Wake County EMS System
Peer Review
System Performance Report

January 2018 – April 2018 Information

Operations Update

Assistant Chief of Operations – Shift Commander

- Primarily responsible for the oversight and management of the shift by shift activities of the EMS system.
- Maintain operational and situational awareness of the EMS System to make strategic as well as tactical decisions in an effort to maintain system effectiveness and efficiency.
- Though the Shift Commander will be operationally capable, the primary function will be management and completion of administrative functions rather than response.
- They will designated as Chief 200 on the radio. Will be starting in the next few weeks.

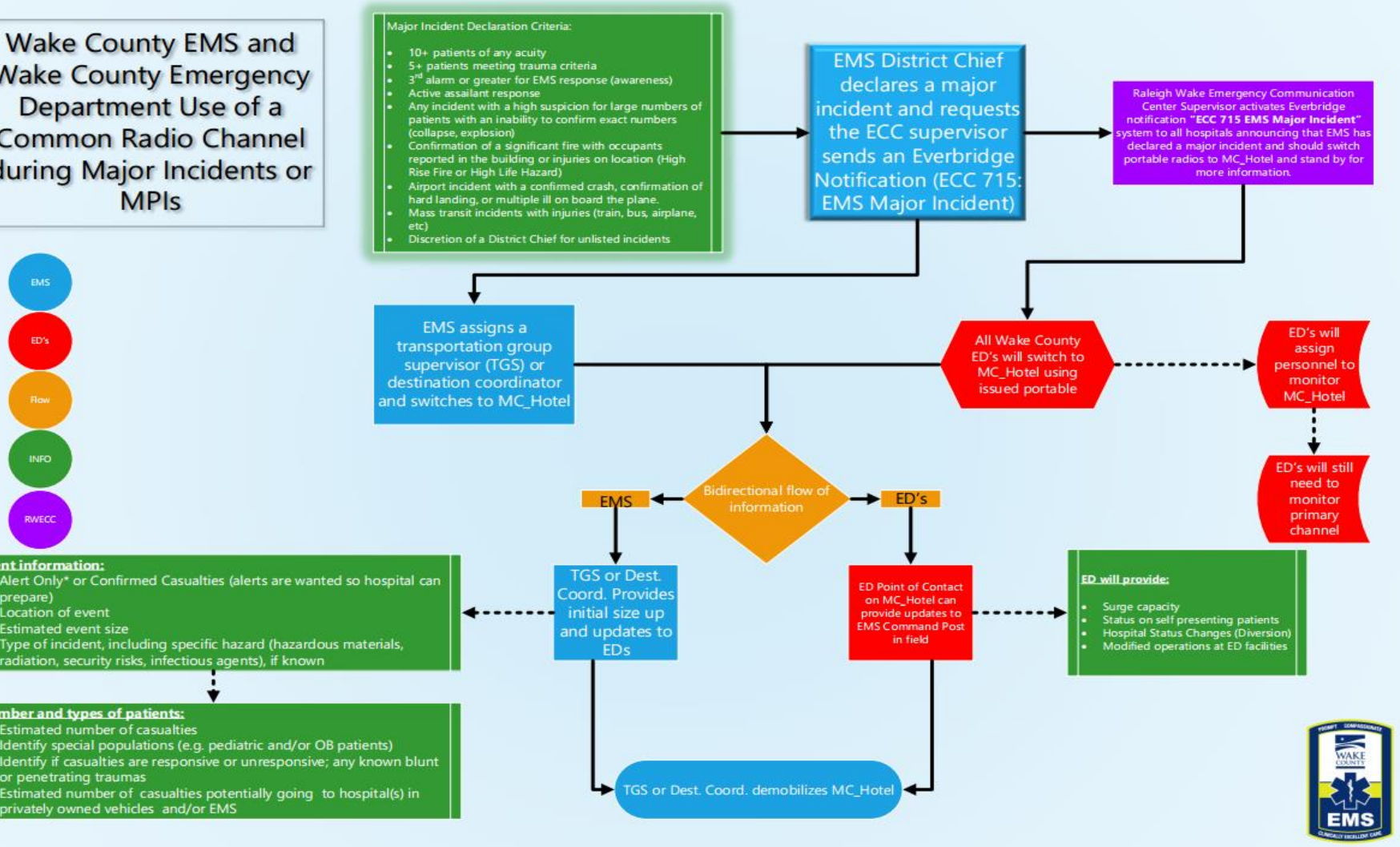
Assistant Chief of Operations – Shift Commander

- Congratulations to:
  - Curtis Fuko
  - Greg Guillaume
  - Wesley Marshall
  - Kevin Phillips

Major Incident Communications

- EMS and Wake County Emergency Departments need a standardized way to communicate during major incidents.
- Recently participated with the MCI Communications Standard work group led by CapRAC.
  - Document submitted to OEMS for review
  - If approved by NCOEMS Medical Director, this will be sent to the EMS Systems Committee to be incorporated into an existing protocol and will also be shared with the NC Healthcare Association (NCHA) for distribution to hospitals

Wake County EMS and Wake County Emergency Department Use of a Common Radio Channel during Major Incidents or MPIs



