Wake County EMS

Response Configuration Update

November 20, 2025

WAKE COUNTY
NORTH CAROLINA

@wakegov

wake.gov

Two Main Goals for Response Reconfiguration

1. Reduce Lights and Sirens response

2. Get the right resource to the right patient in the right amount of time

   - Connect to EMS Department, County Management, and Board of Commissioners goals

   - We have clinical data at a systems level to guide the decisions that we did not have before now

Wake County EMS in 2025

Our Services Today

WAKE COUNTY

Current Response Configuration

- **We have three broad response configurations**
  - Immediate dispatch using L&S with a <12-minute response time target
    - ~ 80% of responses
    - First Responders are dispatched to many of these calls
  - Immediate dispatch with no L&S with no defined time target
    - ~ 16% of responses
    - First Responders are dispatched to some of these calls
  - Refer caller to nurse navigation line
    - ~ 4% of responses
  - Some exceptions for when there are low system resources
- **Response configurations, including which calls get First Responders, have not been modified in many years**

Common 9-1-1 Calls

Time-critical

Heart attack requiring CPR

Severe gunshot wound

Patient unconscious and/or not breathing

Less time-critical

Broken arm

Slips and falls, patient alert and breathing

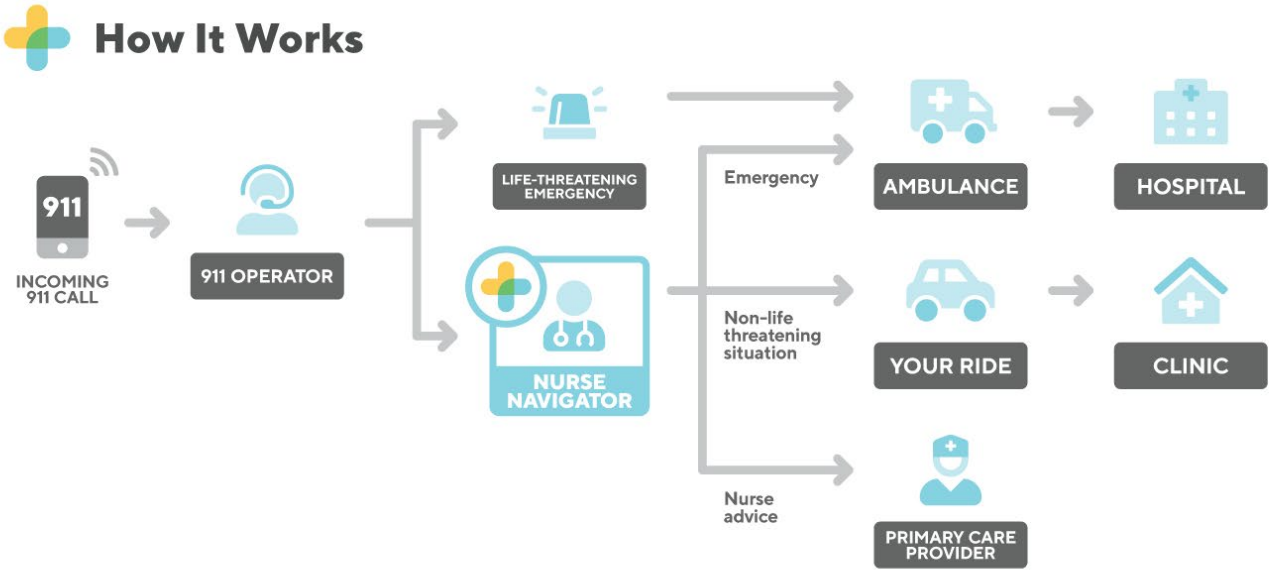
Smell of fumes, patient alert and breathing

