



New Orleans EMS Response Time Audit

FINAL REPORT

April 16, 2026

Edward Michel, CIG

Inspector General





April 16, 2026

Re: New Orleans Medical Emergency Services

I certify that the inspector general personnel assigned to this project are free of personal or other external impairments to independence.

A handwritten signature in blue ink that reads 'Edward Michel'. The signature is written in a cursive style with a small dot above the 'i' in 'Michel'.

Edward Michel, CIG
Inspector General

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The New Orleans Office of Inspector General (OIG) conducted a performance audit of the New Orleans Emergency Medical Services (NOEMS) focusing on response times to medical emergencies that required both patient transportation and Advanced Life Support (ALS).¹ The objective of the audit was to verify the following:

- NOEMS responded to emergency dispatches in a timely manner.
- NOEMS responded in accordance with City policies and National Fire Protection Association (NFPA) best practices.

The scope of the audit was all NOEMS dispatches to medical emergencies that required both patient transportation and ALS between October 1, 2023, through September 30, 2024.

The audit resulted in the following findings:

- NOEMS did not establish and formally document performance objectives for emergency response times, as required by best practices.
- NOEMS did not respond to ALS emergencies requiring emergency transportation in a timely manner consistent with NFPA benchmarks for 23,329 (71%) of the 33,001 ALS-designated emergency medical dispatches tested.

Based on these findings, the OIG made the following recommendations:

- NOEMS should formally document measurable performance objectives for emergency response times in compliance with NFPA standards, as well as implement a process to evaluate its overall performance using those benchmarks.
- The City and NOEMS should work together to develop and implement a targeted hiring and staffing plan to ensure NOEMS has adequate personnel to provide effective and efficient emergency response. NOEMS policy and

¹ ALS refers to advanced procedures and equipment used by trained medical professionals, like paramedics, to stabilize and treat life-threatening emergencies such as cardiac arrest, heart attacks and strokes.

City Code should be updated to reflect the same performance objectives for response times.

Timely emergency medical response is critical to public safety and patient survival outcomes, particularly in a city with the population density, tourism volume, and event activity of New Orleans. The ability of NOEMS to effectively and efficiently respond to the highest priority emergencies directly impacts mortality rates for those patients. Response time serves as a key performance indicator for the effectiveness of NOEMS.

I. INTRODUCTION

NOEMS was the City’s emergency ambulance service, which operated under the New Orleans Health Department. All revenue collected from NOEMS service fees was deposited in the City’s general fund. Staffed by nationally-certified paramedics and emergency medical technicians (EMTs), NOEMS responded to over 70,000 emergency calls annually, and provided time-sensitive, medically-sound, and compassionate care. Pursuant to the City Code, NOEMS coordinated emergency medical dispatches with the Orleans Parish Communications District (OPCD) and regional hospitals, as well as supervised the operation and movement of all permitted third-party ambulance providers in Orleans Parish.

Despite its vital mission, NOEMS faced significant workforce and operational challenges that affected its ability to maintain timely emergency responses and consistent service delivery. Recent local media coverage reported that NOEMS response times directly reflected staffing and pay disparities with recruitment and retention challenges exacerbated by regional competition and the cost of living within the City.² These operational deficiencies posed a growing risk to both responder safety and public health outcomes, particularly during large-scale events such as Mardi Gras or hurricane evacuations. In response to these concerns, the City purchased new NOEMS emergency vehicles to expand fleet capacity to bolster readiness during high-demand periods for Emergency Medical Services (EMS).³ However, this did not address the underlying personnel shortages that continued to impact NOEMS response times.

Due to the ongoing concerns related to NOEMS response time performance, the OIG determined that an audit of NOEMS operations was warranted to assess whether it had implemented adequate policies and procedures to ensure compliance with best practices for the deployment of EMS vehicles. The scope of the audit focused on NOEMS response times for ALS emergencies that required

² Murphy, Paul. Nola EMS Response Time Reflect Low Staffing and Salary. New Orleans, LA: WWL-TV. Published May 10, 2022.

³ Fox8 Staff. Carnival First Responders Equipped with New Ambulances; Outside Law Enforcement Tasked in New Orleans. New Orleans, LA: Fox8 Live. Published January 30, 2024.

transportation since response time was most imperative for these life-threatening emergencies such as cardiac arrest, heart attacks, and strokes.

II. DOCUMENTED RESPONSE TIME OBJECTIVES

In 2001, the NFPA established standards for fire and emergency medical responses known as NFPA Standard 1710 (NFPA 1710).⁴ Although local and state law did not require NOEMS to comply with NFPA 1710, NFPA standards were widely recognized as a national benchmark for fire departments and EMS agencies. Jurisdictions across the country have voluntarily adopted NFPA 1710 provisions to guide staffing levels, response time objectives, and deployment strategies.

NFPA 1710 established minimum requirements relating to the organization and deployment of fire departments, EMS, and special operations to the public. Among other criteria, NFPA 1710 included response time goals for EMS agencies for various stages of response to an emergency incident.

NFPA 1710 defined Total Response Time as the following:

The time interval from the receipt of the alarm at the primary Public Safety Answering Point (PSAP) to when the first emergency response unit is initiating action or intervening to control the incident.⁵

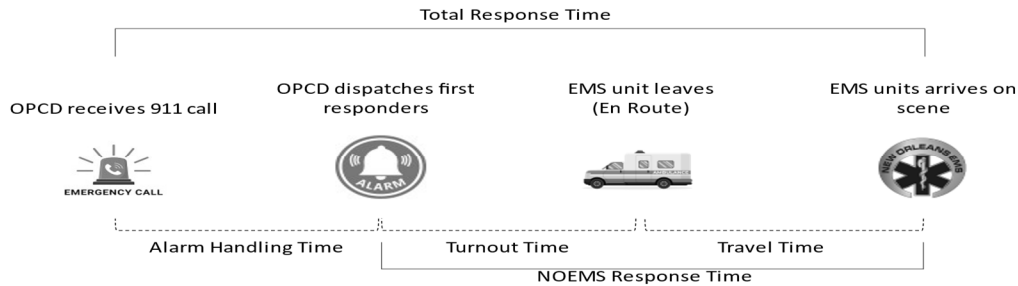
Total Response Time consisted of three segments: Alarm Handling Time, Turnout Time, and Travel Time, as illustrated in Figure 1. The first segment of Total Response Time, Alarm Handling Time, was the responsibility of the OPCD, and was not included in the scope of this audit.⁶ For purposes of this report, Response Time relevant to NOEMS operations was composed of Turnout Time and Travel Time, as illustrated in Figure 1.

⁴ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

⁵ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

⁶ NFPA 1710 defined Alarm Handling Time as the time interval from the receipt of the alarm at the primary PSAP until the beginning of the transmittal of the response information via voice or electronic means to emergency response facilities or the emergency response units in the field.

