

1. SEMSCO and Committees met September 12-13 in the wonderful city of Troy. The tortuous video of the meetings is at <https://vimeo.com/event/2777851>. Or you can read these notes...
2. A quick reminder: Vital Signs 2023 is this week (Oct 17-22) in Syracuse. You can register at www.vitalsignsconference.com or just walk in and register on-site.
3. SEMSCO committees were incredibly busy over the summer and this fall promises more work. Most committees meet virtually, some as often as weekly to keep up with the many projects and tasks necessary to assist DOH in providing leadership, developing rules and guidelines for operation of EMS in the State.
4. The Quality Metrics committee beams with pride over the publication of their revised Quality Improvement Manual. You can grab a copy of your own from the Bureau website at www.health.ny.gov/professionals/ems/pdf/quality_improvement_for_prehospital_providers.pdf.
5. Looking for quality measures? [NEMSQA](http://www.nemsqa.org) is a great source (the National EMS Quality Alliance). Their 10 newly approved measures (the asterisks on www.nemsqa.org/nemsqa-measures), in concert with existing measures, make up 20 quality measures, all of which are approved by New York State. If you want additional access or would like to participate in measure development, consider joining NEMSQA. They launched EMS agency membership last year and offer memberships to individuals: www.nemsqa.org/membership.
6. The Finance Committee released the results of their salary survey. I've attached the complete results to the end of these notes; here's a summary:
 - 3,831 responses, which represents more than 10% of active NYS EMS responders
 - 37% of respondents plan to leave EMS in the next five years
 - Why leave? Inadequate pay/benefits (65.7%) and better job opportunities outside of EMS (51.3%)
 - 45% of EMTs are paid \$19/hr or less; 76% make \$24/hr or less
 - 35% of Paramedics are paid \$29/hr or less; 61% make \$34/hr or less
 - 73% work more than 40 hours/week; 37% work > 50 hours/week; 17.7% work 61 or more hours per week
 - 85% have experienced burnout or compassion fatigue
7. Finance jointly with Training & Education (T&E) used a Course Sponsor Survey to provide funding recommendations to the Bureau. These led to increases in EMS course funding twice this year, raising EMT-Original funding by 38% and AEMT-Original funding by 80%. A fifth funding pilot was also added that reimburses EMT students who paid for their own course following completion of 12 months service with an EMS agency (see: 23-08.B and 23-09.B updates at www.health.ny.gov/professionals/ems/policy/policy.htm).
8. The Bureau advised that PSI (our state testing vendor) increased their exam fee from \$28 to \$31 without notice. On the brighter side (maybe), the testing contract will go out for RFP next year.
9. There are now 75 active Regional Faculty with 15 more in process.
10. Some T&E workgroups and projects currently ongoing:
 - BLS PSE – transitioning the BLS practical skills exam to a scenario-based test. Pilot runs suggest a bukoo more instructor and student training will be needed, coupled with increased funding to cover additional time and staff. Don't expect it soon.

- Group scheduling – 15 course sponsors currently piloting, bugs being worked out. Looks favorable for statewide rollout. Not sure when.
 - Alternate funding sources – compiling options available to fund EMS course tuition.
 - Instructor certification/recertification/reciprocity – on going.
 - HazMat Awareness requirement – policy statement on options coming out soon.
 - Training Plan Template – workgroup being assembled to fashion a regional training plan template to inform SEMSCO and the Bureau on budgeting/funding for EMS courses. This is legislatively required but was abandoned for futility a ways back.
 - FTO program – looking for examples of existing FTO programs to inform development of a statewide FTO credential.
 - Critical Care Transport standards – should there be a statewide minimum standard for critical care transport providers?
 - EMT-CC bridge program – declining enrollment suggests possible need to discontinue EMT-CC to Paramedic bridge courses. When should the EMT-CC level sunset? The original motion from 2017 set 2030 as the sunset year, allowing CME recertified providers to continue practicing until 2023/2024.
 - On the topic of sunsets, the National Registry is eliminating their PSE at the AEMT and medic levels July 1, 2024. T&E asked SEMSCO to follow suit with the paramedic PSE. This was approved (recommended) by SEMSCO.
11. Legislative is recommending a modernization of the definition of EMS, encouragement of NY to adopt/approve TIP (Treatment in Place) and TAD (Transport to Alternate Destinations) and making EMS an essential service with the caveats that localities assure response readiness and meet NYS performance standards.
 12. The Systems Committee released a Trauma Triage Guidelines resource that Regions (or you) can customize to their systems (see: <https://saratogaems.org/?p=2024>). This would go nicely with the [American College of Surgeons trauma triage training materials](#).
 13. CON actions for Scarsdale and Ossining as well as the Village and Town of Alden were tabled 'til December. Believe it or not, Policy 06-06 on CONs is getting near the end stages of revision. Halleluia!
 14. The Safety Committee has several projects in their hopper:
 - Emergency Vehicle Operation – revision of policy statement # 00-13.
 - Provider resiliency project.
 - De-escalation tactics – (very lengthy, unheated, discussion on this) multiple courses available for this from numerous sources. A compendium is being developed.
 - Hazardous response policies – more information being assembled.
 - Red lights and siren reduction – ongoing.
 15. Quality Metrics is brewing up a training program on the newly released Quality Improvement manual (see #4 above). They also have now endorsed, with approval of SEMSCO, the 20 NEMSQA measures (see #5 above) as NYS approved measures for use by agencies in their QI programs.
 16. Quality reports iGel data is flowing, albeit disproportionately. They are seeing only one report for every three uses. They are working with Data Informatics on this.

17. In what some would describe as a tad contentious, others bordering on shots being fired, a lengthy discussion on ePCR data elements was had at the Quality Metrics committee meeting. Presently (no surprise to field providers), the sheer complexity of NYS data elements piled on the federal (NEMSIS) required data make completing an ePCR complicated, frustrating, and seemingly eternal. Fatal errors (i.e., those that stop a chart from being locked) are causing HUGE problems for hospitals, ePCR vendors, agencies, and DOH when charts end up parked in cyber purgatory. There was an intention to rectify this in November by cutting warnings by 50% and reducing fatal rules by 40%. However, with input from ePCR vendors, it was decided instead to simply move to NEMSIS version 3.5 rather than repair the current morass of NYS rules. This makes a fresh start without having to make two transitions (fix the current issues and then move everyone to v3.5). To that end, DOH will release their NEMSIS v3.5 metrics (called a schematron) on November 1st to all agencies and ePCR vendors. With this, DOH will cut their State added fields from the current 800+ down to 250 (more in line with the rest of the US). Agencies will be authorized to transition to NEMSIS 3.5 starting January 1, 2024, depending on when their ePCR vendor is ready; everyone will be required to be on v3.5 by July 1, 2024. Whooda thunk it! There is some relief in sight...
18. The DEI TAG (Diversity, Equity, and Inclusion) reported 425 responses to their survey which is open until the end of October. Consider putting your two cents in at: <https://apps.health.ny.gov/pubpal/builder/survey/new-york-state-dei>
19. Innovations and Research will be distributing a Mt. Sinai ET3 survey to collect some data on field provider impressions of ET3. They made a referral to Medical Standards requesting protocols be developed for TIP (Treatment in Place) and TAD (Transport to Alternate Destinations). There was also a discussion on IFT (Interfacility Transports). This will be discussed between SEMAC and the State Hospital folks. A motion did go to SEMSCO to encourage NYS Medicaid to continue paying for both TIP and TAD.
20. Med Standards, the fodder of many humorous SEMSCO note anecdotes, held their fastest meeting on record: 28 minutes. They discussed the change log for the Collaborative ALS Protocols. Changes are logged all year, approved at SEMAC/SEMSCO meetings throughout the year, then published in January, effective July each year. A Policy Statement describing this is forthcoming. The alternative formulary for prehospital drug shortages (Policy Statement #13-04) was also approved and is being tweaked so we all understand it. For enquiring minds, Mark I kit info will be updated in next year's protocol changes.
21. SEMAC had a tad longer meeting, owing to a more varied agenda. They approved 46 changes to the Collaborative Protocols and heard a presentation on Crisis Stabilization Centers (see: <https://omh.ny.gov/omhweb/rfp/2022/scsc/>) opening across the State. Up to 24 Centers will open within the next 12 months. While not really intended as an EMS transport destination, they have capability to unburden both EMS and Emergency Departments of people with mental health, alcohol and substance abuse crises that are currently inappropriately turfed to us. More to come...
22. SEMAC Advisory 23-A on selection, use, and approval of medical devices has been posted at www.health.ny.gov/professionals/ems/semac_advisories.htm.
23. Director Greenberg gave a report from the Bureau to SEMAC/SEMSCO:

