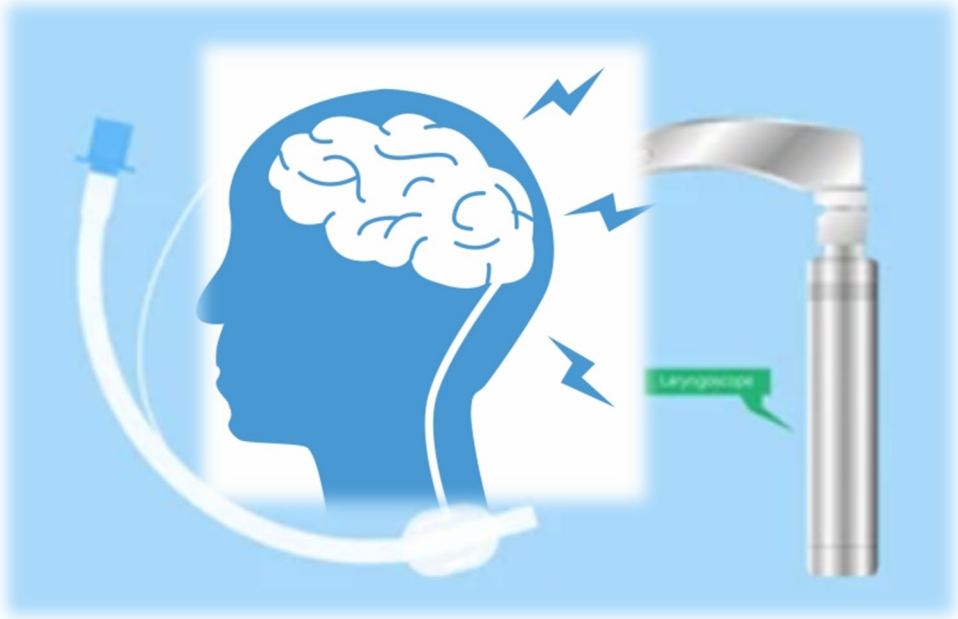
** Adjustment to 2026 beginning fund balance due to change in how KC accounts for unrealized gains and losses (EMS previously reported based on unrealized revenue account; change is $1.23 million). These gains/losses with reflect in financials when they become realized.*

[1] *Includes property tax revenues only (current, delinquent & refunds)*

[2] *All non-property tax related revenue including other revenues received as property tax fund at King County; primarily interest income*

[3] *Designations include program balances and KCM1 equipment fund*

Seizure and Advanced Airway Management



Thomas Rea

EMSAC June 2026

Background

Seizure management

- Treat the seizure
- Support the A,B, C's
- Consider the cause (history, blood sugar, O2 sat)

Advanced airway management can be essential and requires RSI

Post-intubation - some patients require paralytic for airway safety.

In a seizure patient, the use of paralytic can present a challenge for ongoing seizure monitoring.

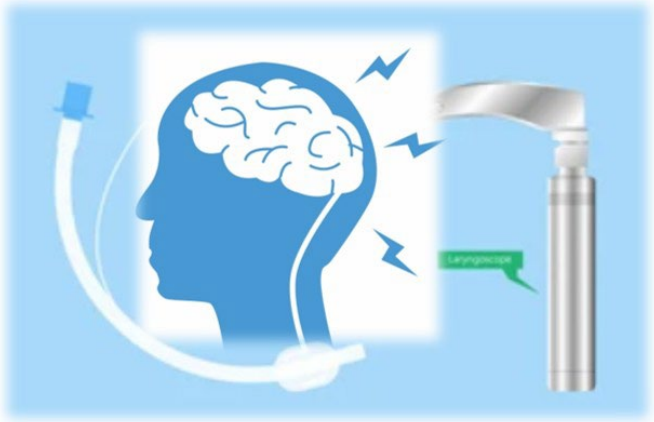
Paralysis can mask the motor manifestations of active seizure. Paralytic medications do not treat the acute seizure.

Questions and Methods

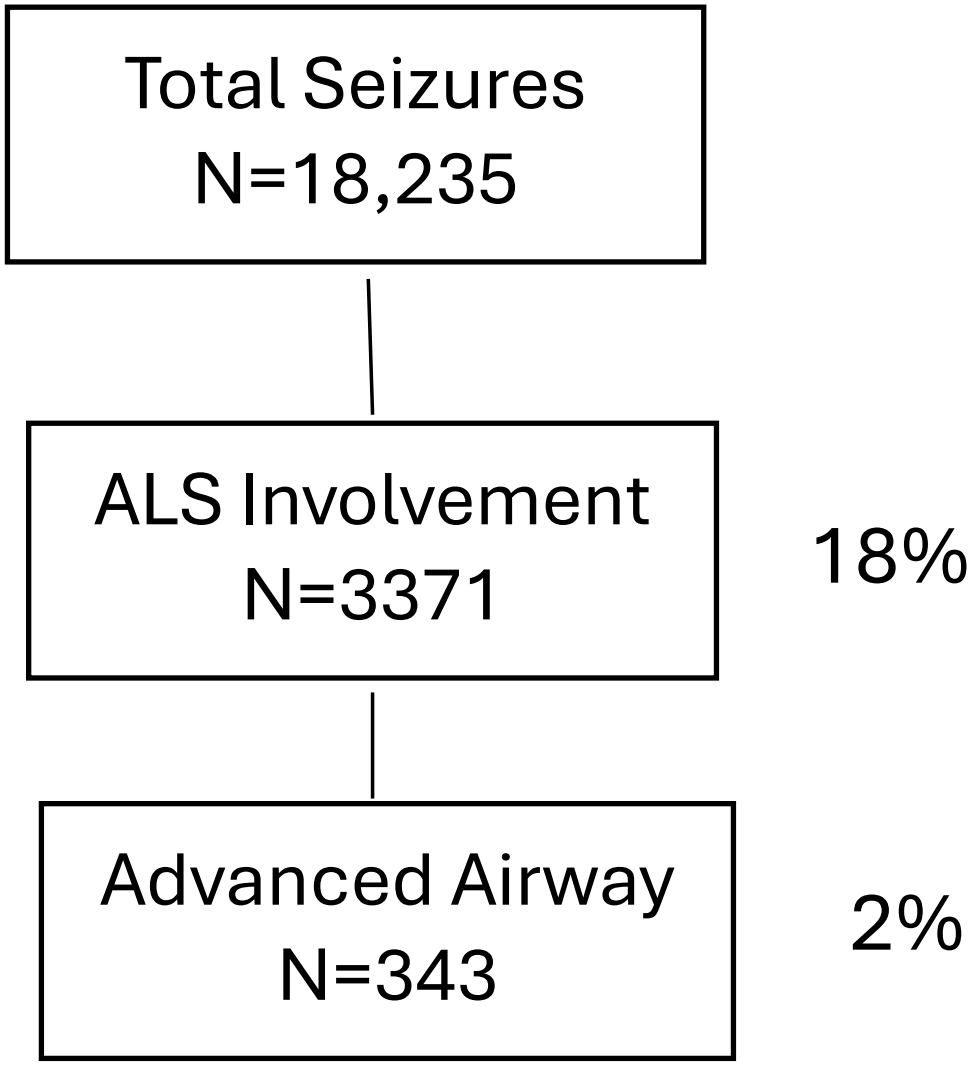
How often is advanced airway management required?

What is the medication management in terms of anticonvulsant meds (midazolam & Keppra) and paralytic use (pre- and post intubation)?

Evaluated seizure calls from greater King County (2020-2024)



Results - Level of Care for Seizure



Pre-Intubation (n=343)

Paralysis

96% received RSI as part of intubation

88% received succinyl choline, 12% received rocuronium

Anticonvulsant

81% received midazolam before intubation

Half received 2 or more doses

Post Intubation

41% received post-intubation paralysis (rocuronium)

Those paralyzed were modestly less likely to receive anticonvulsants

	Post Intubation Paralytic	
	Yes	No
Treatment	N=125	N=178
Midazolam Tx	71%	77%
- Median Dose (mg)	7.5 mg	10 mg
Keppra Tx	4%	8%
- Median Dose (mg)	1500 mg	1500 mg
Analgesic	57%	67%

Summary and Implications

Advanced airway management is complex in seizure patients.

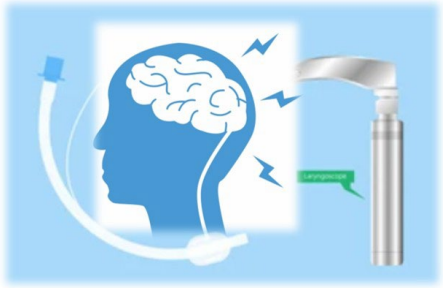
AAM as part of emergency seizure care is uncommon (1.9%).

Use of paralytics for RSI is typically essential as demonstrated (96%).

~40% also received a (long-acting) paralytic after intubation

Sometimes paralytic was delivered very early after intubation without trial of post-intubation sedation.

We want to be especially thoughtful in using paralytics after intubation given the clinical challenge to monitor and treat seizure.



STRIVE

STRATEGIC INITIATIVE

EMS ONLINE MODERNIZATION PROJECT

PROJECT CLOSEOUT REPORT

EMS ADVISORY COMMITTEE

JUNE 17, 2026

JASON HAMMOND
TRAINING & EDUCATION SUPERVISOR

WHY STRIVE?

THE CHALLENGE

By 2020, EMS education faced significant challenges that required a modern solution.

EMS ONLINE WAS NEARLY 20 YEARS OLD

The existing system was outdated and no longer meeting user needs.

INCREASING CYBERSECURITY REQUIREMENTS

Stricter security standards required a more robust and secure platform.

GROWING EDUCATIONAL DEMANDS

More learners, more courses, and greater expectations.

LIMITED REPORTING AND ANALYTICS

Lack of meaningful data made it hard to measure impact and trends.

AGING INFRASTRUCTURE

Legacy technology increased risk, maintenance costs, and downtime.

LIMITED INTEGRATION CAPABILITIES

Disconnected systems created inefficiencies and extra work.

STRIVE was built to address these challenges and create a stronger future for EMS education.

STRIVE AT A GLANCE

FUNDING SOURCE

2020–2025 EMS Levy

Funding Source

START

2021

Initiative Launch

SCOPE

Regional Modernization

EMS Online Transformation

CLOSEOUT

June 2026

Strategic Initiative Complete

SUPPORTED USERS

EMTs

Paramedics

Telecommunicators

Instructors

Administrators

LISTENING BEFORE BUILDING

WHO WE ENGAGED

We listened to a broad range of regional partners to shape STRIVE.

- EMS Chiefs
- Medical Directors
- Training Officers
- EMS providers
- Telecommunicators
- Educational partners and subject matter experts
- KCIT

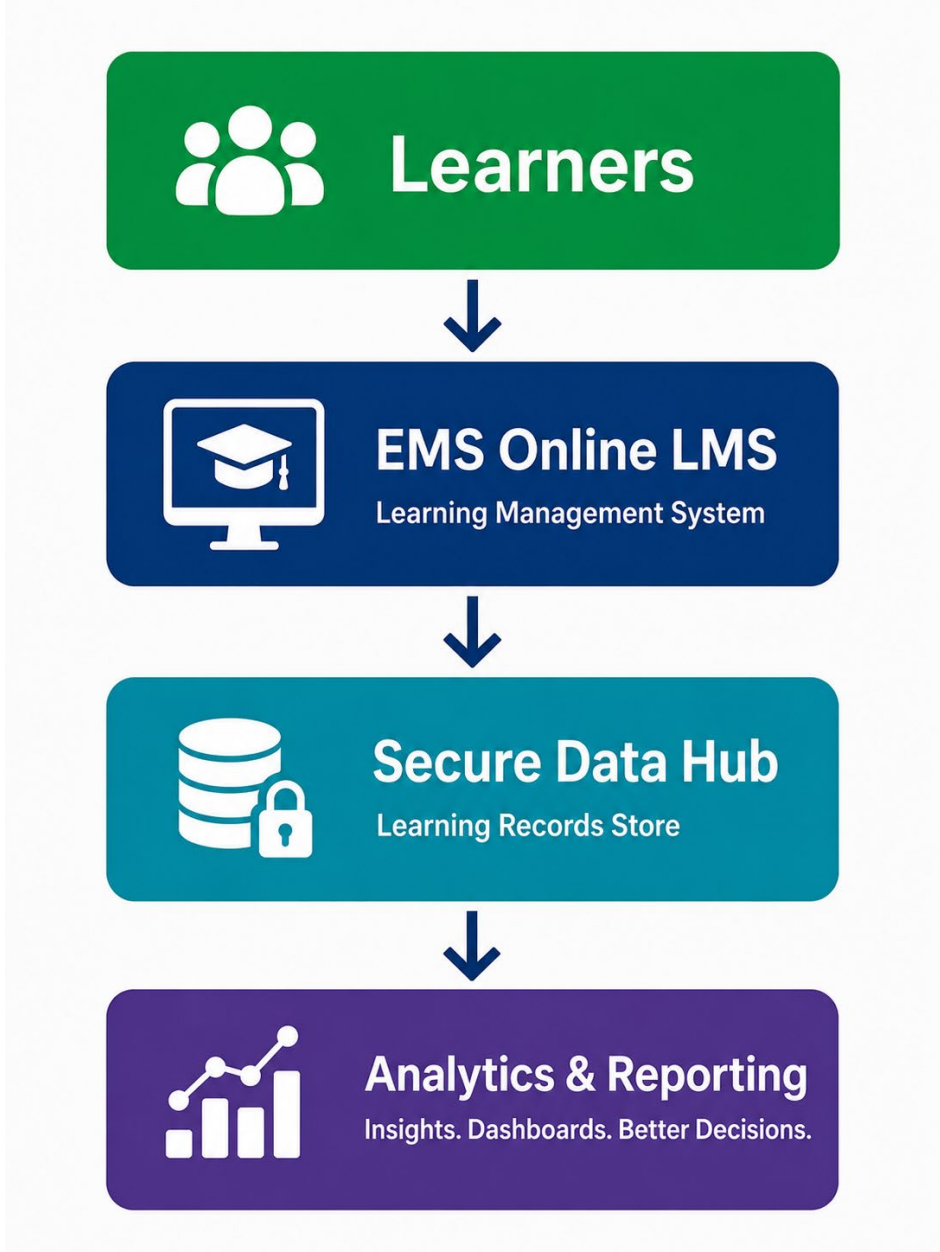
WHAT WE LEARNED

Together, we identified key priorities to guide the future of EMS education.

- Better learner experience
- Stronger reporting
- Mobile accessibility
- Data ownership
- Improved security
- Future integration capability

Your input shaped STRIVE.
Together, we built a stronger, smarter future for EMS education.

The Solution



Project Timeline

2021- Options analysis

2022- System Design

2023- Procurement and Contracting

2024- Configuration and Testing

2025- Implementation and CAPCE integration

2026- Regional rollout and RSS transition

What Was Delivered

Two Enterprise Platforms

Learning Management System (LMS)

cornerstone

Learning Records Store (LRS)

watershed

LMS BENEFITS

MODERN LEARNING EXPERIENCE

Designed to empower learners and administrators with a smarter, more seamless experience.

MOBILE-FRIENDLY PLATFORM

Access learning anytime, anywhere on any device.

IMPROVED USER INTERFACE

Intuitive design for easier navigation and better usability.

ENHANCED ASSESSMENTS

More robust tools for testing, quizzes, and skill validation.

SURVEYS AND EVALUATIONS

Gather feedback and measure satisfaction with ease.

CAPCE INTEGRATION

Seamless alignment with CAPCE standards and requirements.

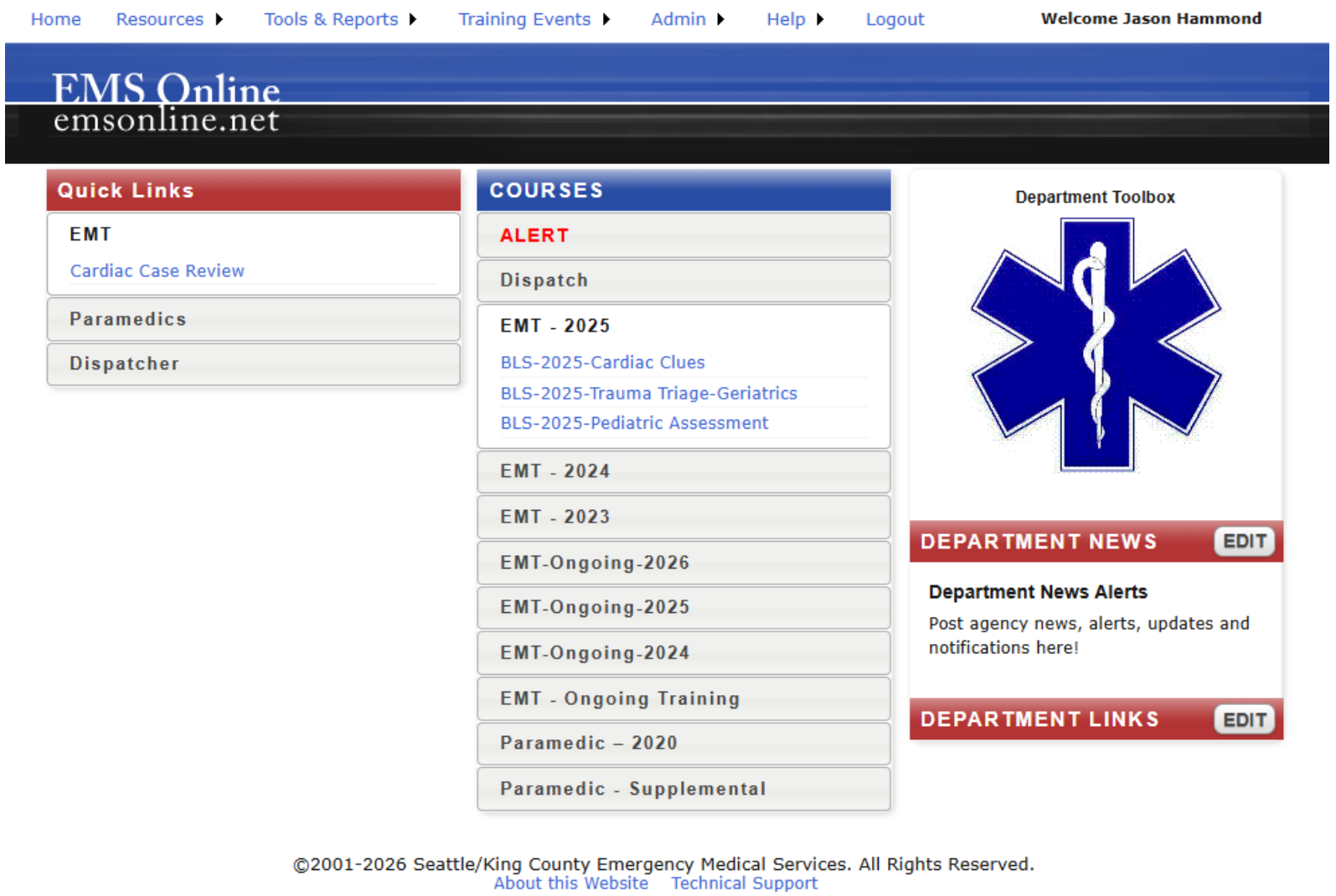
SINGLE SIGN-ON

Secure, easy access with one login across connected systems.

