

Amorphic Fire and EMS Intelligence

Command-Level Visibility Across Every Existing System

Connect your existing fire and EMS systems into a unified intelligence layer and give command staff the operational picture they've been missing.

The Problem

Fire and EMS departments do not have a data problem. They have a visibility problem.

The information needed to manage operations, forecast costs, improve EMS outcomes, plan for retirements, and protect firefighter health already exists inside the systems departments run every day. But those systems were never designed to work together. The result is a department that owns its data and cannot use it.

Chiefs and command staff experience this every day:

- Budget forecasting relies on intuition — no model connects weather, events, and service costs
- EMS reporting is limited to whatever the vendor exposes as default analytics
- Historical incident analysis is blocked by data migration gaps between legacy and current platforms
- Workforce retirement risk has no early-warning system
- A firefighter filing a cancer claim cannot reliably identify which incident caused the exposure — and neither can the department
- Trainers spend hours building assessments manually from documents that have no centralized, searchable home

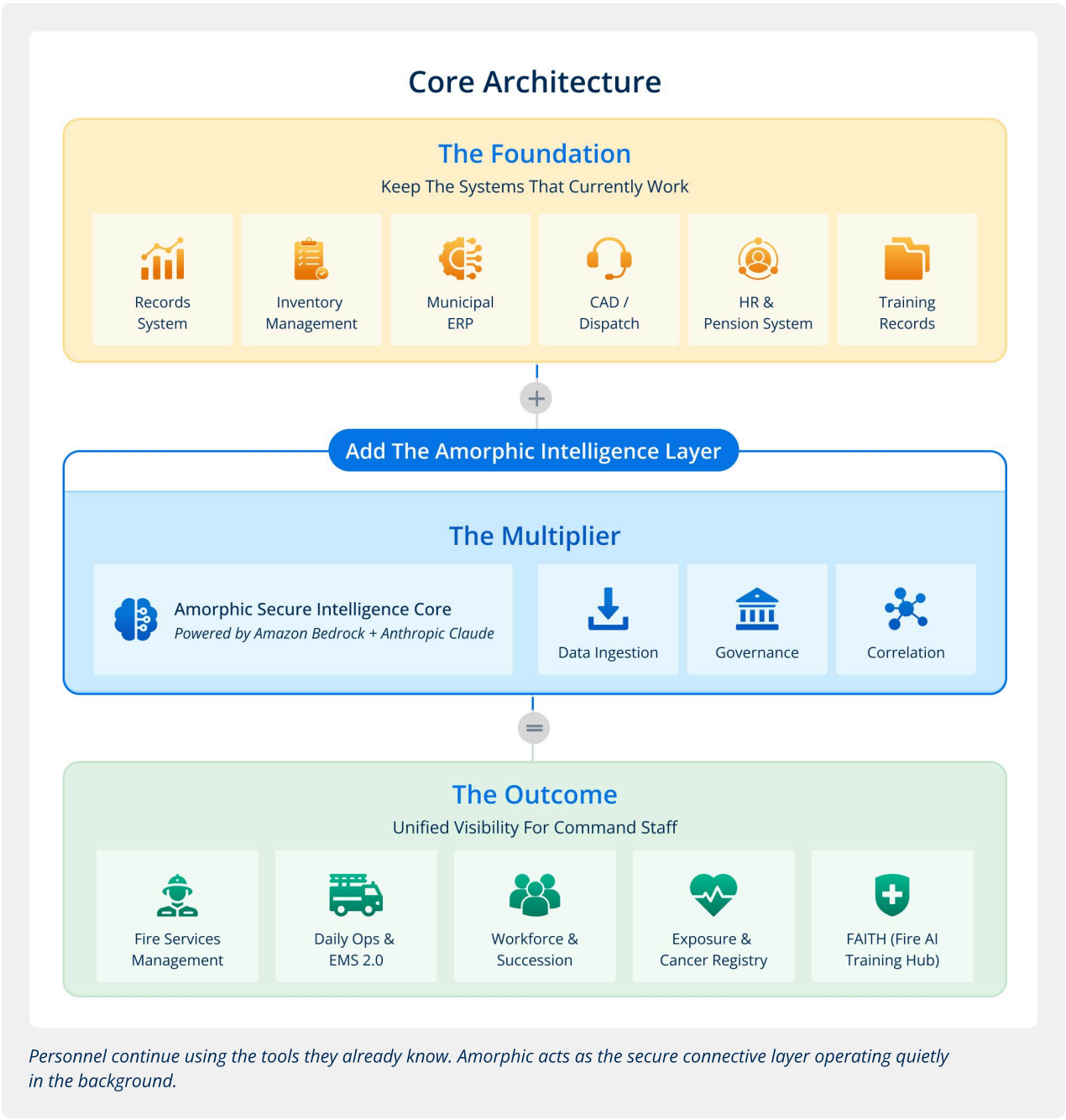
None of these problems exist because the data is missing. They exist because it has never been connected.

