Sedgwick County, Kansas

EMS

COMMISSION ON ACCREDITATION OF AMBULANCE SERVICES
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Patient Focused...Patient Centered...Patient Driven

Monthly Report

March 2013

Call Volume

	Emergent	Non-Emergent	Month	YTD	2012
Transports	2,628	434	3,062	9,799	38,180
Avg X-ports/Day	84.8	14	98.8	108.7	104.3
All Calls	4,057	475	4,532	13,900	56,566
Avg Calls/Day	130.9	15.3	146.2	154.4	154.6

The overall call volume this month decreased by 6.6% compared to March 2012 and it was the first month we have not experienced an increase this year. Total call demand for the first quarter of 2013 is 3.8% higher than the same time frame in 2012.

In 2012, we averaged 104 patient transports per day with a overall transport rate of 67.5%. This month we noted a decrease; 98.8 patient transports per day (average) and a transport rate of 67.6%. Our busiest day was on March 8 with 187 responses, and our slowest call volume day was on March 21 with 121 requests for service.

Congratulations to Captain Rick Mundt on his retirement! We had the opportunity on Wednesday, March 20, to recognize and celebrate Rick's 27 years of dedicated service to the citizens of Sedgwick County.

Mr. Joe House, Deputy Director of the Kansas Board of EMS (pictured far right), was also in attendance and presented Rick with a Roll Call Certificate for his 31 total years of service as an emergency services provider in the state of Kansas.

Rick, thank you for the many sacrifices and contributions you have made on behalf of the citizens of Sedgwick County and to our organization. I genuinely appreciate and respect you and wish you the absolute best in your future. You will be missed!

Sedgwick County... working for you

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Monthly Report

Standard	Target	Performance	Target %	Month	2012
Chute Time	< 1 min		90%	**93.23%**	93.95%
Hospital Drop	< 30 min		90%	**97.01%**	96.45%
Time on Task (xport)	< 75 min		90%	**94.06%**	95.14%
Urban DE	≤ 8 min 59 sec		90%	**91.83%**	93.81%
Suburban DE	≤ 10 min 59 sec		90%	**84.54%**	86.21%
Rural DE	≤ 15 min 59 sec		90%	**93.18%**	89.77%
Response UHU	0.40		N/A	**0.40**	0.42
Transport UHU	0.32		N/A	**0.27**	0.28
% of Patients Transported	N/A		70%	**67.6%**	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	22	140.25	61	379.50
# of Employee Training Hours Provided	N/A	1,489.75	N/A	2,348.50
# of Reserve (Volunteer) Hours Provided	N/A	952.5	N/A	3,315.75

Logistics

	Target	YTD
# Critical Vehicle Failures/100,000 Fleet Miles	2	1.81
# Critical Durable Equipment Failures/1,000 Calls	1	0.25
% Time of at Least 3 Reserve Ambulances Available	90%	90%

Safety

	Month	YTD
Exposures	3	4
Vehicle Accidents	5	9
Work-Related Injuries	4	15
Lost Work Time (Hours) Due to Work-Related Injury	120	264

Financial

	Target (2013)	Target (Month)	Month	YTD
Cost per Call	$295.00	N/A	$275.80	$270.11
Cost per Transport	$375.00	N/A	$408.21	$383.15
Avg Collection	$310.00	N/A	N/A	$309.35
Gross Collection %	48%	N/A	N/A	46.73%
Gross Collections	$12,231,211	$1,019,268	$1,342,308.81	$3,348,570.70