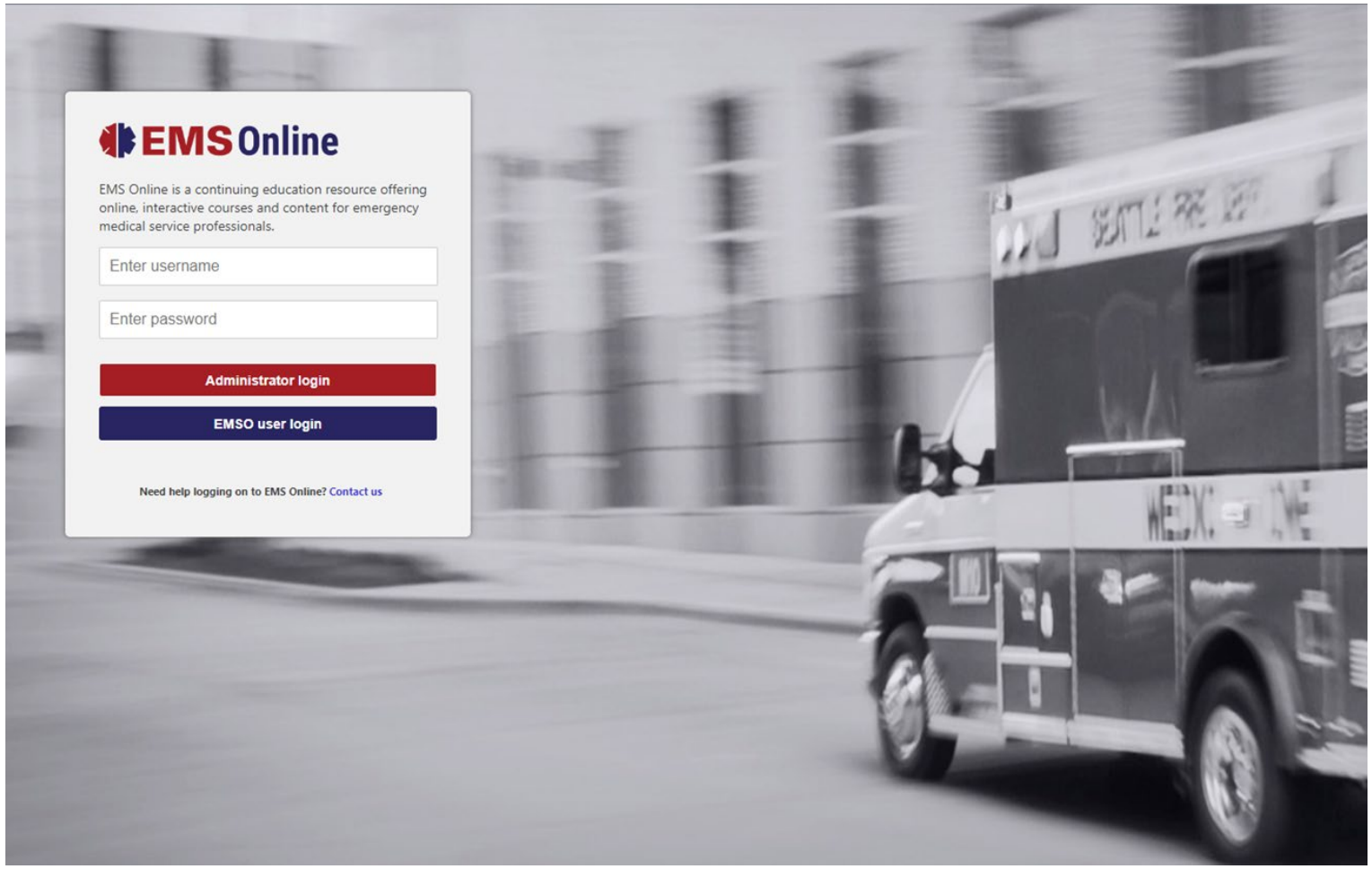
A modern LMS that supports excellence in EMS education.

Legacy EMS Online Login Screen

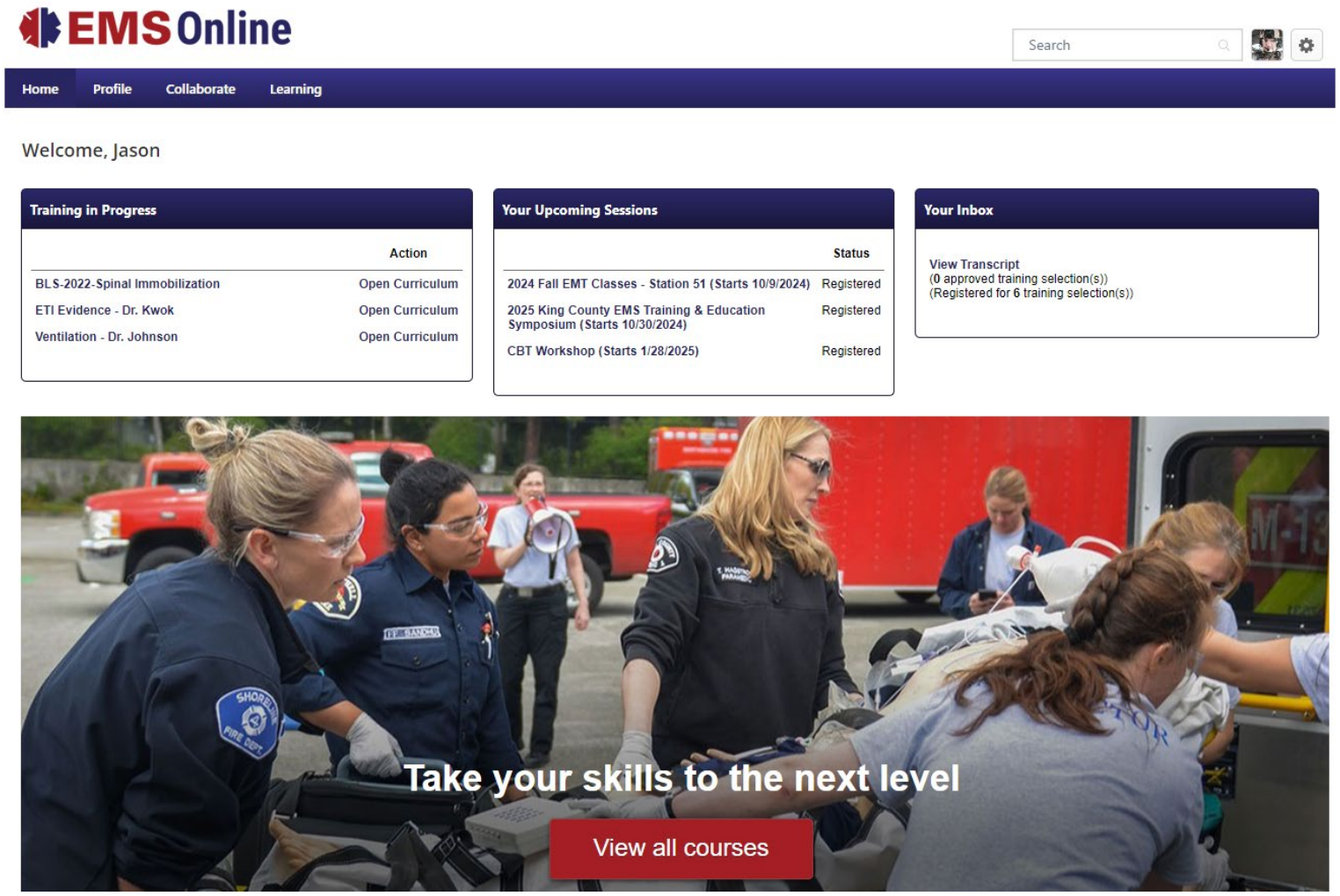
Legacy EMS Online Landing Page



NEW
EMS Online
Login Screen



NEW
EMS Online
Landing Page



Legacy EMS Online Training Officer Report

DEPARTMENT REPORT

To view Department Report:

- Scroll to find subscriber or click the column heading link to sort results.
- Passing scores are highlighted in green. Failing scores are highlighted in yellow.

To update Practical Date:

- To add Practical Date, enter the date (example: mm/dd/yyyy). Click 'Update Practical Date'.
- To delete Practical Date, check the box next to the practical date you wish to delete. Click 'Update Practical Date'.

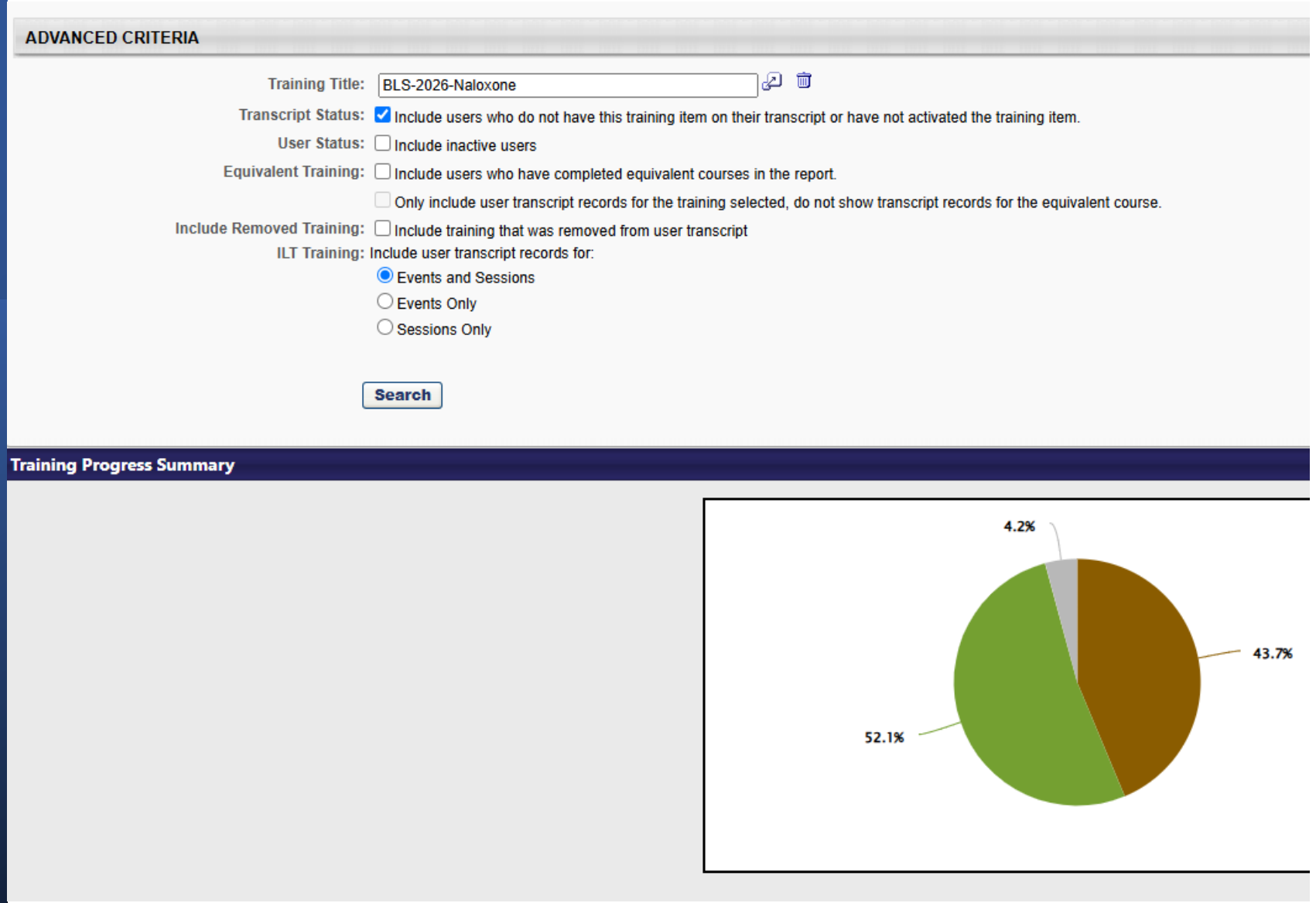
Organization: Department Toolbox
Exam Track: BLS-2026-Naloxone
Report Date: 6/11/2026

Total Record(s): [35] passing scores failing scores

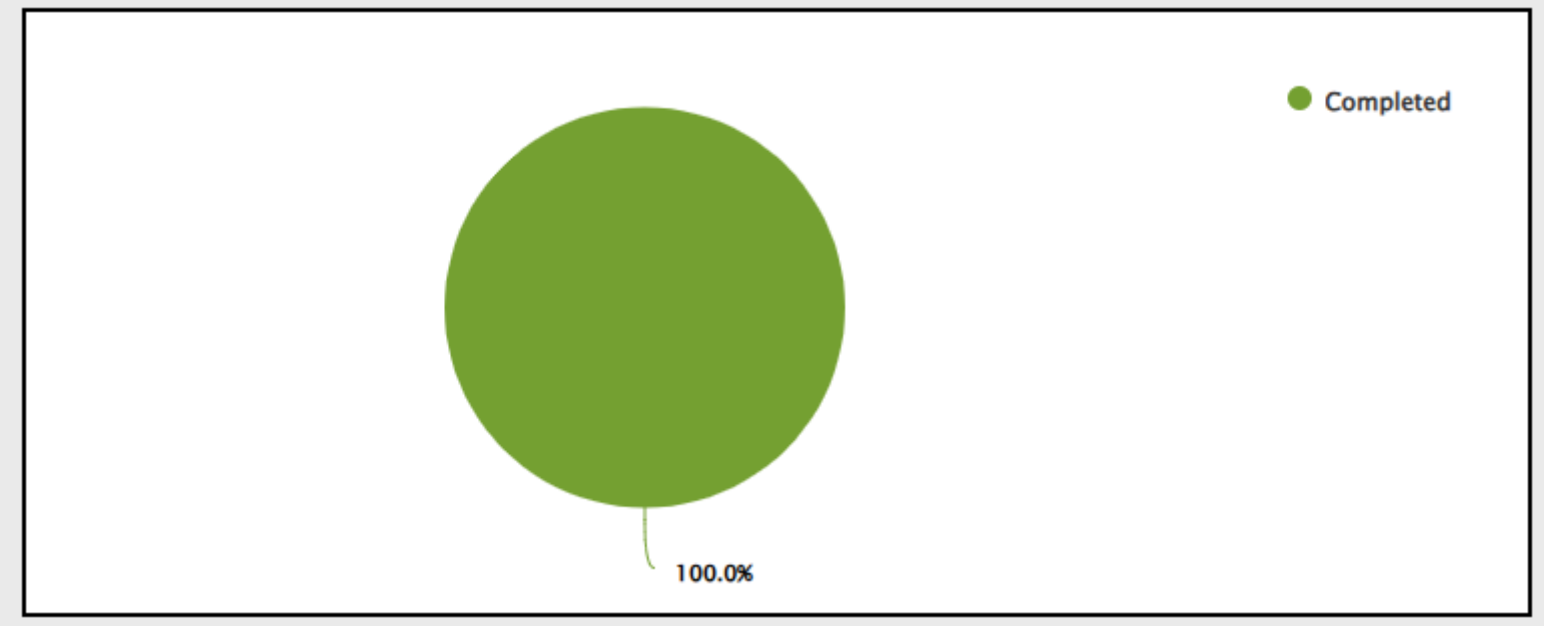
Subscriber Info - Exam and Practical Date Detail

First Name	Last Name	Shift	Recert Date	Exam Date	Score	Practical Date	Delete Practical Date	DeleteExam
Zachary	Johnson			01/08/2026	11 of 20			DELETE
Zachary	Johnson			01/08/2026	19 of 20			DELETE
Michelle	Lightfoot		01/17/2025	01/08/2026	18 of 20			DELETE
Michelle	Lightfoot		01/17/2025	01/08/2026	5 of 20			DELETE
David	Sanchez		01/01/1990	01/08/2026	20 of 20			DELETE
David	Sanchez		01/01/1990	01/08/2026	0 of 20			DELETE
Jason	Hammond			01/08/2026	5 of 20			DELETE

NEW EMS Online Training Officer Report



NEW EMS Online Training Officer Report



Printable Version Export to Excel

Search Results

USER ID	USER	MANAGER

« Previous 1-10 of 87 Next »

COMPLETION DATE	STATUS	USER STATUS	DETAILS

LRS BENEFITS

NEW ERA OF DATA

Leveraging powerful data capabilities to drive insights, improve decisions, and strengthen regional EMS education.

CENTRALIZED EDUCATIONAL RECORDS

Secure, unified access to complete learner and training data.

DASHBOARD CREATION

Custom dashboards that bring key metrics and trends to life.

ADVANCED ANALYTICS

Deeper insights to identify trends, measure impact, and support decisions.

DATA EXPORT CAPABILITIES

Easily export data to support reporting, sharing, and compliance.

FUTURE BI INTEGRATION

Seamless integration with Business Intelligence tools and platforms.