Figure 1. NOEMS Emergency Response Segments Based on NFPA Standards



As defined by NFPA 1710, Turnout Time was the time interval beginning when OPCD notified NOEMS to dispatch the unit and ended at the beginning point of Travel Time.⁷ NFPA 1710 defined Travel Time as “The time interval that begins when a unit is en route to the emergency incident and ends when the unit arrives at the scene.”⁸

The City’s first responder agencies were the New Orleans Fire Department (NOFD) and NOEMS. Both NOFD and NOEMS units were equipped to handle Basic Life Support (BLS) emergencies. However, only NOEMS units were equipped to handle ALS emergencies. NFPA 1710 recommended EMS units equipped to handle ALS emergencies establish a performance objective to respond in nine minutes) or less (Turnout Time of 1 minute or less and Travel Time of 8 minute or less), provided a first responder unit, that is equipped with an automatic external defibrillator (AED) such as NOFD had arrived on the scene in five minutes or less (Turnout Time of 1 minutes or less and Travel Time of 4 minutes or less).

⁷ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

⁸ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

Finding 1: NOEMS did not establish and formally document performance objectives for emergency response times as required by best practices.

NFPA 1710 stated that EMS agencies should document specific performance objectives for response time, and establish a benchmark percentage of response times that meet those objectives, stating the following:

[An] organizational statement shall provide service delivery objectives, including specific time objectives for ... each major service component (i.e., fire suppression, emergency medical services (EMS)) ... and objectives for the percentage of responses that meet the time objectives.⁹

EMS RESPONSE TIME PERFORMANCE OBJECTIVES

NFPA 1710 recommended that the documented performance objectives for EMS response times should meet the following minimum requirements for Turnout Time and Travel Time:

- **Turnout Time:** NFPA 1710 recommended a 60 second or less turnout time for EMS response.
- **Travel Time:** NFPA 1710 recommended 240 seconds or less travel time for the arrival of a first responder unit with AED or higher-level capability at an emergency medical incident. For emergencies that required ALS and patient transport, NFPA recommended 480 seconds or less travel time for the arrival of an EMS unit, provided a first responder with an AED or basic life support unit arrived in 240 seconds or less.¹⁰

OIG auditors reviewed NOEMS policies to determine if they were adequate and compliant with the minimum emergency response performance objectives established by NFPA 1710. The auditors determined NOEMS neither documented

⁹ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

¹⁰ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

specific performance objectives for NOEMS response time, nor established a benchmark percentage of response times that met those objectives.

The auditors noted NOEMS policy did establish a 60-second target from call dispatch to unit en route, which aligned with the NFPA 1710 recommendation for the 60-second Turnout Time benchmark.¹¹ However, NOEMS policy did not establish and formally document overall response time objectives consisting of separate performance objectives for Turnout Time and Travel Time.

BENCHMARK PERCENTAGE MEETING PERFORMANCE OBJECTIVES

In addition to establishing performance objectives for Turnout Time and Travel Time, NFPA 1710 also recommended EMS agencies, “establish a performance objective of not less than 90 percent for the achievement of each turnout time and travel time performance objective specified.”¹² Relevant to EMS operations for ALS emergencies, this performance objective would recommend an operational benchmark that NOEMS maintain a Response Time of 540 seconds (nine minutes or less) (Turnout Time of 1 minute or less and Travel Time of 8 minutes or less) for 90% of its emergency responses.¹³ As previously discussed, NOEMS policy did not establish and formally document an overall response time objective consisting of separate performance objectives for Turnout Time and Travel Time. Similarly, NOEMS did not comply with the NFPA 1710 standard to formally set and document a response time goal of 90% for each Turnout Time and Travel Time performance objectives.

NOEMS management acknowledged it was not compliant with NFPA 1710 and asserted that there was no state or local requirement for NOEMS to comply with NFPA 1710. NOEMS management gave the following as its reason that it was not following NFPA 1710 recommendations:

NFPA benchmarks are designed to measure when the first responder arrives on scene, not when a transporting ambulance

¹¹ New Orleans Emergency Medical Services. *Policy and Procedure Manual*. New Orleans: NOEMS. Issued December 1, 2017.

¹² National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

¹³ The 540-second (nine minute) Total Response Time for ALS emergencies that required EMS transport would consist of a 60 second or less Turnout Time and a 480 second or less Travel Time.

arrives. In New Orleans, NOFD is the designated first responder agency. NOFD has an average response time of approximately 4 minutes, which meets NFPA's standard for first arrival.

EMS management asserted it did review response times for Echo (Code E) emergencies, which were the highest priority and demanded ALS transport.¹⁴ However, NOEMS did not formally document the review process in its written policy and the review was limited to Code E emergencies.¹⁵ NOEMS asserted that the agency was increasingly focused on patient outcomes rather than strict response time benchmarks, aligning with broader industry trends that prioritize clinical results over speed alone. Although NOFD may have been in compliance with NFPA 1710 recommended response times for first responders, NOFD was not equipped for the ALS emergencies that were the subject of this audit. As discussed further in Finding 2, the auditors determined NOEMS was not meeting NFPA 1710 criteria for responding to ALS emergencies in nine minutes or less 90% of the time. Therefore, it is important for NOEMS to establish performance objectives to measure response time in instances when it is the first responder and/or for emergencies that require ALS patient transport. NFPA 1710 emphasized the importance for EMS departments to establish performance objectives stating the following:

Documenting the benchmarks and response objectives that make up NFPA 1710 is crucial to capturing and tracking data that would be helpful in ensuring the necessary allocation of resources.¹⁶

Without such documented performance objectives, NOEMS lacked a measurable benchmark to evaluate overall performance and ensure timely emergency medical response. This limited management's ability to identify delays, assess operational efficiency, and demonstrate accountability for meeting public safety expectations.

¹⁴ Emergency medical dispatch agencies, such as OPCD, categorized emergency calls using an emergency medical dispatch code (EMD Code) system. The EMD Code used phonetic call letters Alpha, Bravo, Charlie, Delta, and Echo as determinant codes to classify emergency calls based on severity, as illustrated in Figure 2.

¹⁵ The OIG's testing of NOEMS response times for emergencies that required ALS transport is discussed in Finding # 2 of this report.

¹⁶ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

Recommendation 1: NOEMS should formally document measurable performance objectives for emergency response times in compliance with NFPA standards, as well as implement a process to evaluate its overall performance using those benchmarks.

NOEMS asserted that it was increasingly focused on patient outcomes rather than meeting strict response time benchmarks. However, NOEMS should establish a formal policy that includes total response time benchmarks and compliance targets that align with NFPA standards. This would facilitate the ability of NOEMS to capture and track data that would be helpful in ensuring the necessary allocation of resources. NOEMS should revise its written policies and procedures to include clearly defined response time performance objectives for each major component of emergency response. These performance objectives should align with the following NFPA 1710 criteria:

- For emergencies where NOEMS is the first responder unit, the responding NOEMS unit should arrive on the scene in five minutes or less (Turnout Time of 60 seconds or less and Travel Time of 240 seconds or less).
- For emergencies requiring ALS and patient transport, NOEMS should arrive on the scene in nine minutes or less, provided a BLS unit, such as NOFD, had arrived on the scene as a first responder in five minutes or less (Turnout Time of 60 seconds or less and Travel Time of 240 seconds or less).

