



PRESCOTT FIRE DEPARTMENT

LIFE LINE AMBULANCE 2025 ANNUAL REPORT

City Contract No: 2023-205

1. Council Summary (At-a-Glance)

This report summarizes contract performance and partnership outcomes for Calendar Year 2025, with emphasis on contract compliance, reliability, and community value.

Response Time Compliance (CY2025)	Zone 1 & Zone 1 Expansion met requirements 12/12 months. Zone 2 (City Limits) met 15-min requirement 12/12 months; 10-min and 12-min thresholds met 11/12 months. Code 2 met requirement 12/12 months.
System Workload (CY2025)	Total calls: 8,239 Dry runs: 2,637 (32.0%, Target of 25%)
Partnership Coordination (CY2025)	Documented partner meetings: 14 (Monthly: 9, Quarterly: 3, Ad hoc: 2) ProQA Phase 2 response plan updates effective 11/18/2025. Estimated purchasing/supply coordination savings: ~\$50,000 (conservative estimate).

Key messages for Council:

- Contract performance remained strong in 2025, with response time compliance meeting or exceeding benchmarks across required categories.
- Operational and dispatch system improvements continued, including ProQA Phase 2 updates implemented late 2025 to better match resources to call acuity.
- System reliability improved as evidenced by decreased need for PFD paramedic riders (ALS ride -alongs), preserving PFD availability for in city response.
- Joint training and recurring partner meetings supported continuous improvement, accountability, and proactive issue resolution.

2. Contract Overview and Reporting Purpose

The ambulance transportation contract establishes performance benchmarks, collaboration requirements, and reporting expectations. This annual report provides transparency to City Council and stakeholders and documents compliance with contract deliverables.

3. Response Performance (Calendar Year 2025)

- Zone 1 (10 min, 85% benchmark): met 12/12 months; average 95.1%.
- Zone 1 Expansion (10 min, 85% benchmark): met 12/12 months; average 92.2%.
- Zone 2 (10 min, 80% benchmark): met 11/12 months; one month below benchmark (Apr 2025).
- Zone 2 (12 min, 90% benchmark): met 11/12 months; one month below benchmark (Apr 2025).
- Zone 2 (15 min, 95% benchmark): met 12/12 months; average 97.9%.
- Code 2 (20 min, 90% benchmark): met 12/12 months; average 96.1%.

3.1 Response Time Compliance Trends

Figure 1 illustrates monthly compliance by zone and call type for CY2025.

Entity	Minutes	Compliance	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	12 Mo %
Zone 1	10	85%	95.6%	91.8%	97.4%	92.1%	95.2%	94.0%	95.4%	94.8%	95.7%	97.5%	95.9%	95.5%	95.1%
			151	112	149	140	139	157	166	181	155	156	141	170	
Total			158	122	153	152	146	167	174	191	162	160	147	178	
Zone 1 Expansion	10	85%	90.8%	89.0%	93.2%	87.7%	94.5%	90.4%	93.9%	91.3%	95.4%	94.5%	92.1%	94.1%	92.2%
			207	153	204	193	188	206	216	240	209	208	186	222	
Total			228	172	219	220	199	228	230	263	219	220	202	236	
Zone 2	10	80%	80.8%	80.7%	80.5%	78.1%	80.9%	80.7%	81.8%	83.1%	84.6%	81.4%	82.6%	80.5%	81.3%
			367	293	334	328	310	339	342	368	341	346	317	371	
	12	90%	91.2%	91.2%	90.4%	89.3%	90.6%	90.0%	91.9%	91.6%	92.6%	90.6%	92.2%	90.2%	91.0%
			414	331	375	375	347	378	384	406	373	385	354	416	
	15	95%	98.2%	98.1%	96.9%	98.3%	98.2%	96.2%	98.3%	97.3%	98.5%	98.8%	98.4%	97.2%	97.9%
			446	356	402	413	376	404	411	431	397	420	378	448	
Total			454	363	415	420	383	420	418	443	403	425	384	461	
Code 2	20	90%	96.9%	97.5%	94.8%	96.3%	95.7%	96.1%	95.3%	96.7%	95.9%	94.5%	96.6%	96.8%	96.1%
			286	233	271	237	264	248	301	324	258	256	230	214	
Total			295	239	286	246	276	258	316	335	269	271	238	221	
ALL CALLS			749	602	701	666	659	678	734	778	672	696	622	682	
C3 Dry Runs			130	87	120	118	128	115	122	136	118	135	122	127	
C2 Dry Runs			101	84	88	103	90	103	126	130	102	94	87	71	
All Dry Runs			231	171	208	221	218	218	248	266	220	229	209	198	
%			30.8%	28.4%	29.7%	33.2%	33.1%	32.2%	33.8%	34.2%	32.7%	32.9%	33.6%	29.0%	32.0%