Major Incident Communications: Declaration Criteria

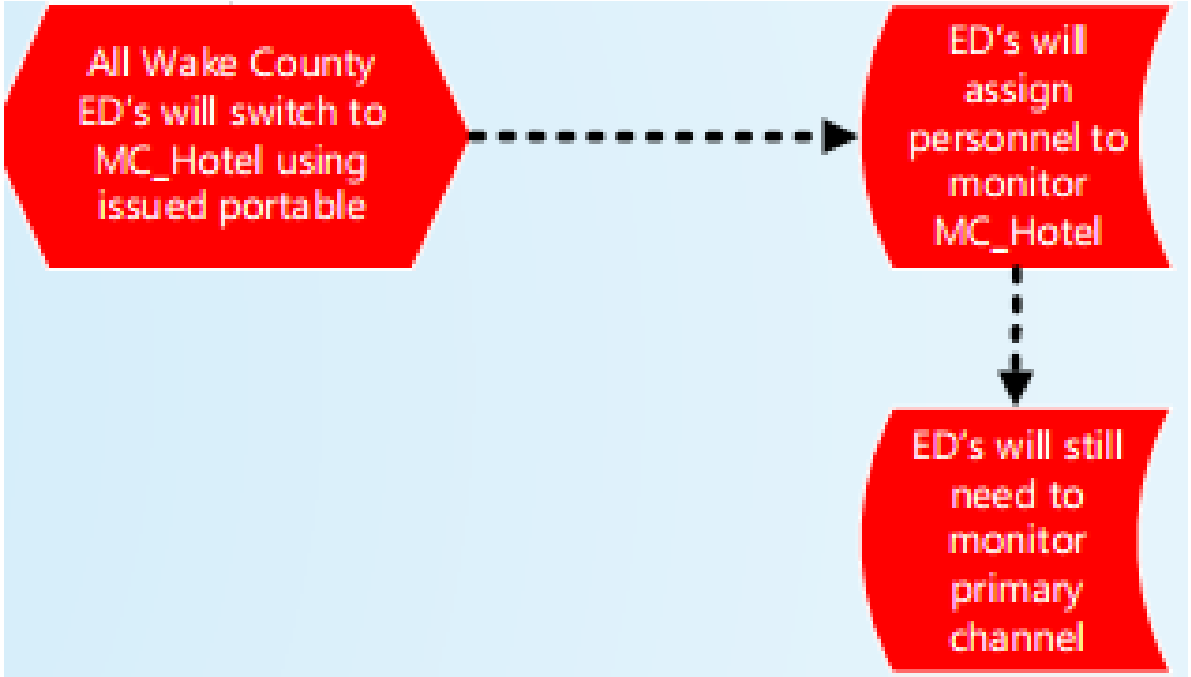
Major Incident Declaration Criteria:

- 10+ patients of any acuity
- 5+ patients meeting trauma criteria
- 3rd alarm or greater for EMS response (awareness)
- Active assailant response
- Any incident with a high suspicion for large numbers of patients with an inability to confirm exact numbers (collapse, explosion)
- Confirmation of a significant fire with occupants reported in the building or injuries on location (High Rise Fire or High Life Hazard)
- Airport incident with a confirmed crash, confirmation of hard landing, or multiple ill on board the plane.
- Mass transit incidents with injuries (train, bus, airplane, etc)
- Discretion of a District Chief for unlisted incidents

Major Incident Communications: Messaging

- "Wake County EMS has declared a major incident. All hospital emergency departments should turn on their portable radios and select the MC Hotel channel. Additional information will be provided over the MC Hotel channel"
- Voice, text, and email

After the ringdown, EDs will…



Major Incident Communications: Bi-directional sharing

Number and types of patients:

- Estimated number of casualties
- Identify special populations (e.g. pediatric and/or OB patients)
- Identify if casualties are responsive or unresponsive; any known blunt or penetrating traumas
- Estimated number of casualties potentially going to hospital(s) in privately owned vehicles and/or EMS

Event information:

- Alert Only* or Confirmed Casualties (alerts are wanted so hospital can prepare)
- Location of event
- Estimated event size
- Type of incident, including specific hazard (hazardous materials, radiation, security risks, infectious agents), if known

ED will provide:

- Surge capacity
- Status on self presenting patients
- Hospital Status Changes (Diversion)
- Modified operations at ED facilities

