CONFIRE ECNS Analysis

March 2025

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CONFIRE Dispatch Processing of EMS Calls and Disposition of ECNS Eligible Calls

March 2025

The following is an analysis of various ECNS call processing components and disposition of callers participating in the ECNS process. The analysis looks at various components in the call processing continuum including determination of ECNS eligibility, proper transfer and capture in the LowCode ECNS processing software, and final disposition of pre-hospital care. Data for this analysis was extracted from CONFIREs CAD SQL database, the LowCode database, and ImageTrend medical records.

Table 1: EMS 911 calls for service and EMD completion for March 2025

Total Emergency EMS Calls	17,135
Total EMS Calls with Obtainable Determinant Code	12,561
Total EMS Calls with Determinant Code	11,319
% of EMD Obtainable EMS Calls with Determinant Code	90.1%

Table 2:ECNS eligible calls and status of transfers to Emergency Communication Nurse (ECN) for March 2025.

Total Calls Eligible for Low Code:	1,505
% of EMS calls with Determinant Code Eligible for ECNS	13%
Total ECNS Eligible Calls Transferred to ECN (Entered in Low Code)	536
% of Eligible EMS Calls Transferred to ECNS	35.6%
% of Total EMS Calls Transferred to ECNS	3.1%

Table 3:Transport/treatment status of ECNS calls March 2025.

Incoming Calls to Emergency Communications Nurse (ECN) Nurse		
	Total ECNS Transfers	592
	Transferred via CAD Service (did not connect with ECN)	32
	Calls Aborted (Hangups, disconnects)	119
	Total Calls received and completed by ECN	441
Calls Returned for Emergency Transport		
	Triage nurse returned call for Emergency Transport	85
	Number of returned calls for emergency resulting in actual transport	73
	% of returned calls for emergency resulting in transport	86%
Non-emergency with no Alternative Transport		
	Patient had no alternative means of transport (Transport Unit Sent)	237
	Number of non-emergency ambulance responses that resulted in actual transport.	201
	% of non-emergency ambulance responses that resulted in actual transport.	85%
Total calls to reach ECN that resulted in an ambulance response		322
	% of total calls to reach ECN that resulted in ambulance response	73.0%

[1] A CAD Service transfer occurs when CAD recognizes that the call is eligible for ECNS and automatically (and often without dispatcher knowledge) moves the call to LowCode electronically, but the dispatcher is not actually moving the call forward via telephone line to live ECN. There may be a number of reasons why this occurs, but for tracking purposes, it is not counted as an actual ECNS transfer. The call is actually being handled like a standard dispatched call with no time delays.

Table 4:Unit responses and ambulance transport rates to ECNS calls that were returned for first responders for March 2025 (by call type). Top 20 Call Types.

Call Type	Total Calls in LowCode	Total LowCode calls referred back for a Response for medical reasons	% of Calls referred back for a response for medical reasons	Calls referred back for a response for medical reasons that transported.	% of Calls referred back for a response for medical reasons that transported.
SICK-A8	50	9	10%	7	78%
SICK-O1	37	6	7%	6	100%
FALL-A2	31	7	8%	7	100%
SICK-A2	28	6	7%	3	50%
BACK-A1	28	7	8%	3	43%
SOB - Shortness of Breath	27	5	6%	5	100%
FALL-A3	27	6	7%	4	67%
SICK-A3	27	0	0%	0	
ABD-A1	20	5	6%	4	80%
SICK-A11	17	1	1%	1	100%
TRAUMA-A2	17	0	0%	0	
DIA-O1	16	3	3%	3	100%
SICK-A4	15	3	3%	2	67%
TRAUMA-A3	13	4	5%	4	100%
HL-A1	13	1	1%	1	100%
PSY-O1	12	2	2%	1	50%
FALL-A1	10	0	0%	0	
CHOKE-O1	10	1	1%	0	0%
SICK-O28	9	0	0%	0	
FALL-O1	8	1	1%	1	100%

Table 5: Recommended Point of Care Disposition for patients completing ECNS process for March 2025*.