The Solution

Amorphic Fire and EMS Intelligence is a mission-critical intelligence layer that sits above a department's existing systems of record — connecting their data, governing it, and delivering operational intelligence across Command, Station, Apparatus, EMS, Staff, and Training.

Departments keep the systems their personnel use every day. Amorphic operates as the secure connective layer in the background.

HIPAA and CJIS compliant, deployable in commercial cloud, open architecture. Departments own their data and schemas. No vendor lock-in.



Five Areas Of Mission-Critical Intelligence

Fire Services Management

Spend efficiency, fleet lifecycle, and prevention intelligence

Operational costs are driven by predictable variables — temperatures, major public events, apparatus age, and community risk. Without connected data, budget forecasting relies on intuition rather than analysis.

Amorphic is designed to unify third-party systems, CAD, and external inputs into a single operational view that gives staff:

- Inventory burn rates and apparatus lifecycle tracking
- Dynamic budget forecasting by scenario — including weather and event variables
- Geospatial building risk profiles and reinspection cycle management
- Connected spend, fleet, and prevention data in one command picture

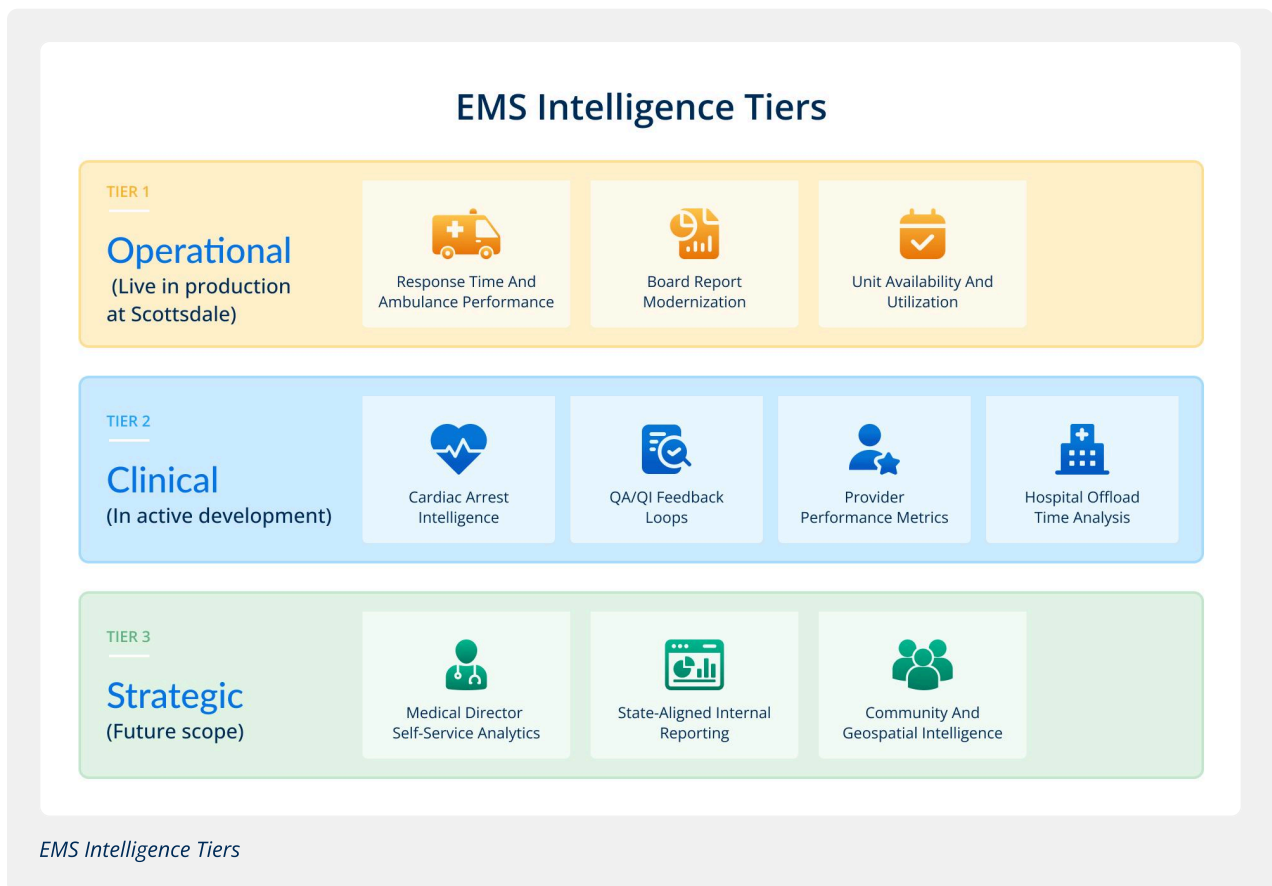
Daily Operations And EMS 2.0

Real-time station, apparatus, and integrated medical response performance

Most departments are limited to whatever analytics their EMS platform exposes by default. Amorphic pulls data out of ImageTrend — including historical data stranded in legacy migrations — and makes it available for custom dashboards, real-time reporting, and natural language querying.

