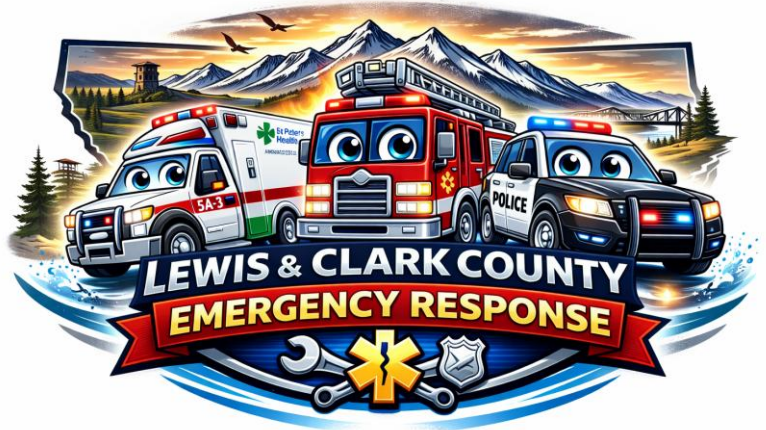




St. Peter's Health  
**AMBULANCE**

# 2025 Annual Ambulance Report



• St. Peter's Health •  
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# St. Peter's Health

## Mission

*To improve the health, wellness and quality of life of the people and communities we serve.*

## Vision

*To be the gold standard for healthcare in Montana.*

## Values

*We will:*

*Treat every person with dignity, respect, and loving-kindness*

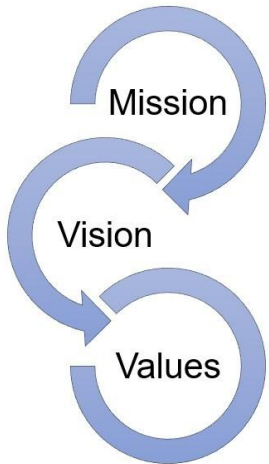
*Keep colleagues and patients safe in every sense of the word*

*Empower and invest in our people to help them grow and thrive*

*Inspire collaboration to cultivate joy, pride and a sense of belonging*

*Drive excellence through learning, innovation, and continuous improvement*

*Steward our resources wisely so we can fulfill our mission*



St. Peter's Health Ambulance remains a critical component of the emergency medical services system in Lewis and Clark County, providing high-quality, compassionate, and clinically advanced prehospital care. As an integrated, hospital-based ambulance service, we work in close partnership with regional fire departments, law enforcement, dispatch, and community stakeholders to ensure a coordinated and effective response for every patient, every time. Throughout 2025, our team continued to advance both operational excellence and clinical performance. We strengthened our workforce through focused education, expanded clinical capabilities with the implementation of updated patient care guidelines and new medications, and invested in technologies that support better patient outcomes and provider performance. At the same time, we remained committed to thoughtful resource stewardship and system reliability in a dynamic and often resource-constrained environment. This report highlights the progress we have made, the challenges we continue to address, and our ongoing commitment to delivering exceptional care while improving the health, wellness, and quality of life for the communities we serve.





# 2025 Accomplishments



## Advancing Excellence in EMS Operations, Clinical Care, and System Integration

In 2025, St. Peter's Health Ambulance made significant strides in strengthening our operations, enhancing clinical performance, and improving system reliability. These accomplishments reflect a focused commitment to workforce stability, regulatory compliance, technological advancement, and continuous improvement in patient care.

### Workforce Stability

- Reduced reliance on traveler paramedics throughout the year, ending 2025 with only **one traveler remaining**
- Achieved a major milestone with the **planned elimination of all traveler paramedics by February 2026**
- Established a long-term goal of **sustaining a fully staffed, permanent workforce** to promote continuity, culture, and high-quality care

### Operational Improvements & Transparency

- Implemented **Vector Solutions Scheduling**, improving shift management, workforce visibility, and providing **partner fire departments with increased transparency** into ambulance availability and deployment

### Regulatory Compliance & Medication Security

- Deployed a new **DEA-compliant narcotics storage system**
- Integrated **Bluetooth-enabled locking technology** to track and monitor access, enhancing accountability and security of controlled substances

### Technology Integration & Documentation

- Successfully integrated **ImageTrend** (patient care reporting system) with the **dispatch CAD system**
- Improved **documentation accuracy, efficiency, and data consistency** by reducing duplicate data entry and streamlining workflows

### Clinical Excellence & Guidelines

- Completed a comprehensive update of **Patient Care Guidelines (Protocols)** in collaboration with medical leadership and pharmacy
- Prepared the department for a **January 1, 2026 implementation**, ensuring alignment with current evidence-based practices

### Safety & Training

- Provided **Emergency Vehicle Operator Course (EVOC) training** to all staff
- Established an **ongoing annual training plan** to reinforce safe driving practices and compliance with emergency vehicle operations policies

### Equipment Reliability & Preventative Maintenance

- Secured a **service contract with Stryker** covering:
  - PowerCots
  - PowerLOAD systems
  - Stair chairs
- Implemented a **robust preventative maintenance program** to improve equipment readiness, reduce downtime, and enhance patient and provider safety

### Fleet Enhancement

- Placed a **new ambulance into service**, strengthening system capacity and supporting reliable response coverage across our service area



These accomplishments represent meaningful progress toward building a more reliable, clinically advanced, and sustainable EMS system. They reflect the dedication of our teams and our continued commitment to delivering exceptional care to the communities we serve.

# Operations



## Ambulance Fleet

SPH-Ambulance operates:

10 Ambulances

6 of which are frontline - 911 response

3 are reserve

1 are Event and Driver training.