As recommended by NFPA 1710, NOEMS should also set a measurable target that 90% of responses meet these objectives and develop a process to evaluate its overall performance using those benchmarks. This will enable NOEMS to determine the best allocation of its resources to ensure timely emergency medical response. Once NOEMS has established the response time benchmarks recommended by NFPA 1710, management should develop and implement an evaluation process of its overall performance. This process should include the method, frequency, and reporting of NOEMS performance relative to those benchmarks. Additionally, the City should revise relevant City Codes to be compliant with the performance objectives documented in NOEMS policy.

III. RESPONSE TIME PERFORMANCE

Emergency response time is a critical measure of public safety. Prompt arrival of medical personnel can significantly affect patient outcomes, especially in life-threatening situations. The OIG’s performance audit of NOEMS evaluated the agency’s compliance with established best practices for EMS response times. The audit focused on NOEMS response times for ALS emergencies that required patient transportation.

During the audit scope period, NOEMS responded to a total of 73,661 incidents. Of those incidents, 33,001 were classified as ALS emergencies that required transporting patients to medical facilities. As discussed in Finding 1, NFPA 1710 recommended units equipped to handle ALS emergencies establish a performance objective to respond in nine minutes or less (Turnout Time of 1 minute or less and Travel Time of 8 minutes or less). In 2010 the New Orleans City Council adopted the Plan for the 21st Century (Plan), which reflected the values and priorities for former Mayor Mitch Landrieu’s administration.¹⁷ The Plan recommended the following action to enhance EMS response times to meet NFPA 1710 performance objectives for ALS-level emergencies:

Increase NOEMS field resources (personnel, equipment and fleet) to meet national best practice response time compliance of <9 Minutes for all Code 3 calls for service.^{18,19}

Finding 2: NOEMS did not respond to ALS emergencies requiring emergency transportation in a timely manner consistent with NFPA benchmarks for 23,329 (71%) of the 33,001 ALS-designated emergency medical dispatches tested.

¹⁷ City of New Orleans. PLAN FOR THE 21ST CENTURY: NEW ORLEANS 2030 MASTER PLAN. Accessed August 19, 2025. [https://nola.gov/nola/media/City-Planning/Master-Plan-Chapter-10-FINAL-ADOPTED\(vol-2\).pdf](https://nola.gov/nola/media/City-Planning/Master-Plan-Chapter-10-FINAL-ADOPTED(vol-2).pdf)

¹⁸ Life-threatening emergencies that require an immediate response with red lights and sirens are classified as Code 3. Most ALS-designated emergencies requiring patient transport require a Code 3 response because of their life-threatening nature.

¹⁹ City of New Orleans. PLAN FOR THE 21ST CENTURY: NEW ORLEANS 2030 MASTER PLAN. Accessed August 19, 2025. [https://nola.gov/nola/media/City-Planning/Master-Plan-Chapter-10-FINAL-ADOPTED\(vol-2\).pdf](https://nola.gov/nola/media/City-Planning/Master-Plan-Chapter-10-FINAL-ADOPTED(vol-2).pdf)

The OIG analyzed average total response time for NOEMS dispatches to all 33,001 ALS-designated emergency incidents requiring patient transportation during the scope period. The aggregate data revealed EMS had an average total response time of 17 minutes and 45 seconds for ALS emergencies across all zip codes during the scope period.²⁰ This average total response time reflected the mean time it took EMS to respond for all ALS-designated calls from dispatch to arrival on scene (Turnout Time + Response Time). Emergency medical dispatch agencies, such as OPCD, categorized emergency calls using an Emergency Medical Dispatch Code (EMD Code) system. The EMD Code system used phonetic call letters Alpha, Bravo, Charlie, Delta, and Echo as determinant codes to classify emergency calls based on severity, as shown in Figure 2. The EMD Code ranged from low priority non-life-threatening situations (Code Alpha) to highest priority emergency dispatch (Code Echo).²¹

Figure 2. Categories of EMD Codes

EMD Code	Priority Level	Description
Alpha (A)	Low Priority	Minor, non-life-threatening situation
Bravo (B)	Mid Priority	Moderate condition, requires attention but not critical
Charlie (C)	Potentially Life-threatening	Serious condition, could become critical
Delta (D)	Life-threatening Emergency	Immediate danger to life, urgent response needed
Echo (E)	Cardiac Arrest / Imminent Death	Full arrest or patient near death

Figure 3 shows NOEMS average response times and incident distribution across each EMD Code classification for the 33,001 ALS-designated emergencies that required transporting patients to medical facilities during the scope period.²²

²⁰ The auditors noted geographic disparities for NOEMS response times, with the shortest response times concentrated in central areas of the City, while outer regions experienced significantly longer response times, as discussed in Appendix 1 of this report. Appendix 2 shows the distribution by ZIP Code of NOEMS dispatches to ALS emergencies that resulted in patient transportation.

²¹ In addition to the EMD Codes discussed in Figure 2, the testing population included 27 ALS-designated emergencies that used the following codes specific to NOEMS: N (Miscellaneous NOEMS Item), 10-27 (Police Stand-by), and 52-F (Fire Standby).

²² Alpha (A) and Bravo (B) emergencies are generally low to mid priority and do not require ALS response. However, since ALS units are equipped to respond to potentially life-threatening emergencies, certain Code A and B incidents receive ALS deployment when there is concern the patient’s condition may deteriorate.

Figure 3. Average Response Times and Incident Distribution Across Each EMD Code Classification

EMD Code	Total ALS Incidents	% of Total ALS Incidents	Average Response Time (MM:SS)
Code E	1,083	3.28%	10:40
Code D	17,516	53.08%	14:31
Code C	10,334	31.31%	19:57
Code B	974	2.95%	30:24
Code A	3,067	9.29%	27:14
Code N	18	0.05%	08:24
Code 10/27	2	0.01%	24:56
Code 52-F	7	0.02%	08:57
Total	33,001	100.00%	17:44

Notably, Code C and Code D incidents, which included emergencies classified as potentially life-threatening or life-threatening, respectively, comprised over 84.4% of all ALS emergencies. However, NOEMS had average response times of 19 minutes and 57 seconds for Code C dispatches and 14 minutes and 31 seconds for Code D dispatches, which were significantly above the thresholds recommended by NFPA standards for ALS emergencies. The auditors noted NOEMS was closest to meeting the NFPA standards for ALS emergencies when responding to the highest priority Code E dispatches. However, those dispatches for Code E emergencies represented a small fraction of the total ALS-designated emergencies NOEMS responded to during the scope period, underscoring the need for NOEMS to implement targeted operational improvements to reduce response times and enhance emergency medical outcomes City-wide.