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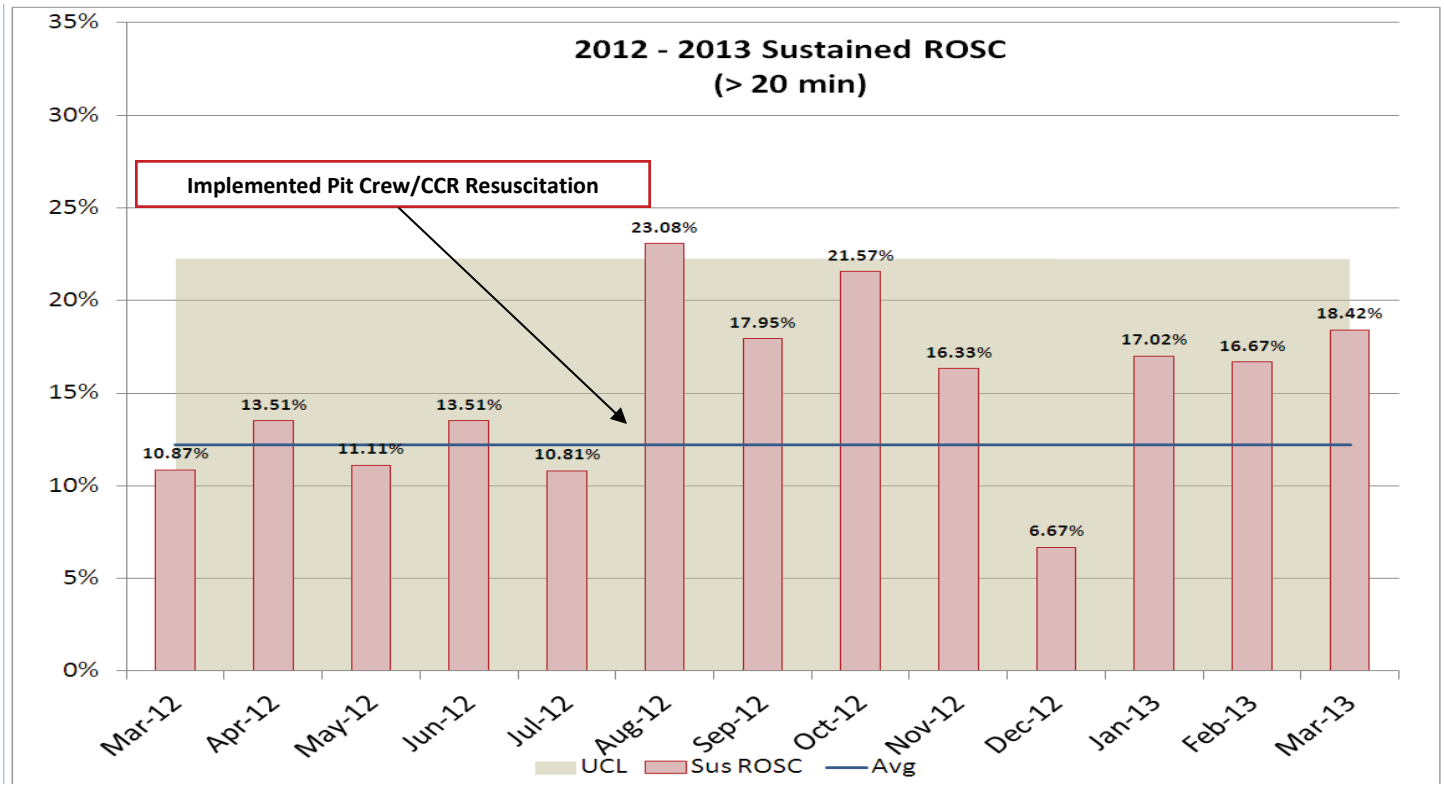
Clinical				
	Target	Month	YTD	2012
% STEMI Patients to ED < 45 min of Time Call Received	90%	76.19%	79.59%	82.04%
% Stroke Patients to ED < 45 min of Time Call Received	90%	81.82%	76.99%	87.62%
Cardiac Arrest				
Total # Cardiac Arrest Patients Treated	N/A	38	127	510
Initial Presenting Rhythm—V-Fib	N/A	21.05%	24.41%	N/A
Initial Presenting Rhythm—Asystole	N/A	44.74%	53.54%	N/A
Initial Presenting Rhythm—PEA	N/A	34.21%	22.05%	N/A
% Return of Spontaneous Circulation (ROSC) - All Rhythms	30%	36.84%	33.07%	34.71%
% Sustained ROSC (> 20 minutes) - All Rhythms	10%	18.42%	17.32%	14.31%
% Sustained ROSC (> 20 minutes) - Initial V-Fib	30%	14.29%	27.27%	N/A
% Sustained ROSC (> 20 minutes) - Initial PEA	10%	71.43%	45.45%	N/A
% Sustained ROSC (> 20 minutes) - Initial Asystole	10%	14.29%	27.27%	N/A

Cardiac Arrest Initiative



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.

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 return of spontaneous circulation (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!

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 .

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