At the operational level, the platform tracks the full ambulance response chain from dispatch through patient contact, measuring performance against service-level thresholds across every unit, shift, and station.

At the clinical level, cardiac arrest intelligence is the anchor use case — tracking ROSC rates, median time to first defibrillation, bystander CPR and AED involvement, witnessed versus unwitnessed dispositions, and year-over-year survival trends. This is the level of clinical intelligence the state receives from ePCR submissions, delivered now to the department's own medical director.



Workforce And Succession Planning

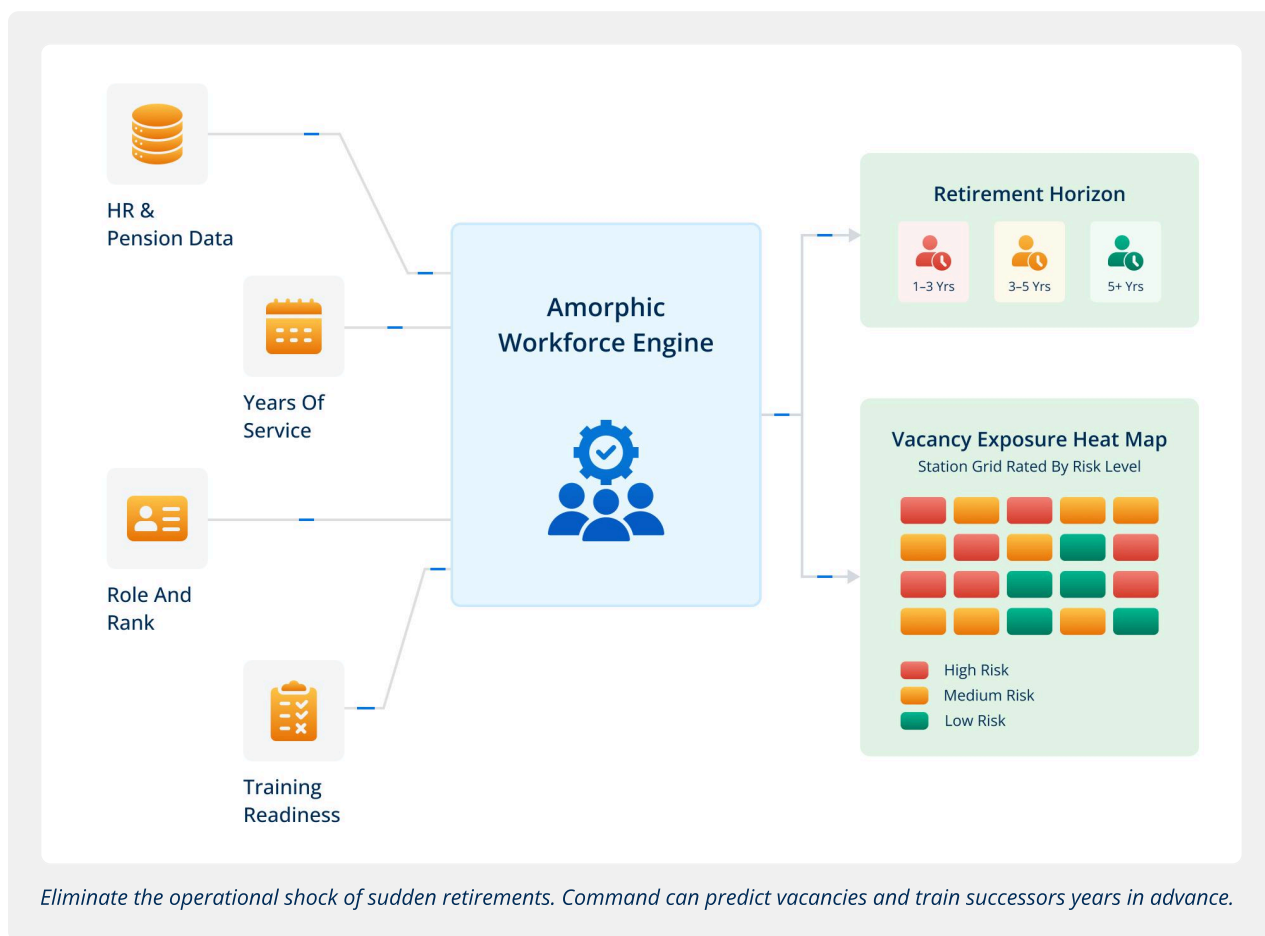
Proactive retirement readiness and staffing continuity

When more than a third of a department's workforce is retirement-eligible, the question is not whether a wave is coming — it is whether the department is ready for it.

Most departments have no visibility into this risk. HR data sits in pension systems, disconnected from operational data and training records, with no predictive model on top of it.

Amorphic's Workforce Engine ingests personnel data, years of service, role and rank, and training readiness to produce:

- Retirement horizon forecasting across 1-3, 3-5, and 5+ year windows
- A vacancy exposure heat map rating each station by retirement risk
- Successor identification with training gap analysis for known upcoming vacancies



FAITH — Fire AI Training Hub

AI-powered knowledge access and training modernization

Training is a direct operational readiness requirement — not an administrative one. Yet most departments still build assessments manually and give personnel no faster way to access procedures than searching through lengthy PDFs.