Improving our community response:
Advanced Practice Paramedic (APP) Program

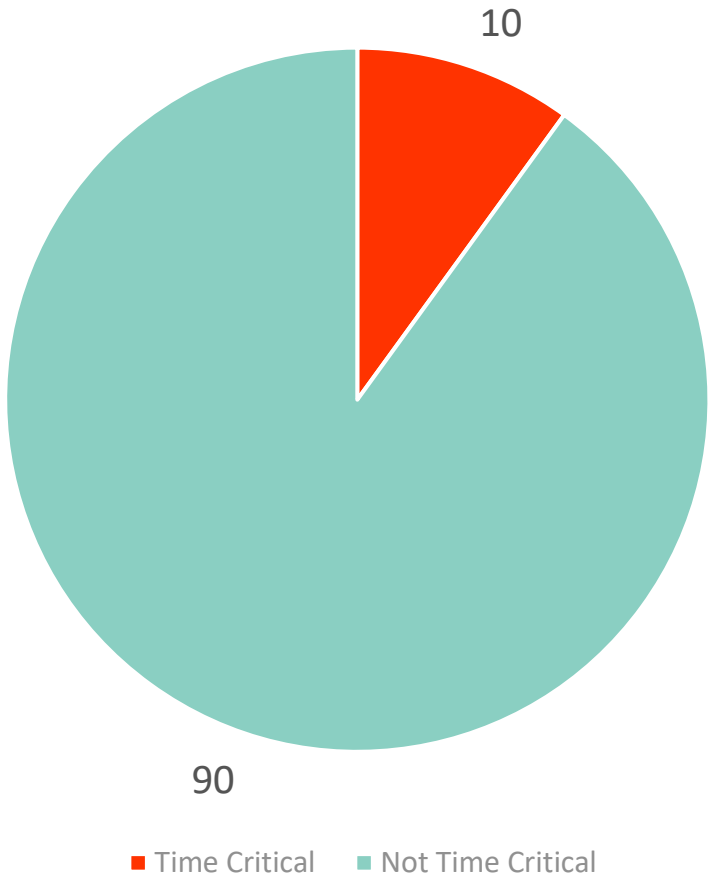
The Right Resource

Nurse Navigation

- In 2025…
  - 32% of callers did not know how to access care
  - Program received a 4.7 out of 5 approval rating from callers
  - 2,658 callers navigated to resources other than EMS



Time Critical Emergencies



Out of every 100 calls, about 10 - 15 currently require a time-critical lifesaving intervention.

Our current call response plan treats almost all these calls as if they are time-critical emergencies.

Changes Coming in 2026

A safer response plan for everyone

Studies on lights and siren use

- **The use of lights and siren is linked to increased traffic accidents involving emergency response vehicles and the public.**
- **Much like medication, lights and sirens are medical interventions.**
- **For critically ill patients, the minutes and seconds saved with lights and sirens can be lifesaving.**