1 Resource vehicle (5R-1)

One new ambulance placed in primary service 4<sup>th</sup> Quarter 2025. 1 additional ambulances should be inservice by 2<sup>nd</sup> Quarter 2026.

## Ambulance Operations

Full time crews work 12 hour shifts that rotate on a 3 day on-3 day off/3 day on 5 day off schedule.

Core shifts have an associated 12 hour on-call attached.

Daily response and patient care is provided across 6 shifts:

Medic 1	Day	(0600-1800)	On call (1800-0600)
Medic 2	Day	(0700-1900)	On call (1900-0700)
Medic 3	Day	(0900-2100)	
Medic 4	Split	(1200-0000)	
Medic 5	Night	(1800-0600)	On call (0600-1800)
Medic 6	Night	(1900-0700)	On call (0700-1900)

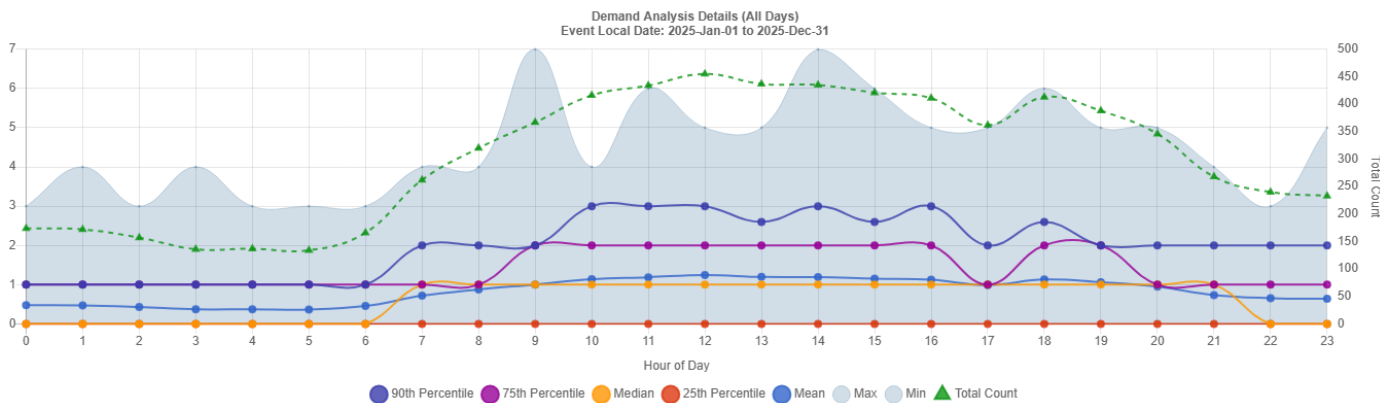


The data presented in this annual report is derived primarily from our ImageTrend reporting system, which serves as the central platform for documenting ambulance responses and patient care. In 2025, we made meaningful improvements to our data collection processes, including efforts to consolidate multiple documentation points into more unified systems. These changes have resulted in improved data quality, consistency, and reliability; however, this remains an ongoing area of focus and refinement. It is important to recognize that this data may not yet provide a fully comprehensive view of our operations. Due to the historical use of separate systems for documenting non-transport calls and other services, certain incidents and responses may still be underrepresented within ImageTrend. While this report reflects the majority of our service activity, continued work is underway to further align our systems and ensure a more complete and accurate representation of the care we provide.

# Total # of calls in Imagetrend = 7,327

## • Top 5 Scene Incident City Names (97%)

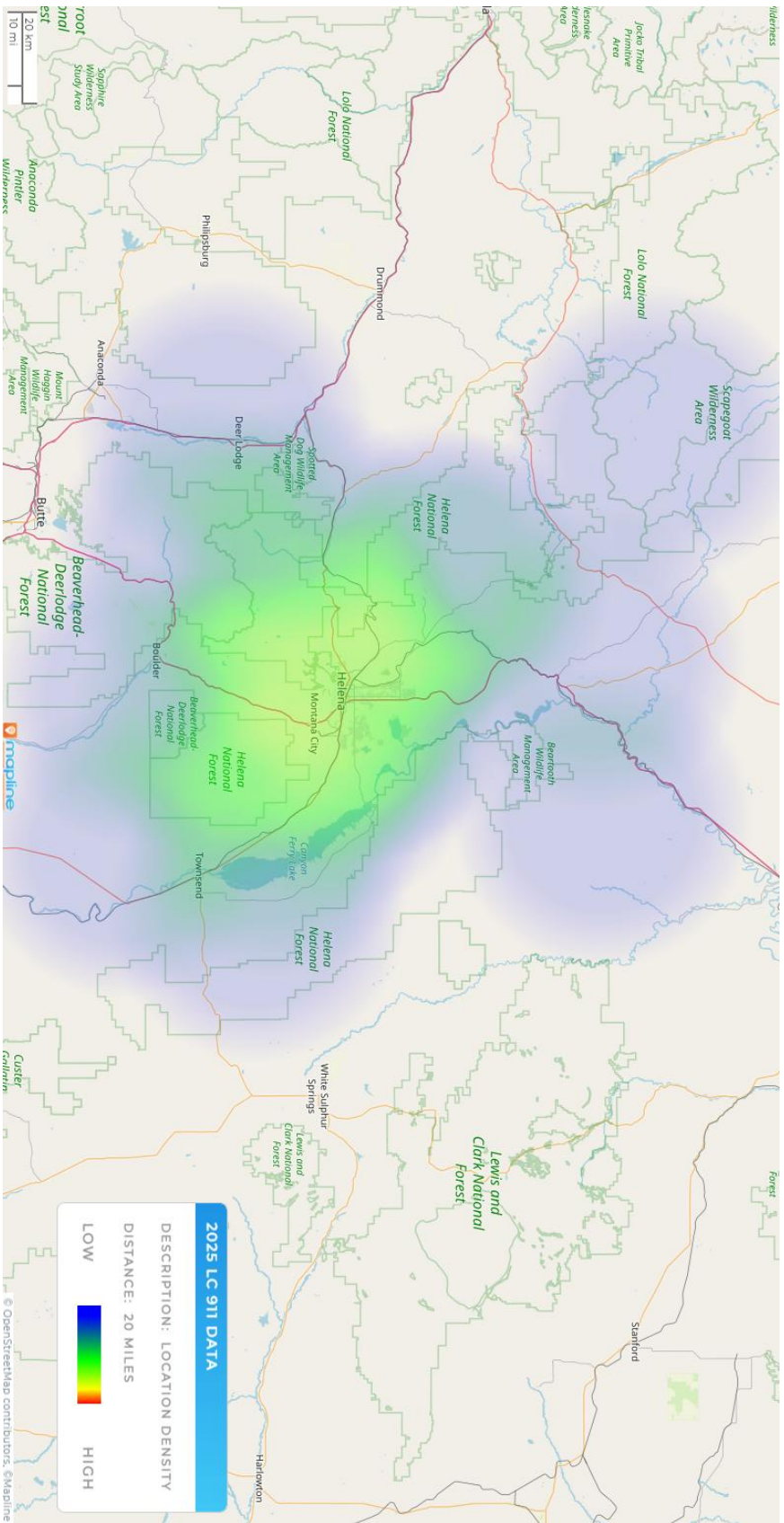
- Helena – 6,333 (86.4%)
- East Helena – 368 (5.0%)
- Clancy – 255 (3.4%)
- Boulder – 107 (1.4%)
- Wolf Creek – 44 (0.6%)



