Sedgwick County, Kansas

EMS

CAAS ACCREDITED

Patient Focused...Patient Centered...Patient Driven

Monthly Report

January 2013

The overall call volume this month increased by a surprising 14.8% compared to January 2012 and it was the second consecutive month we experienced an unprecedented double-digit increase. In fact, total call demand (5,071 responses) in January was the ***busiest single month in the history of the department***.

In 2012, we averaged 104 patient transports per day with a overall transport rate of 67.5%. This month we noted a significant increase; 119 patient transports per day (average) and a transport rate of 72.8%. Our busiest day was on January 2 with 186 responses, and our slowest call volume day was on January 12 with 128 requests for service. Inclement weather was not a prevailing reason for the overall increase, and we continue to analyze the data in effort to identify and understand contributing factors.

Cardiac Arrest Initiative

Late last summer, under the guidance and support of Dr. Braithwaite, the Office of the Medical Director, and the Medical Society of Sedgwick County (MSSC), the Wichita/Sedgwick County Emergency Medical Service System (EMSS) implemented a different (evidenced based) approach to out-of-hospital cardiac arrest victims.

Since August 2012, we have noticed a positive trend in the sustained (> 20 minutes) Return of Spontaneous Circulation (ROSC) in our cardiac arrest patients. The chart located on ***page 3*** reflects the trending. Our goal is to not only improve the chances of resuscitating patients who suffer out-of-hospital cardiac arrest, but to increase the number of those who survive the event to hospital discharge with a Cerebral Performance Category (CPC) score of 1 or 2. (See CPC Scale definitions in the table below)

Cerebral Performance Category Scale

CPC 1- A return to normal cerebral function and normal living

CPC 2- Cerebral disability but sufficient function for independent activities of daily living

CPC 3- Severe disability, limited cognition, inability to carry out independent existence

CPC 4- Coma

CPC 5- Brain death .

Adopted from—Safar P. Resuscitation after Brain Ischemia, in Grenvik A. and Safar P. Eds: Brain Failure and Resuscitation, Churchill Livingstone, New York, 1981; 155-184

The data at this point is fairly compelling and is suggesting that the Pit Crew/CCR approach in treating out-of-hospital cardiac arrest victims is having a positive influence on ROSC. Kudos to all the Wichita/Sedgwick County system supporters, partners, and providers for making this happen and for giving these patients an opportunity for a second chance at life – superb work!

Sedgwick County... working for you

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Monthly Report

Call Types	Emergent	Call Volume	Month	YTD	2012
Transports	3,184	505	3,689	3,689	38,180
Avg X-ports/Day	102.7	16.3	119	119	104.3
All Calls	4,530	541	5,071	5,071	56,566
Avg Calls/Day	146.1	17.5	163.6	163.6	154.6

Standard	Target	Performance	Target %	Month	2012
Chute Time	< 1 min		90%	**93.69%**	93.95%
Hospital Drop	< 30 min		90%	**96.68%**	96.45%
Time on Task (xport)	< 75 min		90%	**94.60%**	95.14%
Urban DE	≤ 8 min 59 sec		90%	**91.84%**	93.81%
Suburban DE	≤ 10 min 59 sec		90%	**83.33%**	86.21%
Rural DE	≤ 15 min 59 sec		90%	**82.00%**	89.77%
Response UHU	0.40		N/A	**0.44**	0.42
Transport UHU	0.32		N/A	**0.32**	0.28
% of Patients Transported	N/A		70%	**72.8%**	67.5%

Human Resources/Public Relations

	Month	Month (hrs)	YTD	YTD (hrs)
# of PR Events & Hours Conducted	0	0	0	0
# of Dedicated Standby Events & Hours	18	98	18	98
# of Employee Training Hours Provided	N/A	423.75	N/A	423.75
# of Reserve (Volunteer) Hours Provided	N/A	712	N/A	712

Logistics

	Target	YTD
# Critical Vehicle Failures/100,000 Fleet Miles	2	1.84
# Critical Durable Equipment Failures/1,000 Calls	1	0.1
% Time of at Least 3 Reserve Ambulances Available	90%	92%

Safety

	Month	YTD
Preventable Accidents (Vehicle & Personnel)	3	3
Non-Preventable Accidents	5	5
Work-Related Injury Accidents	2	2
Lost Work Time (Hours) Due to Work-Related Injury	72	72