As noted in Finding 1, NOEMS lacked written policies and procedures establishing emergency response time benchmarks as recommended by NFPA 1710. Therefore, the auditors analyzed NOEMS response times to ALS emergencies during the scope period using several benchmarks:

- **NFPA 1710:** For ALS emergencies, NFPA 1710 recommended a total response time specific to EMS units of under nine minutes for at least 90% of ALS emergencies.²³
- **NOEMS Internal Operational Benchmark for Code E Emergencies:** NOEMS management set an informal goal of responding to the highest priority Code E emergencies in 12 minutes or less.²⁴
- **City Code Benchmark for Rollover Emergencies:** The City Code established a benchmark that third-party ambulance providers should respond to rollover emergencies within 11 minutes and 59 seconds for at least 70% of third-party dispatches.²⁵

The auditors concluded the NOEMS average total response time of 17 minutes and 45 seconds for ALS-designated emergencies during the scope period substantially exceeded all three of the above benchmarks.

NFPA 1710 BENCHMARK FOR OVERALL RESPONSE TIME PERFORMANCE

As discussed in Finding 1, NFPA 1710 recommended EMS agencies should document performance objectives for response times for emergencies, including minimum requirements for Turnout Time and Travel Time. NFPA 1710 recommended those performance objectives should include a nine minute or less Total Response Time for ALS emergencies that required EMS transport, which consisted of a 60 second or less Turnout Time and a 480 second or less Travel Time. NFPA 1710 also recommended EMS agencies, “establish a performance objective of not less than 90 percent for the achievement of each turnout time and travel time performance objective specified.”²⁶ The auditors determined

²³ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

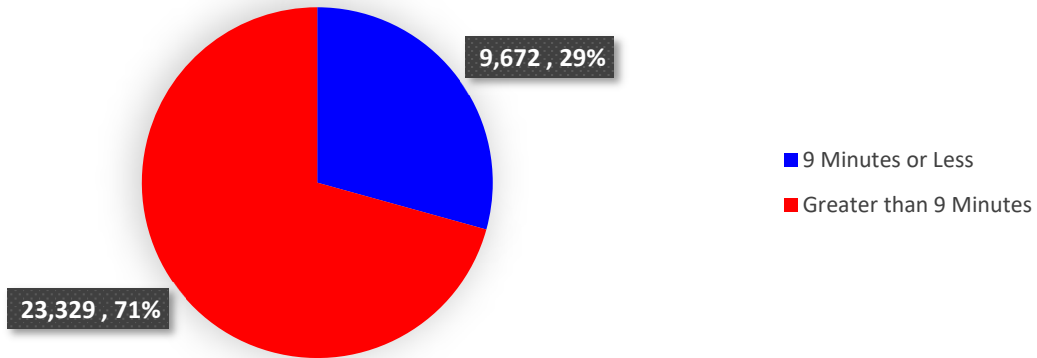
²⁴ The 12 minute or less goal for responding to Code E emergencies was not formally documented in any NOEMS policy.

²⁵ Code of the City of New Orleans, Section 62 97(a) defined rollover emergencies as overflow emergency dispatches received by private ambulance providers from NOEMS when it was determined that NOEMS did not have units available to handle the call in the manner necessitated by the nature of the call. https://library.municode.com/la/new_orleans/codes/code_of_ordinances?nodoid=PTIICO_CH62_EMMESE.

²⁶ National Fire Protection Association. *NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Quincy, MA: NFPA, 2020.

NOEMS did not respond to ALS emergencies requiring emergency transportation within the nine minute benchmark consistent with NFPA 1710 for 23,329 (71%) of the 33,001 ALS emergency medical dispatches tested, as shown in Figure 4.

Figure 4. NFPA 1710 Overall Performance



NOEMS’ 29% compliance fell significantly short of the 90% compliance threshold recommended by NFPA 1710. Figure 5 details the number of NOEMS dispatches to ALS-level incidents that met the nine minute or less response time threshold for each EMD Code, highlighting a widespread shortfall in NOEMS’ ability to meet nationally recognized emergency response benchmarks. The inability to meet benchmarks when responding to the most urgent emergency dispatches points to the need for NOEMS to make significant operational improvements to enhance the timeliness of medical interventions City-wide.

Figure 5. Compliance with NFPA 1710 across EMD Codes

EMD Code	Total ALS Incidents	Incidents Meeting NFPA Standard	% of Incidents Meeting NFPA Standard
Code E	1,083	524	48%
Code D	17,516	5,815	33%
Code C	10,334	2,572	25%
Code B	974	198	20%
Code A	3,067	547	18%
Code N	18	11	61%
Code 10/27	2	1	50%
Code 52-F	7	4	57%
Total	33,001	9,672	29%

As discussed in Finding 1, NOEMS management acknowledged it was not compliant with NFPA 1710. NOEMS management stated that NFPA response time standards were not attainable at its current staffing levels. NOEMS management explained that, based on 2025 call volume, NOEMS needed at least 26 ambulances available each day to meet industry standards. Management stated that, although NOEMS averaged 26.7 ambulances available each day in 2025, staffing levels during that period only supported the deployment of approximately 17.1 ambulances per day, resulting in a shortfall of 9.6 units. Management stated that the salary levels offered by the City for paramedics and EMTs were the main barrier to recruit and retain staff in order to increase its staffing levels to the amount needed to support the deployment of all available ambulances and improve response times.

NOEMS INTERNAL OPERATIONAL BENCHMARK OVERALL PERFORMANCE

NOEMS internally evaluated its response time performance based on calls received for the most urgent level of medical emergency dispatches, classified as Echo (Code E). For these Code E dispatches, NOEMS set an operational benchmark that total response time from the moment a call was received to the arrival of medical personnel on scene should not exceed 12 minutes. The auditors noted that although the most urgent level of medical emergencies were designated as Code E, Code E dispatches represented only 3.3% of the ALS-level emergencies that NOEMS responded to during the scope period, as shown in Figure 3. Therefore, the auditors applied the internal 12 minute or less benchmark to all ALS dispatches NOEMS responded to during the scope period. The auditors determined that NOEMS only responded to 15,991 (48%) of the 33,001 ALS emergencies in 12 minutes or less, as shown in Figure 6. Additionally, NOEMS only met its internal performance goal of 12 minutes or less specific to high-priority Code E emergency responses 70% of the time, as shown in Figure 7.