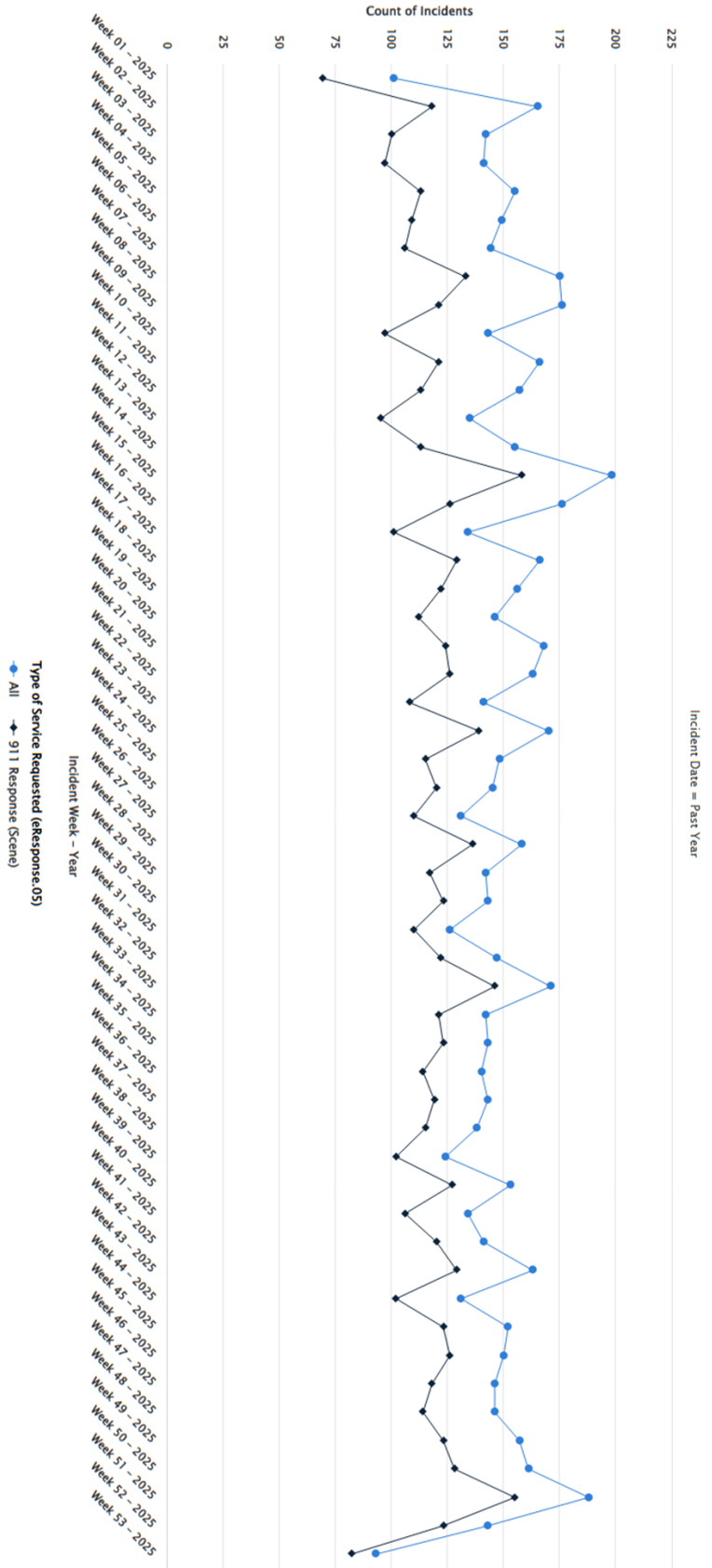
- Busiest time of day 12:00 to 14:59
  - Sunday to Thursday
  - Fridays & Saturdays 18:00 to 20:59
- Busiest day of the week – Saturday
- 2<sup>nd</sup> Busiest day of the week – Thursday
- Slowest day of the week – Monday