4. Partnership Initiatives and System Improvements

4.1 Priority Dispatch (ProQA) and Tiered Response

PRCC and partner agencies implemented ProQA Priority Dispatch improvements. Phase 1 began in late April 2024. Phase 2, which included response plan updates to support improved resource assignment, went into effect on November 18, 2025. The full impact of Phase 2 will be assessed as additional post implementation data becomes available.

4.2 Supply Coordination and Cost Avoidance

Life Line and Prescott Fire continued coordinated medical supply and purchasing practices to standardize equipment and simplify on-scene operations. Based on internal review of historical purchasing patterns, a conservative estimated cost avoidance of approximately \$50,000 is attributed to purchasing power and process efficiencies.

4.3 Joint Training and Workforce Readiness

Joint training activities occurred throughout 2025, strengthening interagency interoperability and clinical consistency. Key examples include:

- February 2025 – PFD MCS (multi-company scenario training): ~25 participants per shift for 2 days.
- April 2025 – PFD MCS: ~25 participants per shift for 2 days.
- May 2025 – LLA New Employee Orientation Program (NEOP): 17 participants from LLA and PFD.
- May 2025 – PFD New Hire Academy: 40 participants.
- June 2025 – PFD MCS: ~50 total participants (two shifts) for 2 days.
- August 2025 – PFD MCS: ~50 total participants (two shifts) for 2 days.

- October 2025 – PFD New Hire Academy: 33 participants.
- December 2025 – Cardiac Arrest Initiative training for LLA supervisors and battalion chiefs: 12 participants across 3 shifts.

5. Unit Reliability Indicator – Reduction in PFD ALS Ride-Alongs

A key indicator of system reliability is the reduced need for PFD paramedic riders (ALS ride-alongs) during transports. The following figure shows a significant reduction from 2023 to 2025, preserving PFD availability for emergency response within the City.