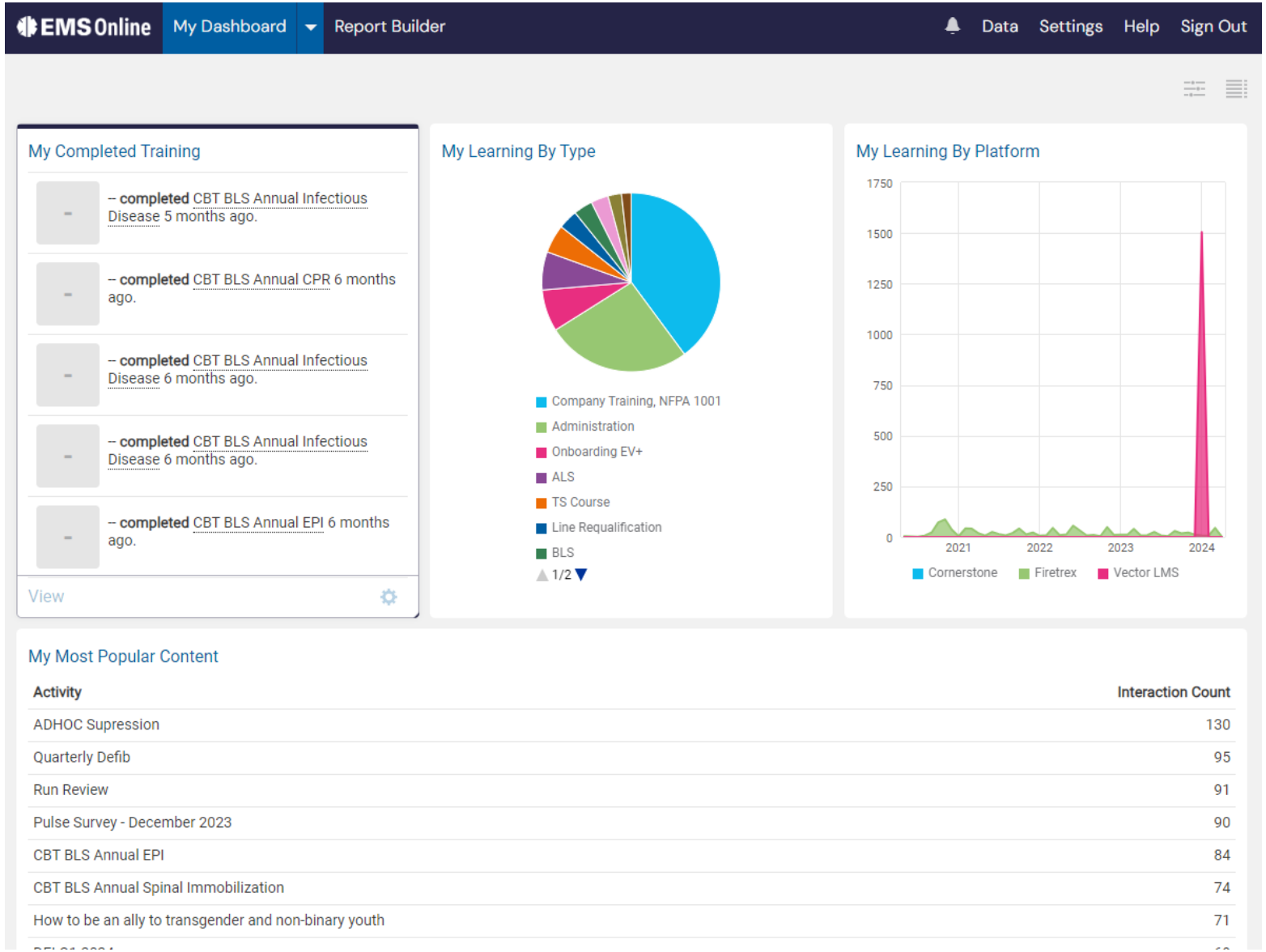
ADDITIONAL DATA REDUNDANCY

Enhanced reliability and redundancy to protect critical data.

BUILDING A SMARTER, MORE RESILIENT FUTURE

The Learning Record Store (LRS) empowers our region with the data foundation needed for smarter planning, stronger performance, and better outcomes.

Sample LRS User Dashboard



IMPLEMENTATION SUCCESS

REGIONAL ROLLOUT COMPLETE

40
Agencies, Departments & Organizations

Nearly 5,000
EMTs, Paramedics & Telecommunicators Onboarded

CONTENT LIBRARY MIGRATION

33
Active Online Courses

500+
Tuesday Series Videos

RECORDS MIGRATION

Tens of Thousands
Historical Training Records Preserved and Migrated

COUNTYWIDE IMPLEMENTATION COMPLETE
Deployment, onboarding, content migration, and records preservation were successfully completed across the regional EMS system.

FINANCIAL STEWARDSHIP

Delivered Within Budget and Returning Funds to EMS Program Balances

$2.99M
AUTHORIZED CAPITAL BUDGET

$2.79M
TOTAL PROJECT EXPENDITURES

$76,977
RETURNING FUNDS TO EMS PROGRAM BALANCES

PROJECT FINANCIAL SUMMARY (06/2026)

AUTHORIZED BUDGET	TOTAL PROJECT EXPENDITURES	REMAINING BUDGET	ESTIMATED REMAINING CLOSEOUT COSTS	RETURNING FUNDS TO EMS PROGRAM BALANCES
$2.99M	$2.79M	$195K	$118K	$76,977

STRIVE achieved all major project objectives while remaining within its authorized capital budget and returning funds to EMS Program Balances.

RETURN ON INVESTMENT

WHAT DID THE LEVY BUY?

	✓ Modern Learning Infrastructure
	✓ Advanced Analytics & Reporting
	✓ Enhanced Cybersecurity
	✓ Long-Term Data Stewardship
	✓ Improved Learner Experience
	✓ Foundation for Future Innovation

WHAT'S NEXT FOR STRIVE

CONTINUOUS IMPROVEMENT

Improving usability, performance, and learner experience through ongoing enhancement and stakeholder feedback.

EXPANDED ANALYTICS

Leveraging the Secure Data Hub to increase access to educational reporting, dashboards, and performance insights.

FUTURE SYSTEM INTEGRATIONS

Exploring opportunities to connect learning, certification, quality improvement, and operational data systems.

DATA-INFORMED DECISION MAKING

Providing regional leaders with timely, accurate information to support workforce development and EMS system planning.

SUSTAINABLE OPERATIONS

Transitioning from project implementation to long-term operational support, governance, and continuous innovation.

STRIVE BY THE NUMBERS

2020–2026
Strategic Initiative

2
Enterprise Platforms

Thousands
Regional Users

Countywide
Regional Implementation with Dozens of Partners

CAPCE
Accreditation Maintained

100%
Records Retained

OPERATIONAL TRANSITION COMPLETE

The STRIVE Strategic Initiative successfully modernized regional EMS education infrastructure while preserving educational records, maintaining accreditation, and transitioning to sustainable long-term operations.

STRIVE COMPLETE

From a Legacy Learning Platform to a Modern Regional Education and Data Ecosystem

Over five years, STRIVE transformed EMS Online into a **sustainable, secure**, and **scalable** foundation for regional EMS education, workforce development, and **data-informed** decision making.

Thank You

To the EMS agencies, training officers, instructors, telecommunicators, medical directors, KCIT partners, and **partners** whose collaboration made this initiative possible.

EMS Online

KING COUNTY TRAINING

STRIVE STRATEGIC INITIATIVE (2020–2026)

Seattle & King County EMS
2026 Regional Statistics Report

Report Contains 2025 Data of:

King County Population Profile

BLS Statistics and Map

ALS Statistics and Map

Regional Cardiac Arrest Survivor Report

Incident Level Data

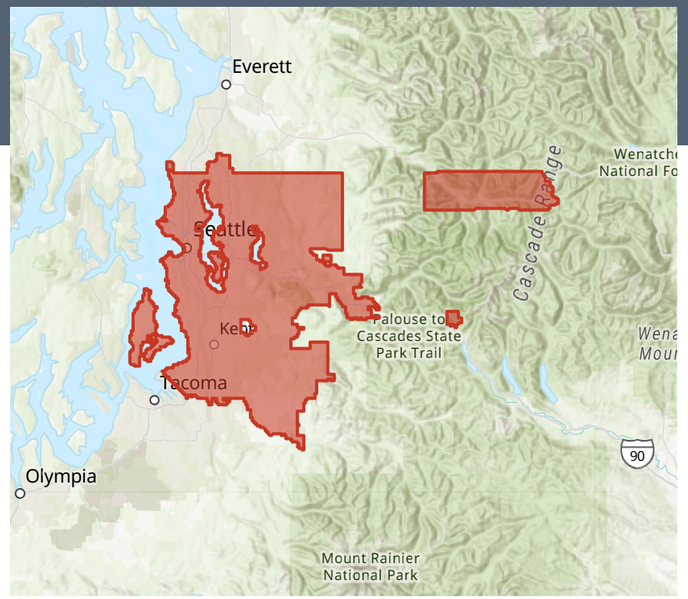
Wall Times

POPULATION PROFILE

King County EMS

Public Health Seattle & King County | esri

Area: 1,081.4 square miles

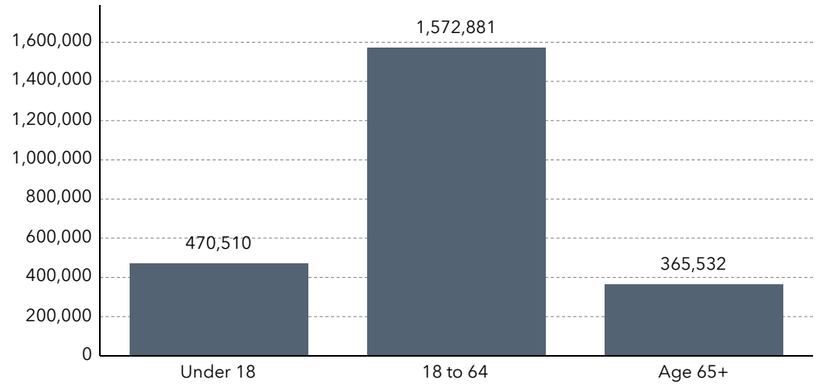


2,408,922	971,683	2.44	2,594,092	38.1	$132,646	$932,912	155	55	72
Population	Households	Avg Size Household	Daytime Population	Median Age	Median Household Income	Median Home Value	Wealth Index	Housing Affordability	Diversity Index

POVERTY AND AT RISK (ACS)

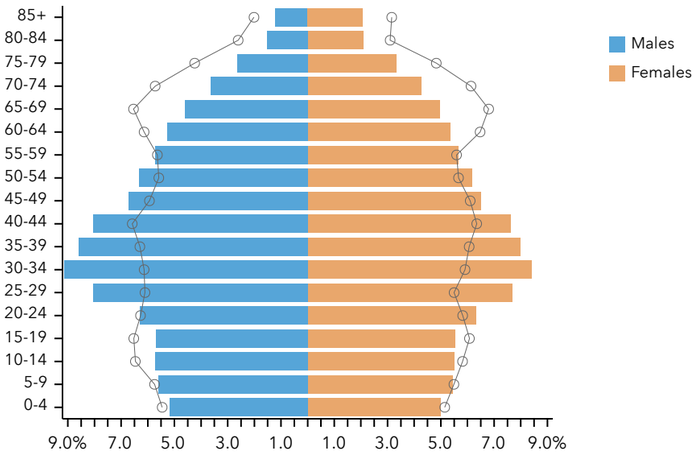
8%	77,727	184,716
Households Below the Poverty Level	Households Below the Poverty Level	Households With Disability (ACS)

POPULATION BY AGE



Language Spoken (ACS)	Age 5-17	18-64	Age 65+
English Only	**233,149**	**1,039,687**	**250,155**
Spanish	**34,552**	**109,800**	**8,595**
Spanish & No English	331	3,922	1,162
Indo-European	**23,895**	**124,396**	**14,730**
Indo-European & No English	156	1,700	1,418
Asian-Pacific Island	**29,571**	**208,973**	**38,801**
Asian-Pacific Isl & No English	154	4,731	5,980
Other Language	**12,649**	**45,966**	**3,690**
Other Language & No English	50	759	796

Age pyramid



Dots show comparison to: Chelan County

2025 Race and ethnicity (Esri)

The largest group: White Alone (52.61)

The smallest group: American Indian/Alaska Native Alone (0.86)

Indicator ▲	Value	Diff
White Alone	52.61	-15.54
Black Alone	6.89	+6.38
American Indian/Alaska Native Alone	0.86	-0.17
Asian Alone	22.43	+21.24
Pacific Islander Alone	0.92	+0.78
Other Race	5.41	-12.44
Two or More Races	10.89	-0.24
Hispanic Origin (Any Race)	11.26	-18.32

Bars show deviation from: Chelan County

2025 Households by income (Esri)

The largest group: $200,000+ (32.4%)

The smallest group: $15,000 - $24,999 (3.3%)

Indicator ▲	Value	Diff
<$15,000	6.1%	-3.0%
$15,000 - $24,999	3.3%	+0.1%
$25,000 - $34,999	3.4%	-2.7%
$35,000 - $49,999	5.6%	-4.6%
$50,000 - $74,999	10.4%	-7.5%
$75,000 - $99,999	9.9%	-3.8%
$100,000 - $149,999	16.3%	-1.8%
$150,000 - $199,999	12.6%	+3.3%
$200,000+	32.4%	+20.0%

Bars show deviation from: Chelan County

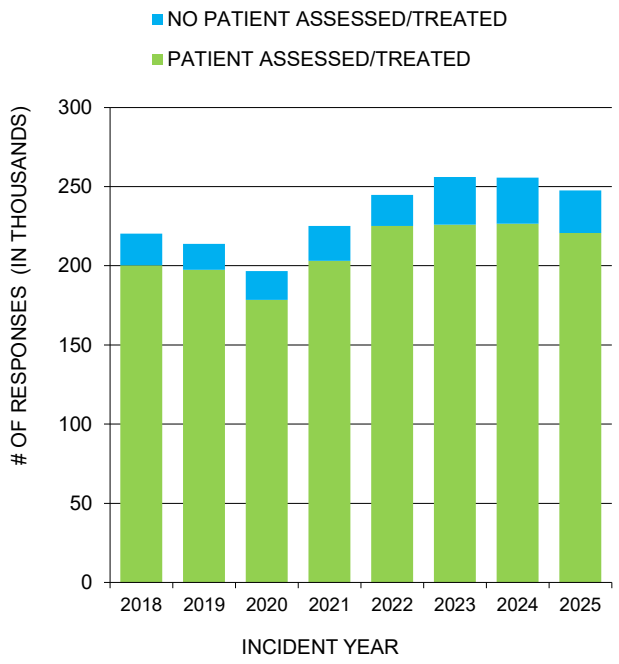
Source: This infographic contains data provided by Esri (2025, 2030), Esri-Data Axle (2025), ACS (2019-2023).

SEATTLE & KING COUNTY EMERGENCY MEDICAL SERVICES

2025 BASIC LIFE SUPPORT (BLS) STATISTICS

RESPONSES & PATIENTS		
INCIDENT YEAR	**RESPONSES**	**PATIENTS**
2018	220,282	200,287
2019	213,799	197,536
2020	196,729	178,546
2021	225,128	203,143
2022	244,648	225,188
2023	256,037	225,950
2024	255,602	226,566
2025	247,640	220,687

BLS RESPONSES



RESPONSE TIME	
Median Total Response Time	6.5
Median Unit Response Time	5.2
% 6 Minutes or Less	64.6%

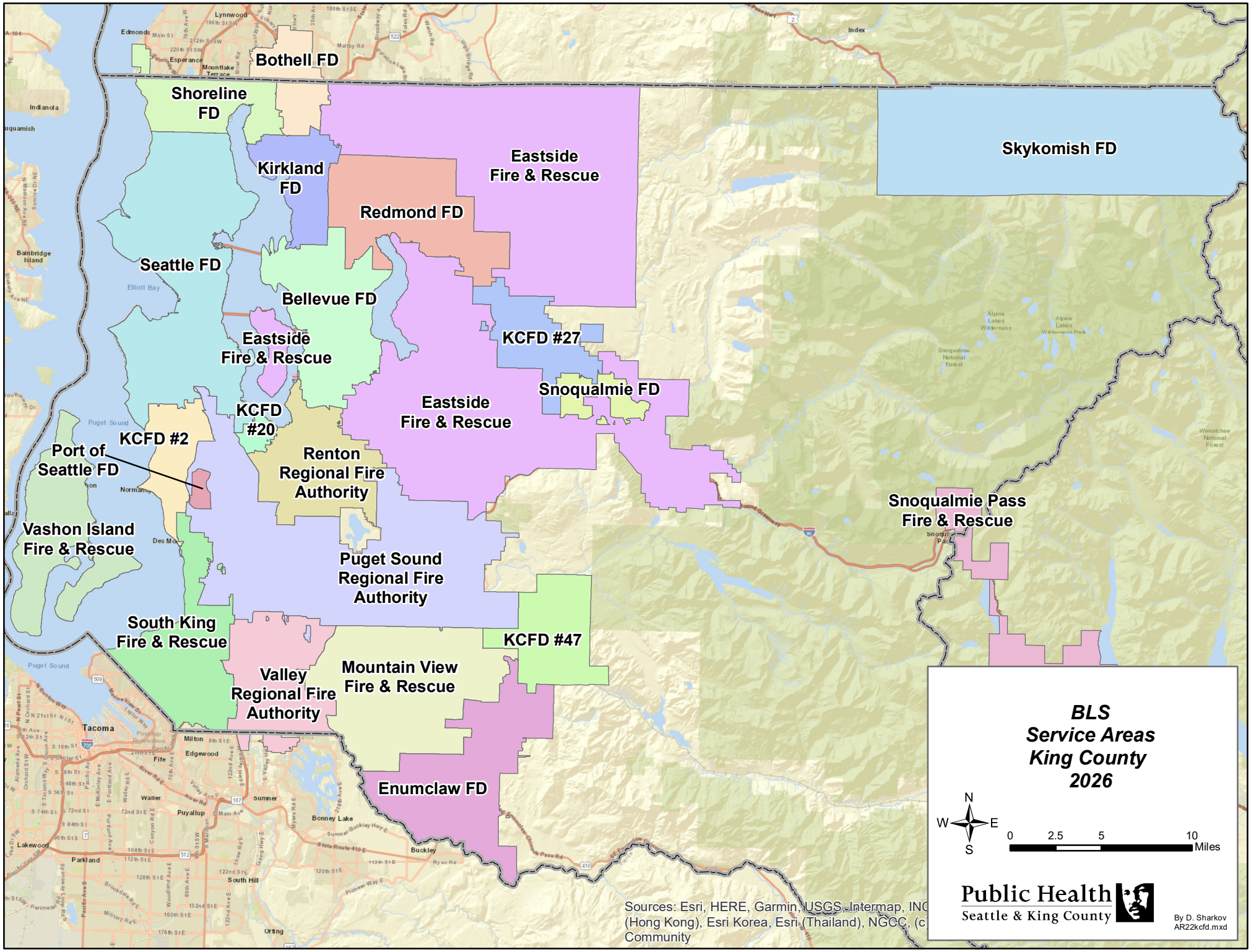
RESPONSES BY AGE GROUP[1]		
0-17 yrs.	5.6%	12,365
18-24 yrs.	5.5%	12,064
25-44 yrs.	23.0%	50,725
45-64 yrs.	22.5%	49,599
65-84 yrs.	31.4%	69,206
85+ yrs.	12.1%	26,680
Not Recorded	0.0%	48
TOTAL	**100.0%**	**220,687**