# EMIS Response Heat Map



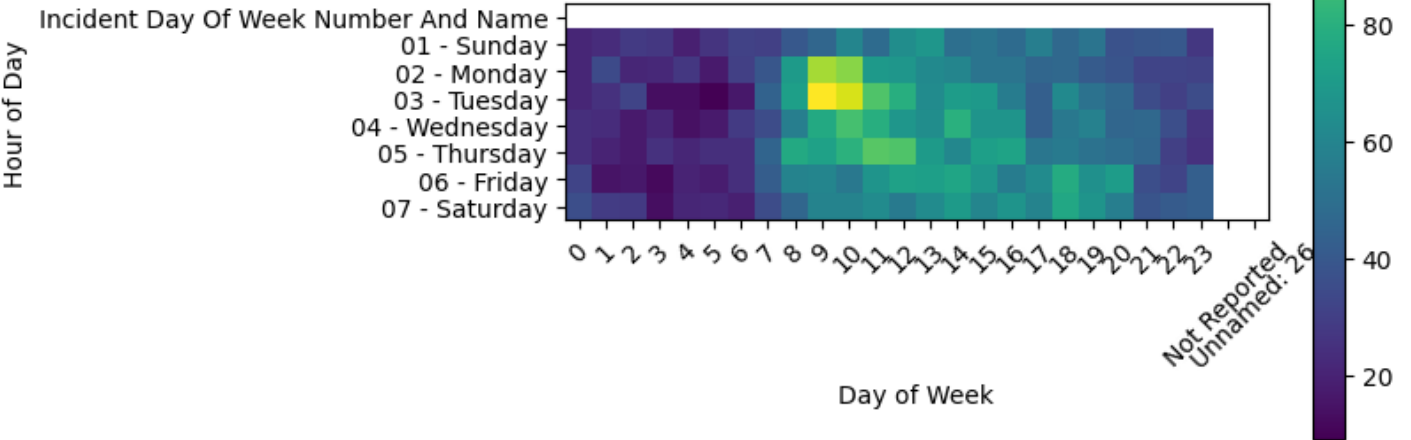
# Ambulance Weekly Volume





Rural Fire Department Responses	Number of Runs
West Valley	551
East Valley	242
Jeff Co. (Clancy, Jefferson City, Basin)	172
East Helena	146
Tri Lakes	108
Boulder	94
Montana City	85
East Gate	52
Birdseye	41
Wolf Creek/Craig	40
Baxendale	37
Fort Harrison VA	29
York	18
Marysville	11
Lincoln	10
Canyon Creek	7
Augusta	4

911 Calls by Day and Hour (2025)



Peak call volume occurs during mid-morning to early evening hours, with noticeable clustering on weekdays.



# Response Time Averages

- En-route to on scene – 9.37 minutes
- Scene time – 16.81 minutes
- Left scene to destination – 14.10 minutes

## Scene Time Fractile

Scene Time	2025
0 to <5 Min	5.55%
5 to <10 Min	21.58%
10 to <15 Min	47.44%
15 to <20 Min	72.50%
20 to <25 Min	86.69%
25 to <30 Min	93.71%
30 to <35 Min	95.99%
35 to <40 Min	97.52%
40 to <45 Min	98.41%
45 to <50 Min	98.78%
50 to <55 Min	99.08%
55 to <60 Min	99.22%
> 60 Minutes	100%

Distance from Scene to Destination	2025 Fractile
0 to < 5 Miles	69%
5 to < 10 Miles	15%
10 to 15 < Miles	7%
15 to < 20 Miles	1%
> 20 Miles	7%



# En-Route to On-Scene Fractile

<u>Enroute to on Scene</u>	<u>2025</u>
<b>0 to &lt;5 Min</b>	23.10%
<b>5 to &lt;10 Min</b>	66.98%
<b>10 to &lt;15 Min</b>	88.19%
<b>&gt; 15 Minutes</b>	100.00%

## Response Mode to Scene

- Emergent – 5,173 (70.6%)
- Non-Emergent – 2,110 (28.7%)
- Emergent Downgraded to Non-Emergent – 10 (0.1%)
- Non-Emergent Upgraded to Emergent – 18 (0.2%)





## Transport Mode from Scene

- Emergent – 593 (9.7%)
- Non-Emergent – 5423 (89.4%)
- Emergent Downgraded to Non-Emergent – 16 (0.3%)
- Non-Emergent Upgraded to Emergent – 30 (0.5%)



# Clinical



# Top 10 Provider Primary Impression

1. Malaise – General Weakness
2. Pain – Acute pain due to trauma
3. Respiratory – Shortness of Breath
4. Neuro/LOC – Altered Mental Status
5. Neuro/LOC - Syncope
6. Neuro – Seizure
7. Muscle weakness
8. Abdominal Pain
9. Behavioral – Anxiety
10. Pain – Back (Non-traumatic)

## Top 10 Complaints Reported by Dispatch

1. Fall
2. Breathing Problem/Shortness of Breath
3. Lift/Invalid Assist
4. Chest Pain (Non-Traumatic)
5. Motor Vehicle Crash/Transportation Incident
6. Unresponsive/Fainting (Syncope)/Near-Fainting
7. Abdominal Pain/Problems
8. Convulsions/Seizure
9. Pain
10. Sick Person