We'll be reducing our use of lights and sirens in 2026.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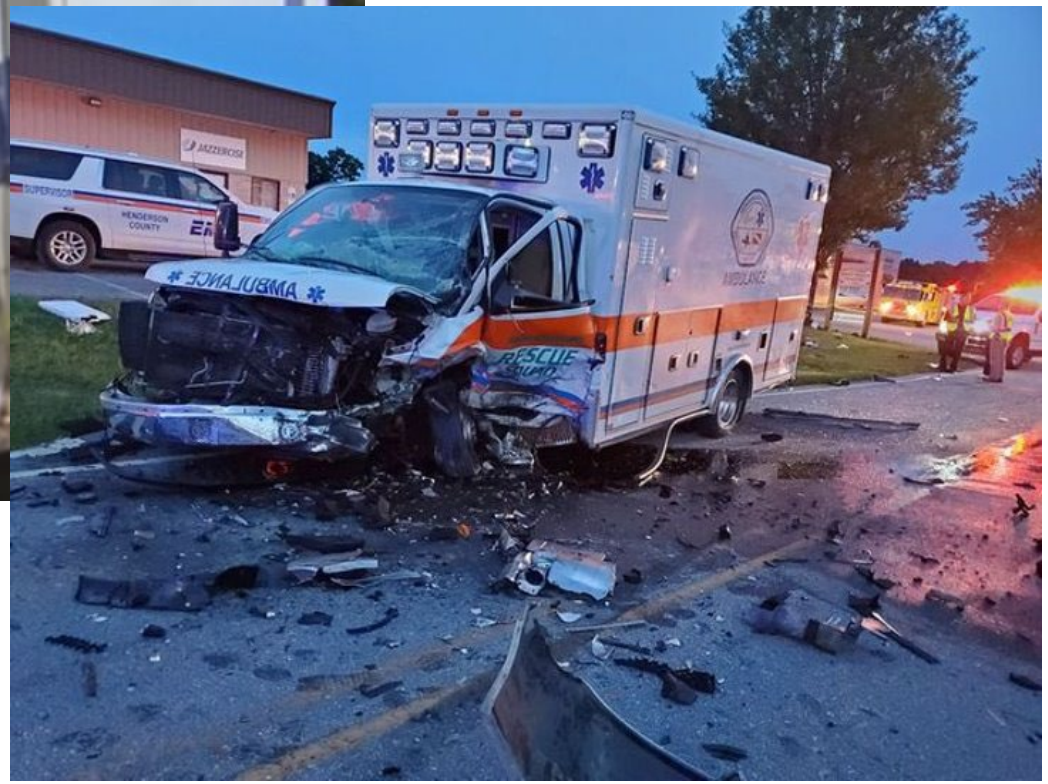
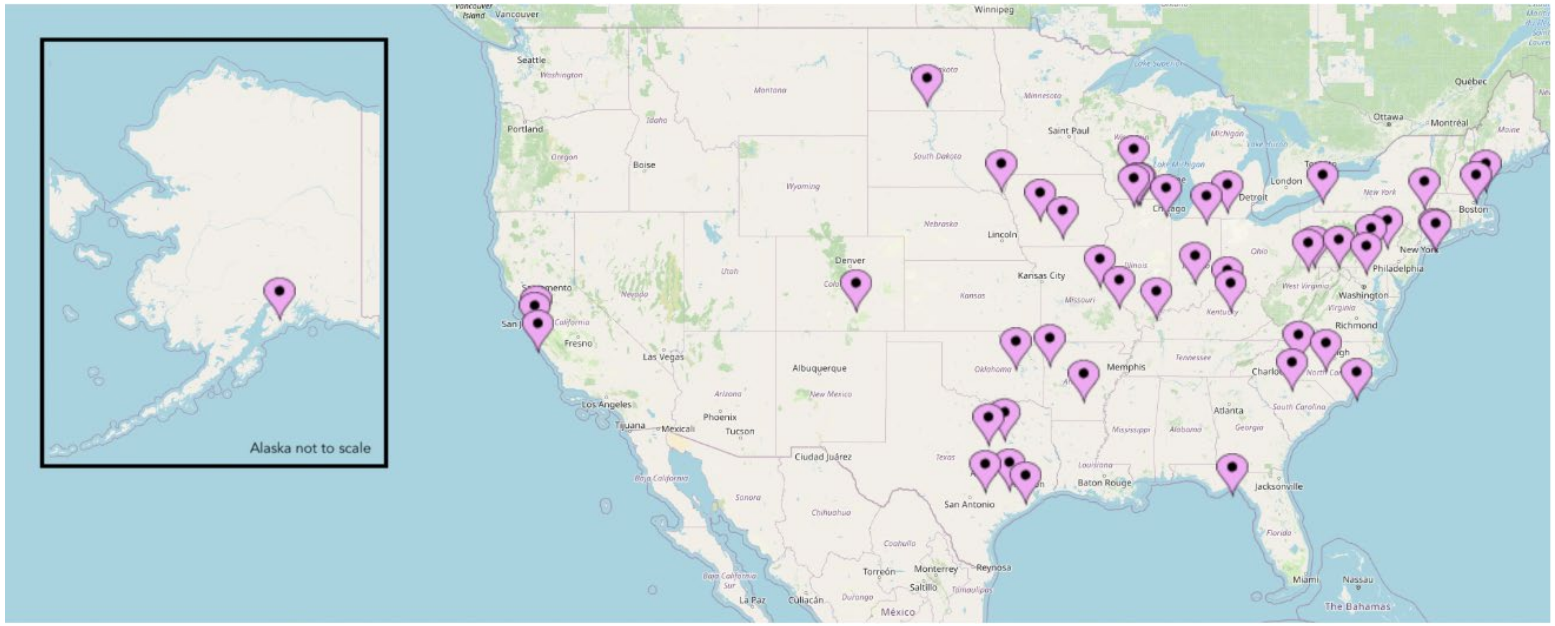
EMS
PARAMEDIC


AMBULANCE
RESCUE

Examples from Other Systems

- **Since Charlotte-Mecklenburg's EMS system (MEDIC) changed their response plan in a similar way,**
  - *Lights and siren crashes are 33% lower than before.*
- **Other systems across the country are making similar changes.**



Calls Receiving a Lights and Siren Response

Old Method

80 out of every **100** callers

80%

New Method

20 out of every **100** callers

20%

Keeping us all safer

System Philosophy and Strategy

- The “Old” way in a smaller system with less calls and more units:
  - “Send everything” initially, and cut back to what you actually need
  - B9 dispatch

- The “New” way in a large system with more calls and more units, and clinical data about what happens on scenes:
  - Send what you are most likely to need
  - Add resources if necessary
  - Less units being sent initially

- The “New” way gets the most appropriate care to the largest number of patients in the right amount of time
  - Allows flexibility in the system to gain capacity for the next high acuity call