[1] Does not include 'cancelled enroute' and 'no patient found'

PRIMARY RESPONSE TYPE		
Injury/Trauma	16.7%	41,292
Behavioral/Psychological	7.7%	19,106
Neurological	7.2%	17,745
Cardiovascular	6.6%	16,418
Abdominal/Genito-Urinary	6.3%	15,661
Respiratory	5.7%	14,127
Alcohol/Drug	5.4%	13,391
Other Medical	23.1%	57,176
No Injury or Illness	6.4%	15,784
No Patient Contact / Found / Refused	4.8%	11,831
Obvious Death	1.0%	2,378
Cancelled Enroute	4.4%	10,872
Cancelled on Scene	2.5%	6,122
Assist/Standby	2.3%	5,737
Not Recorded	0.0%	0
TOTAL	**100.0%**	**247,640**

TRANSPORT CATEGORY		
ALS Transport	5.0%	12,412
BLS Transport	11.6%	28,615
Ambulance Transport	38.6%	95,522
Other Transport	6.1%	15,165
Not Transported	25.8%	63,778
Unknown/Not Recorded	2.1%	5,196
Not Applicable	10.9%	26,952
TOTAL	**100.0%**	**247,640**

TRANSPORT DESTINATION		
Valley Medical Center / UW Medicine	9.0%	22,399
Harborview Medical Center	5.7%	14,223
Overlake Hospital	5.0%	12,402
St. Francis Hospital	4.0%	9,947
St. Anne Hospital	3.9%	9,638
EvergreenHealth Medical Center	3.5%	8,732
Auburn Medical Center / Multicare	3.5%	8,712
Northwest Hospital / UW Medicine	3.4%	8,353
Swedish / First Hill	2.3%	5,723
Swedish / Issaquah	2.2%	5,512
Other Hospital	9.0%	22,296
ALL HOSPITALS	**51.7%**	**127,937**
Other/Unknown	5.5%	13,530
Not Transported	25.8%	63,784
Not Applicable	10.9%	26,952
Not Recorded	6.2%	15,437
TOTAL	**100.0%**	**247,640**


Bothell FD
Shoreline FD
Kirkland FD
Eastside Fire & Rescue
Redmond FD
Skykomish FD
Seattle FD
Bellevue FD
Eastside Fire & Rescue
KCFD #27
Snoqualmie FD
Eastside Fire & Rescue
KCFD #20
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
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Public Health
Seattle & King County
By D. Sharkov
AR22kcfd.mxd
Sources: Esri, HERE, Garmin, USGS, Intermap, INC
(Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c)
Community

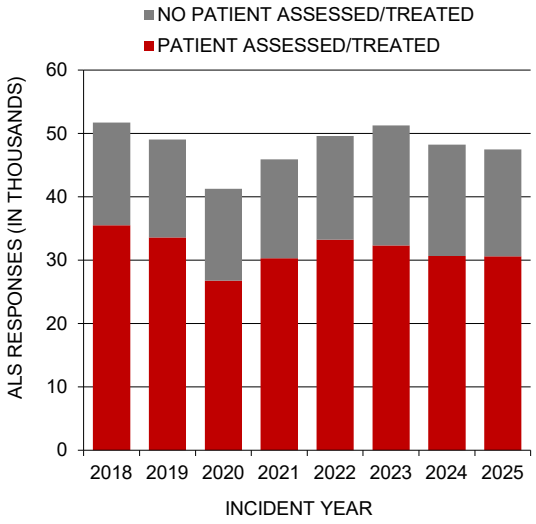
SEATTLE & KING COUNTY EMERGENCY MEDICAL SERVICES

2025 ADVANCED LIFE SUPPORT (ALS) STATISTICS*

RESPONSES & PATIENTS

INCIDENT YEAR	RESPONSES	PATIENTS
2018	51,741	35,531
2019	49,039	33,612
2020	41,276	26,800
2021	45,902	30,310
2022	49,622	33,247
2023	51,256	32,353
2024	48,258	30,667
2025	47,495	30,640

ALS RESPONSES



UNIT RESPONSE TIME

Median Total Response Time	11.1
Median Unit Response Time	7.8
% 8 Minutes or Less	52.7%
% 10 Minutes or Less	75.2%
% 12 Minutes or Less	88.2%
% 14 Minutes or Less	94.1%

RESPONSES BY AGE GROUP[1]

0-17 yrs.	6.5%	2,003
18-24 yrs.	3.5%	1,085
25-44 yrs.	18.1%	5,541
45-64 yrs.	27.0%	8,287
65-84 yrs.	34.6%	10,594
85+ yrs.	10.2%	3,124
Not Recorded	0.0%	6
TOTAL	**100.0%**	**30,640**

PRIMARY RESPONSE TYPE

Cardiovascular	17.7%	8,410
Respiratory	7.7%	3,674
Neurological	6.7%	3,183
Behavioral/Psychological	5.2%	2,446
Injury/Trauma	4.5%	2,158
Alcohol/Drug	4.5%	2,123
Abdominal/Genito-Urinary	2.9%	1,401
Other Medical	13.6%	6,481
No Injury or Illness	0.8%	391
No Patient Contact / Found / Refused	1.9%	882
Obvious Death	0.3%	126
Cancelled Enroute	23.9%	11,339
Cancelled on Scene	9.4%	4,441
Assist/Standby	0.9%	440
Not Recorded	0.0%	0
TOTAL	**100.0%**	**47,495**

TRANSPORT CATEGORY

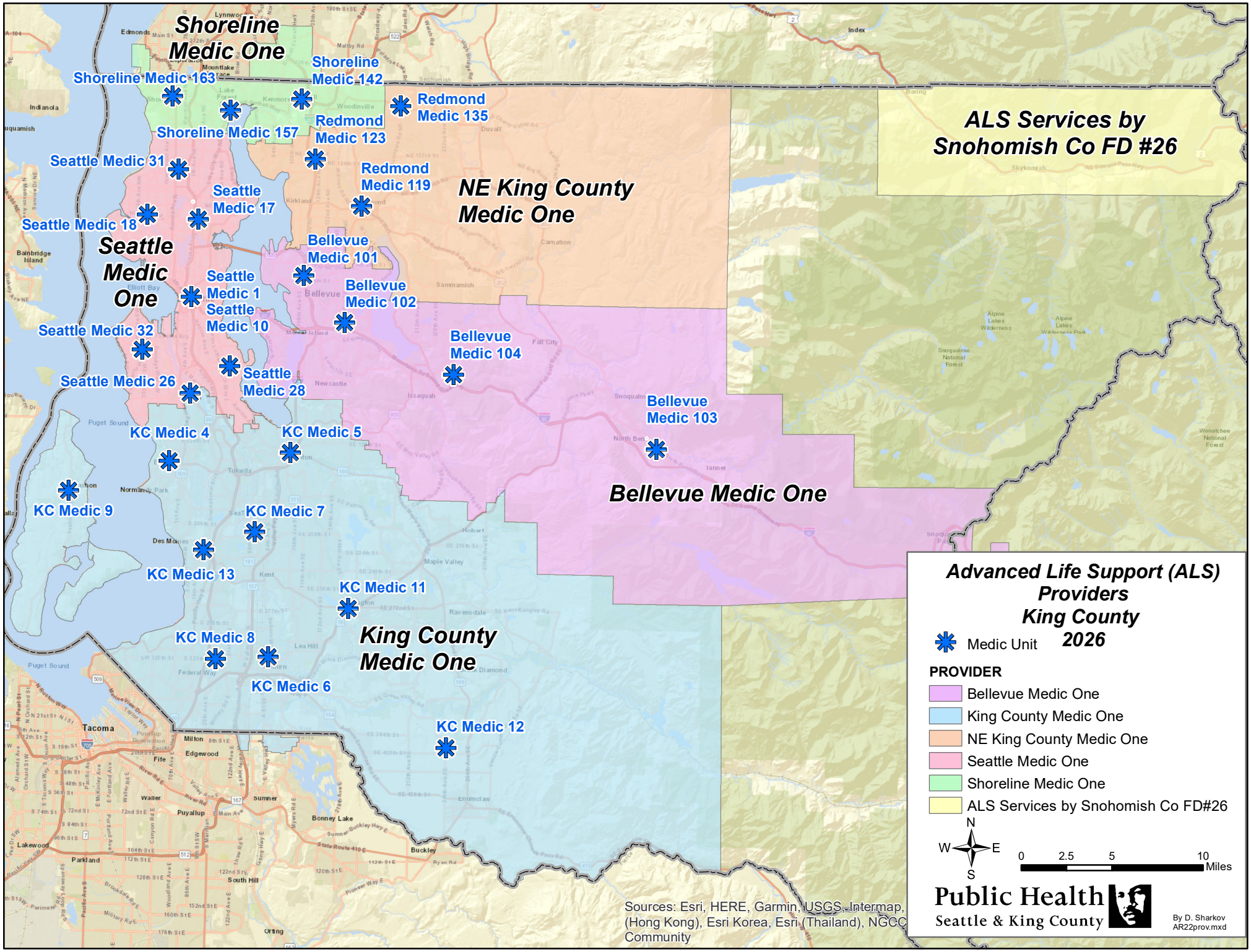
ALS Transport	40.9%	12,525
BLS Transport	14.3%	4,373
Ambulance Transport	30.5%	9,348
Other Transport	2.3%	711
Not Transported	11.4%	3,498
Unknown/Not Recorded	0.6%	185
TOTAL	**100.0%**	**30,640**

TRANSPORT DESTINATION

Harborview Medical Center	13.8%	4,219
Valley Medical Center / UW Medicine	13.4%	4,092
Overlake Hospital	7.6%	2,336
EvergreenHealth Medical Center	6.5%	2,000
Northwest Hospital / UW Medicine	6.5%	1,988
Swedish / Cherry Hill	5.8%	1,770
Auburn Medical Center / Multicare	4.7%	1,439
St. Anne Hospital	4.0%	1,227
St. Francis Hospital	3.9%	1,186
UW Medical Center	3.3%	1,014
Other Hospital	14.5%	4,444
ALL HOSPITALS	**83.9%**	**25,715**
Other/Unknown	4.7%	1,430
Not Transported	11.4%	3,495
TOTAL	**100.0%**	**30,640**

*ALS Programs include: Bellevue Medic One, King County Medic One, Seattle Medic One, Shoreline Medic One, and NE King County Medic One

[1] Does not include 'cancelled enroute' and 'no patient found'


Shoreline Medic One
Shoreline Medic 163
Shoreline Medic 142
Shoreline Medic 157
Redmond Medic 135
Redmond Medic 123
Redmond Medic 119
ALS Services by Snohomish Co FD #26
NE King County Medic One
Seattle Medic 31
Seattle Medic 18
Seattle Medic 17
Seattle Medic One
Seattle Medic 1
Seattle Medic 10
Seattle Medic 32
Seattle Medic 26
Seattle Medic 28
Bellevue Medic 101
Bellevue Medic 102
Bellevue Medic 104
Bellevue Medic 103
Bellevue Medic One
KC Medic 4
KC Medic 5
KC Medic 9
KC Medic 7
KC Medic 13
KC Medic 11
KC Medic 8
KC Medic 6
KC Medic 12
King County Medic One
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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Miles
Public Health
Seattle & King County
By D. Sharkov
AR22prov.mxd
Sources: Esri, HERE, Garmin, USGS, Intermap, (Hong Kong), Esri Korea, Esri (Thailand), NGCC Community

2025 Cardiac Arrest Survivor Flowchart
King County

Survival to Discharge

2025 ACLS Survivor Rate: 214/1065 (20%)

2025 Utstein Survivor Rate: 86/161 (53%)

5-year^ ACLS Survivor Rate: 955/5225 (18%)

5-year^ Utstein Survivor Rate: 381/767 (50%)

Total Resuscitations
1169

Excluded arrests
104 (9%)

All ACLS Resuscitations†
1065 (91%)

Arrest Before EMS Arrival
910/1065 (85%)

Bystander CPR
694/910 (76%)

Shockable Initial Rhythm
238/1065 (22%)

Non-Shockable Initial Rhythm
827/1065 (78%)

Utstein Eligible‡
161/238 (68%)

Discharged Alive
86/161 (53%)

Favorable Neuro Outcome*
83/86 (96.5%)

Discharged Alive
116/238 (49%)

Favorable Neuro Outcome*
112/116 (97%)

Discharged Alive
98/827 (12%)

Favorable Neuro Outcome*
84/98 (86%)

^ 5-year survivor rates represents data from 2021-2025

† Non-traumatic, ALS care provided, no DNR, age > 1

‡ Ventricular fibrillation/pulseless ventricular tachycardia, Witnessed by a bystander, Non-traumatic etiology

**Cerebral performance category value 1 or 2*

June 2026

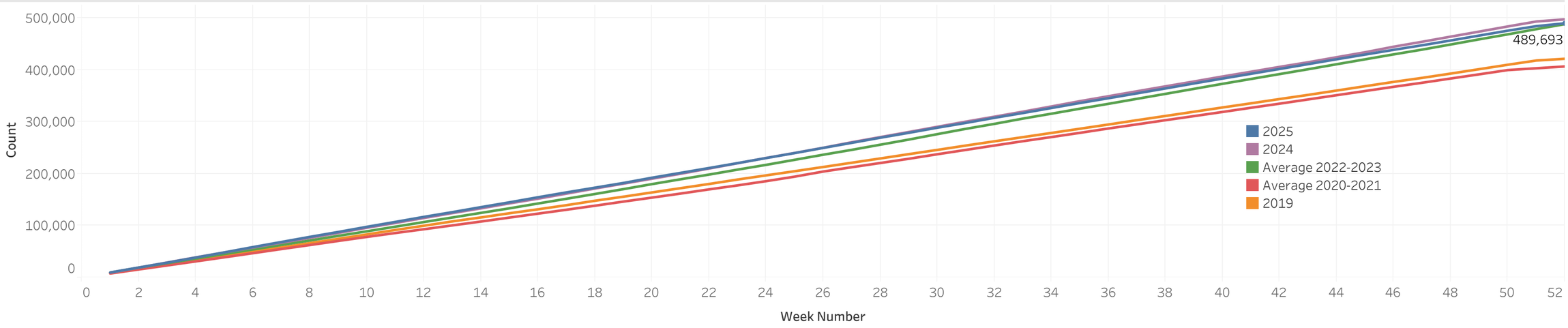
Seattle and King County EMS Incidents Dashboard

Seasonality Trends: Annual EMS Incidents

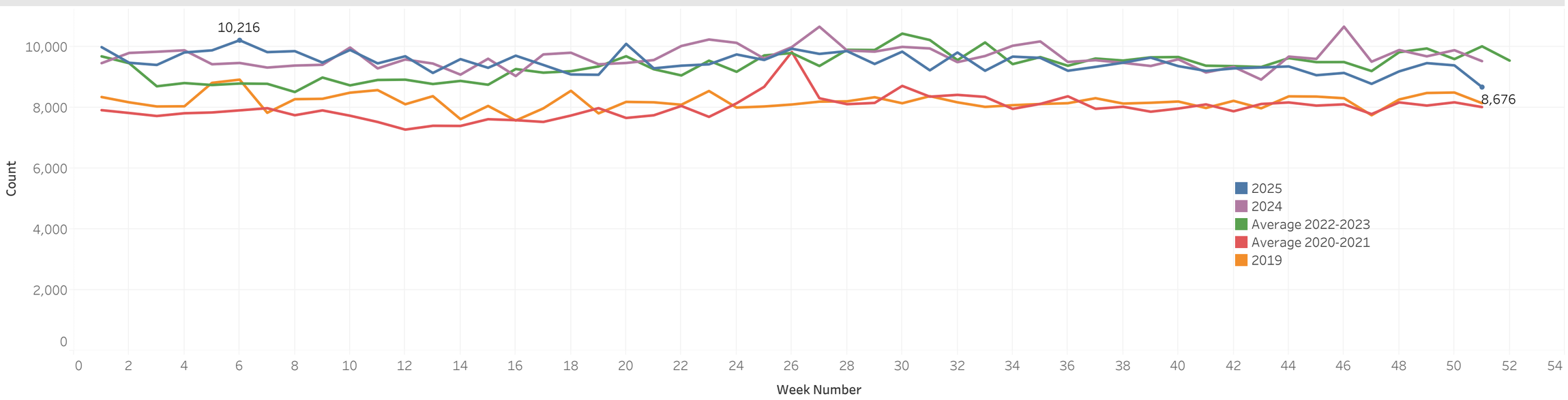
Most recent date in file: 6/16/2026

NOTE: EMS incident counts are calculated using distinct CAD Master Incident Numbers. CAD Master Incident Numbers are based on 911 calls, and if there was more than one patient and/or more than one unit on a single call, the entire incident is counted and not each individual patient/unit.
Limitations: Excludes draft records. Does not include private ambulance, police, or other first responder records.