# Patient Age Range in Years

Age Range	Count
Less than 1	37
1 to 9	75
10 to 19	295
20 to 29	452
30 to 39	486
40 to 49	522
50 to 59	618
60 to 69	1,131
70 to 79	1,387
80 to 89	1,225
90 to 99	418
100 to 120	16

**57.0%**  
of Patients over  
the age of 60

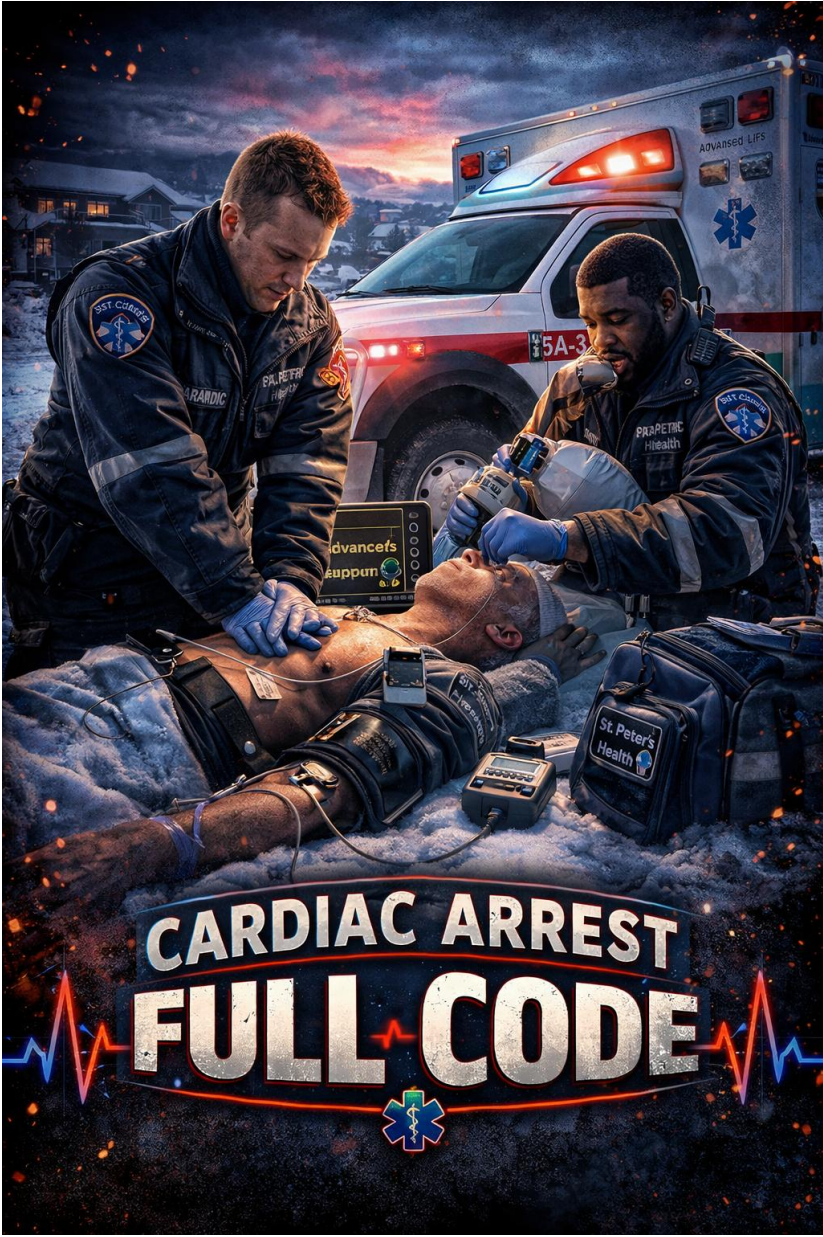


# Top 10 Medications Administered

1. Fentanyl (Sublimaze) - 545
2. Ondansetron (Zofran) - 455
3. Albuterol/Ipratropium (DuoNeb) - 180
4. Epinephrine 1:10,000 - 175
5. Aspirin - 137
6. Nitroglycerin - 131
7. Albuterol (Proventil) - 118
8. Morphine - 107
9. Midazolam (Versed) - 81
10. Lorazepam (Ativan) - 61



# Cardiac Arrest



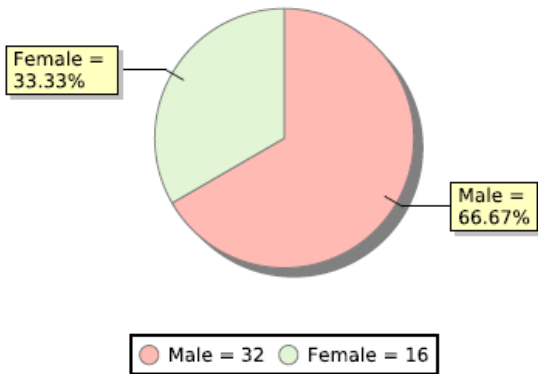
# Cardiac Arrest

## Demographics

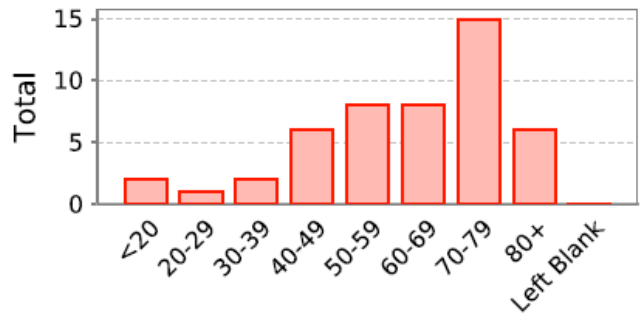
### St. Peter's Ambulance Service

Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocution, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: 01/01/25-12/31/25 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