“New” Response Configuration

Response Priority	Time Target	Reliability	Response Mode	Potential Distribution
E1	<12 min	90%	Immediate with L&S	20%
E2	<17 min	80%	Immediate with L&S initial phase, transition to no L&S	39%
E3	<30 min	80%	Queue no L&S	23%
E4	<60 min	80%	Immediate to NNL	18%

- **Provides a plan**
  - To allow focus on most critical patients
  - When multiple calls are received at the same time
  - If demand exceeds resource capacity

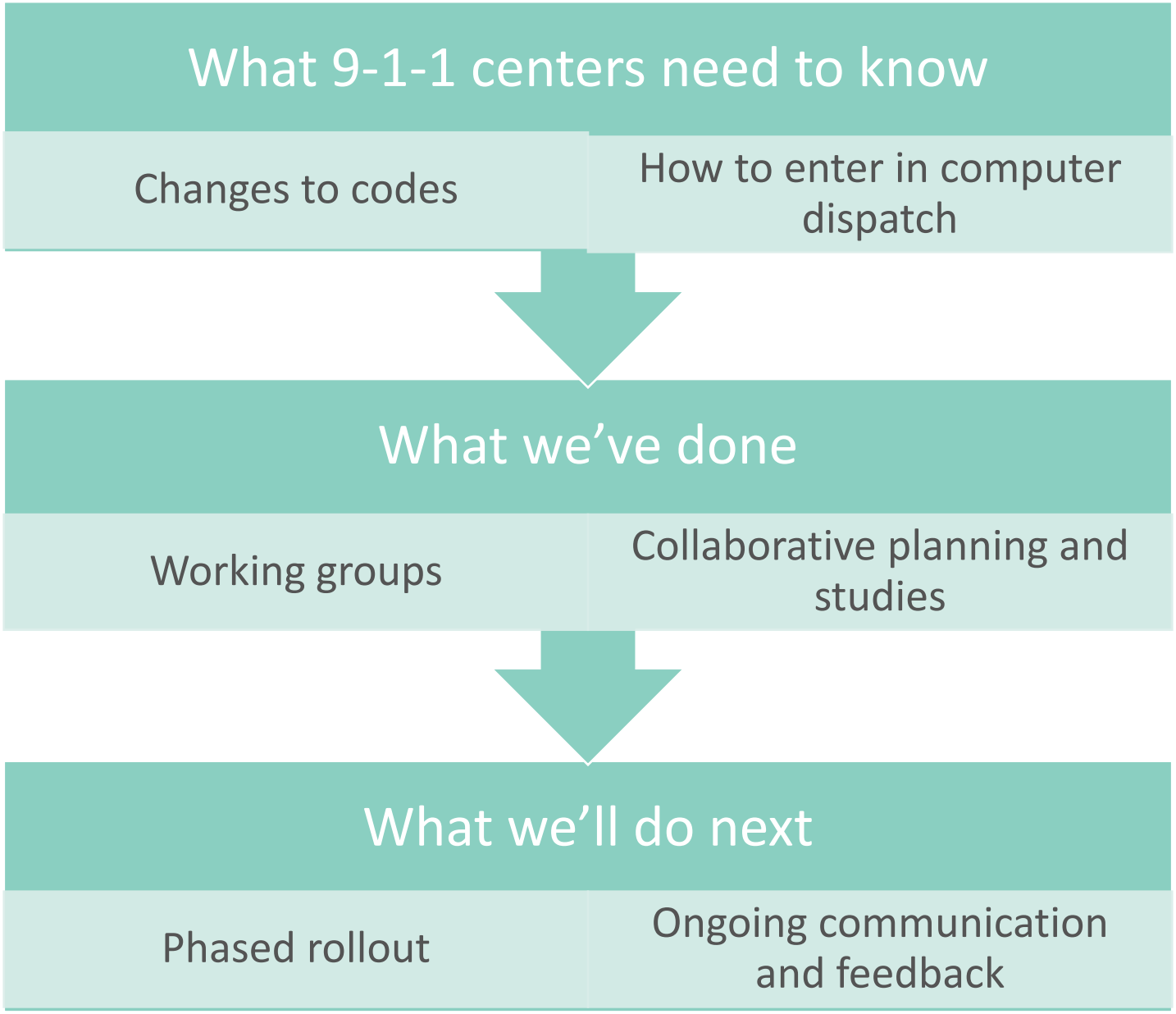
Examples of calls types in each priority