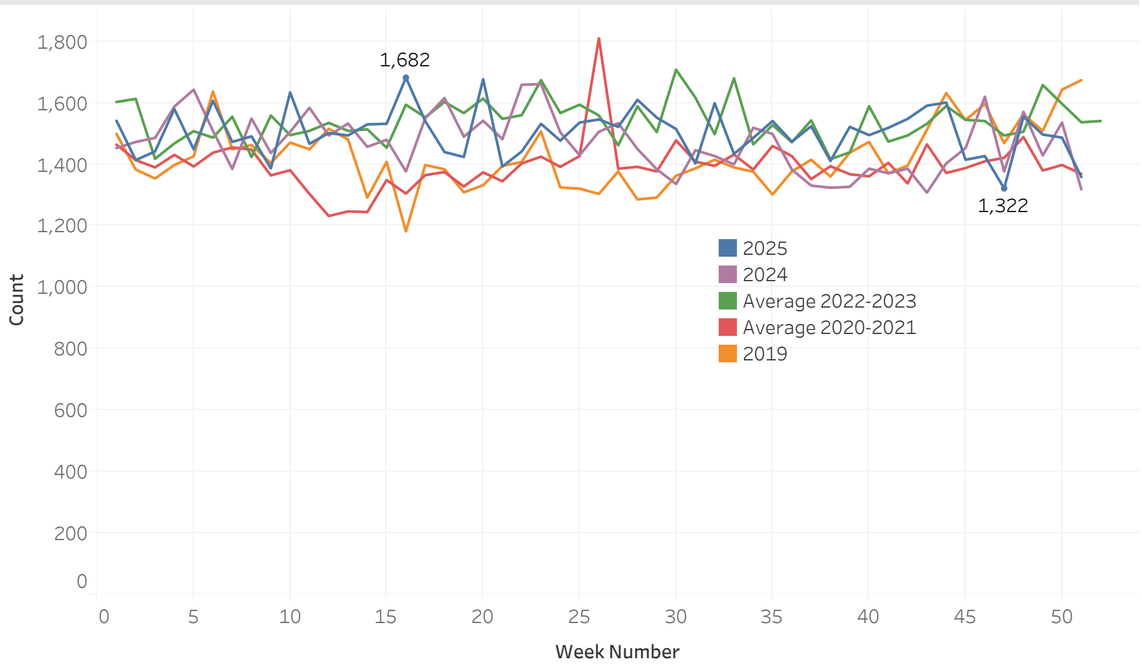
Cumulative Total of EMS Incidents



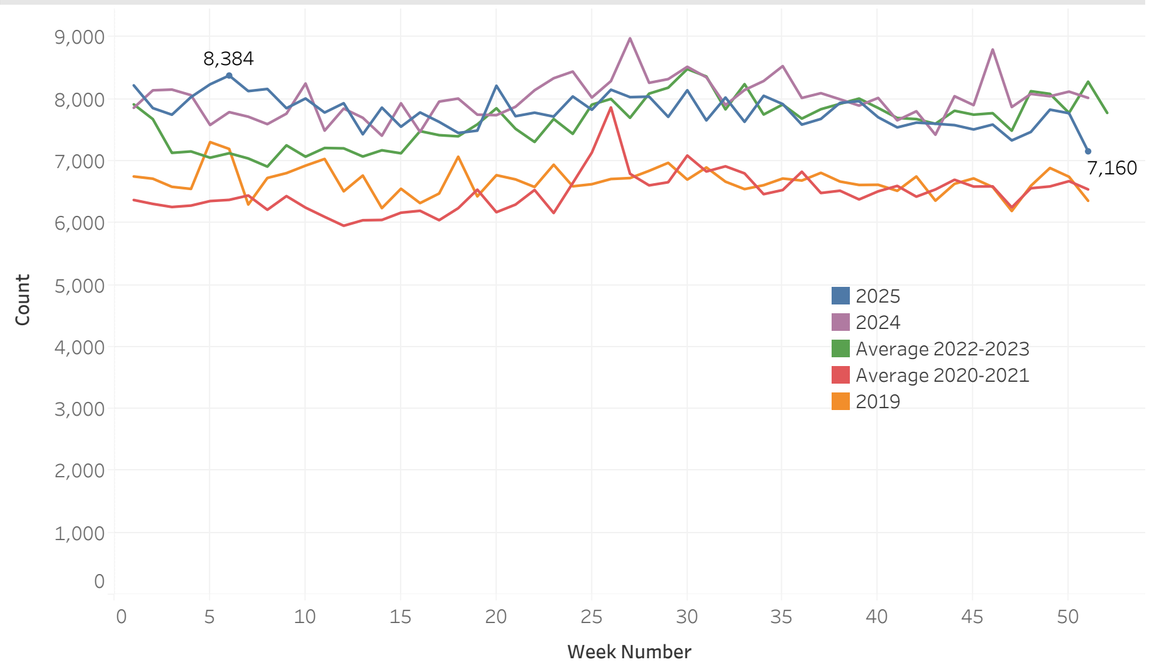
Total EMS Incidents by Week



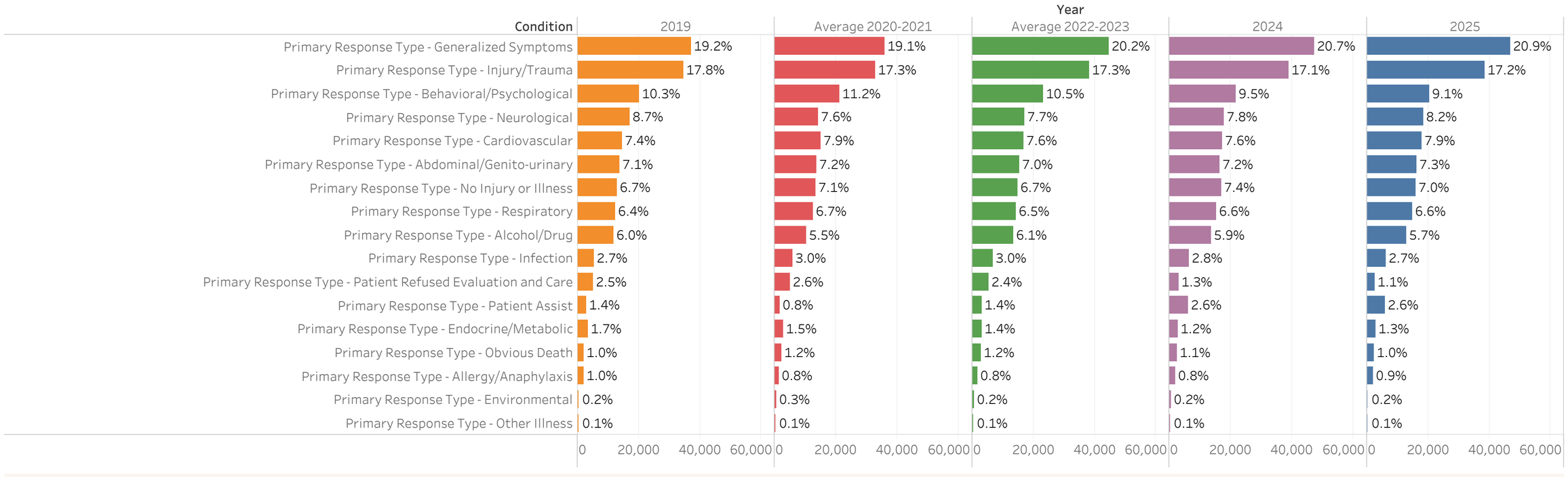
ALS EMS Incidents by Week



BLS EMS Incidents by Week



Primary Response Types by Year



Counts for each primary response type are not mutually exclusive. Some incidents may have multiple records that selected different primary response types, and they will all be represented in the counts.

Seattle and King County EMS Incidents Dashboard

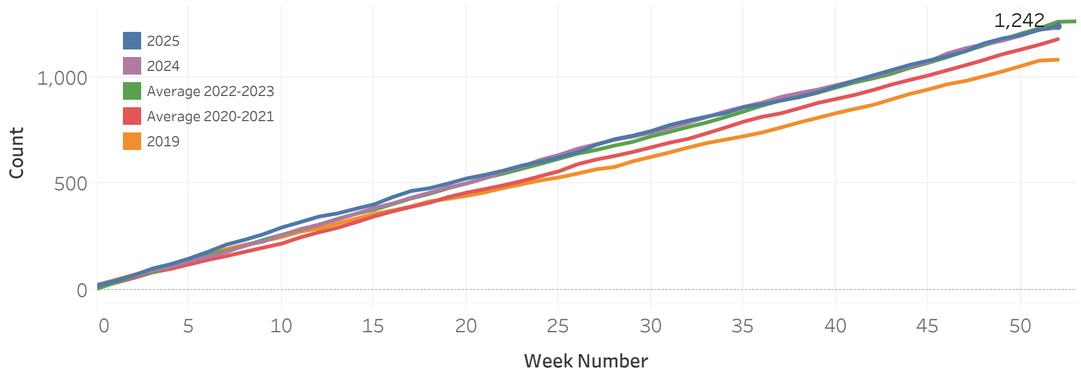
EMS-Suspected Cardiovascular/Neurological Incidents

Most recent date in file: 6/16/2026

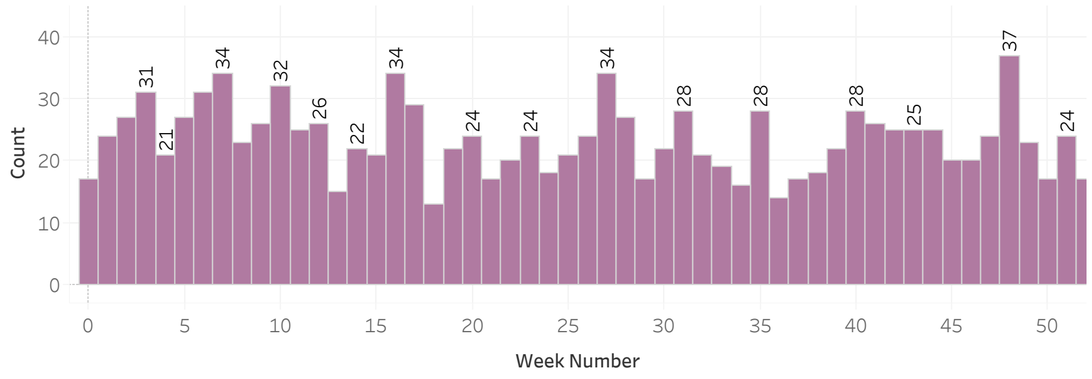
OHCA - Out of Hospital Cardiac Arrests

Definition: Refers to treated cardiac arrests (with at least 1 EMS compression or PAD shock delivery) from Seattle and King County Cardiac Arrest Surveillance Systems.

Cumulative Incidents of OHCA



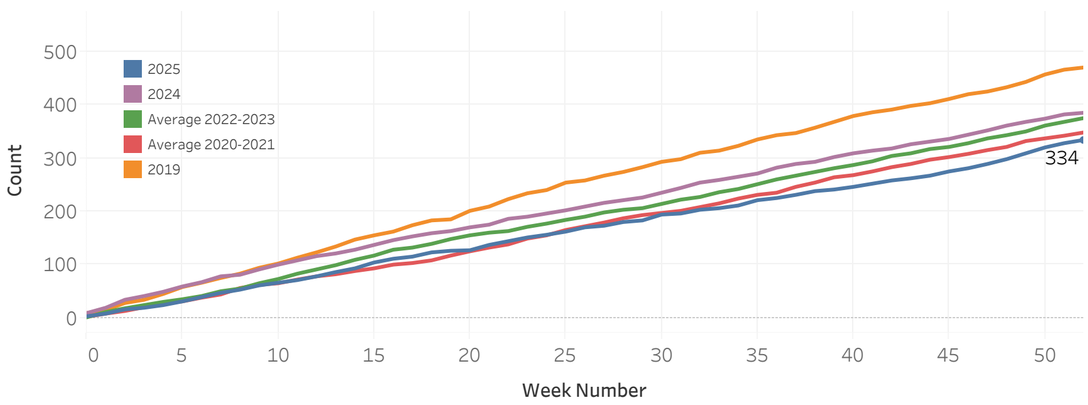
Weekly Incidents of OHCA for 2025



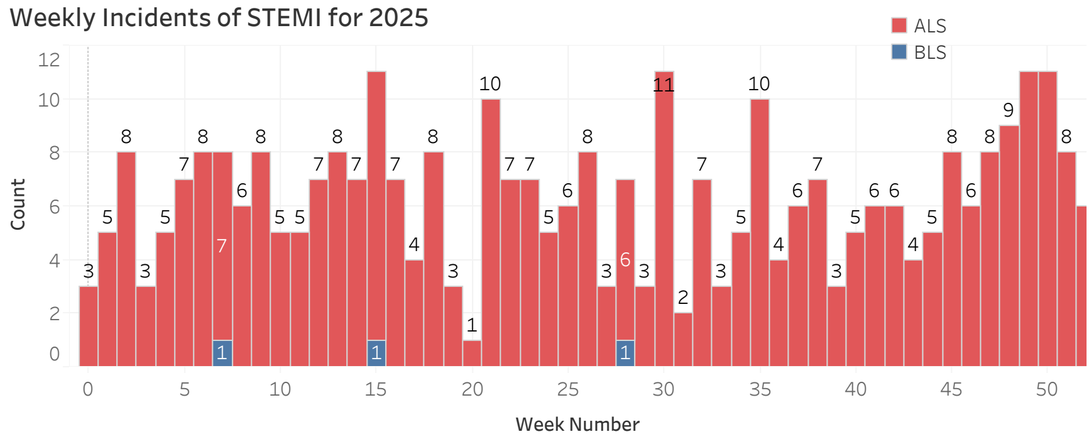
STEMI

Definition: Primary/secondary impressions include "STEMI" or STEMI alert is noted.

Cumulative Incidents of STEMI



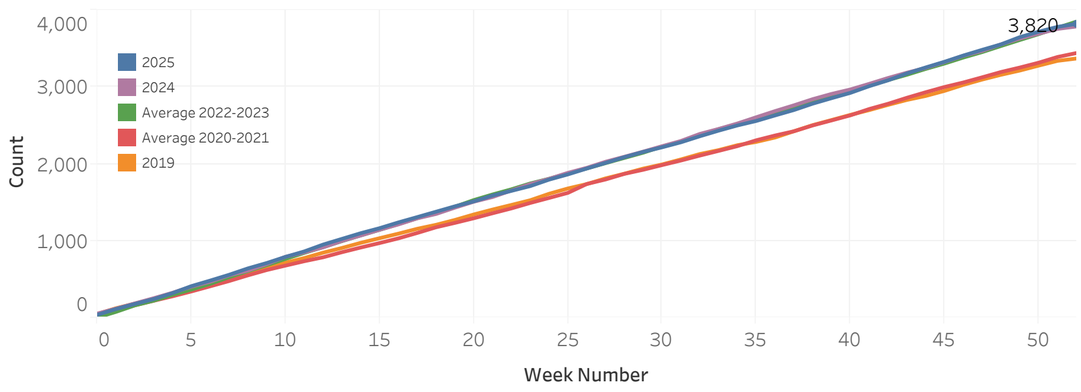
Weekly Incidents of STEMI for 2025



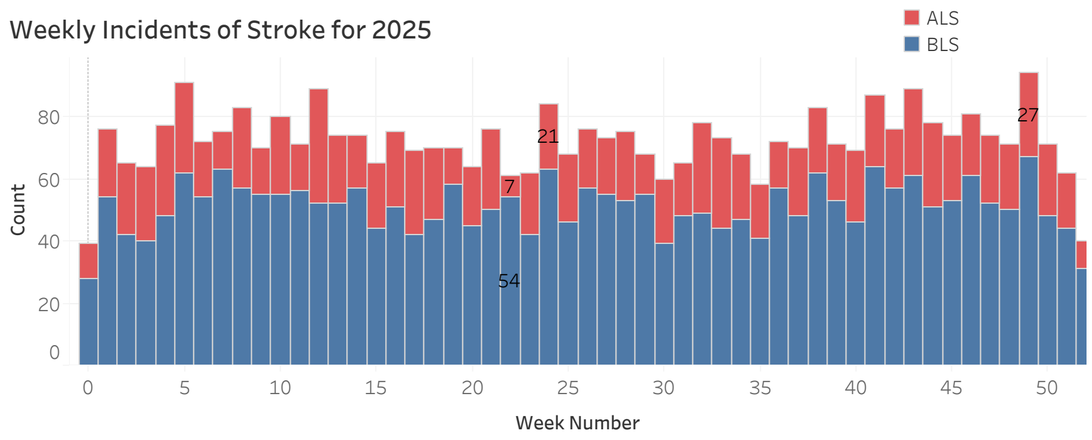
Stroke

Definition: Primary/secondary impressions included "Stroke", "TIA", or "Intracranial hemorrhage", or LAMS stroke scale was noted.

Cumulative Incidents of Stroke



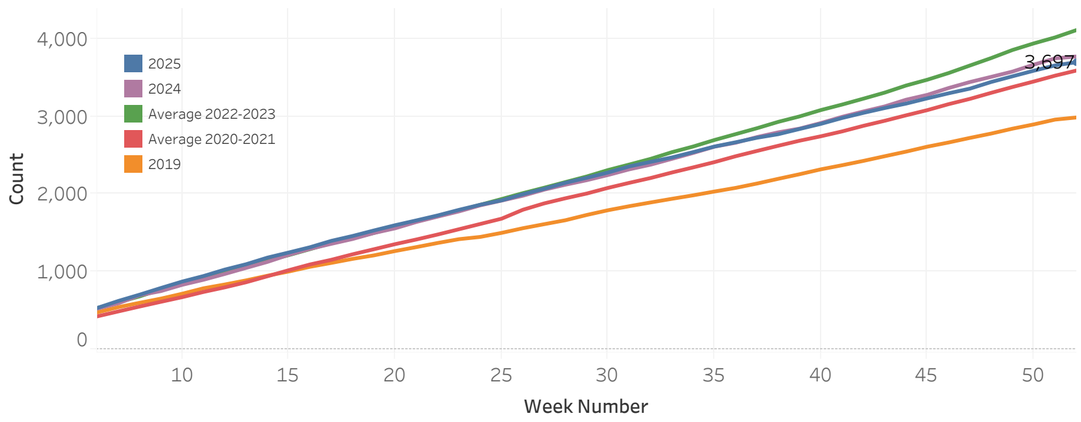
Weekly Incidents of Stroke for 2025



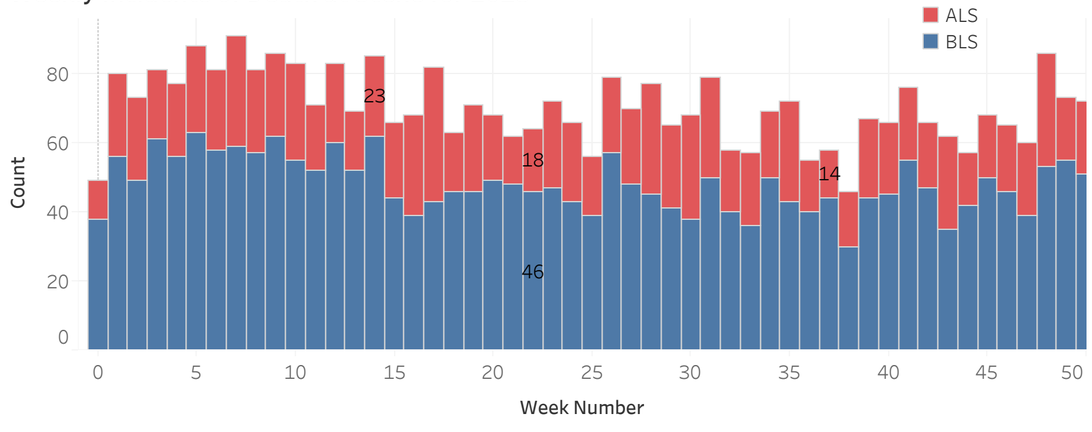
Death at Scene

Definition: Primary/secondary impressions included "death", "DOA", or patient chief/secondary complaints included "death", "DOA", or primary/other associated symptoms were "Dependent Lividity (death)", or CPR form notes in field pronouncement, or incident disposition included "Patient Dead at Scene", or initial/final patient acuity included "Death without Resuscitation Efforts".