- [Drupal is the portal](#) for submitting almost all paperwork to the Bureau. If you snail mail, fax, or carrier pigeon your paperwork to the Bureau, it may be returned.
 - For ambulances, the Bureau created a pre-inspection on-line self-survey. If you'd like a sneak peak, [click here](#) but PLEASE don't submit it if you're not asked to.
 - To be transparent, the Bureau is now posting typical and actual processing times for certification and course applications. Go to EMS Forms (<https://apps.health.ny.gov/pubpal/builder/EMSForms>) then choose the Education-Certification & CME Program dropdown. You'll see the chart there.
 - Surveys galore! If you go to the EMS Forms page (see above) then choose EMS Provider Feedback & Surveys, you'll see several open surveys you might be interested in weighing in on. These include a Rural Ambulance, DEI, a salary survey, a Part S survey. Great opportunity for any interested party to provide their input to the Bureau and SEMSCO!
 - The Bureau is currently working on readiness contracts to be negotiated with EMS agencies as a component of the State EMS Task Force authorized by Part S of the State budget for 2023-2024. Stay tuned...
 - EMS Recruitment and retention monies allocated in the current State Budget will be distributed as Regional Grants, probably in the \$10-15k range each. Also funded is a newly created Leadership course that a cadre of folks around the State could teach once materials to run the course are properly uploaded for access.
24. The State DLA (Division of Legal Affairs) sent a note regarding the Suffolk County motion approved in May by SEMAC and SEMSCO that allowed REMSCOs to credential EMS providers (at all levels). This motion apparently was, "out of order," meaning it is not within the authority of SEMSCO to make. Currently, according to DLA, only agencies and their medical directors can credential providers. To this end, the Chair announced that he would be assembling a work group to formulate a best practice document for provider credentialing by EMS agencies. Right now, there is no such animal.
25. EMSC (EMS for Children) is working on de-escalation, trauma triage, length-based tapes, and pediatric stroke protocols. They are also implementing a new PECC program for Emergency Departments.
26. Public Health and Health Planning Council (PHHPC, affectionately known as 'FIPPIC') has met multiple times on the topic of ED boarding and ambulance wall times. Their systems committee chair and the SEMSCO chair have had numerous conversations on the topic and PHHPC considers this their most pressing concern at present. Some actionable solutions may be forthcoming. These will require participation of both PHHPC and SEMSCO.
27. Of the many proposed regulations assembled by SEMSCO and the Bureau, our most pressing need is T&E reforms to facilitate reciprocity and continued development of practical and written exams. This part of draft regs has been segregated from the rest of the package and pushed up the DOH chain as potential "emergency regulations". This may (or may not) accelerate approval. Like other regulatory changes, no one should attempt to hold their breath awaiting a decision. If approved as emergency regs, an emergency SEMSCO meeting will be needed prior to December for approval. Again, don't hold your breath.

28. Nominations were opened for 2024 SEMSCO officers. Mike McEvoy was nominated for chair, David Violante for 1st vice-chair, and Teri Hamilton for 2nd vice-chair. Elections in December.

29. Lastly, but not leastly, four SEMSCO Committees (Quality, Safety, T&E, and Systems) worked over the summer to draft proposals for statewide performance measures. A total of 11 proposed measures were submitted to the chair. Here is a synopsis:

Quality Metrics Committee:

- Each agency will identify three QI measures chosen from state approved measures.
- Each agency will identify a QI Coordinator and demonstrate to their Region how they conduct QI.

Safety Committee:

- Publicly report employee injuries that occur each year.
- Publicly report vehicle incidents.

Education & Training Committee:

- Develop training standards for EMS education.
- Require degrees for EMS providers.
- Report EMS class retention rates and to set metrics for Course Sponsors.

Systems Committee:

- Implement over several years stepped response requirements.
- Agencies would publicly report response and staffing data for their agency.
- Require PSAPs to work with REMSCO to assure the closest ambulance is dispatched to each call.
- Template standards for dispatch and response.

These will be debated, refined, and ultimately whittled down to a recommended 3 or 4 measures for SEMSCO to consider, maybe as early as the December meeting. Mark Philippy, a recovering SEMSCO Chair, has been graciously voluntold to lead a workgroup that will synthesize the proposals. ***This is a call out to anyone and everyone who might have some interest in participating to step forward ASAP.*** Email mcevoymike@aol.com to put your name in the ring! The future of EMS depends on you.

30. Meetings will be held at the Hilton Garden Inn in Troy on December 5-6, and (Christmas came early) next year February 6-7, May 7-8, September 17-18, and December 3-4. The September meeting might be somewhere other than HGI.

These notes respectfully prepared by Mike McEvoy who serves on SEMSCO representing the NYS Association of Fire Chiefs. Contact Mike McEvoy at mmcevoy@saratogacountyny.gov. If you want a personal copy of these “unofficial” SEMSCO minutes delivered directly to your email account, go to <http://eepurl.com/iaXHY> to put yourself on the list (or adjust your delivery settings). Also, past copies of NYS EMS News are parked at the bottom of the EMS News page at www.saratogaems.org. Feel free to download any notes you missed. Tell your friends. The more, the merrier.

The full results of the Finance Committee Salary Survey follow these notes.



EMS Salary Survey Analysis

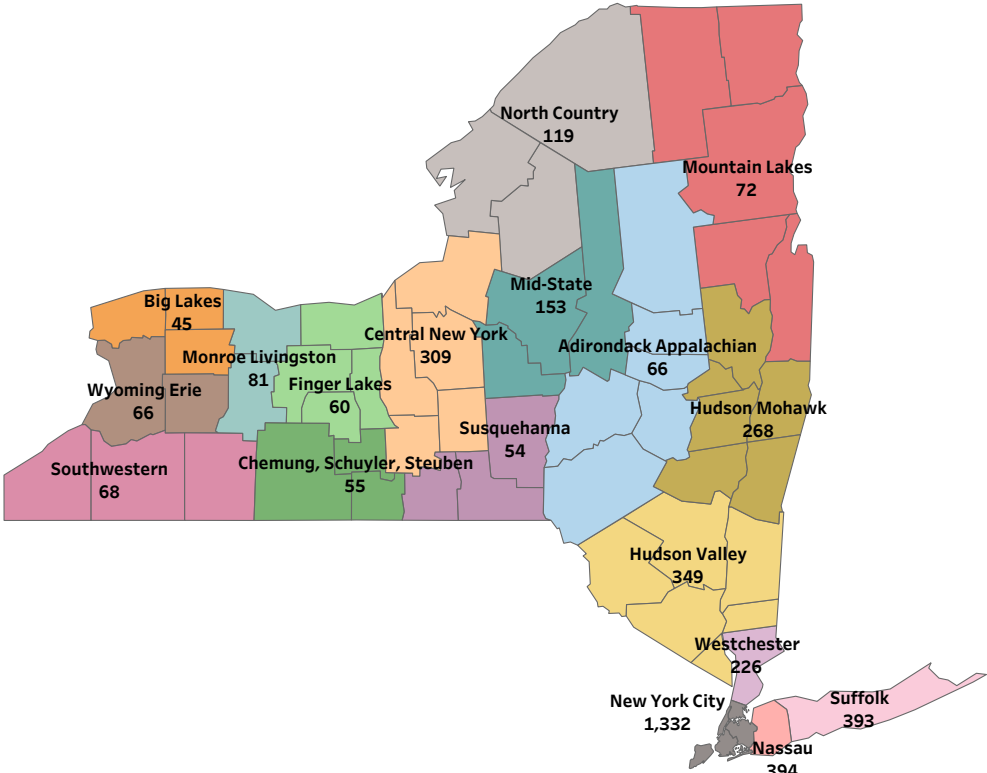
NEW YORK STATE DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEMS

DATE OF SURVEY: 7/20/2023 - 8/11/2023

DATE PRODUCED: 8/16/2023

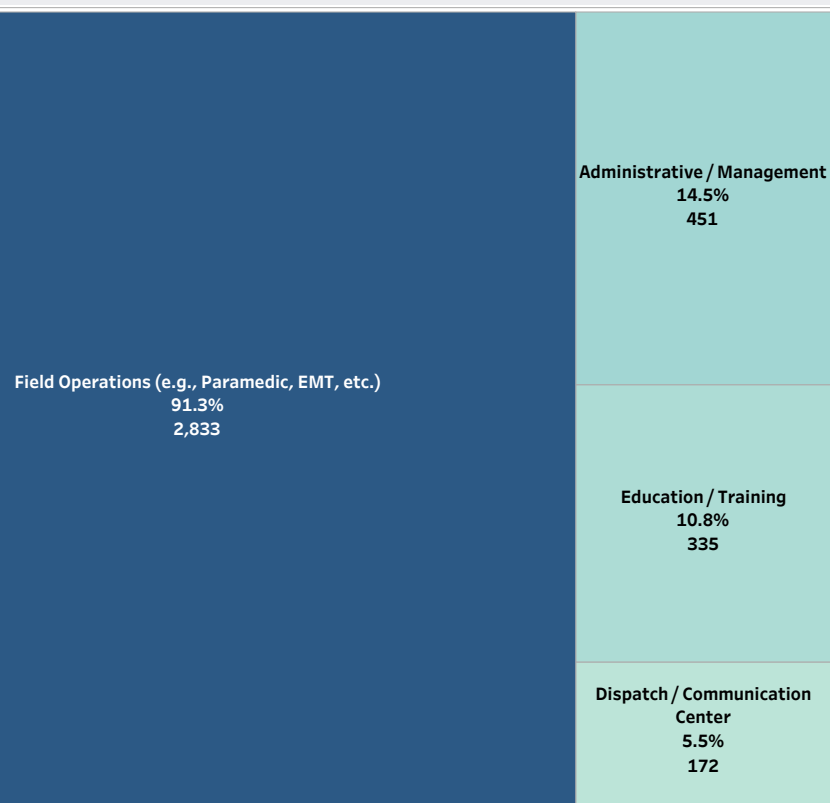
Submissions By Region



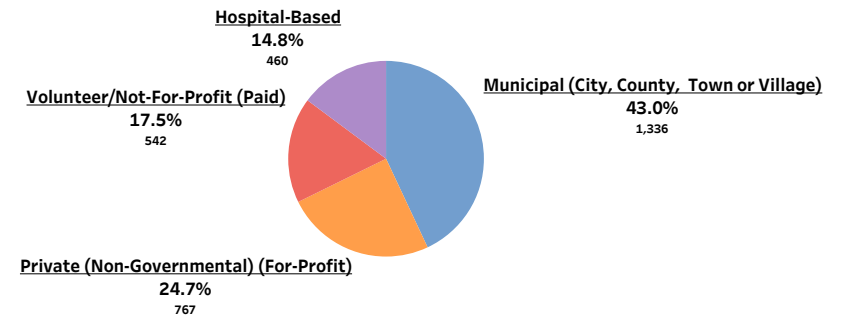
Submissions By Region Table

REMSCO	
New York City	1,332
Unknown	702
Nassau	394
Suffolk	393
Hudson Valley	349
Central New York	309
Hudson Mohawk	268
Westchester	226
Mid-State	153
North Country	119
Monroe Livingston	81
Mountain Lakes	72
Southwestern	68
Adirondack Appalachian	66
Wyoming Erie	66
Finger Lakes	60
Chemung, Schuyler, Steuben	55
Susquehanna	54
Big Lakes	45
Grand Total	3,831

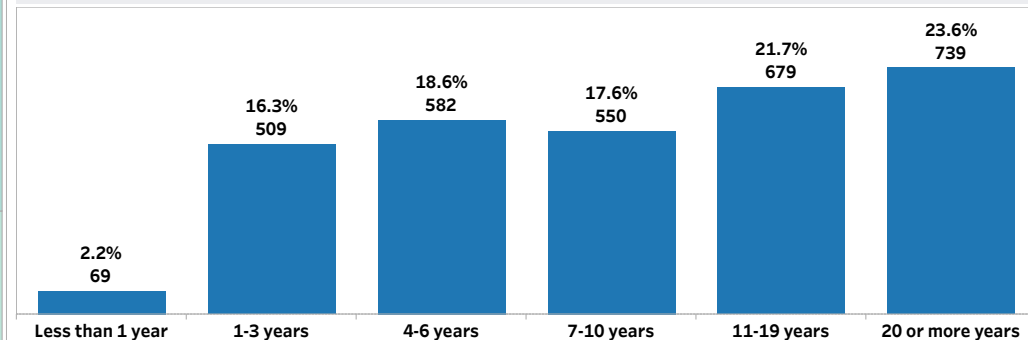
What is your position in the EMS agency where you currently work? (Statewide)



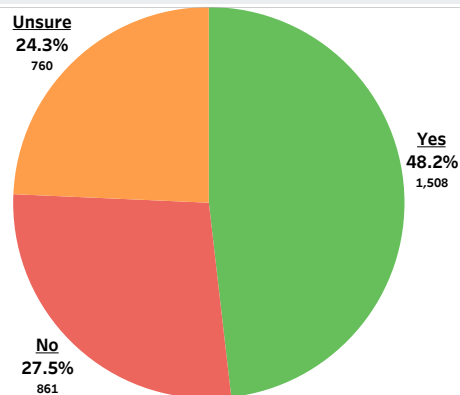
What type of agency is your PRIMARY EMS employment? (Statewide)



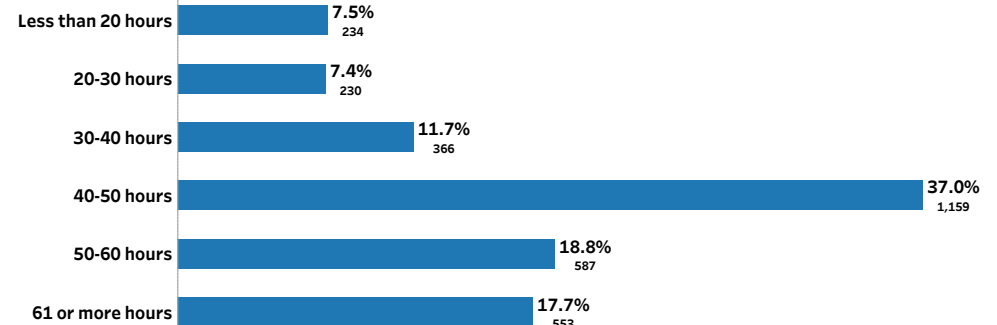
How many years of experience do you have as an EMS provider? (Statewide)



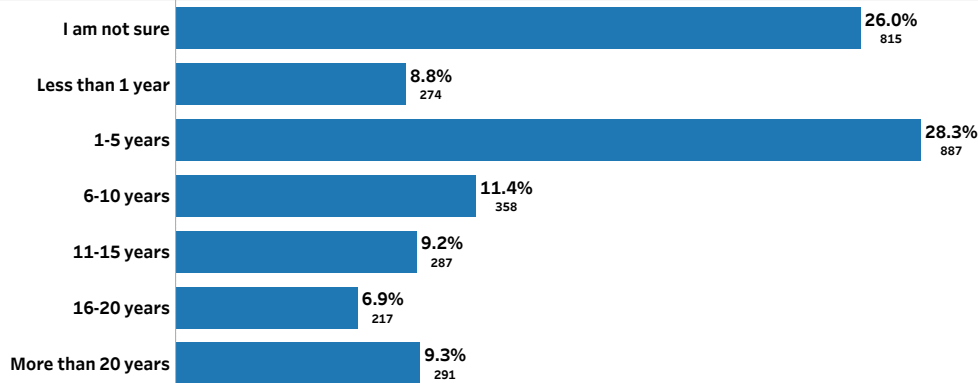
Do you believe you have a long term career in EMS? (Statewide)



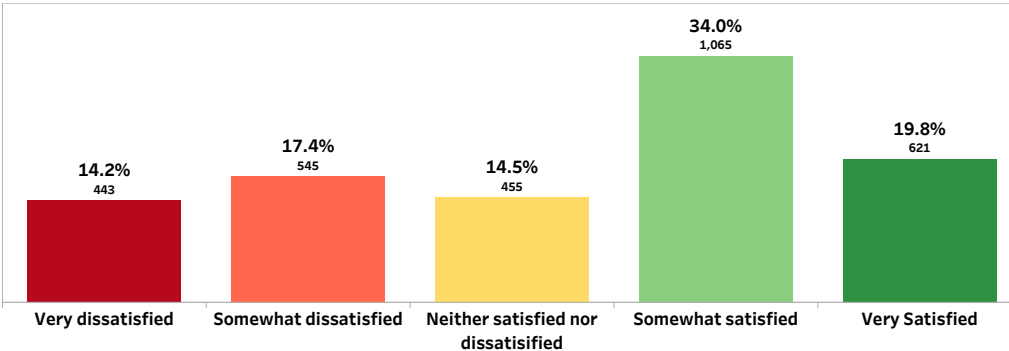
On average, how many hours do you work per week (total for all EMS jobs)? (Statewide)