Response Priority	Examples
E1	Cardiac Arrests, Severe Breathing Difficulty, Unconscious/Not Alert, Severe Trauma
E2	Abnormal Breathing (low TCI), Diabetic, Falls/on ground, Chest Pain, Stroke, Psych, Trauma (low TCI)
E3	Low % TCI - Abd pain, minor falls/trauma, headaches, transfers
E4	Very low % TCI - Sick calls, back pain, situation resolved (pt better now)

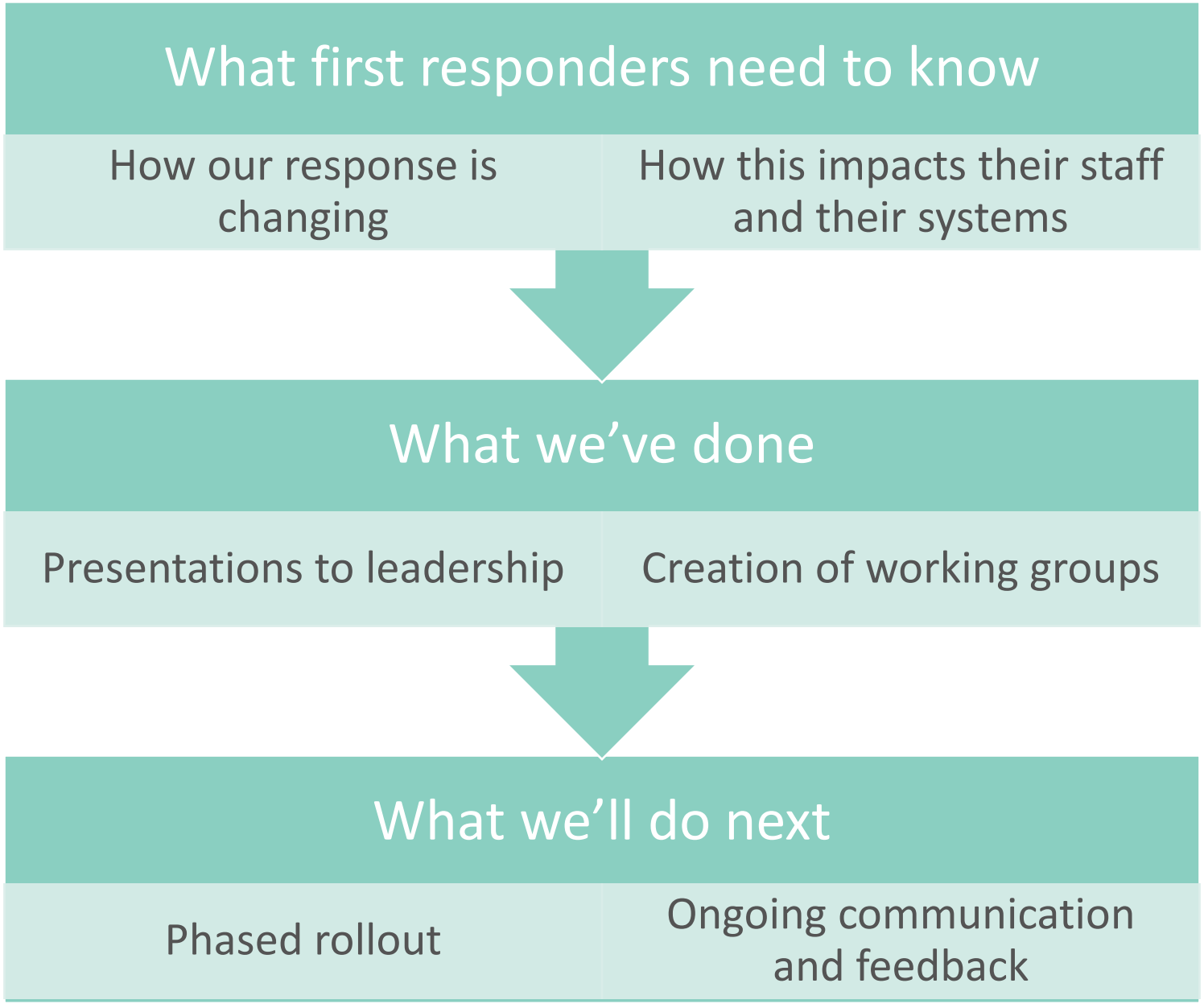
How We're Making Changes Responsibly

What we've done and what we'll do next

9-1-1 Center Partners


What 9-1-1 centers need to know
Changes to codes
How to enter in computer dispatch
What we've done
Working groups
Collaborative planning and studies
What we'll do next
Phased rollout
Ongoing communication and feedback