FAITH ingests department SOPs, manuals, and training materials and delivers a private, citation-grounded AI environment for three roles:

- **Cadets and Incumbent Personnel** — Ask plain-language questions and receive cited answers in three to five seconds, with images and diagrams from the source document. Every answer traces to the exact page and paragraph.
- **Trainers** — Generate complete multiple-choice assessments with answer keys directly from selected manuals in minutes. Configure difficulty and question type mix. Review, edit, and export tests and briefing one-sheets from the Trainer Canvas workspace.
- **Administrators** — Manage the full document corpus from a single governed console with version control and audit logging.

FAITH is powered by Amazon Bedrock and Anthropic Claude, HIPAA and CJIS compliant, and live in production at **Scottsdale Fire Department** across all three user roles.

Exposure And Cancer Registry

Mapping incident response history to protect long-term occupational health

Cancer is the leading cause of line-of-duty deaths among firefighters. Documenting exposure at an individual level requires connecting three data sources that have never been linked:

- Firefighter roster and identity — from HR & pension systems
- Apparatus and unit response logs — from CAD
- Hazardous materials records for commercial buildings — from municipal ERP systems

Without this connection, departments cannot support Industrial Commission claims, cannot identify high-exposure personnel for priority medical monitoring, and have no population-level view of cumulative career risk.

Amorphic's Exposure Correlation Engine links these three sources and builds an Aggregated Health Intelligence Profile for every firefighter — a career-long, queryable record of incident attendance, apparatus assignment, and carcinogenic material exposure.

Proof Points

City Of Scottsdale Fire Department

Built in direct partnership with Fire Chief Tom Shannon and the Scottsdale Office of CIO.

Live in production:

- EMS operational dashboards
- Incident data chatbot connecting legacy ODS and EMS Records Systems
- Unit performance reporting
- FAITH — active in the Captain's Academy

In active development:

- Cardiac arrest intelligence
- Operational spend and prevention dashboards
- Real-time station and apparatus readiness

Near-term roadmap:

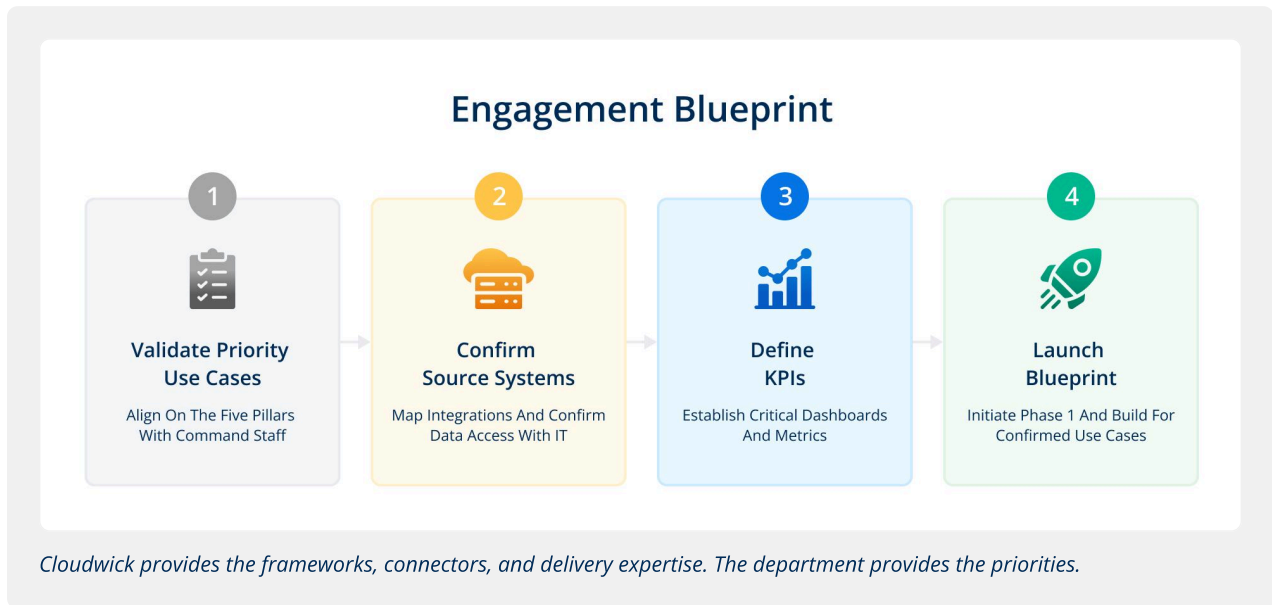
- Workforce and succession planning
- Exposure and Cancer Registry
- EMS clinical tier

California Emergency Medical Services Agency

Statewide EMS modernization led by Joe Sullivan, CIO for California EMSA — replacing legacy reporting infrastructure from state level through city, county, EMS operator, and hospital. Joe has cited \$35 million in projected cost savings over five years attributable to the Amorphic platform.