Figure 6. NOEMS Internal Operational Benchmark Overall Performance

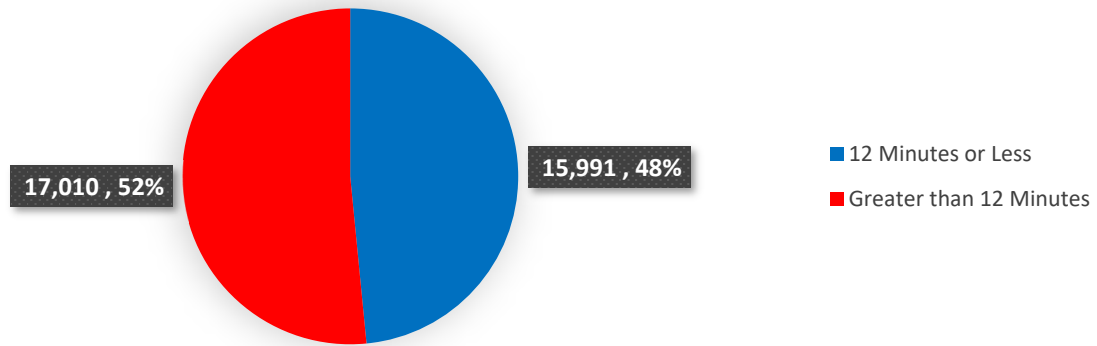


Figure 7. Compliance with NOEMS Benchmark Across EMD Codes

EMD Code	Total ALS Incidents	Incidents Meeting NOEMS Benchmark	% of Incidents Meeting NOEMS Benchmark
Code E	1,083	762	70%
Code D	17,516	9,417	54%
Code C	10,334	4,501	44%
Code B	974	313	32%
Code A	3,067	978	32%
Code N	18	13	72%
Code 10/27	2	1	50%
Code 52-F	7	6	86%
Total	33,001	15,991	48%

CITY CODE BENCHMARK FOR ROLLOVER EMERGENCIES

The City Code established a local regulatory standard for emergency medical response times specific to rollover emergencies handled by permitted third-party ambulance providers.²⁷ These incidents refer to overflow emergency dispatches received by private ambulance providers when NOEMS lacked the resources to respond directly due to the emergent nature of the call. The City Code established a benchmark that private ambulance providers should respond to rollover

²⁷ Code of the City of New Orleans, Section 62-97.
https://library.municode.com/la/new_orleans/codes/code_of_ordinances?nodetid=PTIICO_CH62EMMESE.

emergencies in 11 minutes and 59 seconds or less 70% of the time, stating the following:

All owners or operators shall ensure that their ambulance response time from receipt of call by dispatcher to rollover emergencies is within 11 minutes 59 seconds or less on a minimum of 70 percent of all such calls received within a monthly reporting period.²⁸

Although the City Code established a benchmark for private ambulance services that handled rollover cases, it did not set response time benchmarks for NOEMS. While auditors did not evaluate whether private ambulance providers met the response time criteria established by the City Code, they assessed whether NOEMS met the same standards the City established for third-party EMS providers. As previously noted, when applying the NOEMS internal 12-minute benchmark to ALS response times, the auditors determined NOEMS did not respond to ALS emergencies in a timely manner consistent with the similar City Code benchmark for third-party EMS providers. NOEMS only met the City Code benchmark for 17,035 (52%) of the 33,001 ALS emergency medical dispatches tested, as shown in Figure 8. The 48% of ALS emergencies that NOEMS did respond to within the 11 minutes and 59 seconds threshold, fell short of the 70% compliance requirement for third-party EMS providers established by the City Code.

²⁸ Code of the City of New Orleans, Section 62.97(a).

https://library.municode.com/la/new_orleans/codes/code_of_ordinances?nodoid=PTIICO_CH62EMMESE.

Figure 8. City Code Benchmark Overall Performance

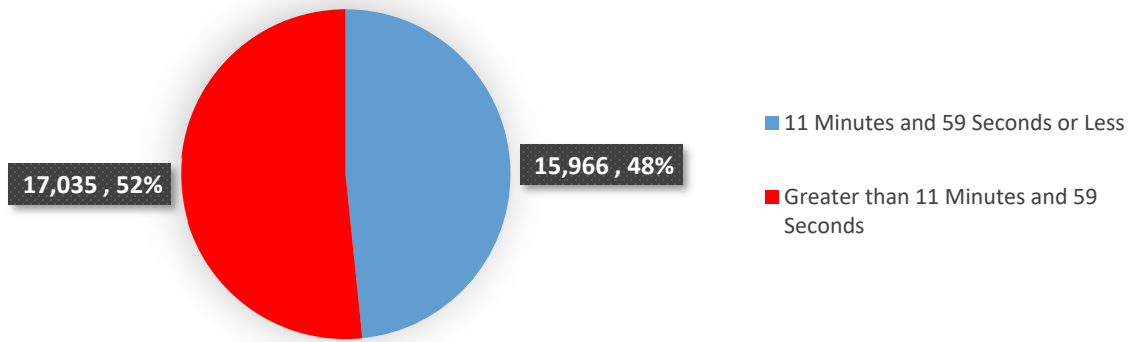


Figure 9 details the number of ALS-level incidents that NOEMS responded to within the City Code response time threshold for each EMS priority code. The auditors noted the highest priority Code E (Cardiac Arrest / Imminent Death) incidents met the benchmark exactly 70% of the time. However lower priority categories, including life-threatening and potentially life-threatening consistently did not meet the performance threshold established by the City Code. Life threatening emergencies, which were classified as Code D, accounted for the largest share of ALS-level emergency dispatches that NOEMS responded to during the scope period. However, NOEMS only met the City Code benchmark 54% of the time when responding to those Code D dispatches, as shown in Figure 9.

Figure 9. Compliance with the City Code Benchmark Across EMD Codes

EMD Code	Total ALS Incidents	Incidents Meeting City Code Benchmark	% of Incidents Meeting City Code Benchmark
Code E	1,083	760	70%
Code D	17,516	9,406	54%
Code C	10,334	4,492	43%
Code B	974	311	32%
Code A	3,067	977	32%
Code N	18	13	72%
Code 10/27	2	1	50%
Code 52-F	7	6	86%
Total	33,001	15,966	48%

The OIG concluded that NOEMS response times for ALS emergencies consistently fell short of benchmarks established by NFPA 1710 standards, NOEMS internal standards, and the City Code standards for third party providers. NOEMS management acknowledged the OIG's findings concerning response times for ALS emergencies and asserted that it was unable to maintain staffing levels necessary to achieve those response times largely due to non-competitive wages, stating the following:

Unlike fire units, NOEMS does not have the staffing capacity to stage ambulances strategically across the city in anticipation of calls. Instead, NOEMS ambulances are continuously moving from call to call, with virtually no downtime ... A key barrier to achieving sustainable response times ... is recruitment and retention of paramedics and EMTs. NOEMS currently pays paramedics ... below what competitors in the Gulf South are offering. This pay disparity drives attrition and limits the ability to hire the additional staff required...