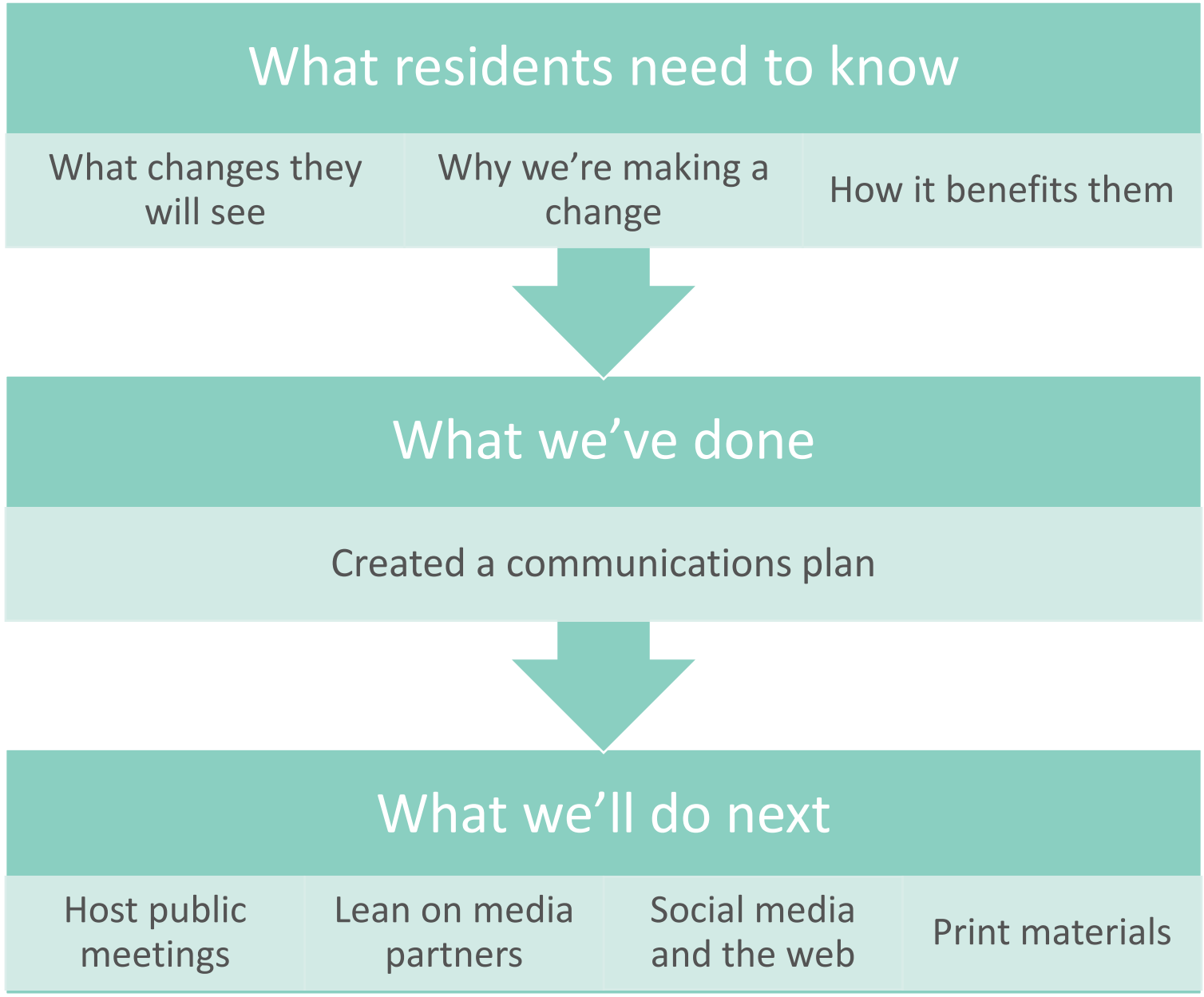
First Responder Partners


What first responders need to know
How our response is changing
How this impacts their staff and their systems
What we've done
Presentations to leadership
Creation of working groups
What we'll do next
Phased rollout
Ongoing communication and feedback