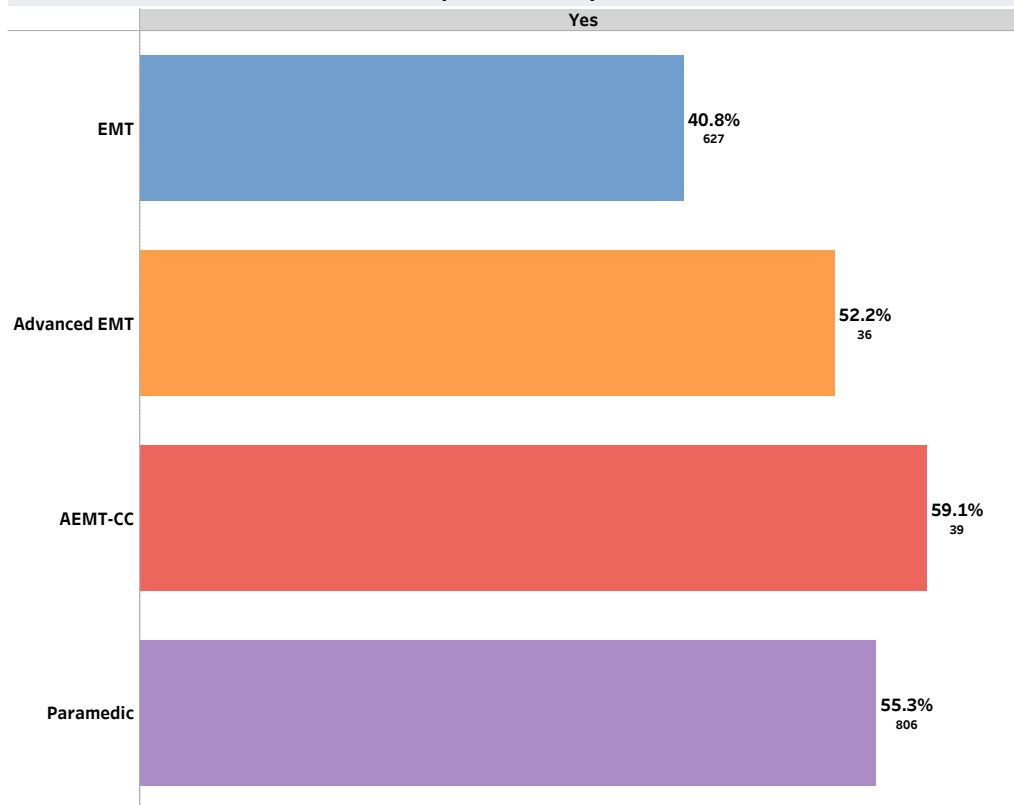
How much longer do you plan to remain in the EMS field? (Statewide)



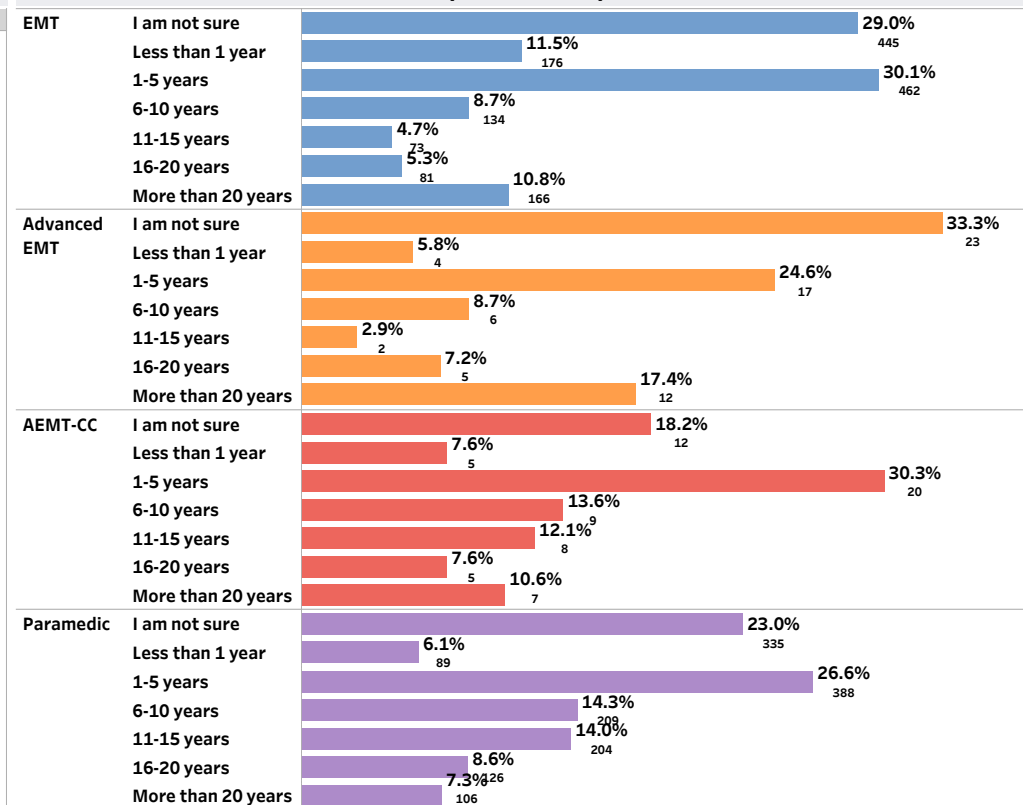
How satisfied are you with your current job as an EMS provider? (Statewide)



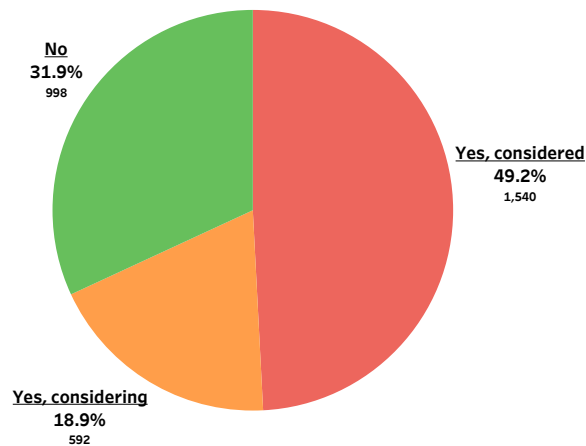
Do you believe you have a long term career in EMS by Level of Provider (Statewide)



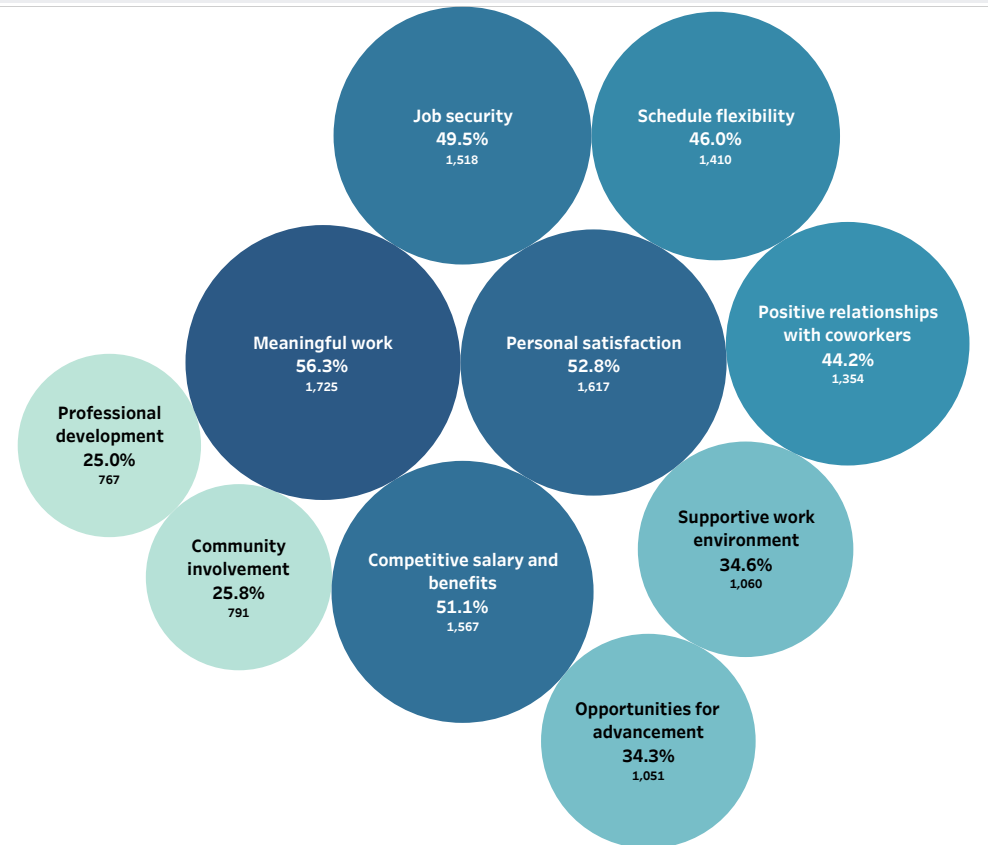
How much longer do you plan to remain in EMS by Level of Provider (Statewide)