Cumulative Incidents of Death at Scene



Weekly Incidents of Death at Scene for 2025



Seattle and King County EMS Incidents Dashboard

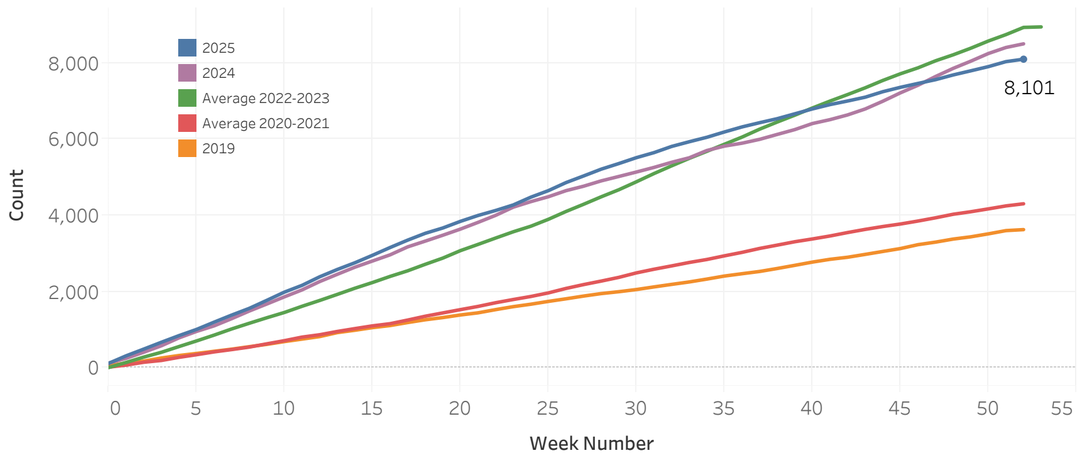
EMS-Suspected Injury/Trauma Incidents

Most recent date in file: 6/16/2026

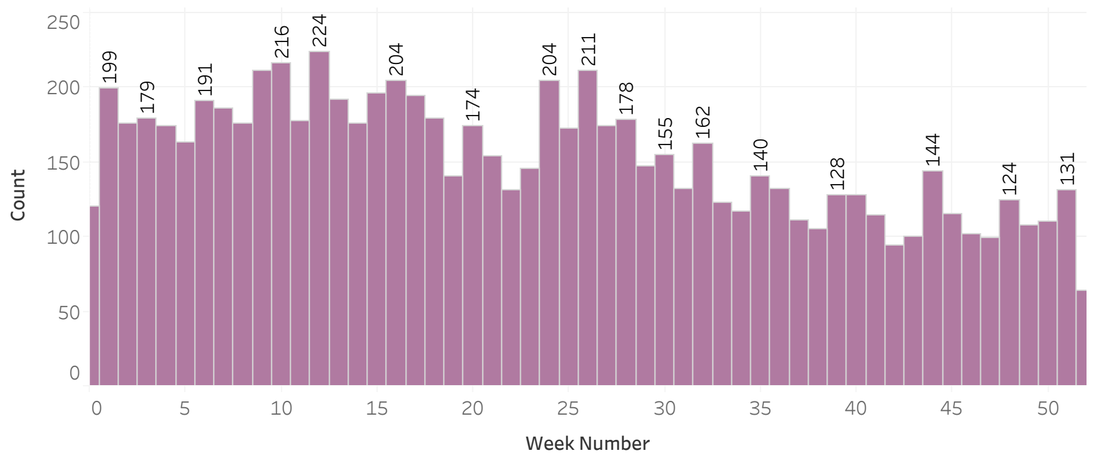
Opioid Overdose

Definition: Suspected overdose determined based on a sum of different factors that were documented in the electronic health record. More details can be found: https://kingcounty.gov/depts/health/overdose-prevention/data.aspx

Cumulative Incidents of Opioid Overdose



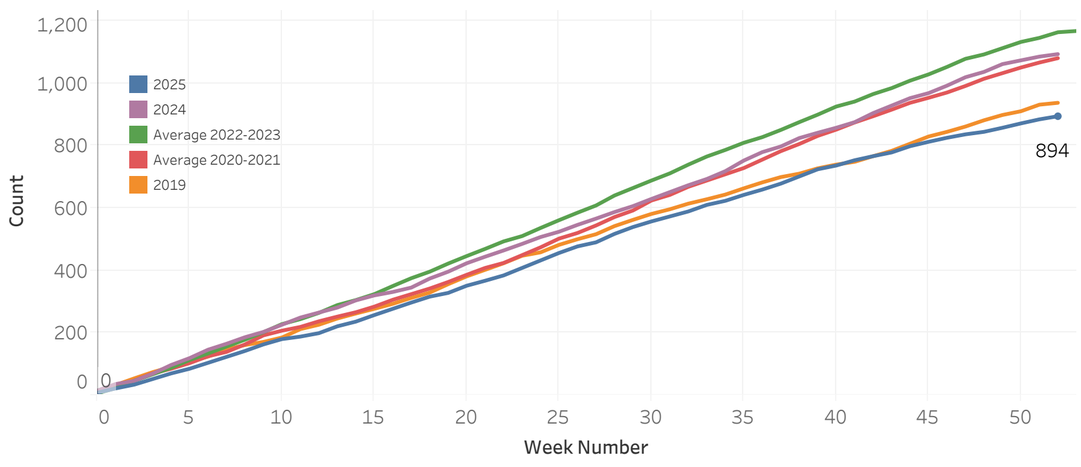
Weekly Incidents of Opioid Overdose for 2025



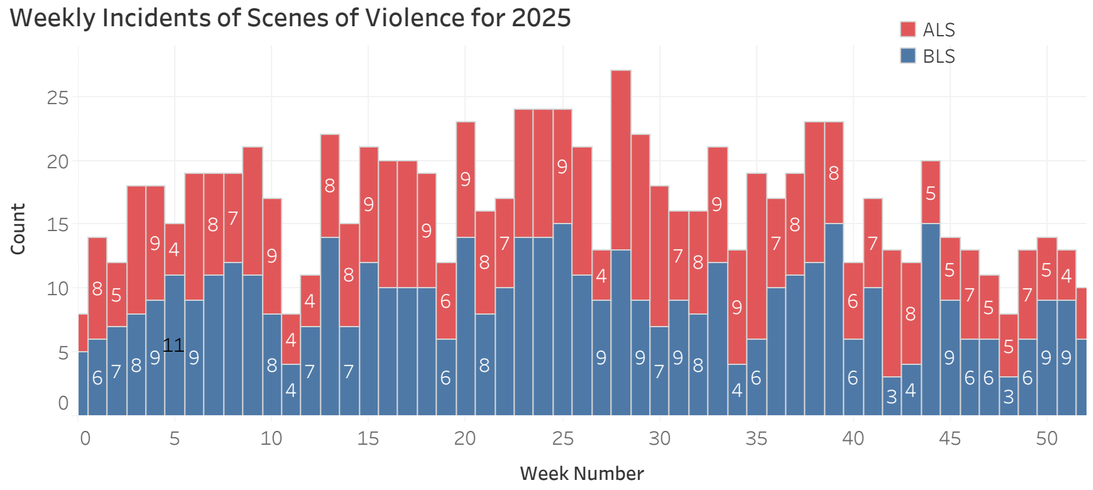
Scenes of Violence

Definition: Includes intentional stabbing and firearm injury incidents. Stabbing was defined as incidents where narrative included "Stabbed", or injury details were "Assault by sharp object (stabbing)", or chief complaint included "Stab". Firearm was defined as incidents where narrative included "GSW", "Gunshot", "Gun shot", "Firearm", "Rifle", "Bullet", "Fire arm", or chief complaint included "Gun", "Gunshot", "Firearm", "GSW", "Pistol", or mechanism of injury was "GS-Firearms", or primary injury was firearms, or injury details included "Firearms", "Handgun". For further details of various EMS-suspected firearm injury incidents (including accidental firearm injury incidents), please visit https://kingcounty.gov/depts/health/data/firearms/EMS.aspx

Cumulative Incidents of Scenes of Violence



Weekly Incidents of Scenes of Violence for 2025

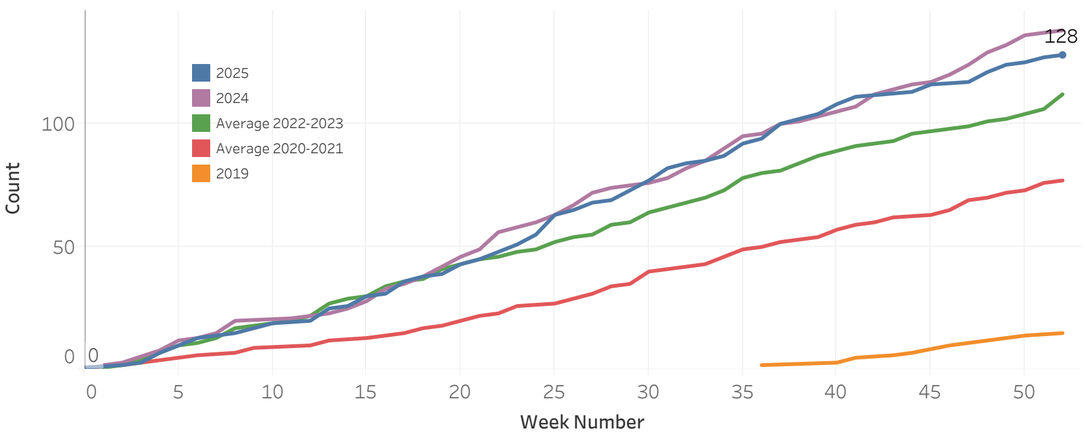


Whole Blood Administration

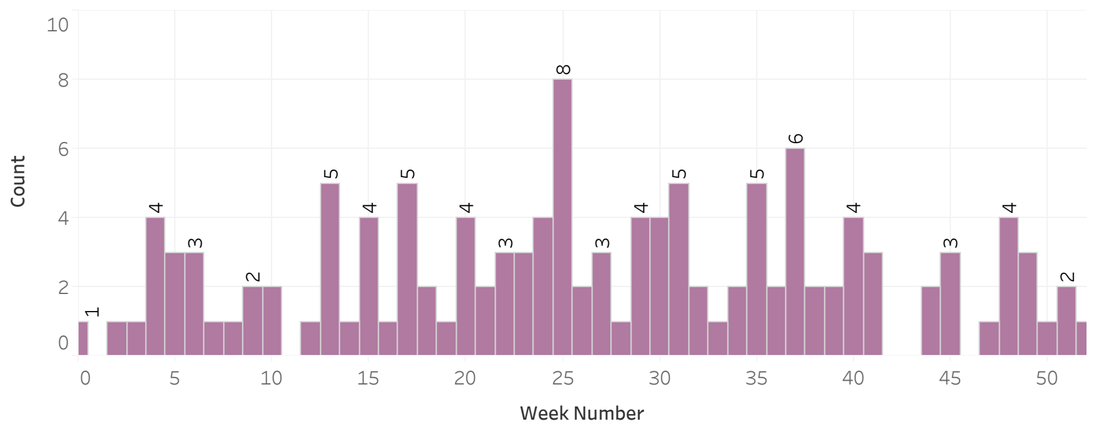
Definition: Patients >= 14 years with suspected hemorrhagic shock (Systolic Blood Pressure < 70 mm Hg regardless of heart rate, or Systolic Blood Pressure < 90 mm Hg AND heart rate ≥ 110 beats per minute, or Traumatic arrest witnessed by EMS) Go live dates for agencies:

- Seattle: 08/2019
- Bellevue: 12/2020
- Redmond: 2/2021
- Shoreline: 2/2021
- KCM1: 5/2021 for penetrating traumas only (expanded to all other mechanisms 12/2021)

Cumulative Incidents of Whole Blood Administration



Weekly Incidents of Whole Blood Administration for 2025



Seattle and King County EMS Incidents Dashboard

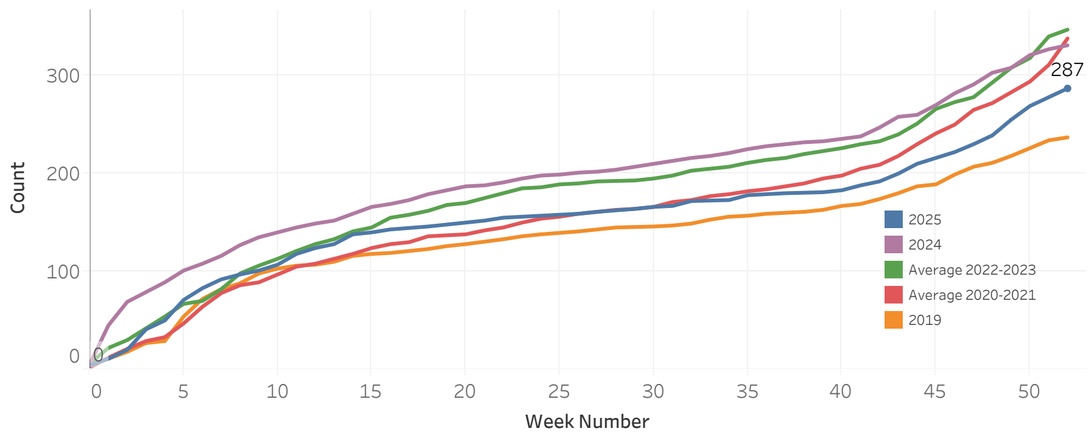
EMS-Suspected Environmental Incidents

Most recent date in file: 6/16/2026

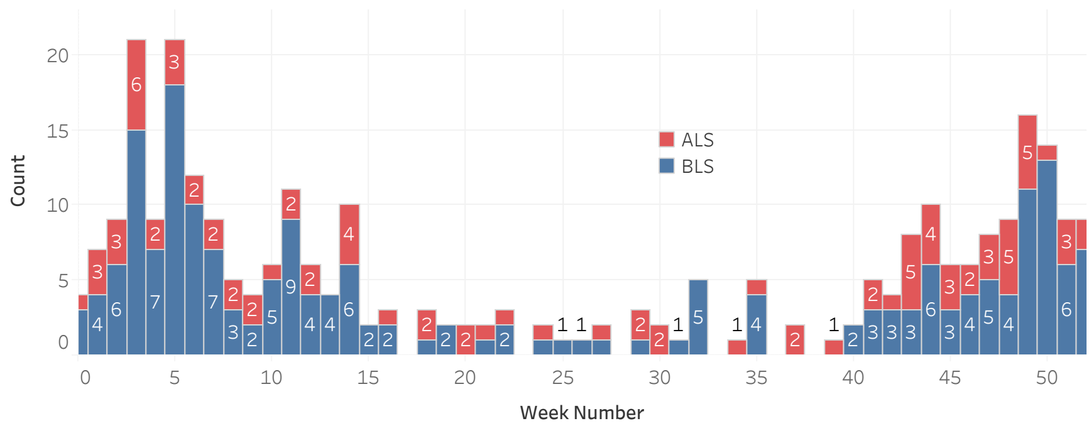
Cold-related

Definition: Primary/secondary impressions include "carbon monoxide poisoning", "frostbite, superficial", "frostbite, with tissue necrosis", "hypothermia", primary/other symptoms include "hypothermia", and injury details include "carbon monoxide poisoning".

Cumulative Incidents of Cold-related



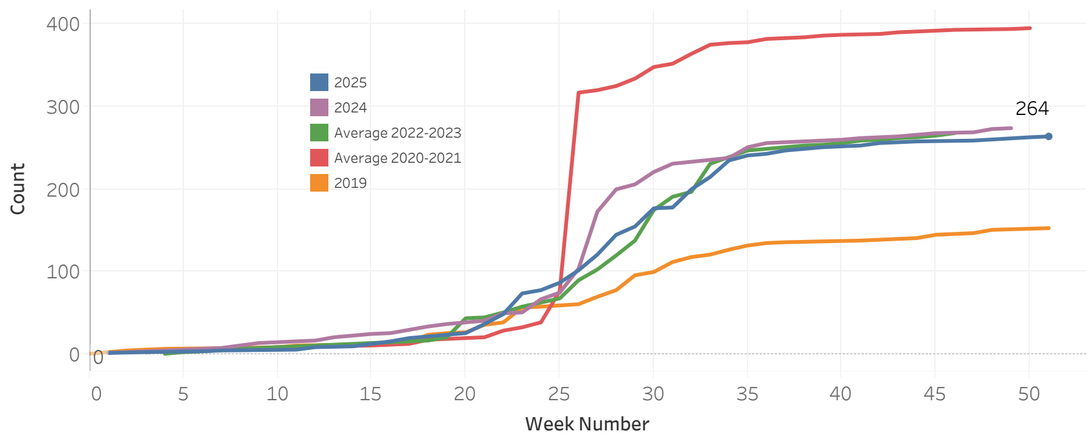
Weekly Incidents of Cold-related for 2025



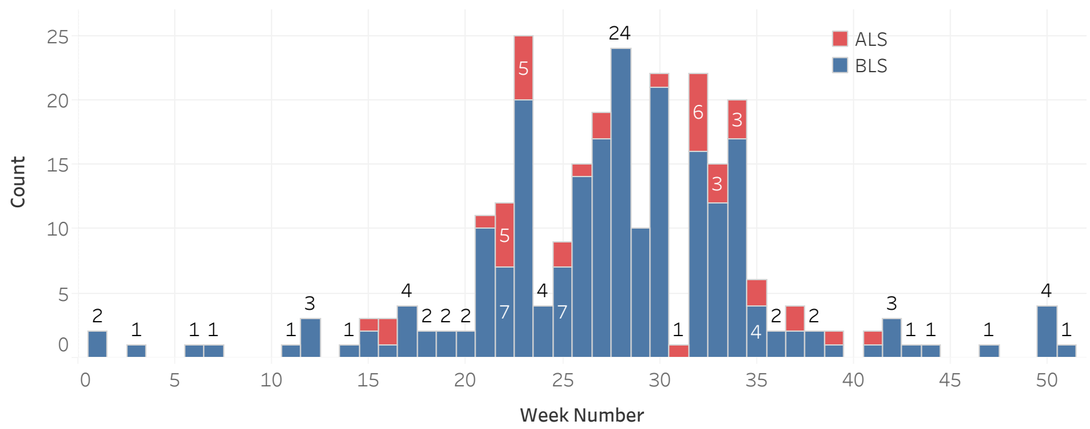
Heat-related

Definition: Primary/secondary impressions include "heatstroke and sunstroke", "heat exhaustion", "heat-related illness", and primary/other symptoms include "heatstroke and sunstroke", "heat exhaustion", "heat syncope", and "heat cramp".

