

ImageTrend data request

Pull data for calendar years 2023, 2024, 2025, and 2026 year to date. The report should allow results to be separated by service, year, month, municipality, township or rural area, and incident location.

Call volume

- Total EMS incidents
- Total requests for service
- Total patient contacts
- Total transports
- Nontransports
- Refusals
- Treat-and-release incidents
- Canceled calls
- Standbys
- No-patient-found calls
- Calls resulting in multiple patients
- Interfacility transfers, separated from 911 responses
- Mutual-aid responses provided outside the service's primary area
- Mutual aid received from another service
- ALS intercepts or tiered ALS responses
- Calls by incident disposition

Time and demand patterns

- Calls by hour of day
- Calls by day of week
- Calls by month
- Calls by year
- Weekday versus weekend demand
- Daytime, evening, and overnight demand
- Seasonal changes
- Highest-volume hours
- Highest-volume days
- Simultaneous or overlapping incidents
- Number of times a second, third, or additional EMS incident occurred while resources were already committed

time blocks:

- 6:00 a.m. to 6:00 p.m.
- 6:00 p.m. to 6:00 a.m.

Also retain hourly data so the Advisory Council can evaluate other staffing models.

Response times

Calculate both average and 90th-percentile times. The 90th percentile is important because averages can conceal the longest delays. It tells the committee how long it took to meet the response time on 90 percent of calls.

- Dispatch to en route
- En route to arrival on scene
- Dispatch to arrival on scene
- Arrival on scene to departure from scene
- Dispatch to patient contact, if consistently documented
- Transport time
- Arrival at destination to back in service
- Total unit commitment time
- Call received to dispatch, if available

Response times should be separated by:

- Service
- Municipality
- Rural area
- Priority or dispatch level
- ALS and BLS response
- Transport and nontransport response
- Time of day
- Day of week
- Year

Geographic distribution

- Incidents by city
- Incidents by township
- Incidents outside municipal boundaries
- Incidents by primary service area
- Incidents outside the responding service's primary area
- Incident-density mapping, if available
- Average and 90th-percentile response times by geographic area
- Areas with the greatest call growth
- Areas with recurring extended response times
- Transport destination by originating area

Unit utilization

- Responses by individual unit
- Transports by individual ambulance
- ALS response-vehicle incidents

- Average unit commitment time
- Total unit hours committed
- Frequency each ambulance or response vehicle is used
- Frequency primary units are unavailable because they are already assigned
- Responses handled by reserve or secondary units-If they are marking this 2nd out call etc.
- Number of units assigned to each incident

Mutual aid and coverage

- Mutual-aid calls provided by each service
- Mutual-aid calls received by each service
- Which service requested assistance
- Which service provided assistance
- Reason mutual aid was required, if documented
- Primary service unavailable
- No crew available
- Concurrent call
- ALS requested
- Additional ambulance requested
- Specialty resource requested
- Response time of the assisting service
- Frequency another service transports from the primary service area
- ALS vehicle responses by service area
- ALS intercept locations and outcomes

Level of care and transport

- BLS responses
- ALS responses
- Highest level of care provided
- BLS transports
- ALS transports
- ALS intercepts
- Paramedic assists
- Transport destination
- Transfers to hospitals outside Jasper County
- Air-medical utilization
- Patient disposition
- Nontransport disposition
- Number and percentage of incidents resulting in transport

Dispatch Comparison-I would like to see if we can get CAD data on number of calls or other EMS related information, i.e. calls by service.

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