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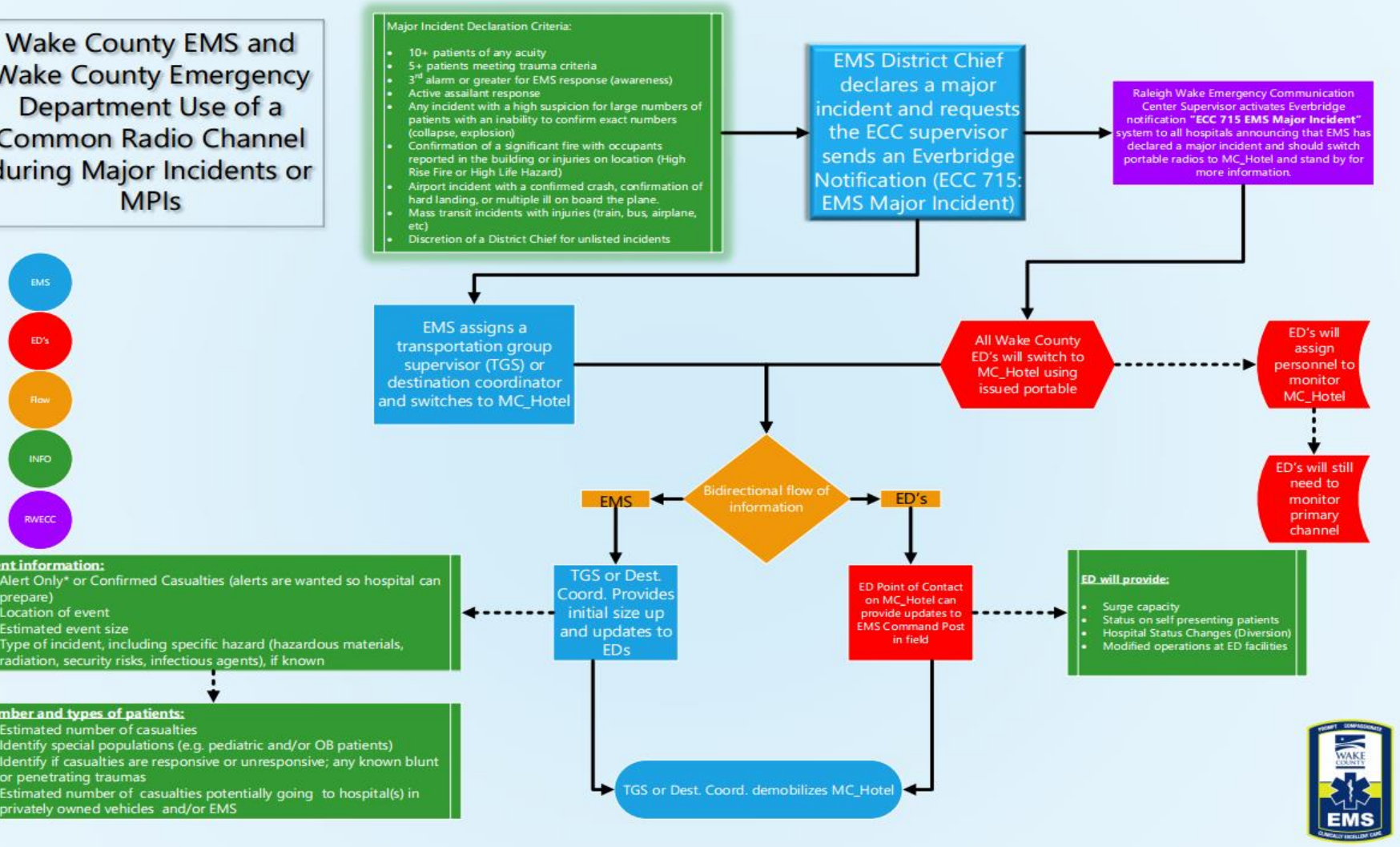


Events Update

- **Upcoming Trainings and Mass Gatherings:**
  - Raleigh Fourth of July Fireworks
    - Moving back to West Raleigh (PNC and NC State Fairgrounds)
    - Still plenty happening downtown, including a Day Party, Red Hat Concert, race at DDH and State Capitol grounds celebration.
  - Concert Season and Festival Season
    - Artsplosure – Fayetteville St Corridor – May 18-20.
  - Road Races:
    - Ironman 70.3 – June 3, 2018
      - 1.2 mile swim / 56 mile bike / 13.1 mile run
  - Exercises:
    - MS1 Drill – Fuquay to Rex
    - LEPC TTX – August 14, 2018 at ESEC

EMS Response Data

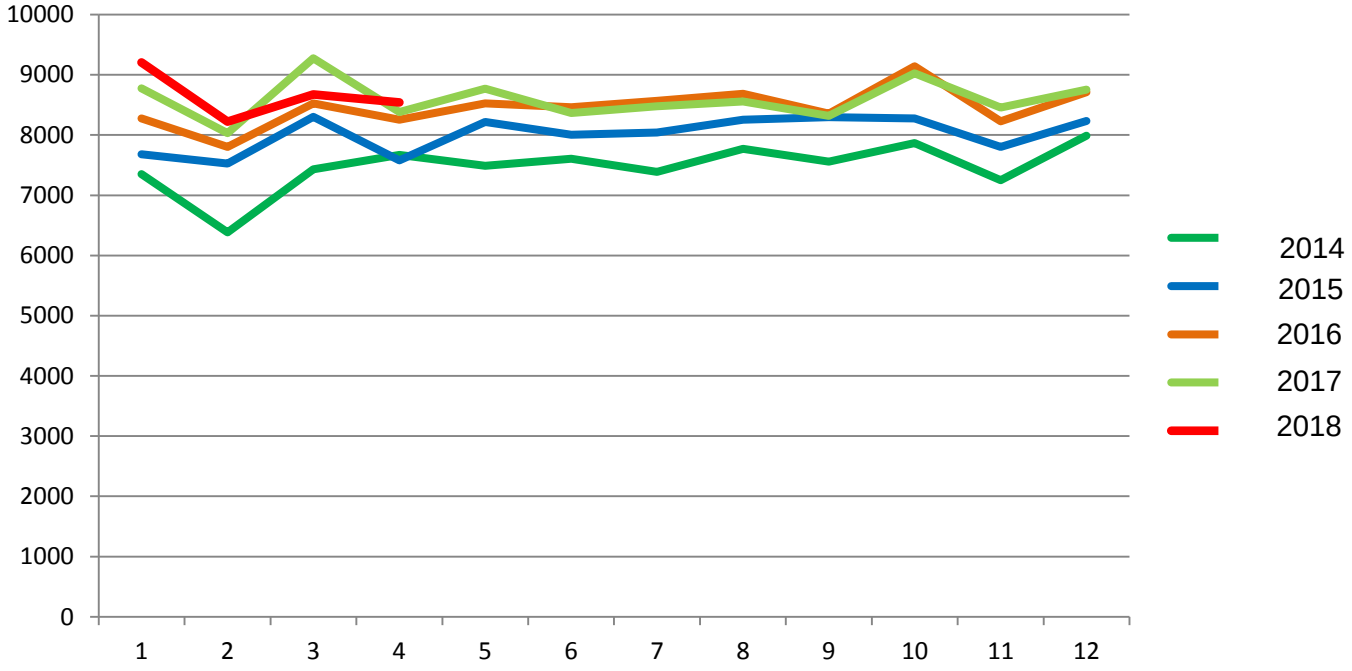
EMS Response Data

JANUARY – APRIL 2018

- **34,644** incidents
- Increase of **0.5%** over 2017
- Average of **289** incidents per day
- 5 year increase of nearly **6000** calls, or **20%**