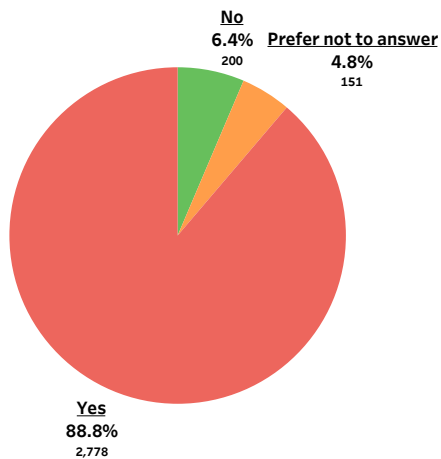
Have you ever considered leaving the EMS profession for a different healthcare profession?



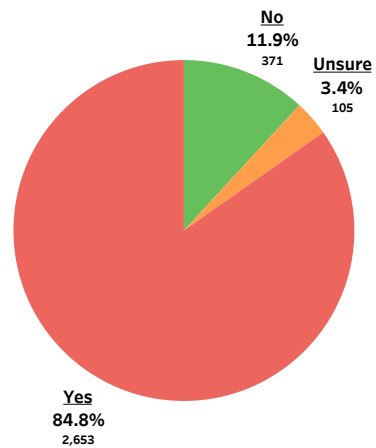
What factors, if any, contribute to you staying in your career in EMS?



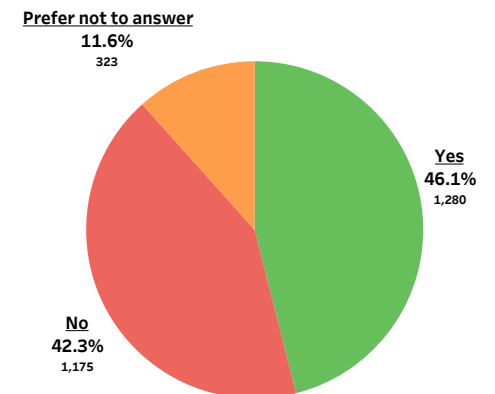
Have you ever experienced a traumatic event or incident while working as an EMS provider? (Statewide)



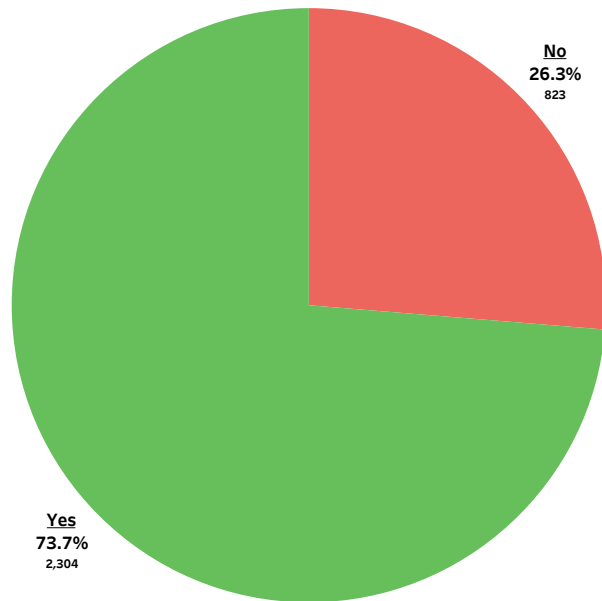
Have you ever experienced burnout or compassion fatigue in your role as an EMS provider? (Statewide)



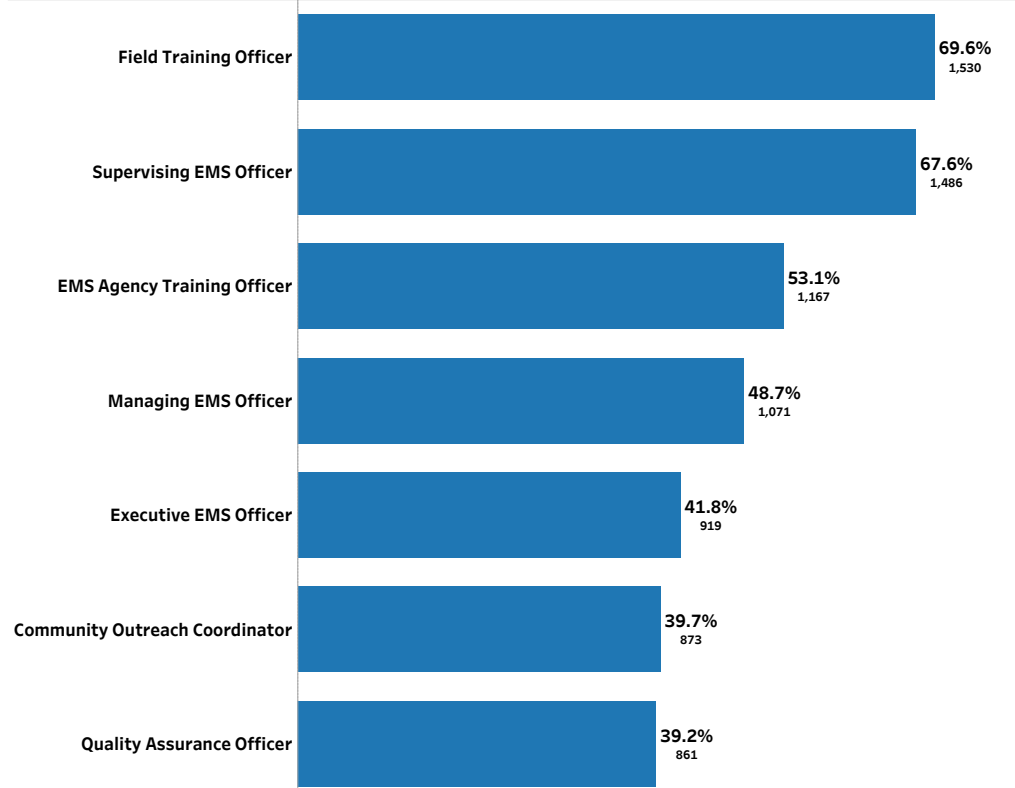
If you have experienced a traumatic event or incident, did you receive any formal or informal support from your employer or colleagues? (Statewide)