Together, these two engagements provide frontline department credibility and statewide EMS modernization authority that no other vendor in this space currently holds.

From Discovery To Deployed Intelligence



What Leadership Achieves

- Unified Command Picture**
One operational view across spend, EMS, staffing, fleet, and prevention. No system replacement required.
- Clinical Intelligence The Department Owns**
Cardiac arrest outcomes, response time analysis, and QA/QI reporting for the medical director — not limited to vendor defaults.
- Proactive Budget Management**
Cost models tied to weather, events, and historical variables. Run before budget season, not after.
- Workforce Continuity**
Retirement horizon visibility, station risk ratings, and succession readiness — years before vacancies arrive.
- Firefighter Health Protection**
A career-long exposure record for every firefighter, built from three data sources that have never been linked before.
- Training Readiness At Scale**
Cited answers and automated assessments available to every cadet and trainer, on demand.
- Full Data Ownership**
Open architecture, no vendor lock-in, complete control over schemas and reporting.

Security And Compliance

Role-based access controls · Secure authentication · Full audit trails · Encryption at rest and in transit

Deployed in the customer's AWS environment with controls aligned to HIPAA, CJIS, SOC 2 Type II, NIST 800-53, and IRS 1075. Trust Center documentation provided during procurement. AI assists analysis — human judgment drives every decision.

Discover how Amorphic Fire and EMS Intelligence can give your department the operational picture it's been missing.

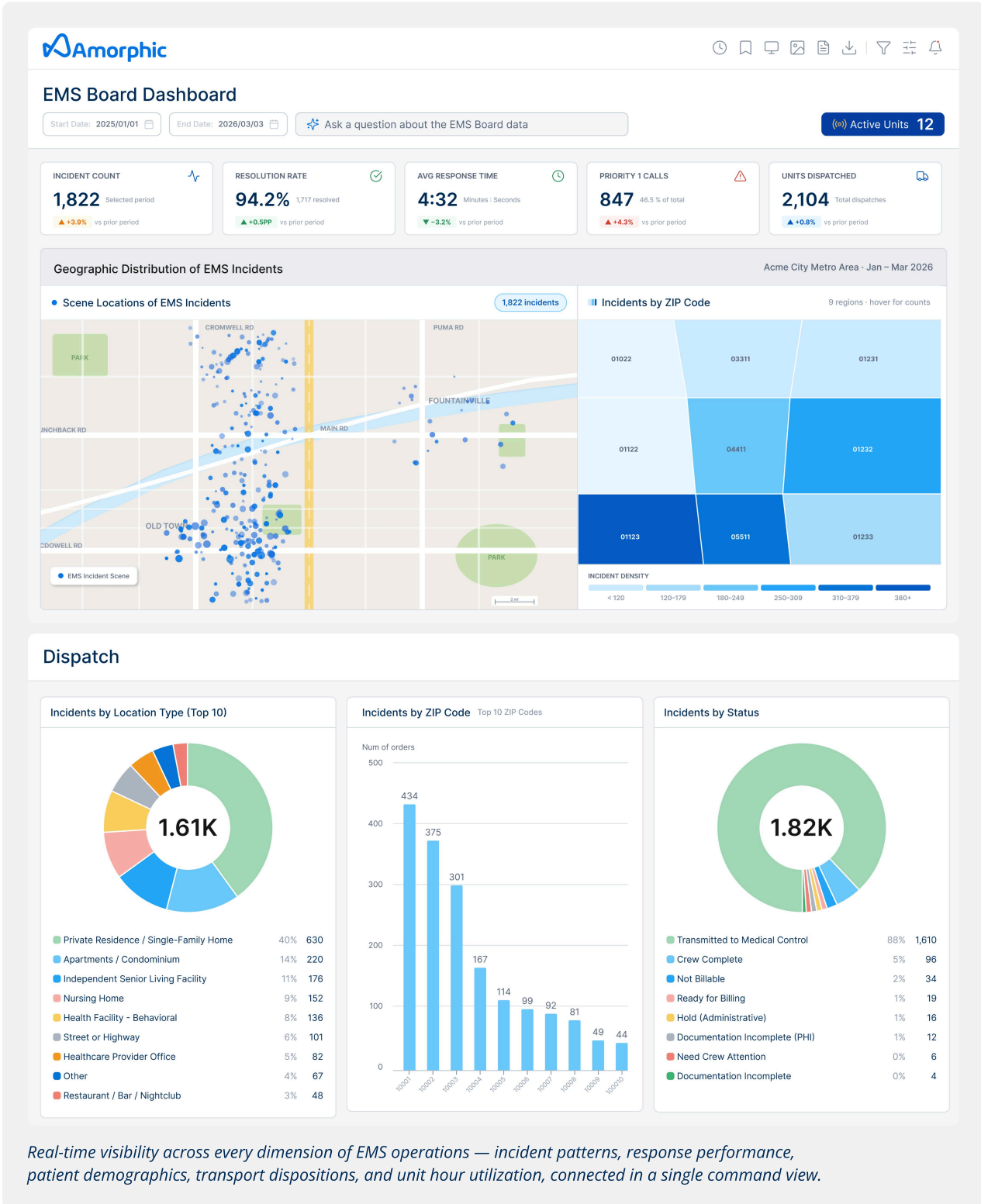
Contact Cloudwick To Schedule A Discovery Workshop. [↗](#)