NOEMS management stated that its inability to meet hiring or retention goals at current salary levels results in lost revenue for the City, due to its reliance on permitted EMS providers to meet demand. NOEMS explained that permitted EMS providers handled approximately 30% of incidents that required emergency transport. Management stated that if NOEMS had sufficient staffing to deploy its own ambulances, the City would be able to collect revenue from emergency service fees that instead goes to permitted EMS providers. NOEMS management's request to the City for salary adjustments to meet hiring and retention goals was discussed further in a recent OIG public letter released on April 9, 2026.²⁹ NOEMS was budgeted for 156 employees for the years ended December 31, 2025 and 2026. NOEMS management stated that NOEMS operated with approximately 141 employees with the remaining budgeted positions vacant as of January 2026. Of those 141 employees, 120 were EMTs and paramedics (61 paramedics, 11 advanced EMTs, and 48 EMTs). NOEMS management asserted that Baton Rouge

²⁹ New Orleans Office of Inspector General, New Orleans Emergency Medical Services Staffing and Response Time Concerns (New Orleans: Office of Inspector General, 2026).
<https://nolaig.gov/media/oig-public-letter-new-orleans-emergency-medical-services-staffing-and-response-time-concerns/>.

EMS, which had a comparable call volume, was able to maintain a significantly larger operational footprint due to higher staffing.

Baton Rouge EMS was staffed with approximately 250 employees, including 150 EMTs and paramedics as of October 2025.³⁰

Recommendation 2: The City and NOEMS should work together to develop and implement a targeted hiring and staffing plan to ensure NOEMS has adequate personnel to provide effective and efficient emergency response. NOEMS policy and City Code should be updated to reflect the same performance objectives for response times.

As further discussed in the OIG’s public letter released on April 9, 2026, the City should examine the feasibility of increasing salary levels for NOEMS employees to a level that will meet staffing and retention needs and also result in increased revenues from NOEMS service.³¹ As recommended in Finding 1, NOEMS should formally document measurable performance objectives for emergency response times in compliance with NFPA standards. Once NOEMS has documented those performance objectives, relevant City Code should also be updated to align with those performance objectives and NFPA standards.

³⁰ The auditors spoke with the Baton Rouge EMS Public Information Department on October, 2025 to verify Baton Rouge EMS staffing numbers.

³¹ New Orleans Office of Inspector General, New Orleans Emergency Medical Services Staffing and Response Time Concerns (New Orleans: Office of Inspector General, 2026).

<https://nolaig.gov/media/oig-public-letter-new-orleans-emergency-medical-services-staffing-and-response-time-concerns/>.

IV. OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of the audit were to determine if:

- NOEMS responded to emergency dispatches in a timely manner.
- NOEMS responded in accordance with City policies and NFPA best practices.

The scope of the audit included NOEMS dispatches to medical emergencies that required transportation and ALS response during the period October 1, 2023, through September 30, 2024.

To accomplish the audit objectives, OIG auditors performed the following planning procedures:

1. Conducted interviews with NOEMS employees to obtain an understanding of the procedures related to NOEMS receiving dispatch requests from OPCD, dispatching personnel, monitoring medical units, responding to emergencies, and recording statistics related to NOEMS response times.
2. Verified NOEMS policies and procedures complied with local and state law, as well as NFPA standards.
3. Obtained data directly from the Computer-Aided Dispatch system at OPCD.
4. Verified the data in the EMS internal records was complete for the purposes of this audit. Per the data, NOEMS responded to 73,661 incidents during the scope period, as shown in Figure 10.

Figure 10. NOEMS Incidents During Scope Period

Disposition Description	ALS Count	BLS Count	Total Count
Against medical advice	2,693	383	3,076
Cancelled on scene	3,622	2,397	6,019
Cancelled prior to arrival	6,809	3,518	10,327
Death by suicide	23	-	23
Duplicate	2,177	744	2,921
EMS/rescue perfo extrication	-	2	2
Frequent caller visit	1	2	3
Gone on arrival	560	356	916
Handled by mg red cross	3	2	5
Mobile crisis intervention unit	4	-	4
Multiple refusals >5	-	8	8
Mutual aid	230	68	298
No 911 call required	28	11	39
No EMS resource dispatched	171	65	236
Oxygen delivered	5	-	5
Parental refusal	115	82	197
Patient refusal	2,191	1,375	3,566
Signal 29	579	1	580
Signal 29 after coded	224	-	224
Signal 30	52	2	54
Stand by for fire department	22	-	22
Stand by for police department	126	-	126
Stand by for police department	27	1	28
Test call	33	8	41
Traffic fatality	17	9	26
Transport (all destinations)	33,001	9,678	42,679
Unclassified death	103	1	104
Unfounded	1,341	787	2,132
Total	54,157	19,504	73,661

5. Removed all 40,660 incidents from the population that did not require ALS response and patient transportation. The remaining testing population consisted of the 33,001 ALS incidents that required NOEMS

to provide patient transportation during the scope period. The testing population included 77% of all NOEMS dispatches that required them to provide patient transportation during the scope period, as shown in Figure 11.

Figure 11. Sampling Methodology

Population	Transportation Required
Total Transportation Population	42,679
Transportation Population that Required ALS Response	33,001
Percent of Total Transportation Incidents Tested	77%

The auditors performed the following procedures for each of the 33,001 EMS transportation incidents selected for testing:

1. Verified NOEMS documented performance objectives for response times in compliance with NFPA 1710.
2. Converted all NOEMS response times to seconds and analyzed NOEMS response times for ALS-designated dispatches during the scope period using the following best practices and internal benchmarks:
 - a. Verified that NOEMS response times for ALS-level emergencies met NFPA 1710 standards by confirming arrival within nine minutes (Turnout Time of 60 seconds or less, Travel Time of 480 seconds or less) for ALS-type responses 90% of the time.
 - b. Determined if NOEMS response times for ALS-level emergencies met the NOEMS internal benchmark for Code E incidents by confirming arrival within 12 minutes (720 seconds).
 - c. Determined if NOEMS for ALS-level emergencies met the City Code benchmark for private ambulance providers by confirming NOEMS' arrival within 11 minutes and 59 seconds (719 seconds) 70% of the time for ALS dispatches requiring patient transport.

Auditors used the following criteria for this performance audit:

- NOEMS Policies;
- NFPA Standards; and
- City ordinances.

AUDITING STANDARDS

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.³²

Auditors also conducted this performance audit in accordance with the *Principles and Standards for Offices of Inspector General*.³³

LEGAL AUTHORITY

The authority to perform this audit is established in La. R.S. 33:9613 and in City Code Sec. §2-1120 of the City of New Orleans.

³² *Government Auditing Standards, Chapter 9.03*; U.S. Government Accountability Office, 2024.