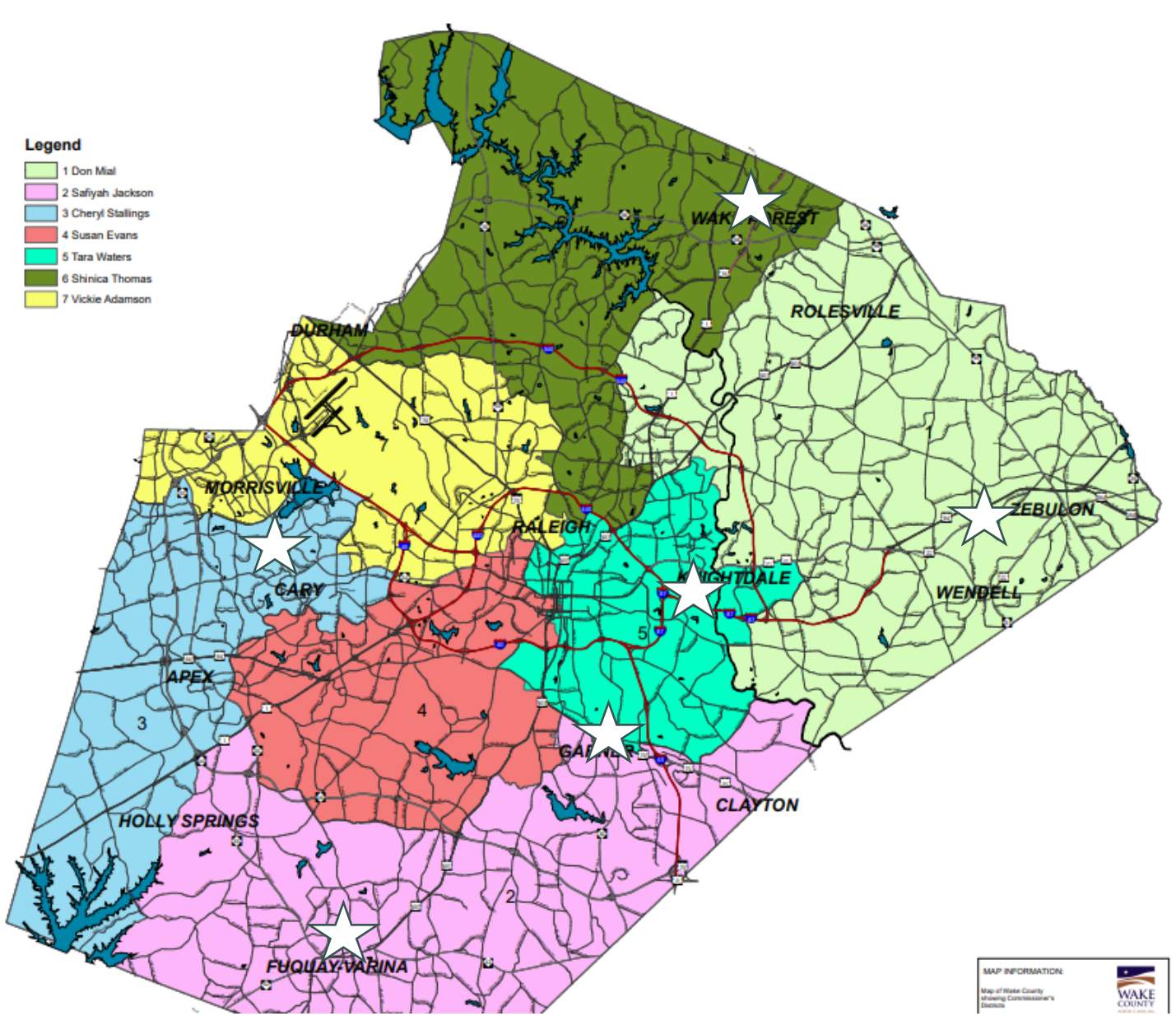
Local Government Leadership


What local leaders need to know
How our response is changing
How it impacts their residents
What we've done
Scheduled presentations to leadership
What we'll do next
Incorporate their feedback
Tailor public information for their jurisdictions

Our Residents


What residents need to know
What changes they will see
Why we're making a change
How it benefits them
What we've done
Created a communications plan
What we'll do next
Host public meetings
Lean on media partners
Social media and the web
Print materials

Public Meetings



Public Meetings

- **Dec. 4, 10 a.m.** – Wake County Emergency Services Education Center, Raleigh *(Virtual option available)*
- **Dec. 4, 7 p.m.** – Southern Regional Center, Fuquay-Varina
- **Dec. 16, 10 a.m.** – Bond Park Community Center, Cary *(Virtual option available)*
- **Dec. 16, 2 p.m.** – Garner Main EMS Station, Garner *(Virtual option available)*
- **Dec. 17, 7 p.m.** – Wendell Public Safety Station, Wendell
- **Dec. 18, 7 p.m.** – Northern Regional Center, Wake Forest

Why Now?