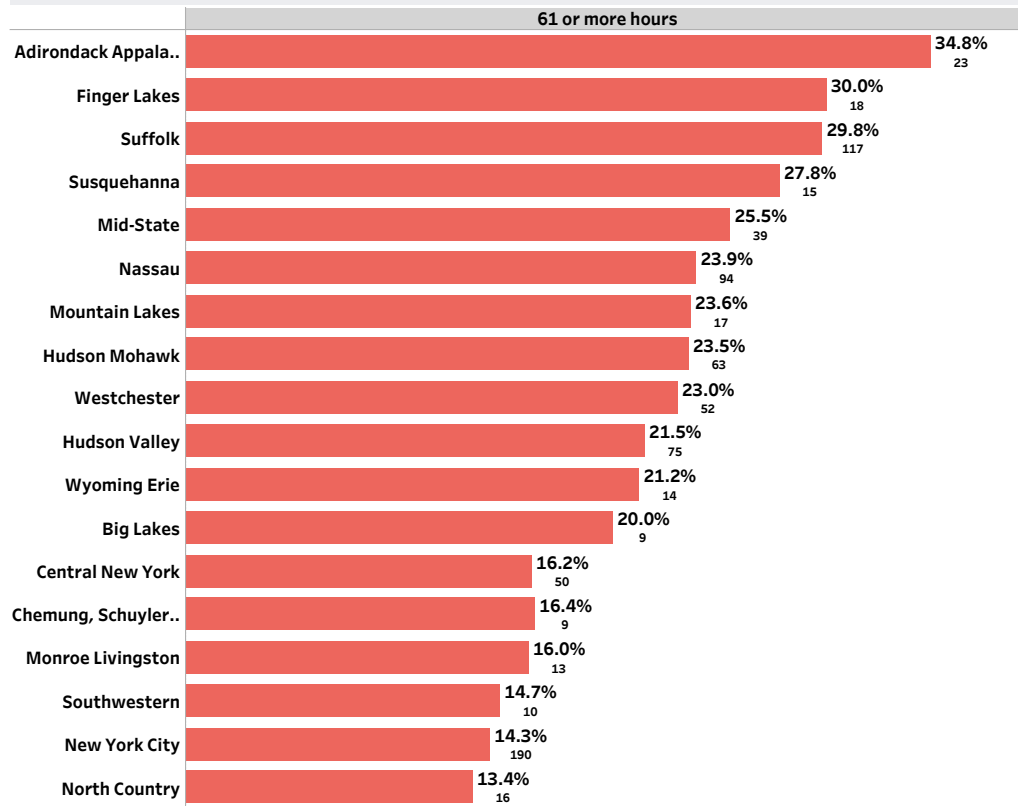
Would you be more willing to remain in EMS as a full time profession if you were afforded more opportunities for advancement? (Statewide)



Which specialized credentials would you want to see as a formal designation by the state EMS system? (Statewide)



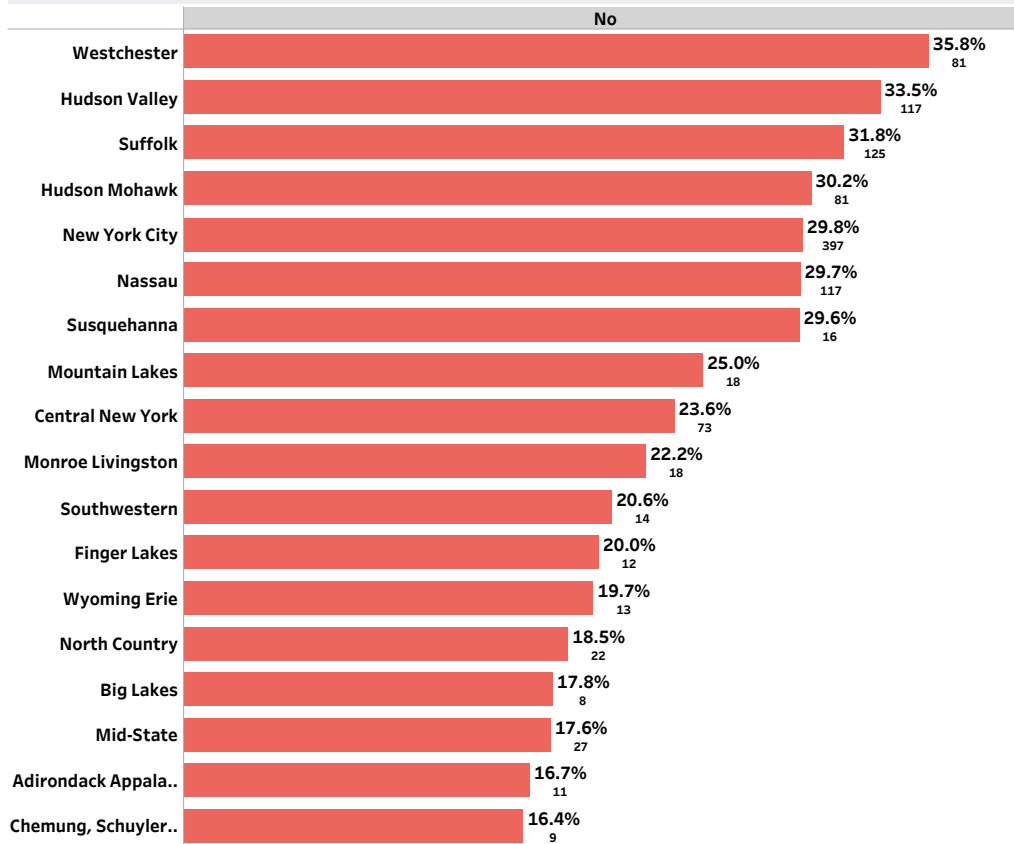
On average, how many hours do you work per week (total for all EMS jobs)?



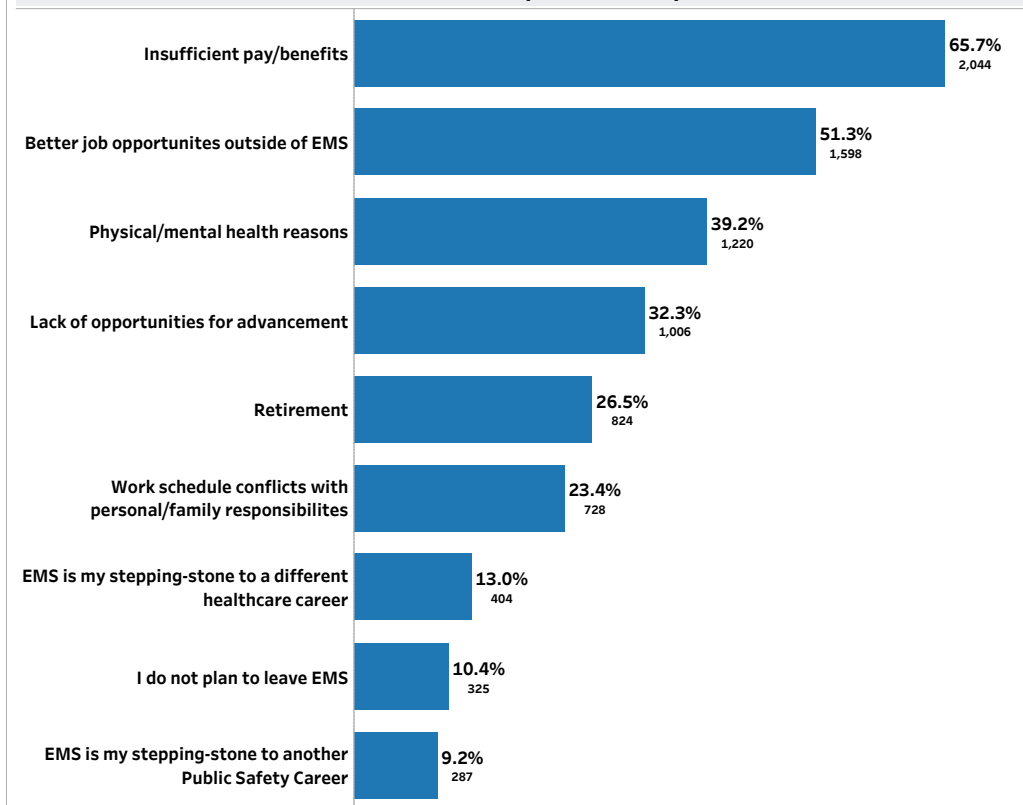
On average, how many hours do you work per week (total for all EMS jobs)?