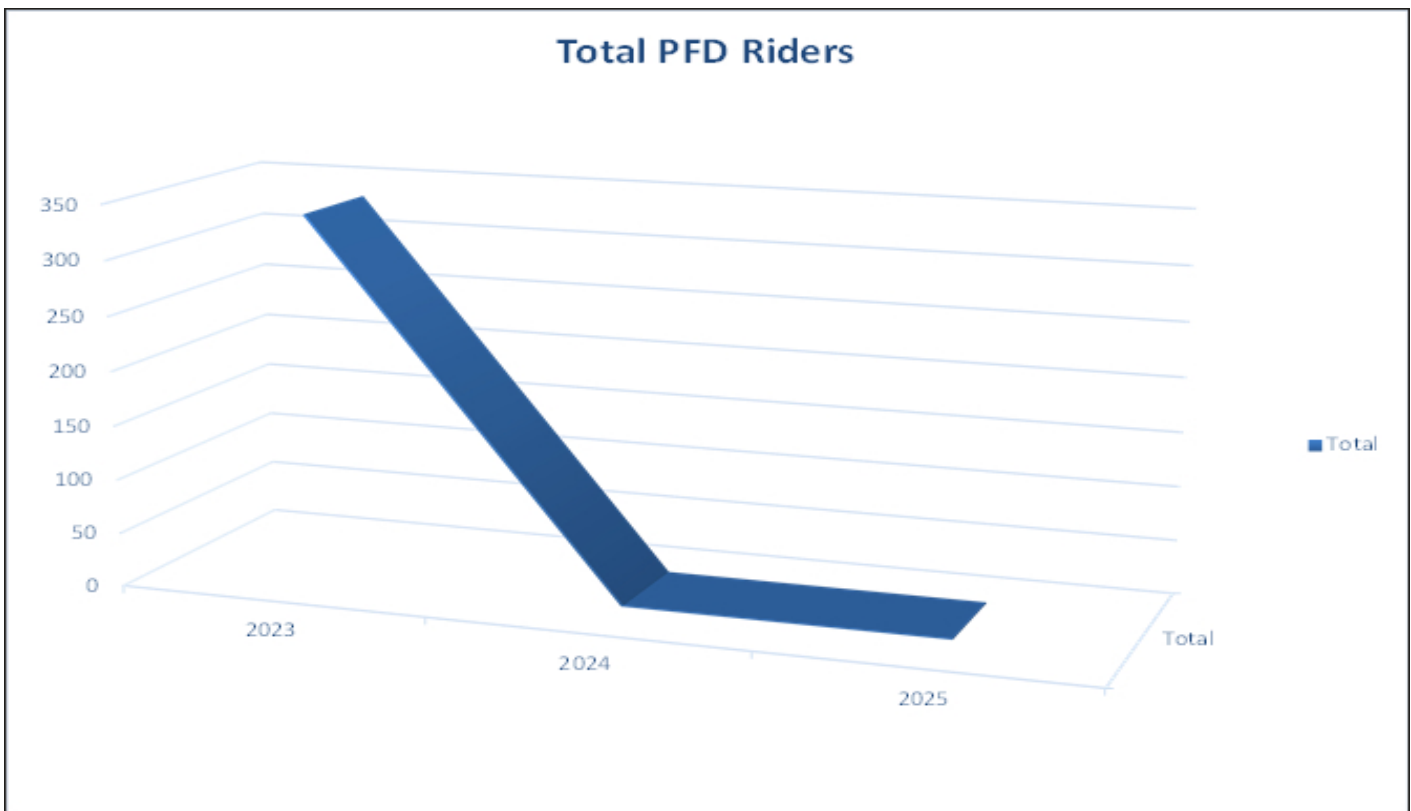


Figure 2. Total PFD Paramedic Riders (ALS ride-alongs), 2023–2025.

6. Cardiac Arrest Initiatives (CY2025)

In 2025, Life Line Ambulance and Prescott Fire Department continued a coordinated, data driven approach to improving outcomes for patients experiencing cardiac arrest. The system’s cardiac arrest initiative focused on protocol adherence, interagency team performance, and the integration of evidence based practices. Comparative analysis of 2024 vs. 2025 performance shows measurable improvement in key clinical indicators, including Return of Spontaneous Circulation (ROSC) and survival.

