

What does the data show?

The charts show the number of events EMS responds to broken down by emergency, non-emergency and transfers, as well as response times for the most serious, life-threatening events.

For metro areas (Calgary and Edmonton) they also show times from when an EMS ambulance arrives at an emergency department until that ambulance is available to respond to another call.

What is the difference between metro, urban and rural areas?

Metro is defined as Edmonton and Calgary.

Urban is defined as those communities that are classified as cities according to [Alberta Municipal Affairs](#) – more specifically, communities with more than 10,000 people.

Rural/other includes all other communities that do not meet the definitions for Metro or Urban.

How often will you update the data?

For most metro and urban areas, data will be updated monthly. For areas where there is not sufficient volume (less than 20 life-threatening emergency calls a month), data will be reported quarterly.

Why are you only posting data for some areas, and not others?

Our goal is to post data for all areas. Alberta Health Services took over responsibility for EMS on April 1, 2009. Before then, ambulance and dispatch services were delivered by a range of operators, in a variety of ways. One advantage of being a provincial system is we can now standardize structures and reporting, so we can compare performance across Alberta using the same measurements.

This, however, is a big job which needs to be phased in progressively to maintain quality of service. We are posting data for as many communities as we can now, and will continue to add more communities as they get the ability to provide data in a format that enables standardized reporting.

What is the benchmark for responding to emergency events?

AHS does not have a response time target; instead, we monitor response times and investigate variability or significant changes to determine cause and intervene as needed.

Internationally, however, eight minutes has become a benchmark response time based on a 1979 research study on cardiac arrest which suggested survival was enhanced when advanced EMS care was provided within eight minutes. Over time this finding became generalized to an eight minute response time for all critical calls, from 911 calls to arrival on-scene by EMS. A more [recent study](#) has questioned this benchmark.

Response time is only one factor to consider when evaluating EMS system performance. Factors such as the quality of clinical patient care, where those services are provided and associated patient outcomes are critical components.

What does median or 50th percentile response time mean?

Of all the calls responded to, this is the time at which half the responses are faster and half are slower. For example, a median response time of eight minutes means half of all events are responded to within eight minutes and the other half take longer than eight minutes.

What does 90th percentile response time mean?

Of all the calls responded to, this is the time which 90 per cent are responded within. For example, a 90th percentile response time of 13 minutes means that 90 per cent of all events are responded to within 13 minutes and the other 10 per cent take longer than 13 minutes.