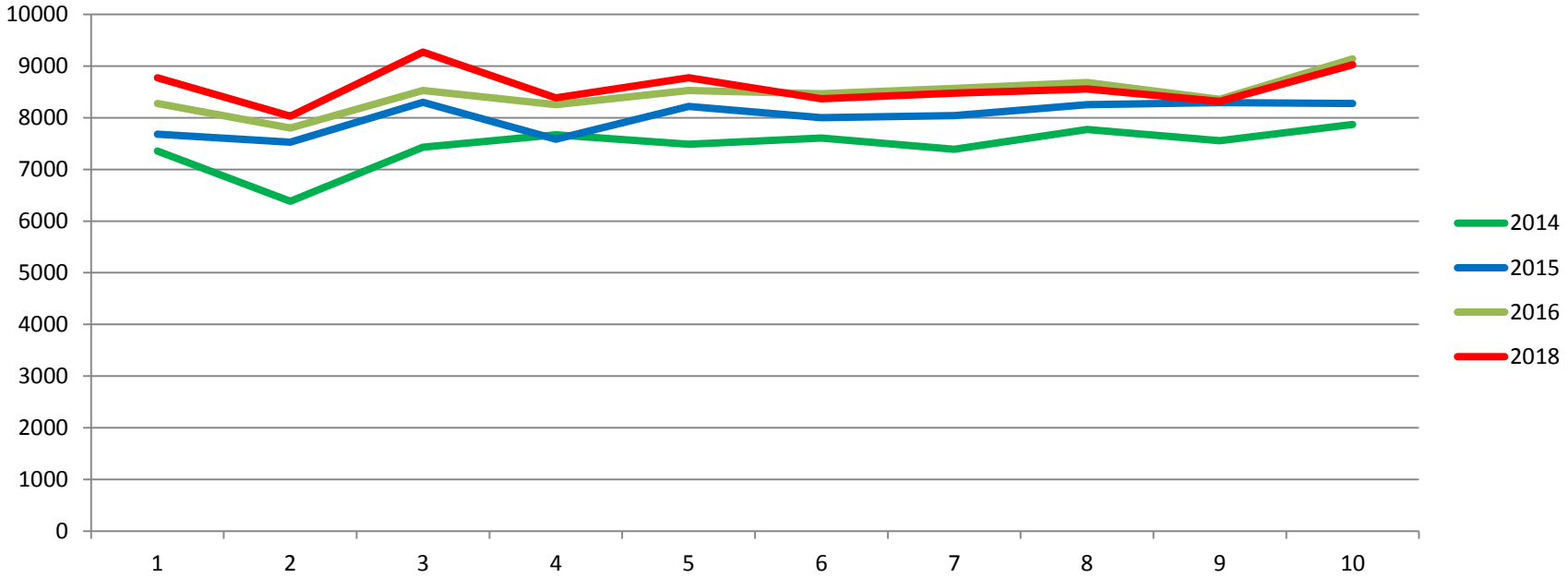
EMS Response Data 2014-2018

January through April cumulative

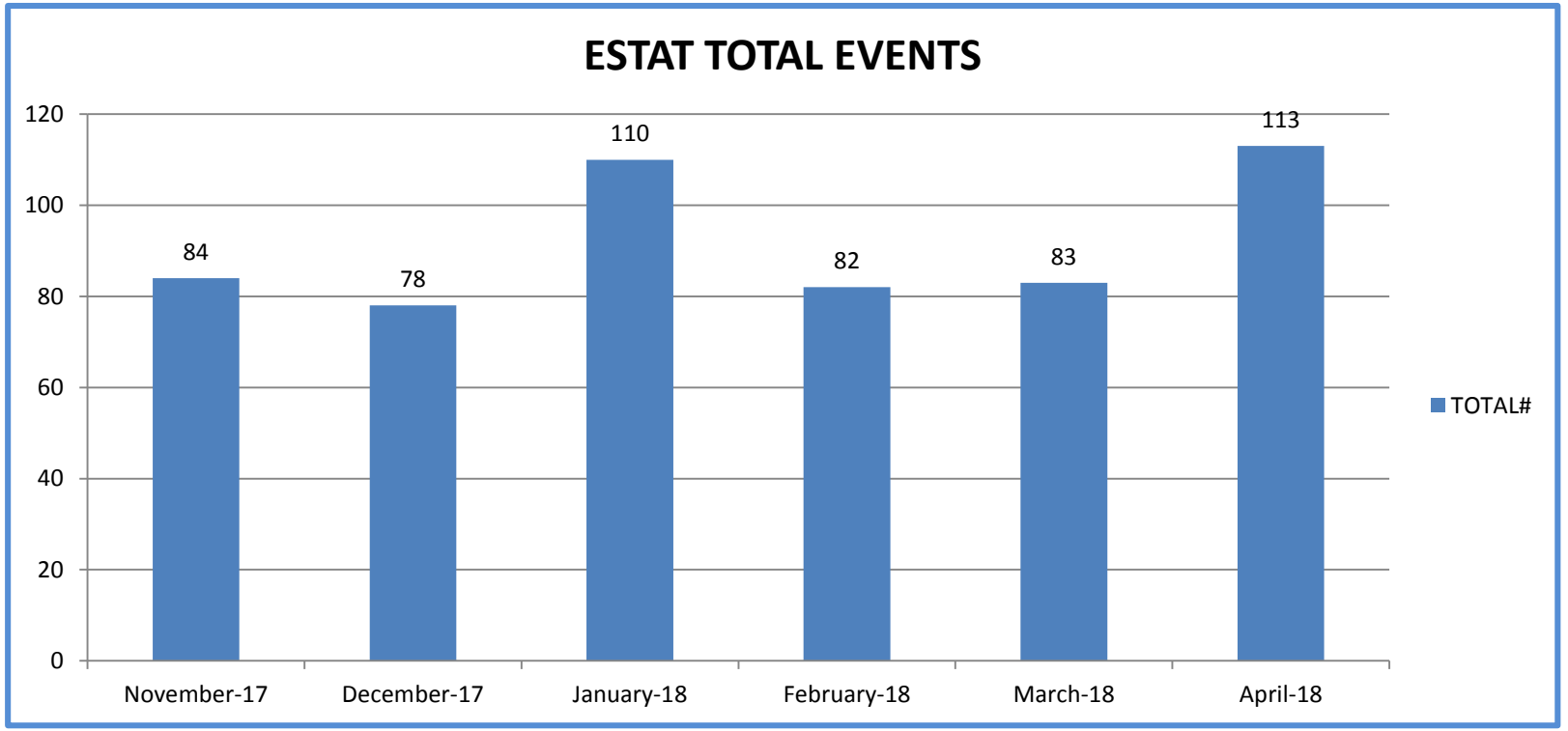


EMS Response Data 2014-2017

January through October Calls Per Month



Low System Resources (ESTAT) Update


ESTAT TOTAL EVENTS
120
100
80
60
40
20
0
84
78
110
82
83
113
November-17
December-17
January-18
February-18
March-18
April-18
TOTAL#