6.1 2024 vs 2025 Comparative Analysis

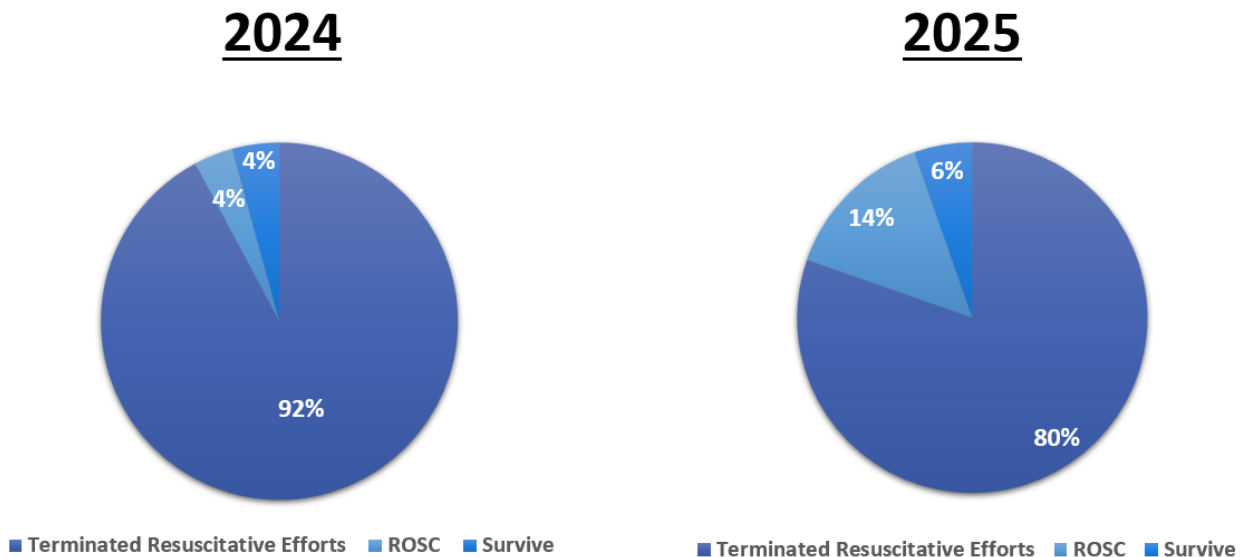


Figure 3. Compares Cardiac Arrests, ROSC and Survivors from 2024 and 2025. Considerable increase in ROSC patients in 2025.

6.2 Cardiac Arrest Key Findings

The 2025 dataset reinforces national evidence: witnessed arrests have substantially higher ROSC and survival outcomes.

This underscores the importance of:

- Rapid bystander intervention
- Immediate CPR initiation
- Early EMS activation

Protocol Adherence Improves Survival

Strict adherence to cardiac arrest best practice algorithms — specifically minimizing epinephrine overuse and minimizing unnecessary sodium bicarbonate — correlates with improved outcomes in the local dataset.

"One-Team" Model Increased Consistency

A standardized team based approach among LLA crews and PFD field personnel improved role clarity and operational flow during cardiac arrests. This included:

- Pre-assigned roles during resuscitation
- Clear leadership structure (incident lead + airway + compressor + medic roles)
- Interagency Supervisor/BC coaching on scene

External Collaboration Improved Regional Consistency

- YRMC continued protocol refinement, including recommended limited use of epinephrine and sodium bicarbonate, which aligns with national resuscitation guidelines.
- Ongoing hospital/EMS case review improved shared understanding of outcome drivers.

7. STEMI Outcome Initiatives (CY2026)

Although CY2026 outcomes will be included in next year's annual review, planning and Phase 1 data collection began in late 2025. Council should be aware of this forward looking quality initiative.

7.1 Chest Pain / STEMI Patient Outcome Initiative

Phase 1: Data Collection Focus Areas

- Medication Administration
- 12-Lead ECG Performance
- Operational Time Intervals
 - On-scene time analysis
 - Call-to-ER, ER-to-Cath Lab, and Call-to-Cath intervals
- Patient Outcomes Tracking
- Chart Quality Assurance

8. Contract Deliverables Matrix (CY2025)

The matrix below summarizes key contract deliverables, evidence, and status for Council review.

Contract Section	Deliverable / Requirement	Evidence / Documentation	Status	Where Documented
7.b	Response time review meetings; reports and statistics; Priority Dispatch (ProQA) status	CY2025 compliance charts (Figures 1); partner meeting log; ProQA Phase 2 implemented 11/18/2025	Met (ongoing monitoring)	Sections 3–4; Appendix A
7.b and 9.d	Patient Outcome Improvement	CY2025 Cardiac Arrest Initiative (Figure 3); CY2026 STEMI Outcome Initiative	Ongoing Monitoring and Development	Sections 6-7
12	Coordination for response outside contract boundaries; automatic assignment conditions	Dispatch assignment policy discussions; ECHO/high-acuity condition list development; Smart 911 and assignment policy meeting topics	In progress / continuous improvement	Appendix B; Section 4.1
14	Review of response time performance; incident/outlier review documentation	Monthly compliance monitoring; response time review included in partner meetings	Met	Section 3; Appendix A
16	Locations / unit reliability statistics and reporting	Reduced PFD ALS ride-alongs (Figure 2) as reliability indicator; sustained compliance performance	Met (enhancement planned)	Section 5
17	Joint training programs; hours and participating personnel	Training examples and participation counts; training planning in meeting records	Met	Section 4.3; Appendix A
18	Contractor responsible for equipment and supplies necessary to perform agreement	LLA responsibility maintained; supply readiness supported through coordinated processes	Met	Section 4.2
19	Disposable medical supplies/pharmaceutical coordination; standardization; cost savings	Cooperative purchasing and equipment standardization; conservative ~\$50,000 savings estimate	Met	Section 4.2
30	ALS utilization status; EMD system status updates; BLS utilization tracking as applicable	ALS reliability evidenced by reduced PFD riders (Figure 3); ProQA Phase 2 status provided	Met (ongoing monitoring)	Sections 4.1 & 5
32	Partner meetings and community education activities; status updates and outcomes	Partner meetings documented (Appendix A).	Partially met (events summary pending)	Appendix A