	Less than 20 h..	20-30 hours	30-40 hours	40-50 hours	50-60 hours	61 or more hou..
Adirondack Appalac..	6.1%	10.6%	10.6%	21.2%	16.7%	34.8%
Finger Lakes	10.0%	8.3%	8.3%	31.7%	11.7%	30.0%
Suffolk	6.6%	6.4%	12.0%	27.7%	17.6%	29.8%
Susquehanna	9.3%	7.4%	13.0%	27.8%	14.8%	27.8%
Mid-State	10.5%	11.1%	6.5%	26.8%	19.6%	25.5%
Nassau	7.9%	7.6%	14.0%	28.4%	18.3%	23.9%
Mountain Lakes	8.3%	9.7%	9.7%	22.2%	26.4%	23.6%
Hudson Mohawk	8.6%	9.7%	12.7%	26.1%	19.4%	23.5%
Westchester	11.5%	10.2%	13.3%	22.6%	19.5%	23.0%
Hudson Valley	9.2%	9.5%	15.5%	26.9%	17.5%	21.5%
Wyoming Erie	6.1%	7.6%	10.6%	30.3%	24.2%	21.2%
Big Lakes	4.4%	6.7%	6.7%	37.8%	24.4%	20.0%
Central New York	12.3%	8.1%	7.1%	35.0%	21.4%	16.2%
Chemung, Schuyler, ..	10.9%	16.4%	5.5%	36.4%	14.5%	16.4%
Monroe Livingston	11.1%	6.2%	4.9%	50.6%	11.1%	16.0%
Southwestern	8.8%	7.4%	7.4%	42.6%	19.1%	14.7%
New York City	2.7%	4.2%	11.9%	47.0%	20.0%	14.3%
North Country	11.8%	10.9%	20.2%	31.1%	12.6%	13.4%

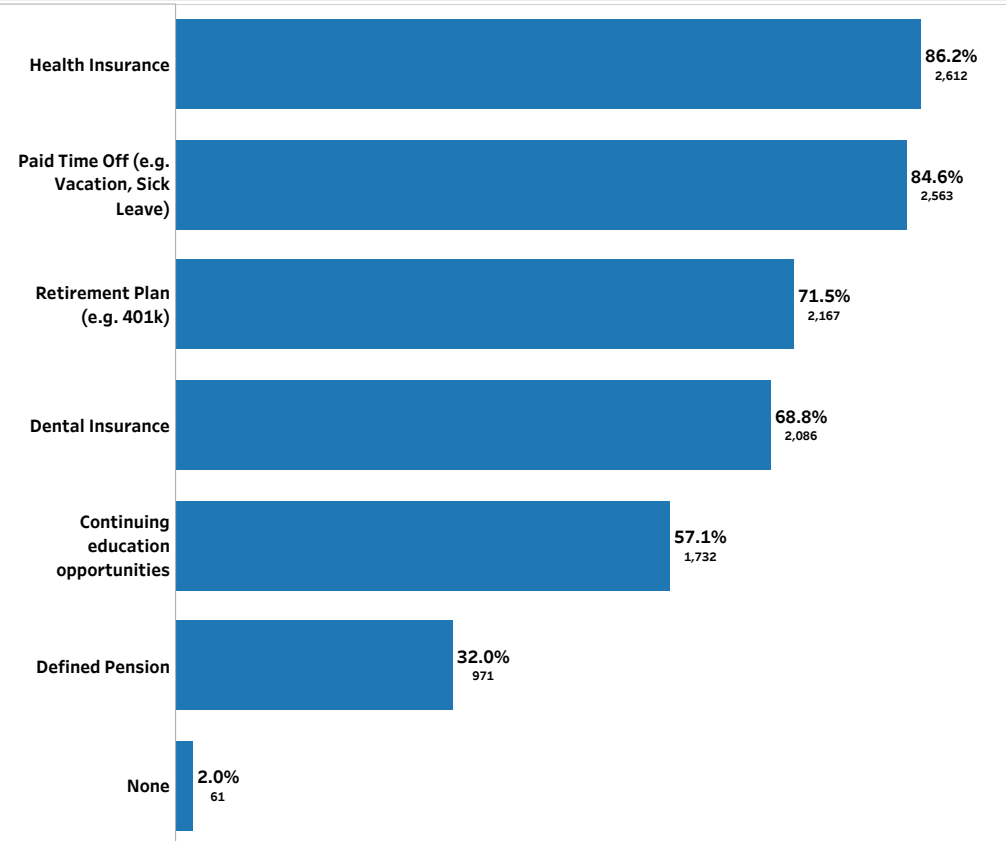
Do you believe you have a long term career in EMS? (By Region)



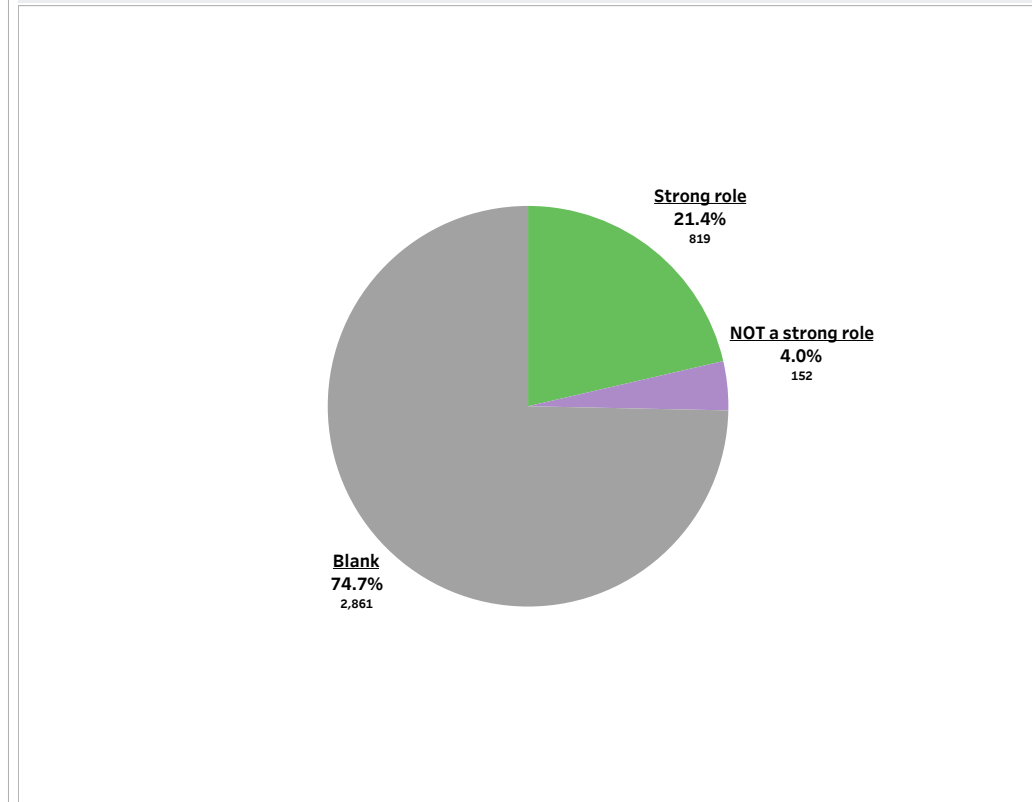
What would be your reasons for your departure, if you plan to leave the EMS field? (Statewide)



Does your employer off any benefits? (Select all that apply) (Statewide)



How much of a factor does having a defined pension play in you staying in EMS long term? (Statewide)



What is your current hourly base wage, without adjusting for overtime and specialty pay? (Statewide)											
	Less than \$15/hr	\$15-19...	\$20-24...	\$25-29...	\$30-34...	\$35-39...	\$40-44...	\$45-49...	\$50-54...	\$55-59...	\$60 or more/hr
EMT	2.5% 37	42.5% 640	31.2% 469	16.3% 246	4.3% 64	1.7% 25	0.7% 11	0.3% 5	0.3% 5	0.1% 2	0.1% 1
Advanced EMT	4.4% 3	39.7% 27	38.2% 26	10.3% 7	2.9% 2	1.5% 1		1.5% 1			1.5% 1
AEMT-CC	1.5% 1	15.2% 10	21.2% 14	19.7% 13	21.2% 14	10.6% 7	4.5% 3	3.0% 2	3.0% 2		
Paramedic	0.1% 1	1.7% 24	13.8% 196	19.3% 274	26.4% 375	19.9% 283	11.1% 158	4.4% 62	1.3% 18	0.8% 12	1.3% 18

Based on your current level of care, what do you feel would be a fair wage that would motivate you to stay in the EMS field long term?											
	Less than \$15/hr	\$15-19.9..	\$20-24.9..	\$25-29.9..	\$30-34.9..	\$35-39.9..	\$40-44.9..	\$45-49.9..	\$50-54.9..	\$55-59.9..	\$60 or more/hr
EMT	0.1% 1	0.8% 12	13.3% 200	22.8% 344	21.9% 330	15.5% 234	12.1% 183	5.0% 75	3.2% 48	1.5% 23	3.8% 57
Advanced EMT		1.6% 1	21.9% 14	32.8% 21	15.6% 10	10.9% 7	7.8% 5	4.7% 3			4.7% 3
AEMT-CC			3.4% 2	24.1% 14	13.8% 8	12.1% 7	17.2% 10	12.1% 7	1.7% 1	6.9% 4	8.6% 5
Paramedic			0.3% 4	2.5% 34	9.7% 132	12.2% 166	16.3% 221	15.6% 212	17.5% 238	8.5% 116	17.4% 237

Full Time | What is your approximate annual income from all EMS jobs?