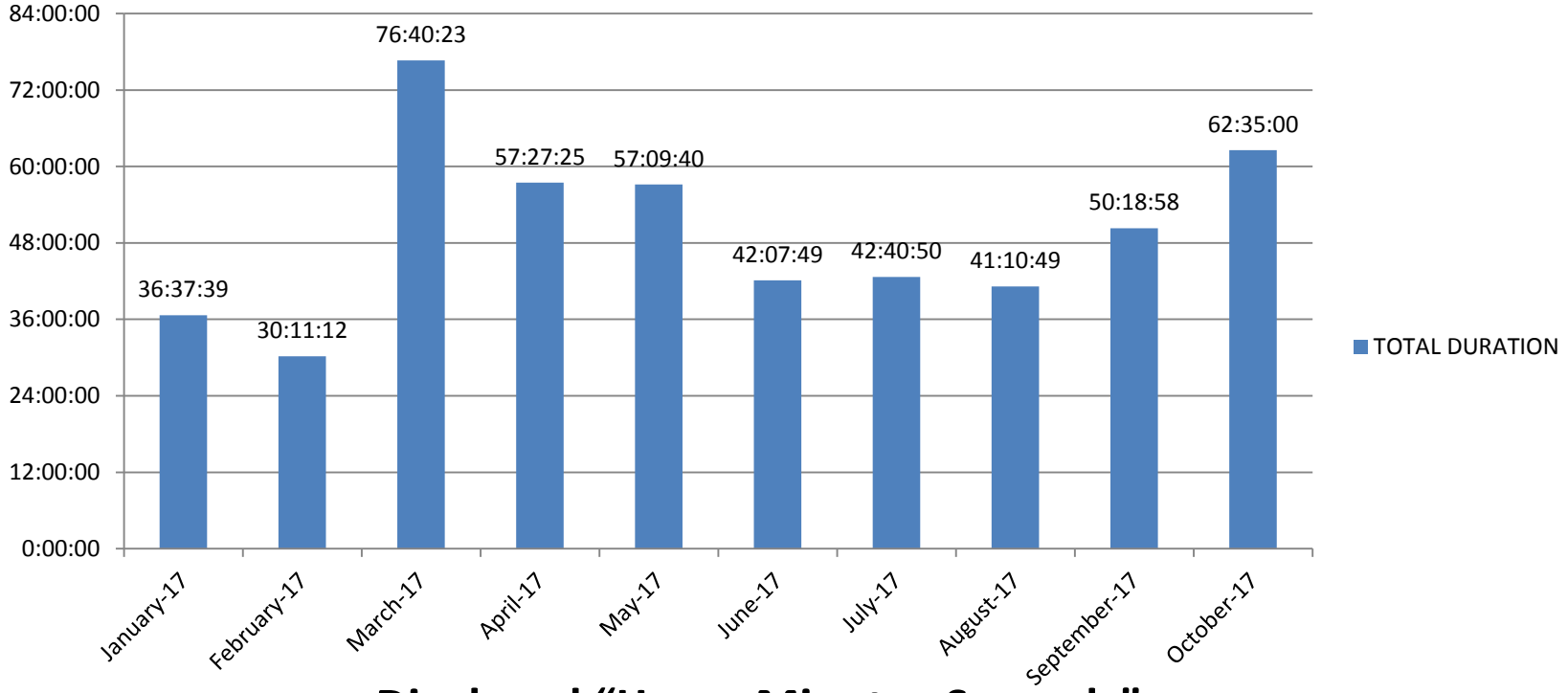
Low System Resources Data

- **1,123** ESTAT events for the 2017 calendar year
- For **CY2016**, the system was in ESTAT for 16 days, 16 hours, and 36 minutes (or **24,036** minutes), accounting for 4.6% of the entire year
- For **CY2017**, the system was in ESTAT for 24 days, 12 hours, and 20 minutes (or **35,300** minutes), accounting for 6.7% of the entire year