Appendix A – 2025 PFD/LLA Meeting Summary

Meeting records document monthly, quarterly, and ad hoc coordination supporting contract deliverables.

Date	Type	Topics of Discussion
01/16/2025	Monthly	<ul style="list-style-type: none"> Response times review Interagency Training planning
01/21/2025	Quarterly	<ul style="list-style-type: none"> 2024 Review, Goal Setting for 2025
02/05/2025	Monthly	<ul style="list-style-type: none"> Response times review
03/12/2025	Monthly	<ul style="list-style-type: none"> Response times review
04/09/2025	Monthly	<ul style="list-style-type: none"> Response times review Restock Process (Expired supplies) EMS Week Planning Cardiac Arrest Initiative Update
05/08/2025	Quarterly	<ul style="list-style-type: none"> Q1 Review presentation
06/09/2025	Monthly	<ul style="list-style-type: none"> Response times review
06/25/2025	ADHOC	<ul style="list-style-type: none"> Smart 911 Dispatch Assignment Policy Durable Goods Purchasing Station 75 move Clinical Outcome Update
08/07/2025	Monthly	<ul style="list-style-type: none"> Response time review Cardiac Arrest Initiative Updates ProQA Phase 2 update TXA Addition/Training
09/03/2025	ADHOC	<ul style="list-style-type: none"> Response times
09/09/2025	Monthly	<ul style="list-style-type: none"> Response time review ProQA Tiered Response Update HandTevy PFD Implementation Contract Items Review and Collaboration
10/03/2025	Monthly	<ul style="list-style-type: none"> Response time review

		<ul style="list-style-type: none"> Contract Items Review and Collaboration Interagency Training Planning Cardiac Arrest Initiative Update
11/14/2025	Quarterly	<ul style="list-style-type: none"> Q3 Review
12/03/2025	Monthly	<ul style="list-style-type: none"> Cardiac arrest process review

Appendix B – ProQA Determinate Mapping

List of conditions that get closest ambulance/unit assignment within City Limits

#	Response Level	CC #	Chief Complaint Name	Desired CAD Problem Nature Code	Priority Level
53	Echo	2	Allergies (Reactions)/ Envenomations (Stings, Bites)	ALLERGY3	F1 HIGH PRIORITY/1
163	Echo	6	Breathing Problems	BREATH3	F1 HIGH PRIORITY/1
247	Echo	7	Burns (Scalds) / Explosion (Blast)	BURNS3	F1 HIGH PRIORITY/1
410	Echo	9	Cardiac or Respiratory Arrest / Death	CARDIAC3	F1 HIGH PRIORITY/1
459	Echo	11	Choking (Near Choking / Aspiration)	CHOK3	F1 HIGH PRIORITY/1
583	Echo	14	Drowning / Near Drowning / Diving / SCUBA Accident	TRSTW	F1 HIGH PRIORITY/1
616	Echo	15	Electrocution / Lightning	ELECTRO3	F1 HIGH PRIORITY/1
1546	Echo	23	Overdose / Poisoning (Ingestion)	OVERD3	F1 HIGH PRIORITY/1
2471	Echo	31	Unconscious / Fainting (Near)	UNCON3	F1 HIGH PRIORITY/1