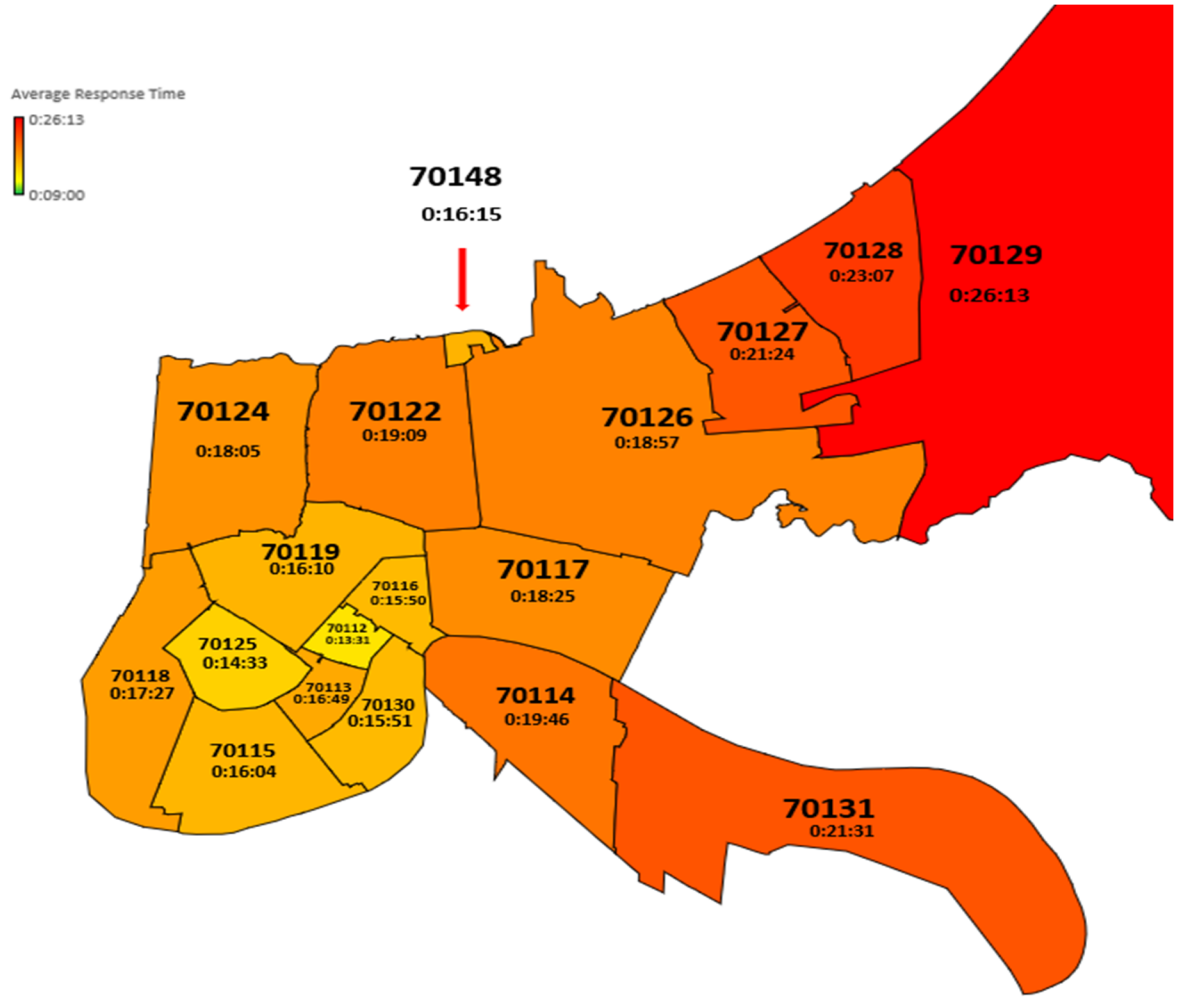
³³ "Quality Standards for Audits by Offices of Inspector General," *Principles and Standards for Offices of Inspector General* (Association of Inspectors General, Revised and approved October 22, 2022).

APPENDIX A. AVERAGE RESPONSE TIME BY ZIP CODE

Figure 12 illustrates NOEMS average response times across the City by ZIP Code for the 33,001 ALS-level emergency dispatches that required patient transportation during the scope period.³⁴ ZIP Codes in Figure 12 are color-coded to distinguish the difference in NOEMS average response times to ALS emergencies ranging from **red** (longest average response time) to **green** (shortest average response time). The map highlights notable geographic disparities, with the shortest response times concentrated in ZIP Codes in central areas of the City, such as 70112 and 70115. ZIP Codes in outer regions, such as 70129 and 701131, experienced significantly longer response times for ALS emergencies.

³⁴ The 33,001 ALS-level emergency dispatches include 6 dispatches that are not included on this map because these dispatches were not to a ZIP Code (1 to 70003 OOP, 1 to OOP, and 3 to CCC). As a result, this map includes the average response times for the remaining 32,995 dispatches.