Low System Resources Data

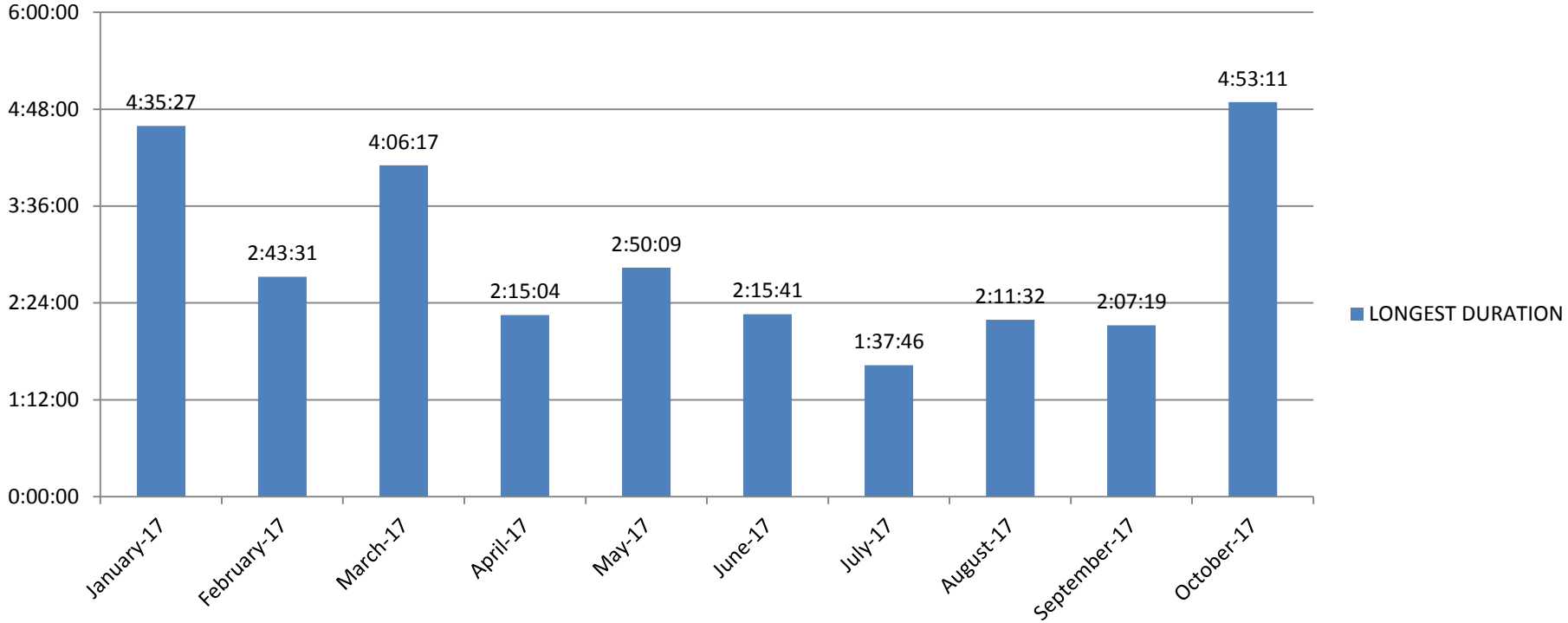
- For January 2018, **110** events for a total of 47 hours and 50 minutes

ESTAT TOTAL DURATION



Displayed “Hours:Minutes:Seconds”

ESTAT LONGEST DURATION



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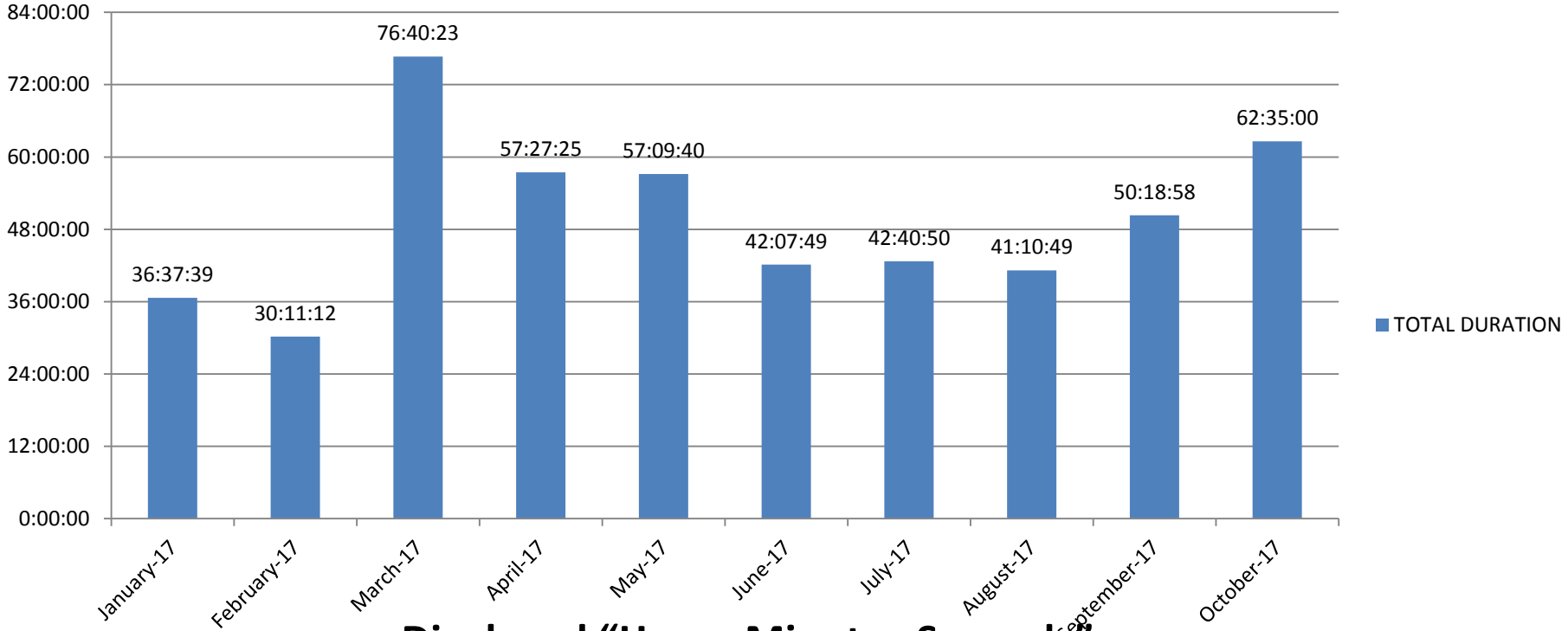
ESTAT TOTAL DURATION