Cumulative Incidents of Heat-related



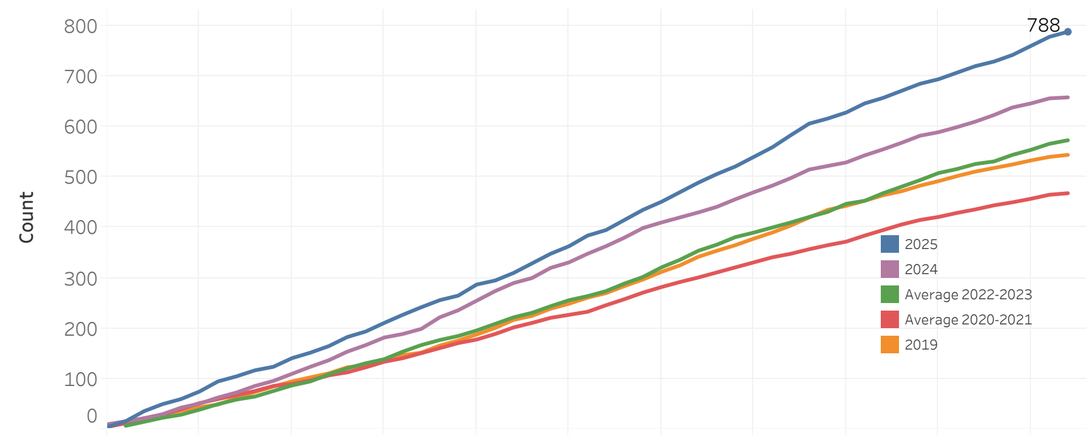
Weekly Incidents of Heat-related for 2025



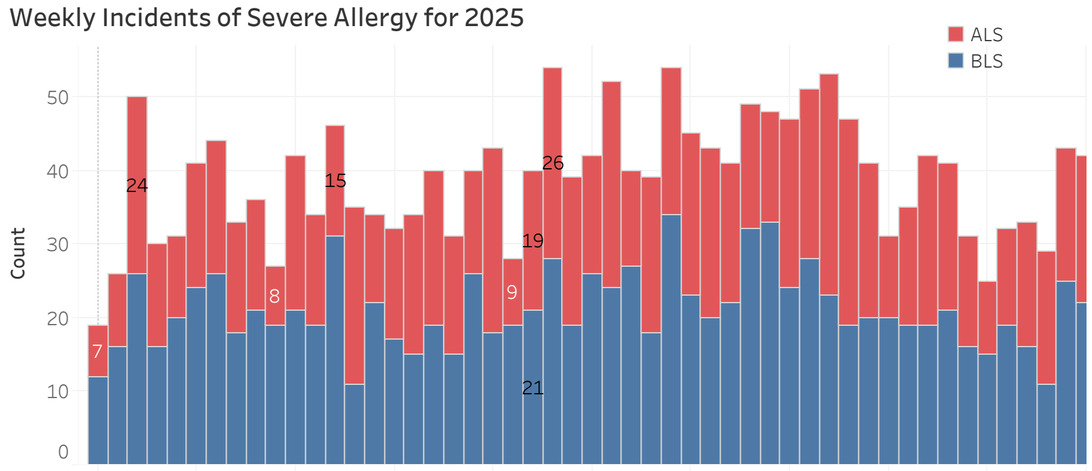
Severe Allergy

Definition: Primary/secondary impressions of "anaphylactic shock" OR Primary/secondary Impression of "allergic reaction" and Epipen noted in the current medications field OR dispatch codes included "Provider states patient requires or received Epi" or "Epi pen used by patient/RP (non-medical provider)" OR Epi Check and Inject given by EMS or epinephrine administration noted prior to EMS arrival AND No Out of Hospital Cardiac Arrest flag on the unit record,

Cumulative Incidents of Severe Allergy



Weekly Incidents of Severe Allergy for 2025



Seattle and King County EMS Incidents Dashboard

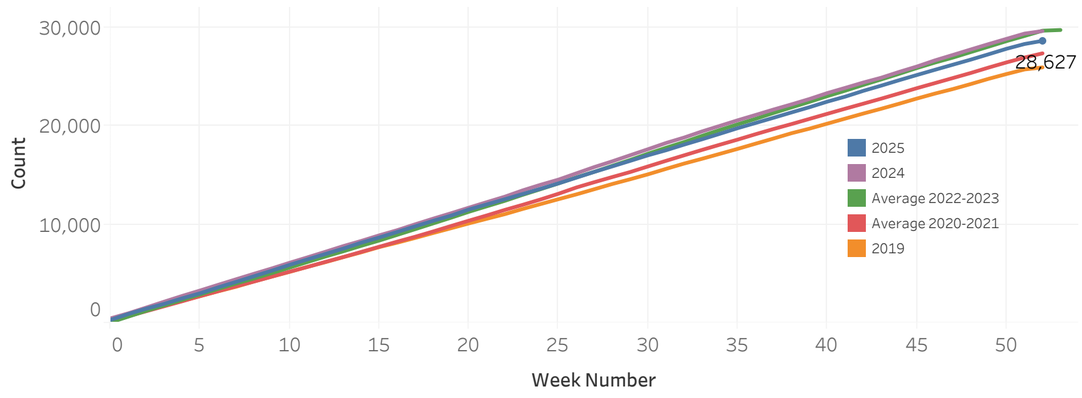
EMS-Suspected Behavioral and Language Barrier Incidents

Most recent date in file: 6/16/2026

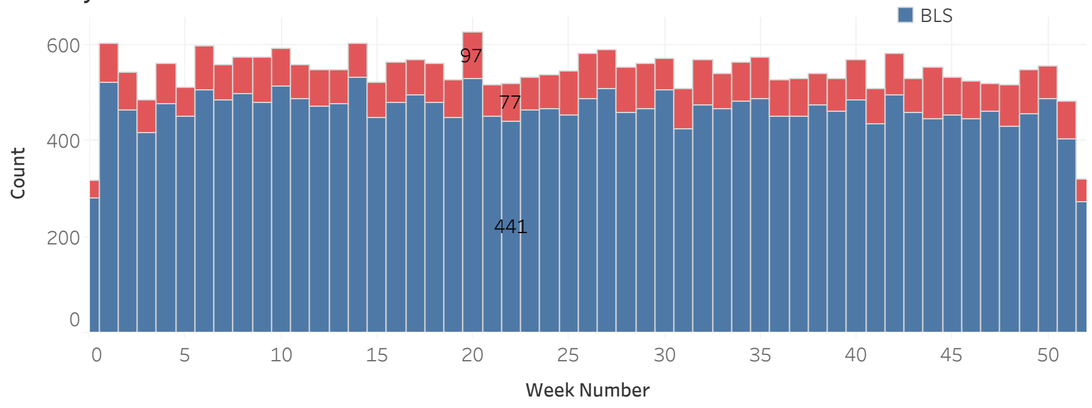
Behavioral Health

Definition: Primary/secondary impressions included "Anxiety reaction/emotional upset", "Behavioral/psychiatric episode", "Confusion/delirium", "Mental disorder", "Major depressive disorder", "Psychogenic shock", "Restlessness and agitation", "Suicide attempt", "Suicidal ideations", or primary/other symptoms indicated behavior/emotional state, or narrative included "restraints", "handcuffs", "handcuffed", "exds", "delirium", "aggressive", "aggressively", "combative", "agitated", "uncooperative", "belligerent", "unwilling", "screaming", "erratic", "fighting", "spitting", "spit sock", "naked", "danger", "threatening".

Cumulative Incidents of Behavioral Health



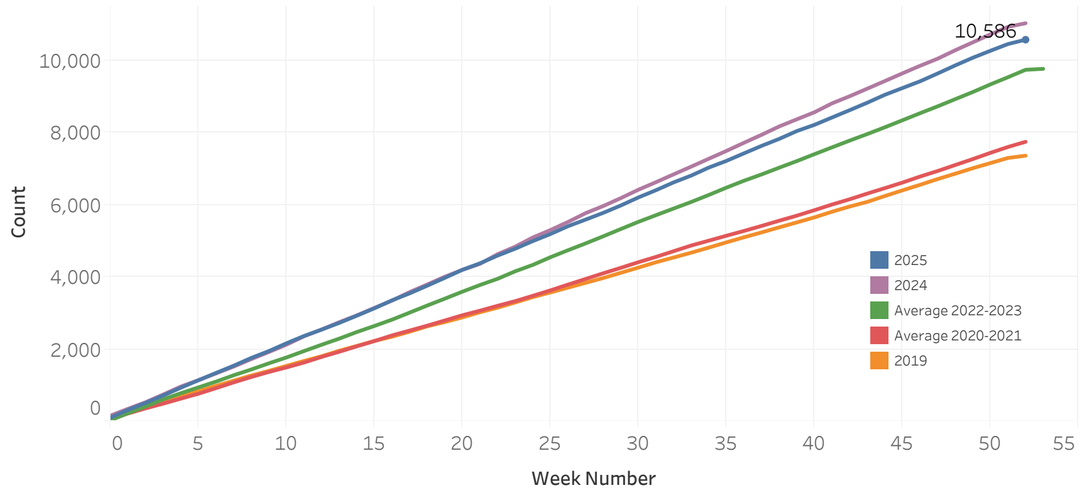
Weekly Incidents of Behavioral Health for 2025



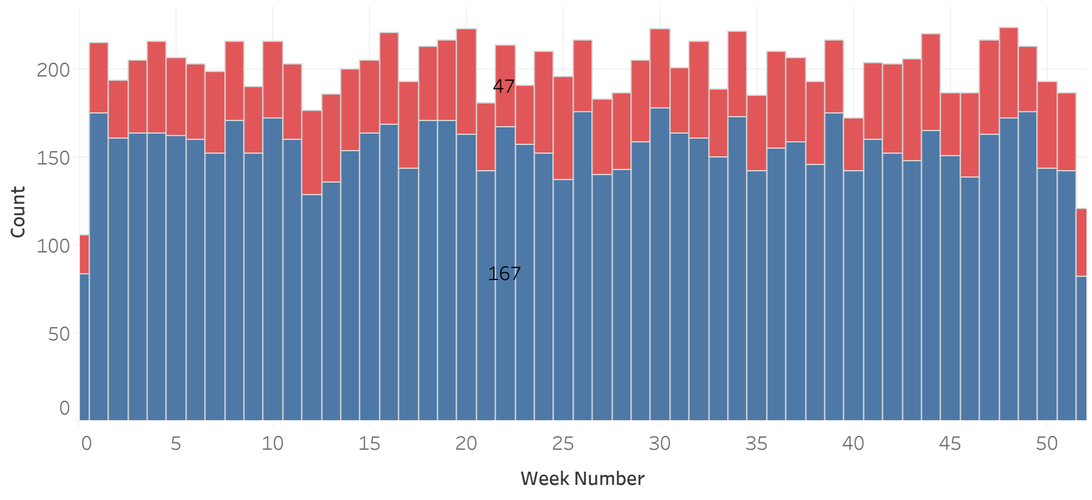
Language Barriers

Definition: Narrative included "lang", "transl", "interp", or barriers to care noted language.

Cumulative Language Barrier Incidents

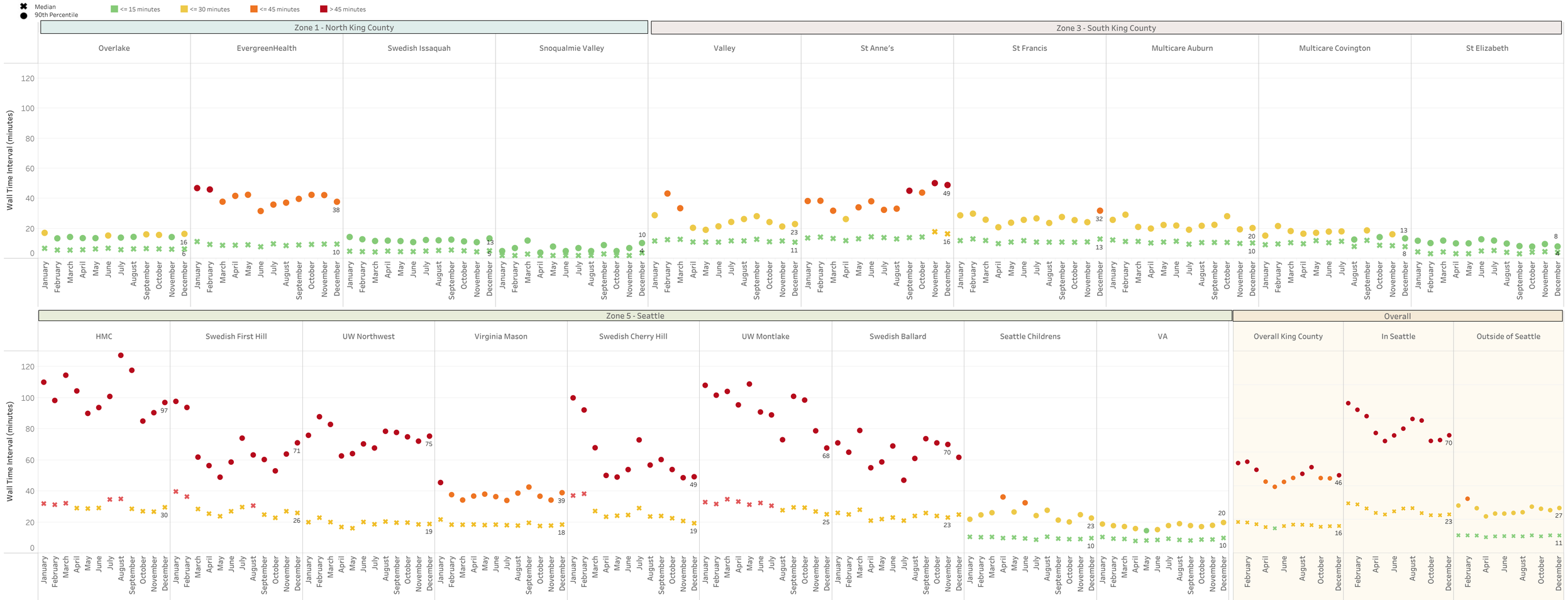


Weekly Language Barrier Incidents for 2025



King County Wall Times: Median and 90th Percentile

Time Frame: January 2025 - December 2025
Wall Time Definition: Time interval between Date/Time Patient Arrived at Destination and Date/Time Patient Transferred to Destination



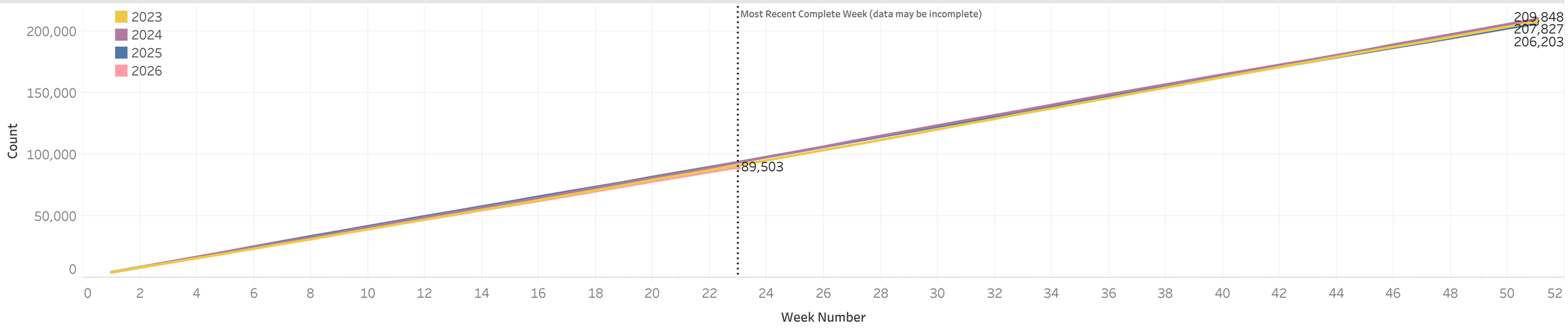
Seattle and King County EMS Incidents Dashboard

Seasonality Trends: Annual EMS Incidents

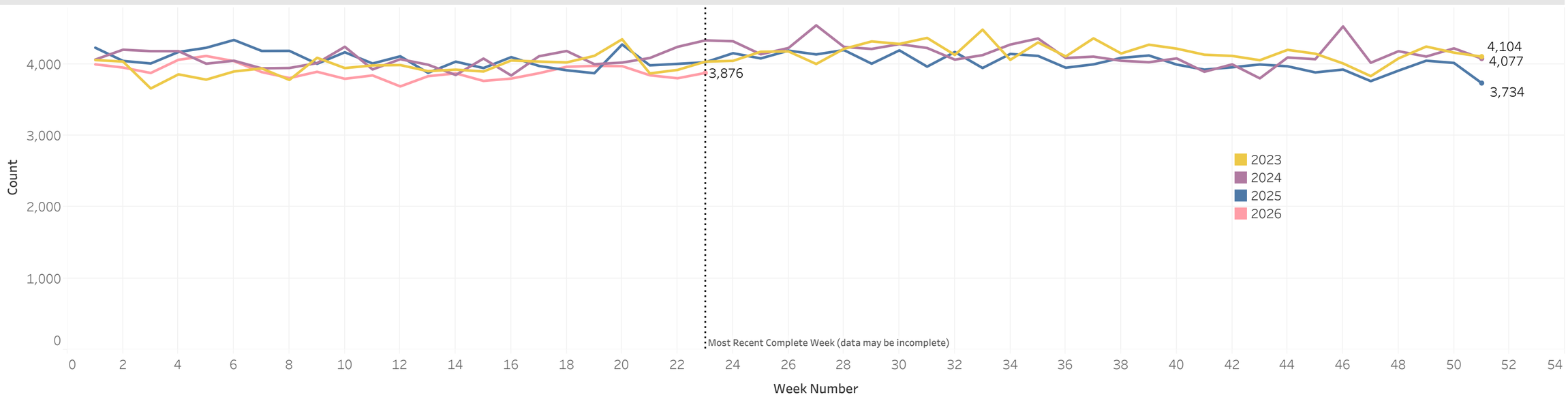
Most recent date in file: 6/16/2026

NOTE: EMS incident counts are calculated using distinct CAD Master Incident Numbers. CAD Master Incident Numbers are based on 911 calls, and if there was more than one patient and/or more than one unit on a single call, the entire incident is counted and not each individual patient/unit.
Limitations: Excludes draft records. Does not include private ambulance, police, or other first responder records.