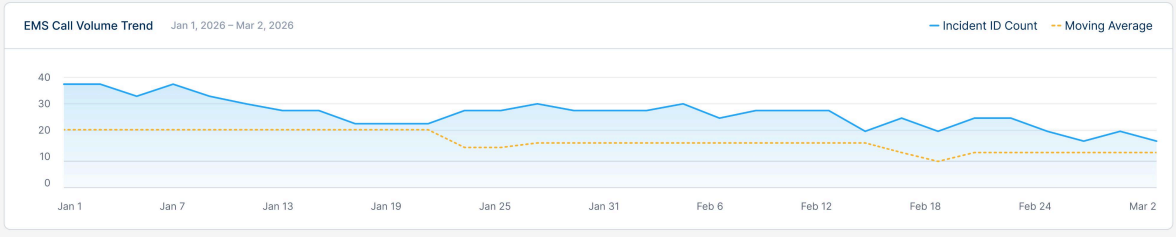
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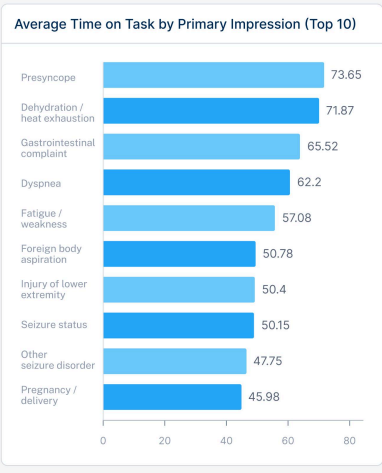
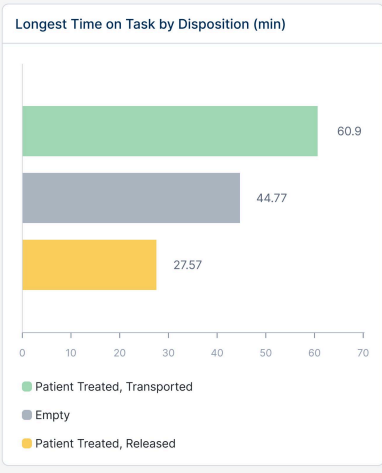
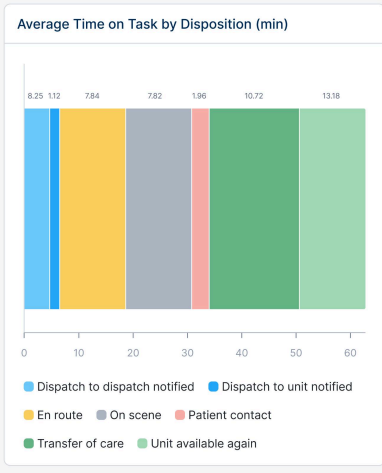
Scan and Visit
Cloudwick.com

Appendix

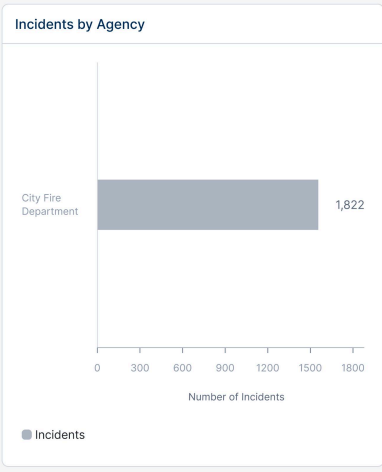
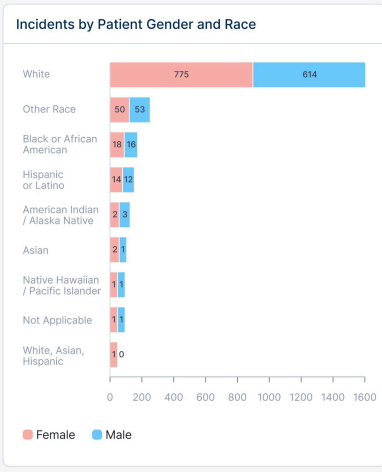
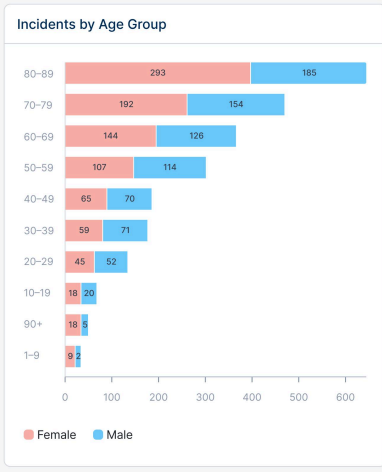




Times



Patient

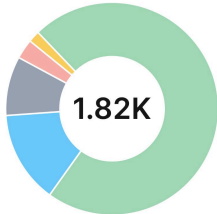


Real-time visibility across every dimension of EMS operations — incident patterns, response performance, patient demographics, transport dispositions, and unit hour utilization, connected in a single command view.