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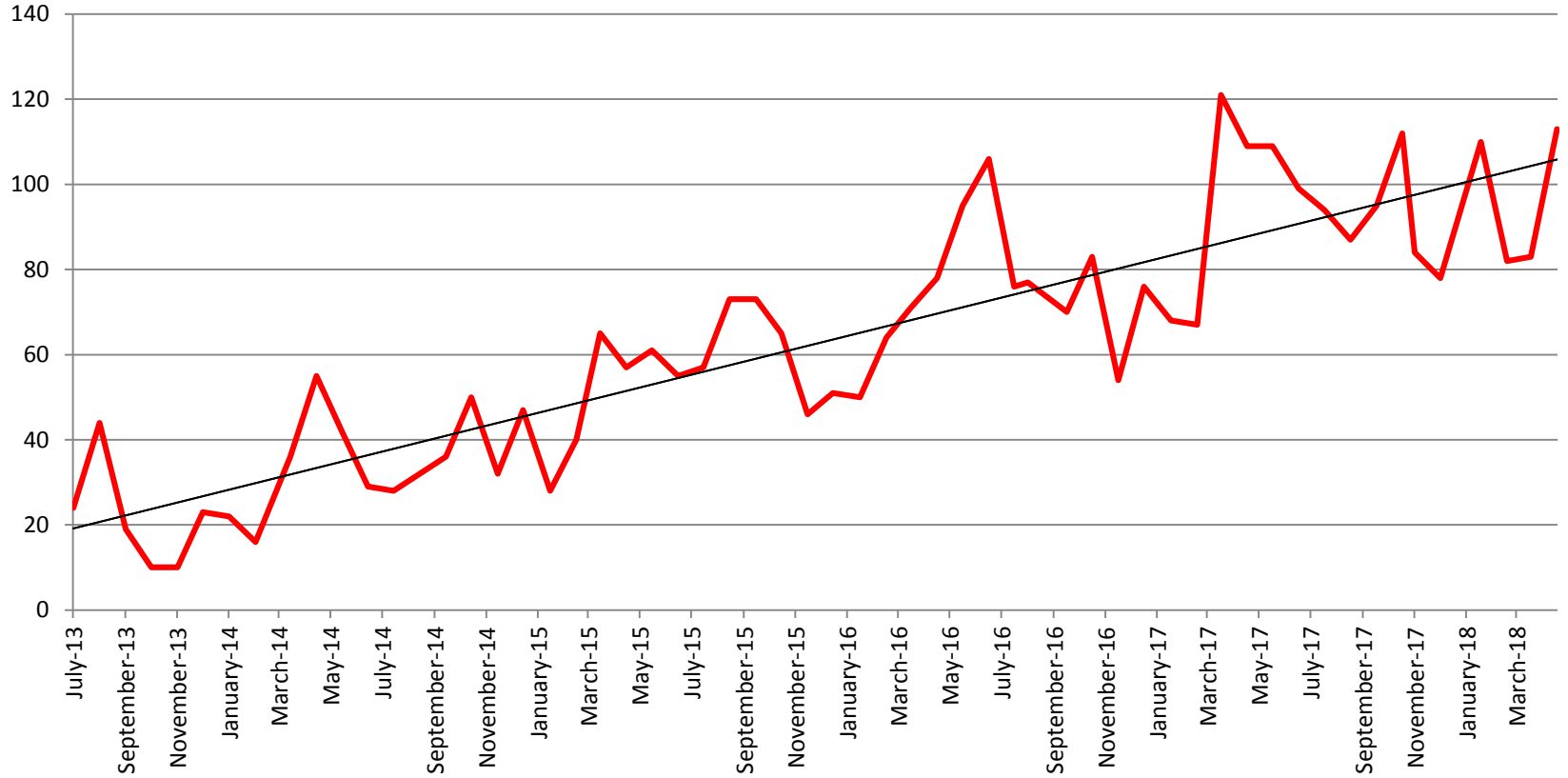
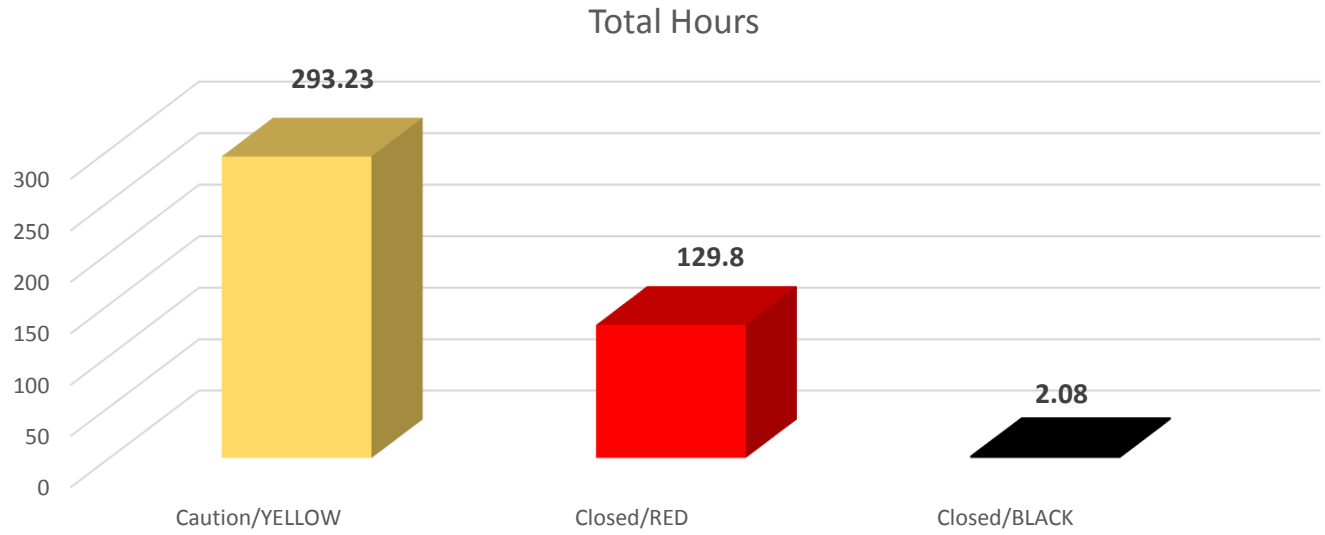
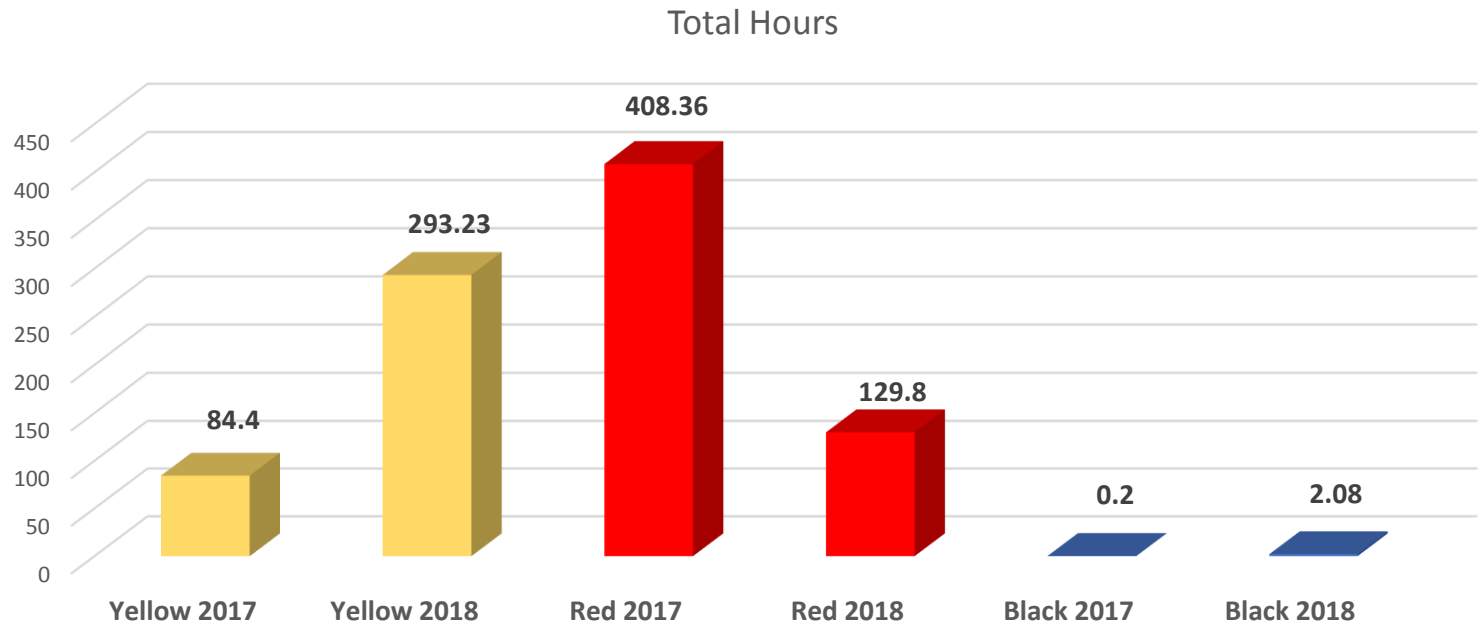
ESTAT PER MONTH



All Diversion: Jan-Apr



All Diversion: Jan-Apr 2017 to 2018



Diversion Update

- Saw a **68%** decrease in Red Diversion utilization from 2017 to 2018, attributed to much better coordination between the stakeholders
- Great discussion continues with the GroupMe app between the hospitals