	Less than \$29,999	\$30,000-\$39,000	\$40,000-\$49,000	\$50,000-\$59,000	\$60,000-\$69,999	\$70,000-\$79,999	\$80,000 or more
Adirondack Appala..	4.1% 2	8.2% 4	8.2% 4	14.3% 7	12.2% 6	22.4% 11	30.6% 15
Big Lakes		16.2% 6	27.0% 10	21.6% 8	5.4% 2	13.5% 5	16.2% 6
Central New York	0.9% 2	16.2% 36	14.4% 32	13.1% 29	15.3% 34	17.1% 38	23.0% 51
Chemung, Schuyler..	2.5% 1	15.0% 6	20.0% 8	5.0% 2	10.0% 4	15.0% 6	32.5% 13
Finger Lakes	4.2% 2	12.5% 6	14.6% 7	14.6% 7	16.7% 8	18.8% 9	18.8% 9
Hudson Mohawk	3.6% 7	15.9% 31	13.3% 26	12.8% 25	16.9% 33	14.4% 28	23.1% 45
Hudson Valley	2.1% 5	7.7% 18	16.7% 39	15.0% 35	15.0% 35	15.8% 37	27.8% 65
Mid-State	2.1% 2	8.2% 8	24.7% 24	18.6% 18	15.5% 15	15.5% 15	15.5% 15
Monroe Livingston	4.6% 3	7.7% 5	16.9% 11	23.1% 15	13.8% 9	16.9% 11	16.9% 11
Mountain Lakes	3.8% 2	11.5% 6	17.3% 9	19.2% 10	11.5% 6	17.3% 9	19.2% 10
Nassau	0.7% 2	3.3% 9	8.8% 24	12.5% 34	10.3% 28	10.3% 28	54.2% 148
New York City	1.8% 21	8.4% 96	16.1% 184	16.8% 192	16.2% 185	12.6% 144	28.1% 321
North Country	18.2% 14	11.7% 9	20.8% 16	14.3% 11	18.2% 14	7.8% 6	9.1% 7
Southwestern	3.6% 2	10.9% 6	29.1% 16	20.0% 11	14.5% 8	5.5% 3	16.4% 9
Suffolk	1.0% 3	3.5% 10	9.8% 28	13.6% 39	11.8% 34	15.0% 43	45.3% 130
Susquehanna		9.8% 4	22.0% 9	9.8% 4	14.6% 6	19.5% 8	24.4% 10
Westchester	2.7% 4	4.8% 7	10.2% 15	17.7% 26	14.3% 21	17.0% 25	33.3% 49
Wyoming Erie		14.3% 7	24.5% 12	16.3% 8	10.2% 5	10.2% 5	24.5% 12

Full Time | What is your approximate annual income by position and level of care?

		Less than \$29,999	\$30,000-\$39,000	\$40,000-\$49,000	\$50,000-\$59,000	\$60,000-\$69,999	\$70,000-\$79,999	\$80,000 or more
Field Operations (e.g., Paramedic, EMT, etc.)	EMT	5.3% 53	19.2% 193	27.1% 273	23.1% 232	13.1% 132	6.8% 68	5.5% 55
	Advanced EMT	7.3% 3	24.4% 10	22.0% 9	26.8% 11	4.9% 2	9.8% 4	4.9% 2
	AEMT-CC		2.7% 1	16.2% 6	16.2% 6	18.9% 7	16.2% 6	29.7% 11
	Paramedic	0.1% 1	1.3% 13	6.1% 63	10.3% 106	18.6% 191	19.4% 199	44.3% 455
Administrative / Management	EMT	5.8% 5	10.5% 9	12.8% 11	20.9% 18	15.1% 13	7.0% 6	27.9% 24
	Advanced EMT		14.3% 1	28.6% 2	14.3% 1	14.3% 1		28.6% 2
	AEMT-CC			20.0% 3	40.0% 6	6.7% 1	13.3% 2	20.0% 3
	Paramedic		0.3% 1	4.0% 12	6.3% 19	12.6% 38	18.5% 56	58.3% 176
Education / Training	EMT	5.7% 5	16.1% 14	23.0% 20	23.0% 20	12.6% 11	9.2% 8	10.3% 9
	Advanced EMT			50.0% 2		25.0% 1		25.0% 1
	AEMT-CC			50.0% 3			33.3% 2	16.7% 1
	Paramedic			6.5% 10	11.7% 18	17.5% 27	22.1% 34	42.2% 65
Dispatch / Communication Center	EMT	3.1% 3	14.4% 14	22.7% 22	20.6% 20	18.6% 18	12.4% 12	8.2% 8
	Advanced EMT		50.0% 1					50.0% 1
	AEMT-CC						50.0% 1	50.0% 1
	Paramedic				19.4% 7	16.7% 6	27.8% 10	36.1% 13

Full Time | Approximate annual income from all EMS Jobs vs. Average hours worked per week (Statewide)

	Less than \$29,999	\$30,000-\$39,000	\$40,000-\$49,000	\$50,000-\$59,000	\$60,000-\$69,999	\$70,000-\$79,999	\$80,000 or more
20-30 hours		0.0% 1	0.0% 1	0.0% 1	0.0% 1		0.0% 1
30-40 hours	0.8% 18	1.9% 45	1.9% 45	1.5% 36	1.4% 34	1.2% 29	1.1% 26
40-50 hours	1.1% 27	5.0% 120	9.2% 218	8.1% 193	7.6% 180	5.0% 120	9.3% 221
50-60 hours	0.4% 9	1.7% 41	3.0% 72	3.9% 92	4.0% 95	3.2% 76	6.6% 158
61 or more hours	0.2% 4	0.8% 18	1.6% 38	2.3% 55	2.4% 57	4.0% 94	10.6% 251

Full Time | Approximate annual income from all EMS Jobs vs. Average hours worked per week by level of care (Statewide)

		Less than \$29,999	\$30,000-\$39,000	\$40,000-\$49,000	\$50,000-\$59,000	\$60,000-\$69,999	\$70,000-\$79,999	\$80,000 or more
EMT	20-30 hours		0.1% 1		0.1% 1			
	30-40 hours	1.5% 17	3.3% 37	2.8% 31	2.4% 27	1.1% 12	0.5% 5	0.4% 4
	40-50 hours	2.3% 25	10.1% 112	15.8% 175	10.6% 117	6.1% 68	2.5% 28	2.5% 28
	50-60 hours	0.8% 9	3.3% 37	5.4% 60	6.1% 67	3.7% 41	1.8% 20	1.5% 17
	61 or more hours	0.3% 3	1.3% 14	2.3% 25	3.4% 38	2.5% 28	2.5% 28	2.8% 31
Advanced EMT	30-40 hours	2.2% 1	8.7% 4	4.3% 2		2.2% 1		
	40-50 hours	2.2% 1	4.3% 2	10.9% 5	13.0% 6			2.2% 1
	50-60 hours		6.5% 3	6.5% 3	8.7% 4		4.3% 2	2.2% 1
	61 or more hours	2.2% 1	2.2% 1	2.2% 1	2.2% 1	2.2% 1	4.3% 2	6.5% 3
AEMT-CC	20-30 hours			2.4% 1				
	30-40 hours		2.4% 1		4.8% 2	2.4% 1		
	40-50 hours			4.8% 2	7.1% 3	9.5% 4	7.1% 3	9.5% 4
	50-60 hours			2.4% 1	7.1% 3	2.4% 1	4.8% 2	2.4% 1
	61 or more hours			4.8% 2		2.4% 1	4.8% 2	19.0% 8
Paramedic	20-30 hours					0.1% 1		0.1% 1
	30-40 hours		0.3% 3	1.0% 12	0.6% 7	1.7% 20	2.0% 24	1.9% 22
	40-50 hours	0.1% 1	0.5% 6	3.0% 36	5.7% 67	9.1% 108	7.5% 89	15.9% 188
	50-60 hours		0.1% 1	0.7% 8	1.5% 18	4.5% 53	4.4% 52	11.7% 139
	61 or more hours		0.3% 3	0.8% 10	1.4% 16	2.3% 27	5.2% 62	17.7% 209