Responding proactively to growth

1.2 Million +

Wake County residents

66 people per day

Population growth rate

52% of population

Aged 55 or older

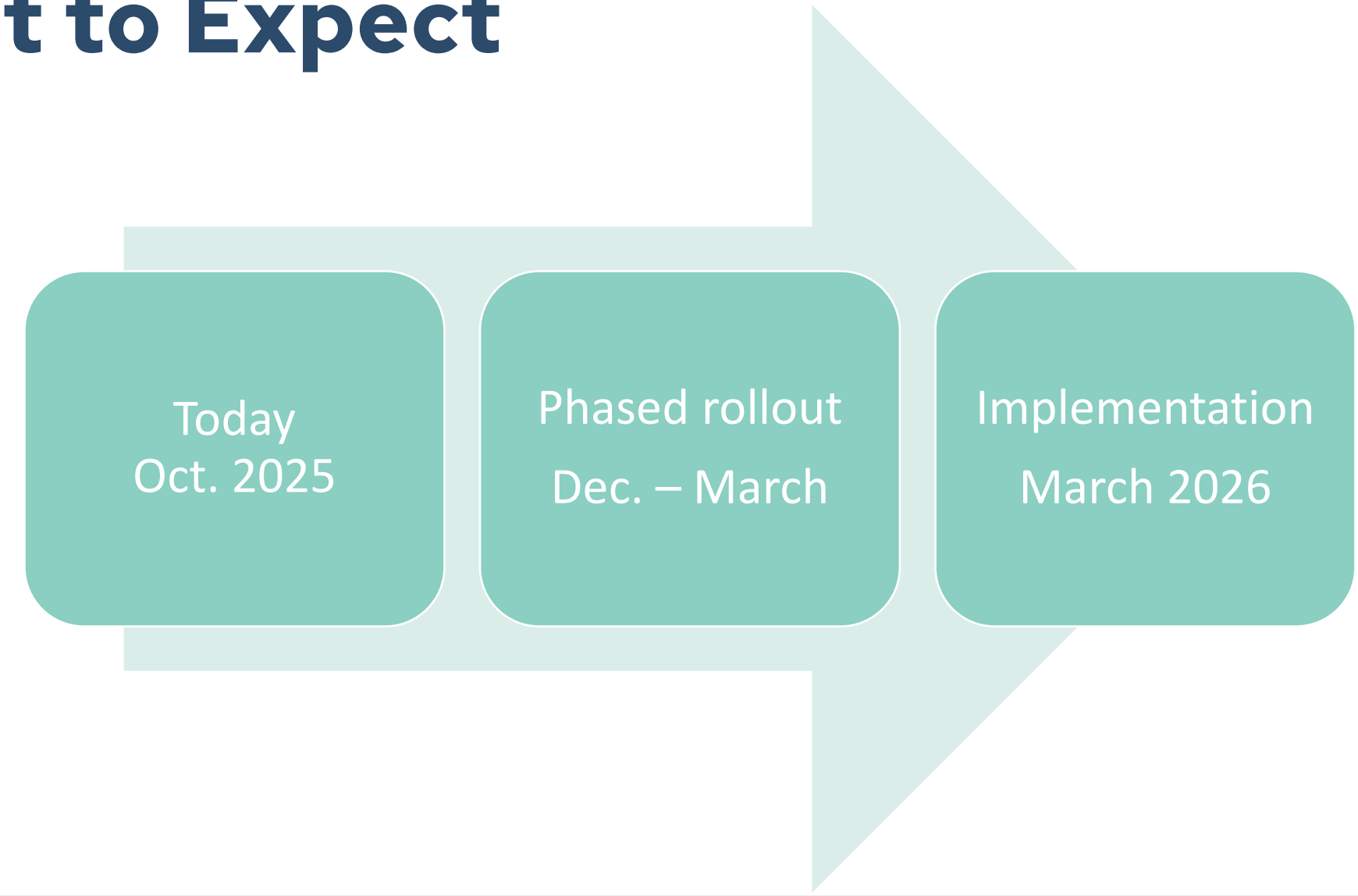
Safer Community Together

Wake County's growth is not slowing down, and neither will we.

By reducing our use of lights and sirens, we are:

- Keeping the public and first responders safer.
- Improving our reliability.

What to Expect



Questions?

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