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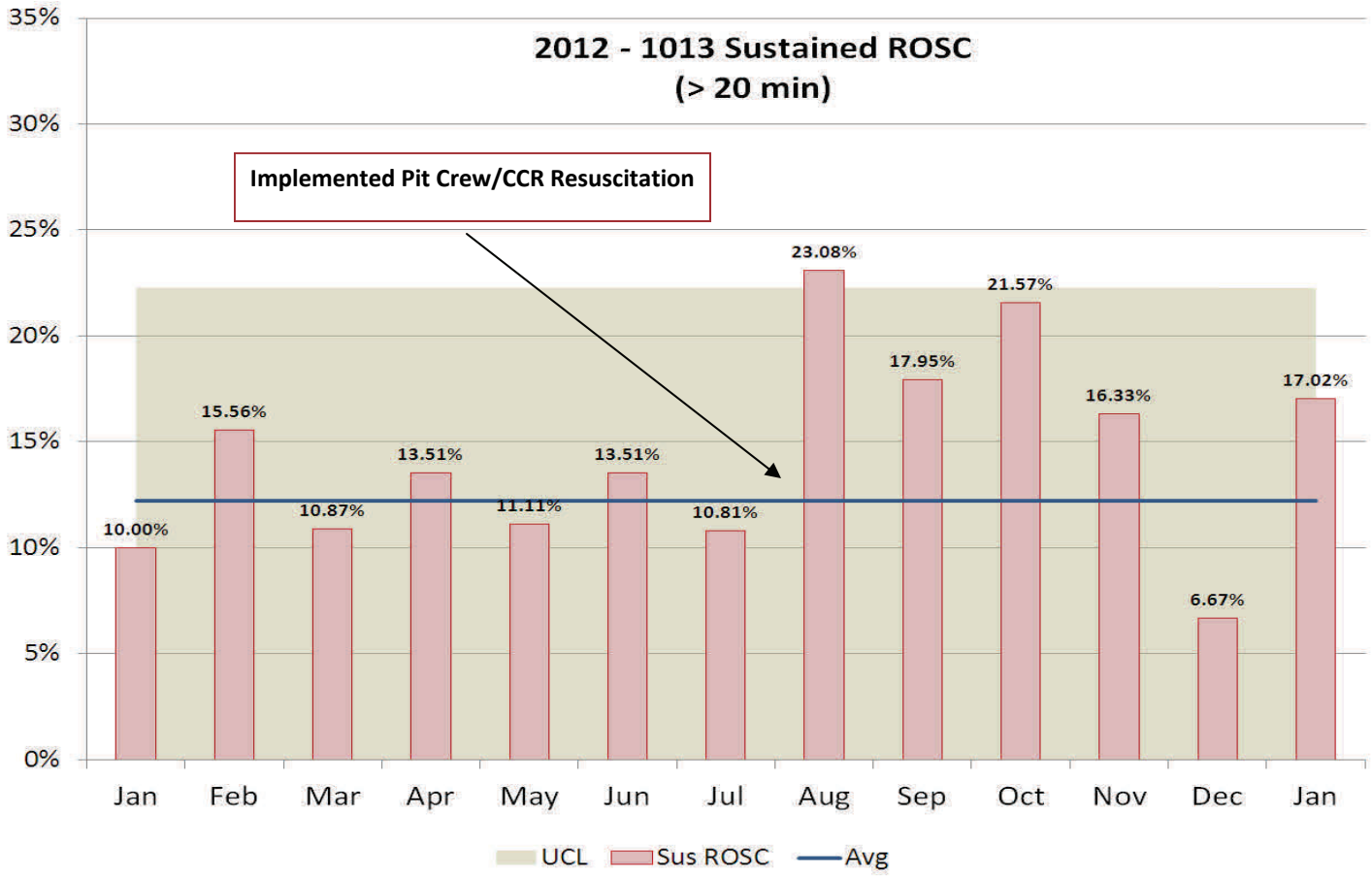
Clinical				
	Target	Month	YTD	2012
% STEMI Patients to ED < 45 min of Time Call Received	90%	88.89%	88.89%	82.04%
% Stroke Patients to ED < 45 min of Time Call Received	90%	79.49%	79.49%	87.62%
Cardiac Arrest				
Total # Cardiac Arrest Patients Treated	N/A	47	47	510
Initial Presenting Rhythm—V-Fib	N/A	19.2%	19.2%	N/A
Initial Presenting Rhythm—Asystole	N/A	68.0%	68.0%	N/A
Initial Presenting Rhythm—PEA	N/A	12.8%	12.8%	N/A
% Return of Spontaneous Circulation (ROSC) - All Rhythms	30%	27.66%	27.66%	34.71%
% Sustained ROSC (> 20 minutes) - All Rhythms	10%	17.02%	17.02%	14.31%
% Sustained ROSC (> 20 minutes) - Initial V-Fib	30%	25.0%	25.0%	N/A
% Sustained ROSC (> 20 minutes) - Initial PEA	10%	37.5%	37.5%	N/A
% Sustained ROSC (> 20 minutes) - Initial Asystole	10%	37.5%	37.5%	N/A

Financial	Target (2013)	Target (Month)	Month	YTD
Cost per Call	$295.00	N/A	$249.06	$249.06
Cost per Transport	$375.00	N/A	$342.18	$342.18
Avg Collection	$310.00	N/A	N/A	$307.00
Gross Collection %	48%	N/A	N/A	46.36%
Gross Collections	$12,231,211	$1,019,268	$970,187,85	$970,187.85