#### Sex



#### Age



Age Range

Mean Age: 62

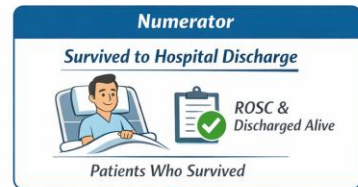
Location Type	Count
Home/Residence	26 - 76.5%
Public/Commercial Building	4 - 11.8%
Nursing Home	3 - 8.8%
Place of Recreation	1 - 2.9%

Non-Traumatic Etiology Survival Rates	
Overall:	10.4% (48)
Bystander Wit'd:	12.5% (16)
Unwitnessed:	10.0% (30)
Utstein <sup>1</sup> :	16.7% (6)
Utstein Bystander <sup>2</sup> :	25.0% (4)

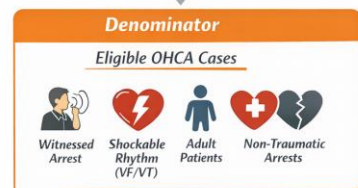
Bystander Intervention Rates <sup>3</sup>	
CPR:	36.6% (41)
Public AED Use:	14.3% (7)

## Utstein Survival Calculation

Out-of-Hospital Cardiac Arrest Survival Rate



$$\text{Utstein Survival} = \frac{\text{Patients Who Survived}}{\text{Eligible OHCA Cases}} \times 100 = \% \text{ Survival Rate}$$



$$\frac{\text{Survived to Hospital Discharge}}{\text{Witnessed Shockable Cardiac Arrests (VF/VT)}} = \text{Utstein Survival Rate}$$



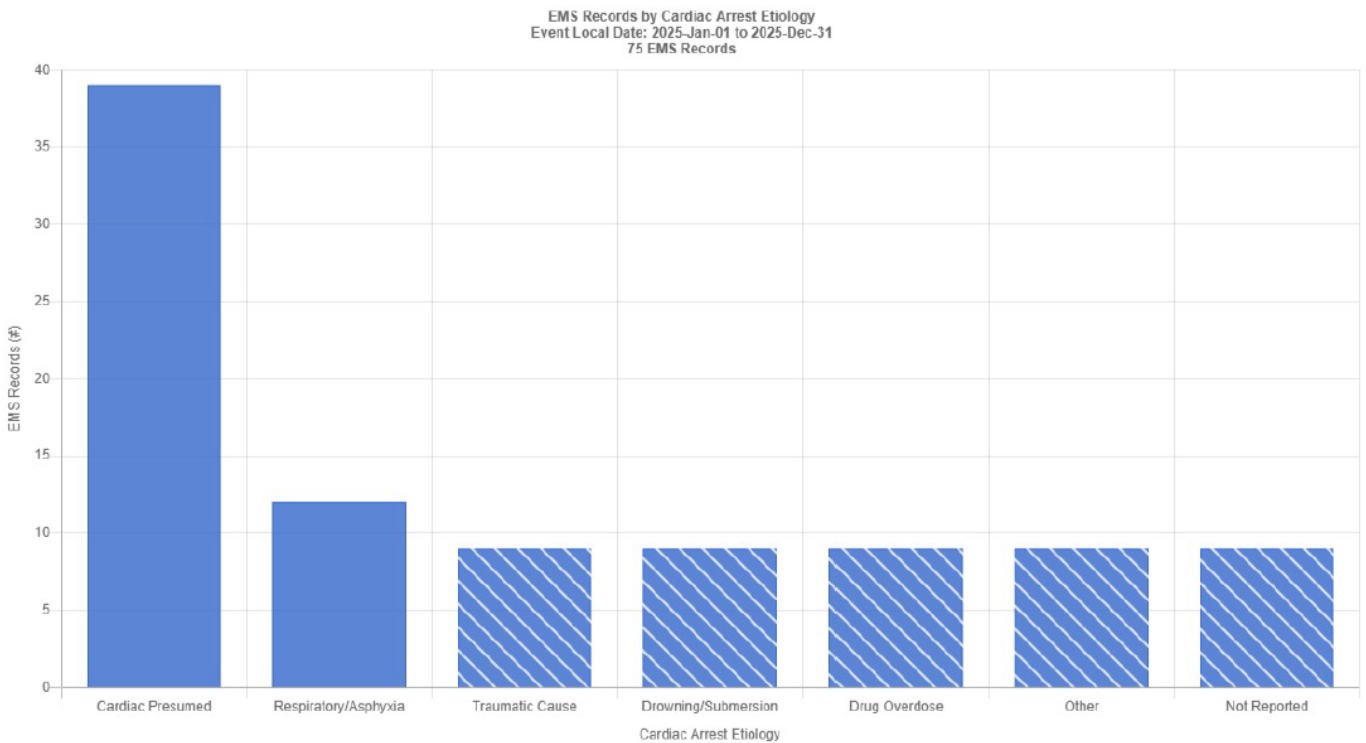
# Cardiac Arrest

<b>Cardiac Arrests</b> Total <b>75</b> 2026 YTD: 19	<b>Resuscitation Attempts by EMS</b> Resuscitation Attempts <b>63</b> 2026 YTD: 17	<b>ROSC</b> Any ROSC / Resuscitation Attempts <b>16 / 63 (25%)</b> 2026 YTD: Suppressed / 17	<b>Survived Event</b> Survived Event / Resuscitation Attempts <b>12 / 63 (19%)</b> 2026 YTD: Suppressed / 17
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## Data Explorer 1

Data filtered based on Access Levels: Operational = Full. Low count suppression in effect.