Cumulative Total of EMS Incidents

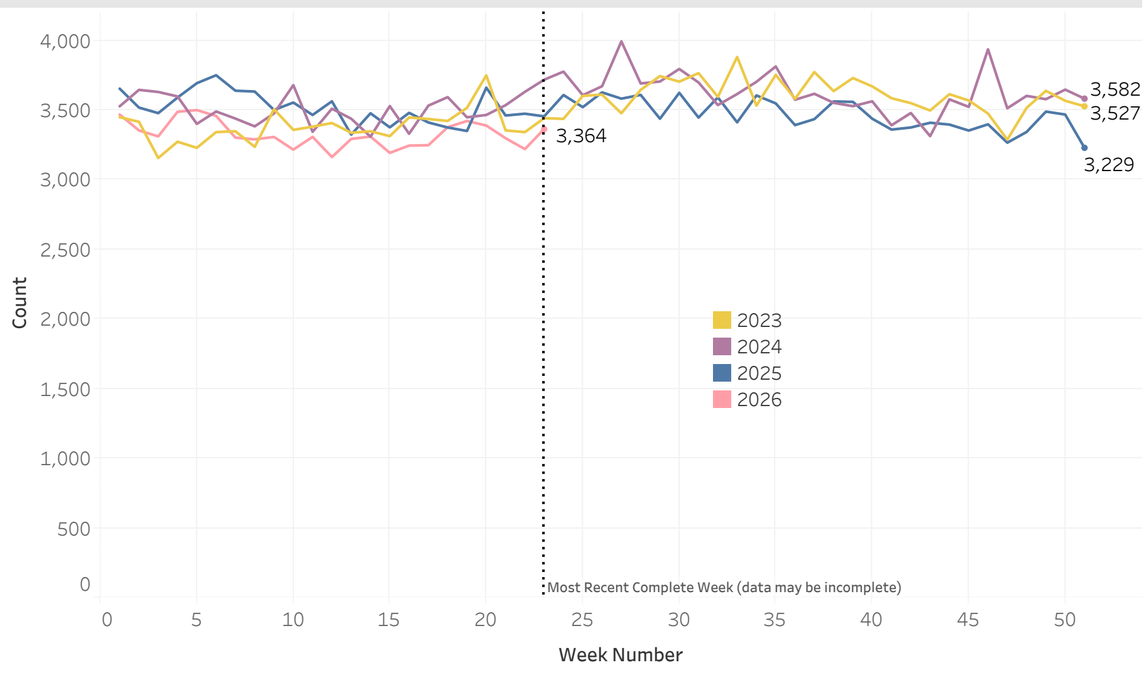


Total EMS Incidents by Week

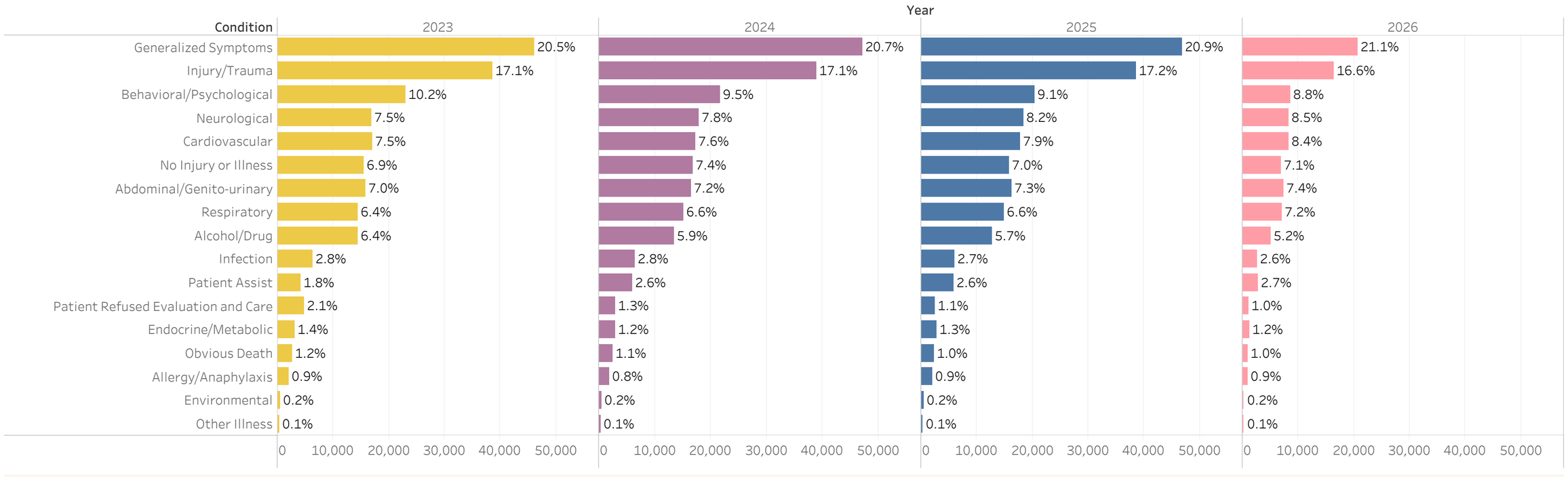


ALS EMS Incidents by Week

BLS EMS Incidents by Week



Primary Response Types by Year



Counts for each primary response type are not mutually exclusive. Some incidents may have multiple records that selected different primary response types, and they will all be represented in the counts.

Seattle and King County EMS Incidents Dashboard

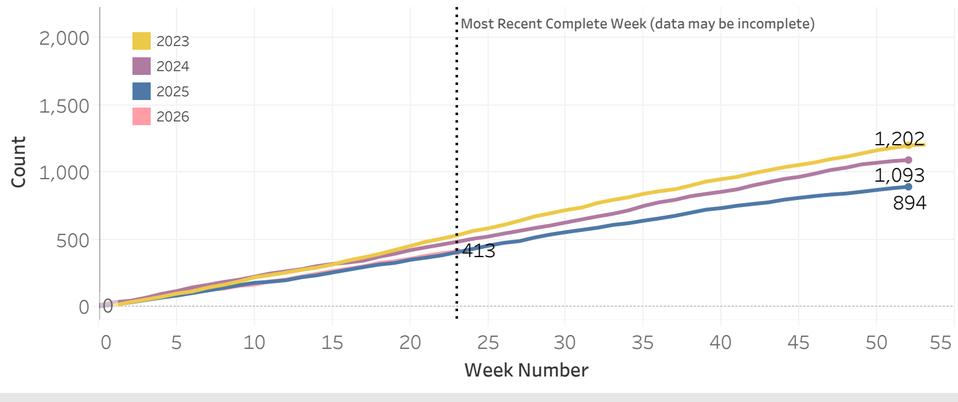
Priority Monitoring EMS Incidents

Most recent date in file: 6/16/2026

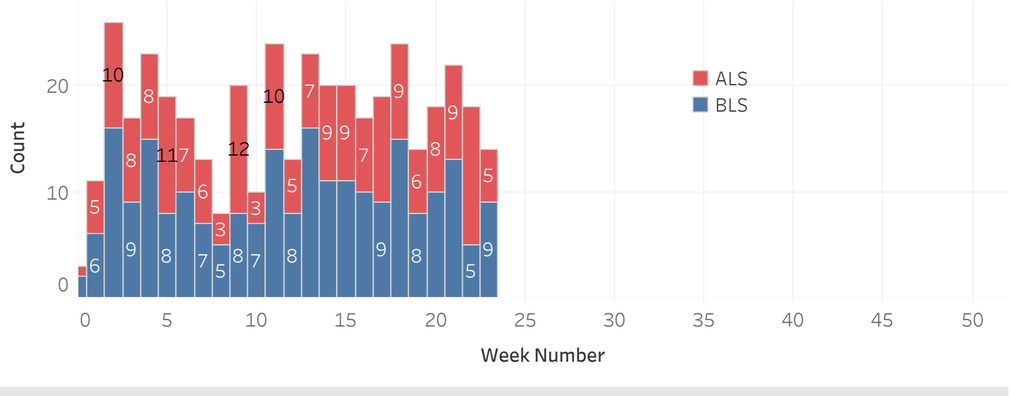
Scenes of Violence

Definition: Includes intentional stabbing and firearm injury incidents. Stabbing was defined as incidents where narrative included "Stabbed", or injury details were "Assault by sharp object (stabbing)", or chief complaint included "Stab". Firearm was defined as incidents where narrative included "GSW", "Gunshot", "Gun shot", "Firearm", "Rifle", "Bullet", "Fire arm", or chief complaint included "Gun", "Gunshot", "Firearm", "GSW", "Pistol", or mechanism of injury was "GS-Firearms", or primary injury was firearms, or injury details included "Firearms", "Handgun". For further details of various EMS-suspected firearm injury incidents (including accid..

Cumulative Incidents of Scenes of Violence



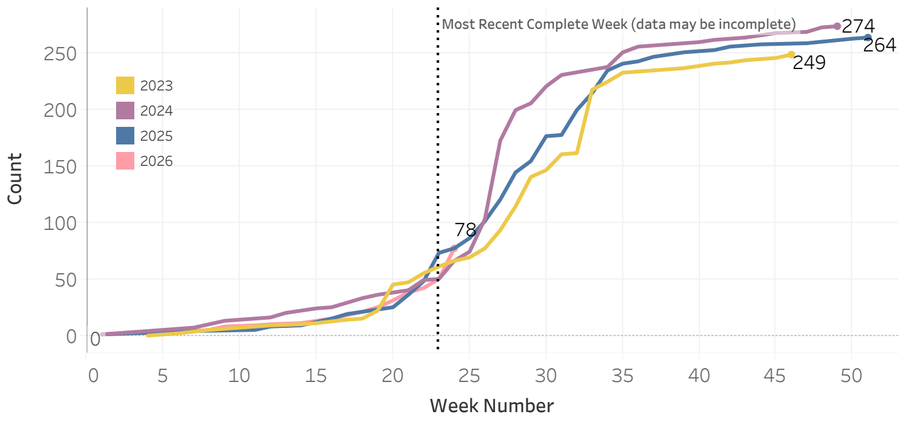
Weekly Incidents of Scenes of Violence for 2026



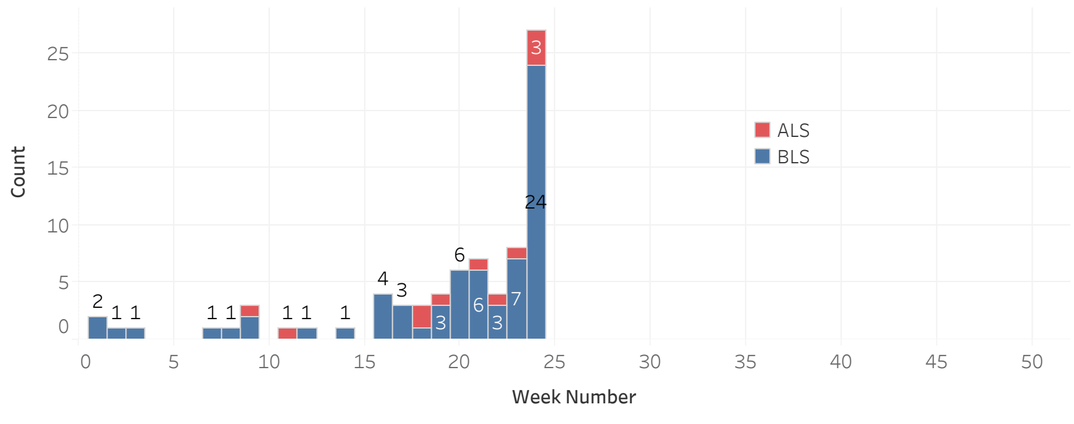
Heat-related

Definition: Primary/secondary impressions include "heatstroke and sunstroke", "heat exhaustion", "heat-related illness", and primary/other symptoms include "heatstroke and sunstroke", "heat exhaustion", "heat syncope", and "heat cramp".

Cumulative Incidents of Heat-related



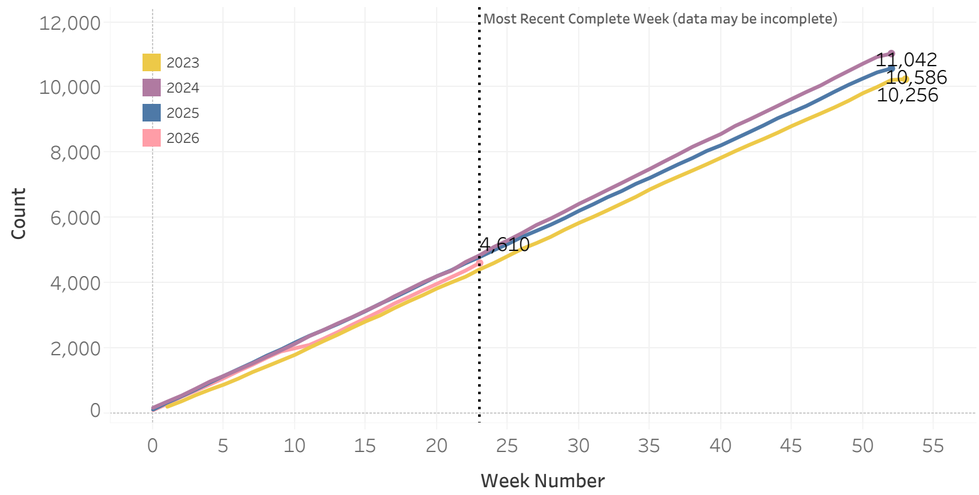
Weekly Incidents of Heat-related for 2026



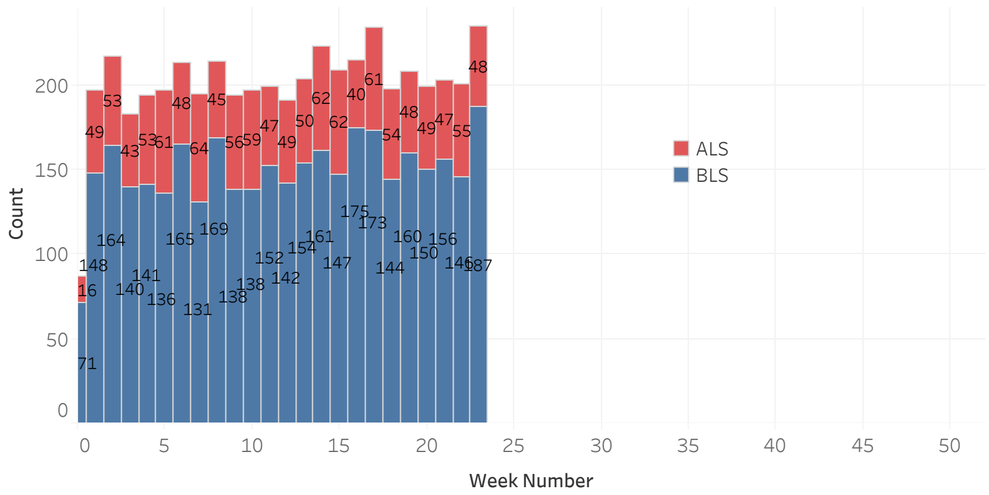
Language Barrier

Definition: Narrative included "lang", "transl", "interp", or barriers to care noted language.

Cumulative Language Barrier Incidents



Weekly Language Barrier Incidents for 2026



EMS Incidents by Zone: Week 22 Comparison (2026 vs 2023-2025 Average)

Zone	Week 23 Average (2023-2025)	Week 23 (June7-June13) Total (2026)
Port of Seattle	93	106
Zone 1	1281	1228
Zone 3	1976	1881
Zone 5	1554	1337
Total EMS incidents	4904	4552

Zone 1 (North/East County)

1. Bellevue FD
2. Bothell Fire & EMS
3. Snoqualmie Fire & Rescue
4. Eastside Fire & Rescue
5. KCFD #27 (Fall City)
6. KCFD #47
7. KCFD #50 (Skykomish)
8. KCFD #51 (Snoqualmie Pass)
9. Kirkland FD
10. Redmond FD
11. Shoreline FD
12. Snoqualmie Pass FD

Zone 3 (South County)

1. KCFD #2 (Burien)
2. KCFD #20 (Skyway)
3. KCFD28 – Enumclaw
4. KCFD #44 (Mountain View)
5. KCFD #28 (Enumclaw)
6. King County Medic One
7. Mountain View Fire & Rescue
8. Puget Sound Fire
9. Renton FD
10. Renton Regional Fire Authority
11. South King Fire & Rescue
12. Valley Regional Fire Authority
13. Vashon Island Fire & Rescue

Zone 5 (City of Seattle)

1. Seattle Fire

Port of Seattle