Figure 12. Average NOEMS Response Time by ZIP Code

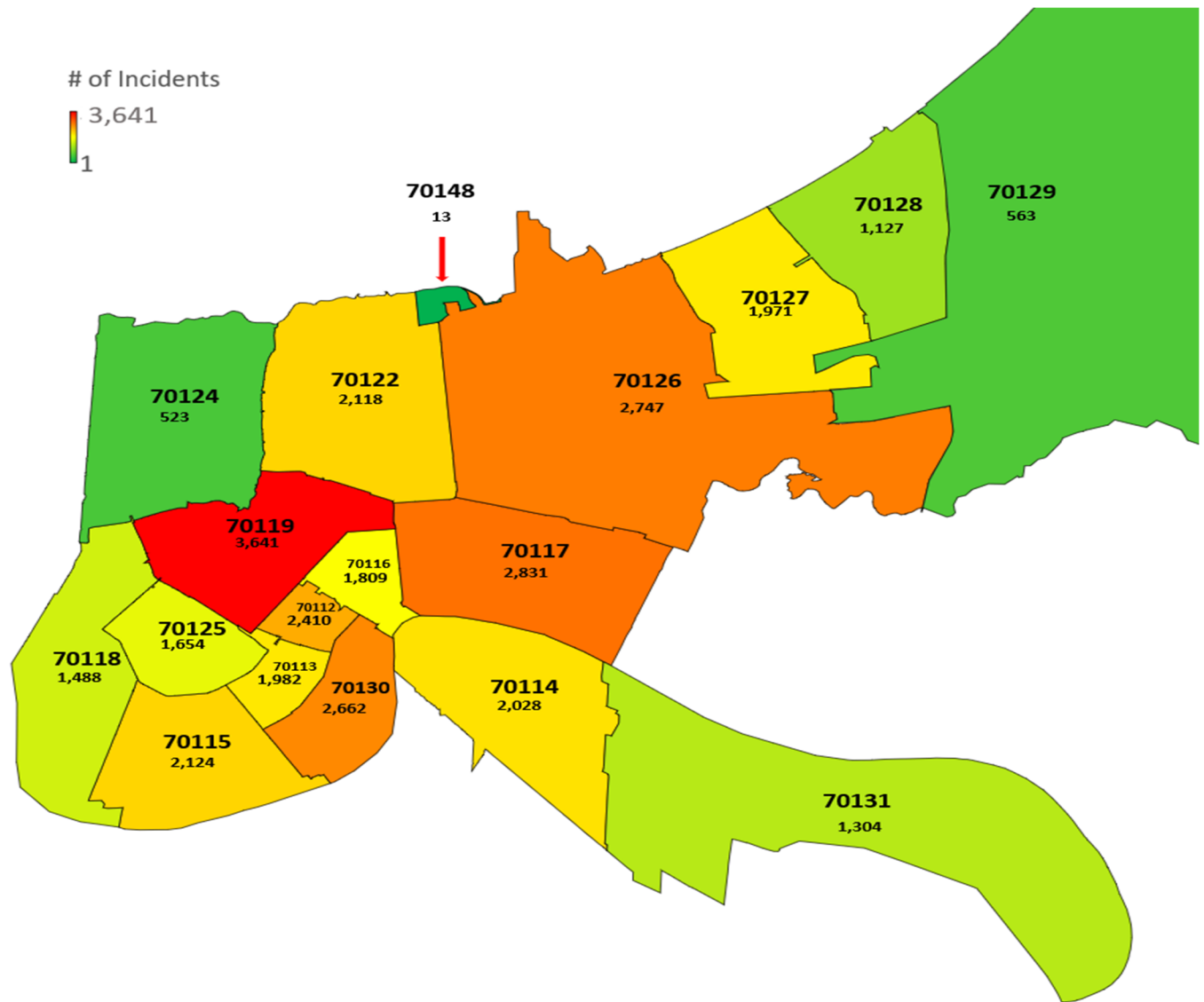


APPENDIX B. ALS DISPATCHES BY ZIP CODE

Figure 13 presents the distribution by ZIP Code of NOEMS responses to the 33,001 ALS-level emergency dispatches that required patient transportation during the scope period.³⁵ ZIP Codes in Figure 13 are color-coded to distinguish the NOEMS responses to ALS emergencies ranging from **red** (highest number of incidents) to **green** (lowest number of incidents).

Figure 13. ALS Responses that Required NOEMS Transportation by ZIP Code

³⁵ The 33,001 ALS-level emergency dispatches include 6 dispatches that are not included on this map because these dispatches were not to a ZIP Code (1 to 70003 OOP, 1 to OOP, and 3 to CCC). As a result, this map includes 32,995 dispatches.



OFFICIAL COMMENTS FROM NOEMS

City of New Orleans Ordinance §2-1120(8)(b) provides that a person or entity who is the subject of a report shall have 30 days to submit a written explanation or rebuttal of the findings before the report is finalized and that such timely submitted written explanation or rebuttal shall be attached to the finalized report.

On March 12, 2026, the OIG distributed an Internal Review Copy of this report to NOEMS so they would have an opportunity to comment on the report prior to the public release of this Final Report. The OIG received NOEMS' comments on April 13, 2026. The OIG attached these comments to the report.

EMERGENCY MEDICAL SERVICES
CITY OF NEW ORLEANS

HELENA MORENO
MAYOR

BILL SALMERON
CHIEF OF EMS

April 13, 2026

Edward Michel, CIG
New Orleans Inspector General
525 St. Charles Ave.
New Orleans, LA 70130

RE: Audit Report Release: EMS Response Time Audit

Dear Mr. Michel,

On behalf of New Orleans Emergency Medical Services, I would like to extend my sincere appreciation for the time, effort, and diligence your office invested in conducting the recent review of our operations. We recognize the importance of independent oversight and value the role your office plays in promoting accountability, transparency, and continuous improvement within public service agencies.

We have reviewed the findings outlined in the report, fully agree with the recommendations below, and have provided a response to each:

Recommendation 1-

NOEMS should formally document measurable performance objectives for emergency response times in compliance with NFPA standards, as well as implement a process to evaluate its overall performance using those benchmarks.

With regards to this recommendation, our department follows the NFPA 1710 EMS Response Time Standard but only measures for Echo Level calls, which are considered life threatening. Here, we felt it was best to focus on measuring our response to the truly time-sensitive calls for service and how best to deploy our limited resources. In addition to the NFPA 1710 EMS Response Time Standard, we also use other benchmarks to measure system status and performance including UHU-Unit Hour Utilization and other Clinical Performance Indicators. The department agrees to transition back to using the NFPA 1710 EMS Response Time Standard and measure all applicable calls for service.

Recommendation 2-

The City and NOEMS should work together to develop and implement a targeted hiring and staffing plan to ensure NOEMS has adequate personnel to provide effective and efficient emergency response. NOEMS policy and City Code should be updated to reflect the same performance objectives for response times.

With regards to this recommendation, our department has a budgeted force of 174 members with an average available force rate of 60%. Since COVID, EMS agencies like ours around the country have been experiencing significant staffing challenges due to the availability of qualified licensed practitioners, exacerbating the already competitive EMS labor market. The primary factor contributing to our staffing shortage is the lack of competitive compensation compared to surrounding agencies and private-sector employers. Our personnel are highly trained professionals who provide life-saving care under demanding circumstances, and many are leaving for higher-paying positions elsewhere. Our research indicates that we



remain well below regional pay rates for all uniformed positions. These challenges have placed considerable strain on our remaining personnel, who continue to demonstrate exceptional dedication to serving our community despite difficult conditions. Without meaningful adjustments to pay scales, we will continue to face challenges in both attracting new candidates and retaining our experienced workforce. These disparities are particularly evident when examining base salaries but even more significant when factoring higher incentive pay, shift pay, tuition reimbursement, guaranteed annual longevity raises, and other benefits that we can't offer. As a result, we are facing increased turnover, staffing shortages, and difficulty maintaining adequate unit availability to meet the growing demands of our community. Maintaining a competitive compensation structure is critical to ensuring that we can continue to provide timely, high-quality prehospital care to residents and visitors of New Orleans.

Ideally for a city and call volume of our size, we need at least 250 members and have been actively working with both the previous and current administration on staff pay raises and additional positions. The data shows that we have adequate revenue to support staffing enhancements over a phased approach in 2026 through 2028 and sustained revenue that will continue to support as we can staff our own units and decrease dependance on the surge ambulance contract. I am confident that city leadership understands our needs and will support us as soon as financially feasible.

As it pertains to performance objectives and response times in city code, we plan to work with the City Council on a full update of Chapter 62 that will better address these requirements.

In closing, our team is committed to taking the necessary steps to address the concerns raised. We have already begun developing an action plan to implement the recommended changes, including adopting the full NFPA 1710 EMS Response Time Standards, updating city code, and working with city leadership on staffing needs. We will continue to monitor our progress and ensure that these improvements are both effective and sustainable.

We appreciate the collaborative spirit in which your office approached this review and look forward to maintaining an open and constructive dialogue moving forward. Our shared goal is to ensure the highest standards of service, accountability, and public trust.

Thank you again for your work and commitment to improving public services in our community.

Respectfully,



Bill Salmeron
Chief | New Orleans Emergency Medical Services