This data is from the Biospatial Utstein Report on Cardiac Arrest. If the numbers are too low to calculate accurately or no data exists, it will show that field as suppressed.



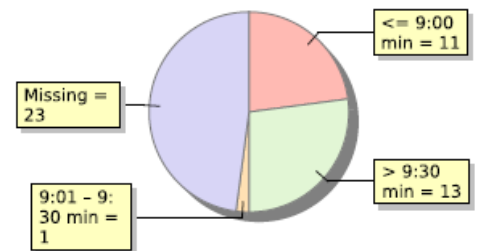
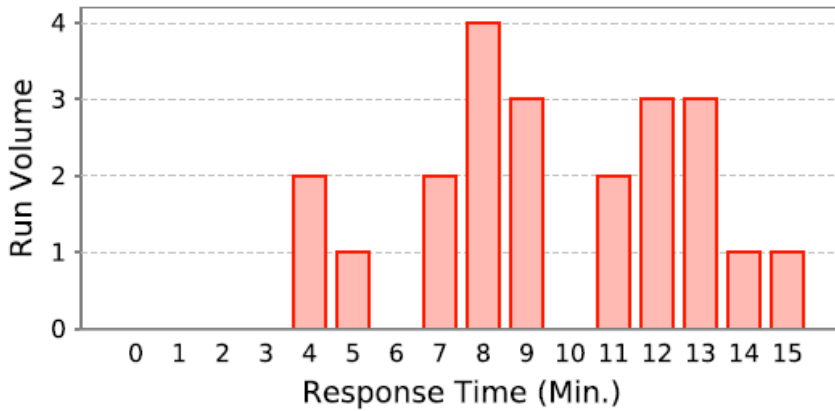
# Cardiac Arrest

## EMS CAD Times

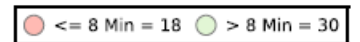
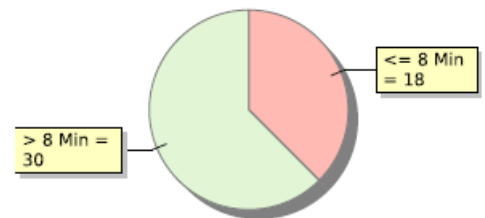
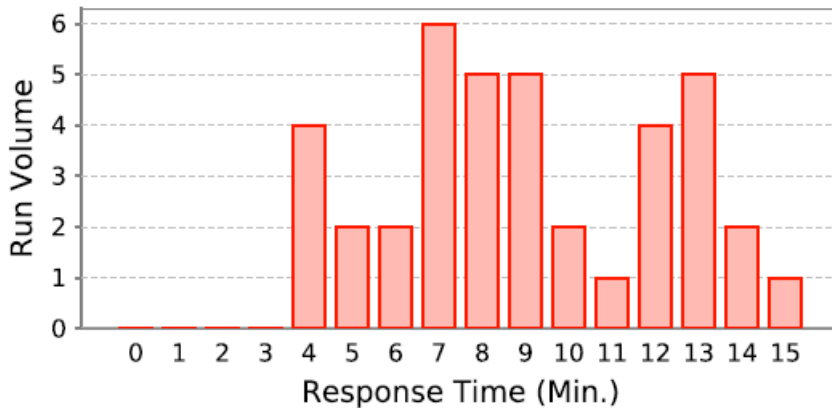
### St. Peter's Ambulance Service

Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocution, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: 01/01/25-12/31/25 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

#### EMS Times: 911 to Arrival



#### EMS Times: Dispatch to Arrival



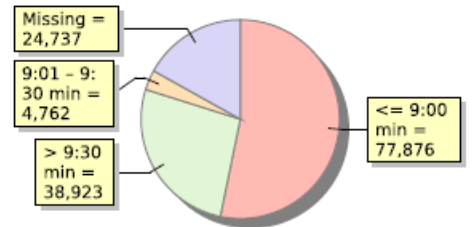
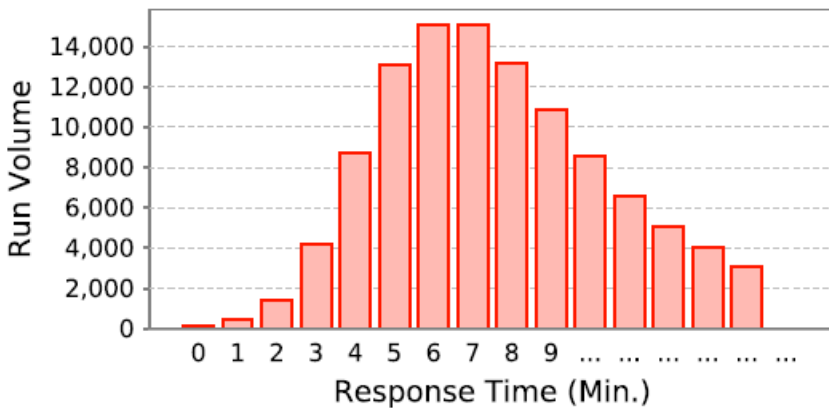
# Cardiac Arrest National Data