Disposition

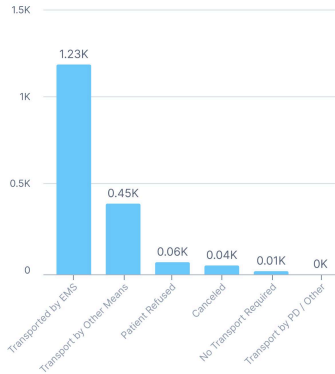
Incidents by Reason for Choosing Destination

Showing top destination reasons

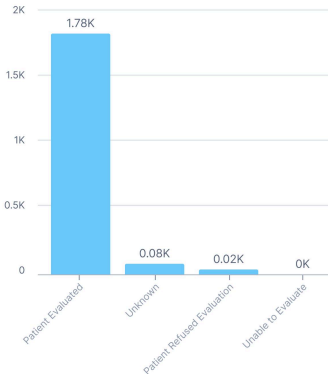


Closest Facility	72%	1,320
Patient's Choice	14%	260
Unknown	9%	170
Closest Facility, Patient's Choice	3%	50
Regional Specialty Center	1%	20

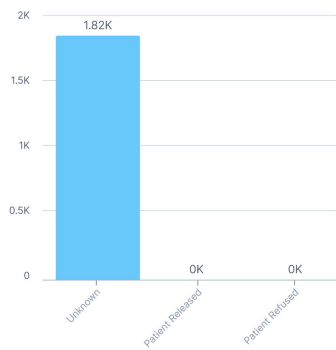
Incidents by Transport Disposition



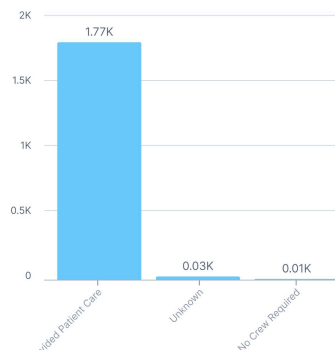
Incidents by Patient Evaluation / Care



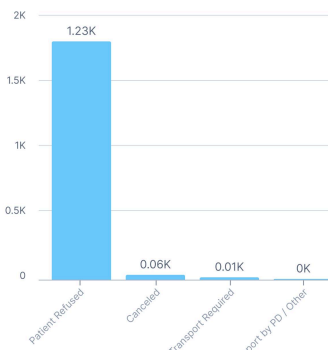
Incidents by Patient Disposition



Incidents by Crew Disposition



Incidents by Unit Disposition



Unit Hour Utilization

Transport Summary

Destination mix and transfer timing

Destination	Count	% of Total	Avg Transport Time	Avg Arrival to Transfer	Avg Arrival to Back in Unit
General Metro Hospital – North (MED0101)	717	41.98%	9.29	2,910	2,906
General Metro Hospital – Central (MED0102)	625	36.48%	7.9	2,550	2,526
General Metro Hospital – East (MED0103)	176	10.3%	14.71	715	711
Regional Medical Center (MED0104)	142	8.31%	21.15	574	574
Northside Community Hospital (MED0105)	17	1%	25.37	70	70
Metro Children's Hospital (MED0106)	11	0.64%	26.21	45	45
Desert Valley Medical Center (MED0107)	8	0.47%	18.65	32	32
Westfield Medical Center (MED0108)	4	0.23%	11.58	16	16
Veterans Affairs Medical Center (MED0109)	3	0.18%	36.12	12	12

Unit Hour Utilization by Unit

Top units by incident volume and task time

Unit	Incident Count	Total Time on Task	UHU %
E101	592	64:10:22	105.63%
E102	451	61:10:39	100.69%
M201	541	70:07:29	115.27%
M202	238	35:05:13	57.75%

Real-time visibility across every dimension of EMS operations — incident patterns, response performance, patient demographics, transport dispositions, and unit hour utilization, connected in a single command view.



City Fire Department NFIRS Report

Incident Number **24436149**

Patient Demographic Information

Patient Name Jane Doe	Date Of Birth Jan 15, 1935	SSN —	Age 91
Patient Address 4200 North Main Street, Springfield, AZ 00001	Weight(lbs) 135	Patient Phone Number Null	Race Other Race