## EMS CAD Times

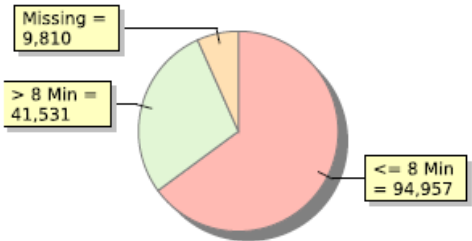
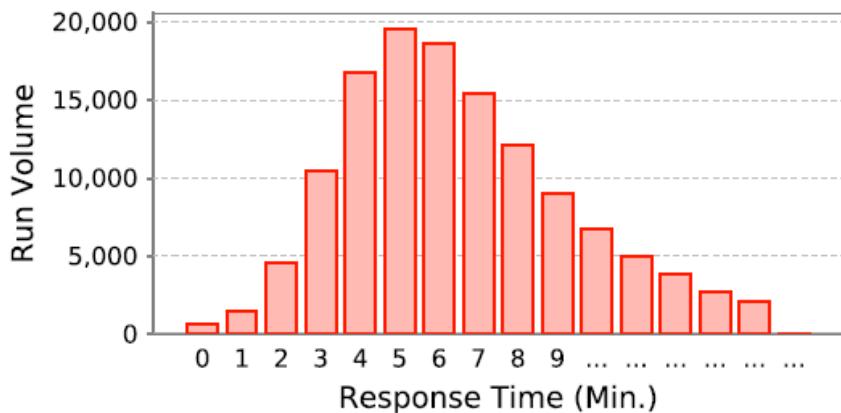
All Agencies

Presumed Cardiac Arrest Etiology: Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocutation, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: 01/01/25-12/31/25 | Resuscitation Attempted by 911 Responder: Yes | End of the Event: Pronounced in the Field, Pronounced in the ED, Ongoing Resuscitation in ED

### EMS Times: 911 to Arrival



### EMS Times: Dispatch to Arrival



# Cardiac Arrest

Cardiac Arrest 911 Calls by Day and Hour (2025)

Incident Day Of Week Number And Name  
 01 - Sunday  
 02 - Monday  
 03 - Tuesday  
 04 - Wednesday  
 05 - Thursday  
 06 - Friday  
 07 - Saturday  
 Grand Total



Day of Week

Not Reported: 26  
 Unnamed: 27

## First Cardiac Arrest Rhythm

Ventricular Fibrillation	3 4.8%
Ventricular Tachycardia	0 0.0%
Pulseless Electrical Activity	17 27.0%
Asystole	33 52.4%
AED Non-Shockable	3 4.8%
AED Shockable	4 6.3%
Not Recorded	3 4.8%

## Cardiac Arrests Attended

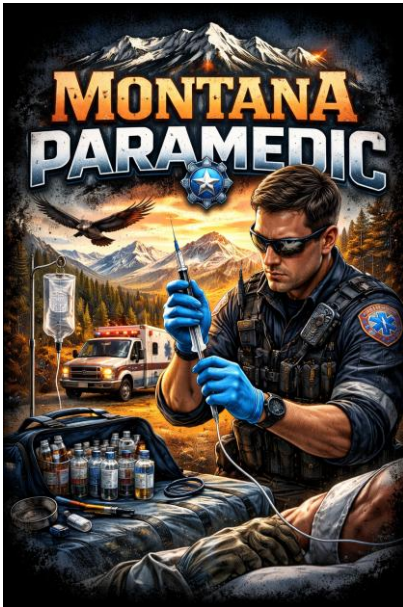
Total Number of Cases

75

## Resuscitation Attempted

Cases with Resuscitation Attempted

63 84.0%



# Clinical Education





# EMS Education Provided to County EMS Providers

Date	Site Location	Training Topic	Hours
Jan 07, 2025	Fort Harrison	MCI Training	1
Jan–May 2025	Various (Clinical)	AEMT Course (inc. OB Clinicals)	282
Feb, 2025	East Valley	Ambulance run through/ equipment check	2
April, 2025	Eastgate Fire	Ambulance run through/ equipment check	2
Apr 29, 2025	Fort Harrison	Table Top MCI	1
May 20, 2025	Fort Harrison	MCI Training	6
June, 2025	East Helena	Ambulance run through/ equipment check	2
October, 2025	Canyon Creek	Ambulance run through/ equipment check	2
November, 2024	Great Divide Ski	Ambulance run through/ equipment check	4
Dec 09, 2025	West Valley	OB Training	2
Dec 10, 2025	Montana City	Landing Zone Training	2
Dec 11, 2025	Boulder Ambulance	RAMP Triage Training	2
<b>TOTAL</b>			<b>308</b>



# Education Provided



- Airway cric training
- AEMT course
- EMS refresher- 62 providers on day 1
  - 4 days of fun interdepartmental training and collaboration
- Documentation training
- Endorsement classes- 6 different sets of endorsement classes were offered throughout the year
- Medication training with Ketamine drips, TXA and EMT medication run through
- Trauma CE training - TXA admin, C-collar criteria, and GCS madness
- EVOC training- 8 days of EVOC
- Cardiac training

**Staff at St Peter's Health go through an opioid overdose simulation to be prepared**





**Looking ahead to 2026, St. Peter’s Health Ambulance remains committed to advancing the quality, reliability, and efficiency of our emergency medical services. In 2025, we made significant progress toward our strategic priorities, including the implementation of a more structured Continuous Quality Improvement (CQI) program, expansion of clinical education initiatives, and meaningful reductions in reliance on traveler staffing to support a more stable and engaged workforce.**

**Building on this foundation, our focus moving forward is to further mature our CQI processes, continue enhancing clinical excellence through targeted education and skill development, and strengthen system integration to better support patient care and operational performance. These ongoing efforts reflect our commitment to continuous improvement and our mission to serve the residents of Lewis and Clark County with exceptional professionalism, compassion, and high-quality care.**