Incident Information

Date Of Service Oct 7, 2024 7:57am	Incident Number 24436149	Incident Address 4200 North Main Street, Springfield, AZ 00001			
Scene GPS Location 34.0000, -112.0000	EMS Unit Unit-E101	EMS Shift Day Shift	Unit Level Of Care ALS-Paramedic	Unit Capability Non-Transport Medical Treatment (ALS Equipped)	
Type Of Service Requested Emergency Response (Primary Response Area)	CFD First Unit on Scene Yes		ALS Assessment Yes		
CAD Narrative In Memory Care Unit Dining Room, Pt Not Being Cooperative, Will Not Take Meds, Assaulted Another Pt, Separated Now, Staff Wants Taken To ER, PD Also Responding, Advise If Staging					
Mass Casualty No	PSAP Call 10-07-2024 7:54:56	Notified By Oct 7, 2024 7:57:49	En Route Oct 7, 2024 7:58am	On Scene Oct 7, 2024 8:05:01	At Patient Oct 7, 2024 8:04:53
At Destination Oct 7, 2024 8:39:32	Transfer Of Care (Hosp) Oct 7, 2024 8:45:20	Back In Service Oct 7, 2024 8:45:30	Crew Member Full Name John Smith, Maria Garcia, Robert Chen, Lisa Johnson		
Crew Member Level Name 2009 Paramedic, 2009 Paramedic, 2009 Emergency Medical Technician (EMT), 2009 Emergency Medical Technician (EMT)					

Patient History

Barriers To Patient Care Psychologically Impaired, Combative Patient	Initial Patient Acuity Emergent (Yellow)	Cardiac Arrest No	Possible Injury No	Alcohol Drug Use Indicators —
Medical Surgical History Alzheimer's Disease, Unspecified (G30.9), Unspecified Dementia Without Behavioral Disturbance (F03.90), Essential (Primary) Hypertension (I10), Constipation, Unspecified (K59.00), Asthma (J45), Gastro-Esophageal Reflux Disease Without Esophagitis (K21.9)				
Current Medications "Amlodipine", "Benazepril", "Famotidine", "Fluticasone", "Lorazepam", "Melatonin", "Quetiapine", "Acetaminophen", "Benzonatate", "Docusate"		Medication Allergies Allergy To Sulfonamides (Sulfa) (Z88.2), Chlordiazepoxide (Z88.6), Clindamycin (Z88.2), Naproxen (Z88.6), Penicillin (Z88.0)		

A complete incident report — patient demographics, clinical history, physical assessment, vital signs, and disposition, structured and accessible in one view.

Physical Exam

Date Of Service Oct 7, 2024			
Glasgow Exam			
Glasgow Coma Score GCS Eye 4 - 4 - Opens Eyes Spontaneously	Glasgow Coma Score GCS Verbal 4 - 4 - Confused	Glasgow Coma Score GCS Motor 6 - 6 - Obeys Commands	Total Glasgow Coma Score GCS 14
Head Exam		Neck Exam	
AVPU Alert	Head Exam No Abnormality Noted	Neck Exam Not Done	
Body Exam			
Face Exam No Abnormality Noted	Chest Exam Not Done	Pelvis/GU Exam Not Done	Skin Exam Not Done

Vital Signs

Date Of Service Oct 7, 2024	SBP Null	DBP Null	HR Null	RR 20	SPO2 Null	ETCO2 Null
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Assessments

Date Of Service Oct 7, 2024	Blood Glucose Level 0
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Communications

Date Of Service Oct 7, 2024	Type Of Service Requested Emergency Response (Primary Response Area)
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Narrative

E101 dispatched code 2 to an agitated person at Maplewood Assisted Living in the Memory Care Dining Room. UA 88 yo female is ambulatory in the hallway under her own power, visibly confused and agitated with GCS of 14. Patient is A+Ox1 (person). Staff on scene states patient has not been compliant with her Lorazepam and medical records indicate history of Alzheimer's and Dementia. Staff states patient became frustrated in the dining room and struck another resident, which prompted the 911 call. Staff denies any recent falls or trauma and no visible signs of trauma observable without full physical assessment. Crew withholds efforts to obtain vitals, glucose, or 4-lead in effort to keep patient calm.

Phone contact made with MPOA (daughter) who states patient began showing signs of UTI approximately 10 days ago for which urine was sent out for testing. Patient started on antibiotic on Sep 22 for UTI. MPOA requesting patient be transported to the hospital via ambulance. MPOA and family member made efforts via speaker phone to convince patient to sit on the gurney and repeated efforts are unsuccessful. Patient does not have decision making capacity. Patient physically placed on gurney without falls, injury or excessive force. Patient secured with all straps securely in place. CN made and patient is transported without change in condition or exam to Metro General Hospital via Unit-E102 code 2. Patient transferred to hospital staff and report given to RN upon arrival. #101.

Disposition

Unit Disposition Customer Contact Made	Crew Disposition Provided Patient Care	Transport Disposition Transport WITH Agency Rider	Ambulance Transport Agency —	Ambulance Transport Unit M-604
Final Patient Acuity Unchanged	Level Of Care Provided Per Protocol ALS	Destination Hospital Metro General Hospital	Hospital Code MED0101	Type Of Destination Emergency Department
Hospital Capability Hospital	Reason For Choosing Destination Closest Facility	How Patient Was Moved From Ambulance Stretcher	EMS Transport Method Ground-Ambulance	Transport Mode From Scene Code 2

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