Disposition of Care Text		
Seek Emergency Care as Soon as Possible	221	56.4%
Emergency Response	85	21.7%
Seek Face to Face Care within 1-4 Hours	65	16.6%
Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 12 Hours (same day)	11	2.8%
Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 1-3 Days	6	1.5%
Speak to Your Doctor/Health Care Professional to Review the Symptoms As Soon As Possible	2	0.5%
Schedule a Routine Appointment with a Doctor/Health Care Professional	1	0.3%
Social Services	1	0.3%

*This represents recommended care given by the ECN. The ECNS program does not have a mechanism to follow up on whether callers follow through with the recommendations. Also, the numbers in this table includes callers who were provided a recommendation that did not require ambulance transport, but received that transport anyway due to lack of alternative transportation (see table 3 for detail).

Figure 1: Percentage of ECNS eligible Calls that are transferred to ECN and entered into Low Code system by date.
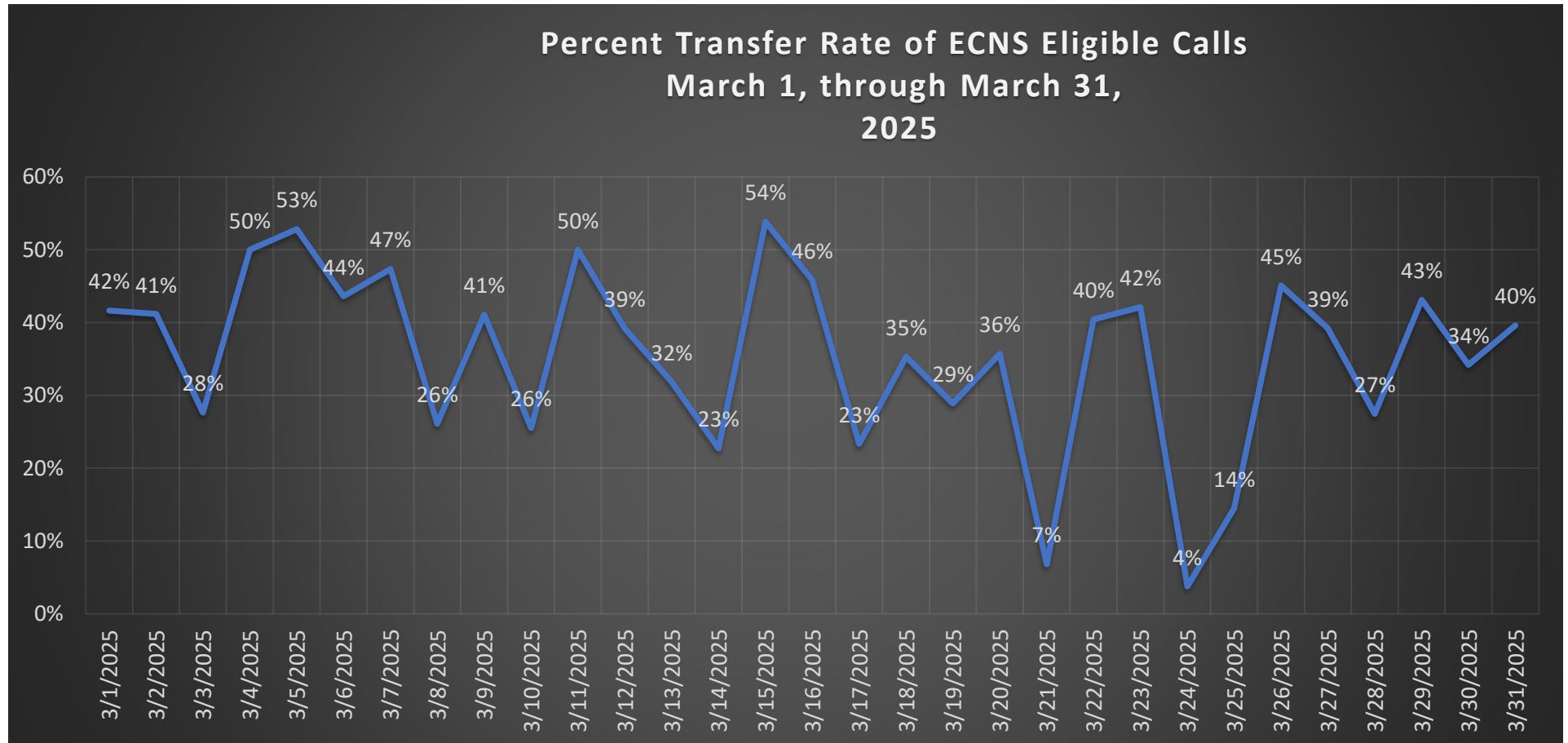
Figure 2:Total number of ECNS eligible calls and the number of them that were transferred to an ECN/entered into Low Code by date.
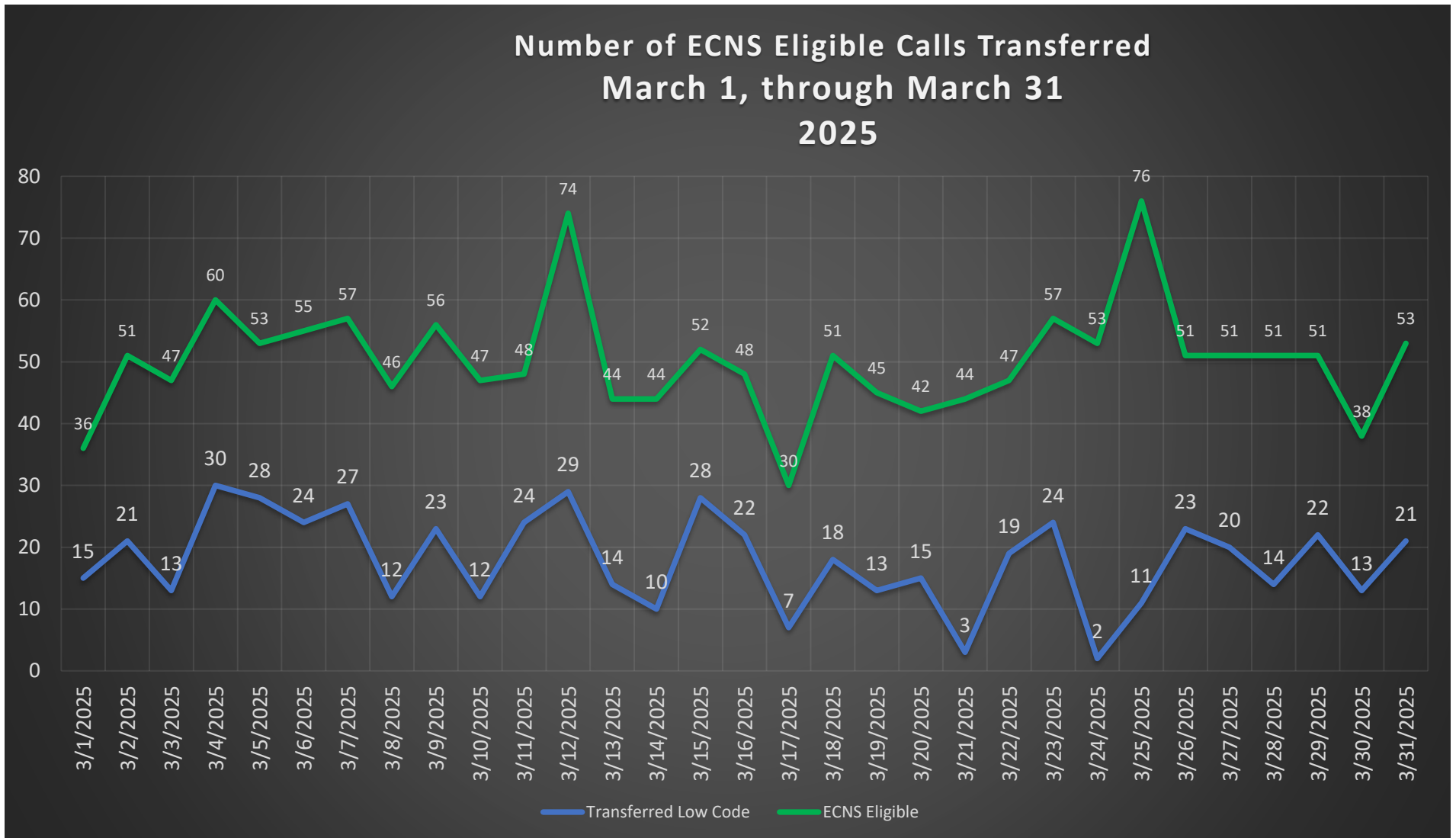
Figure 3: 12-month analysis of ECNS eligible calls and rates of transfer to ECN/Low Code system.
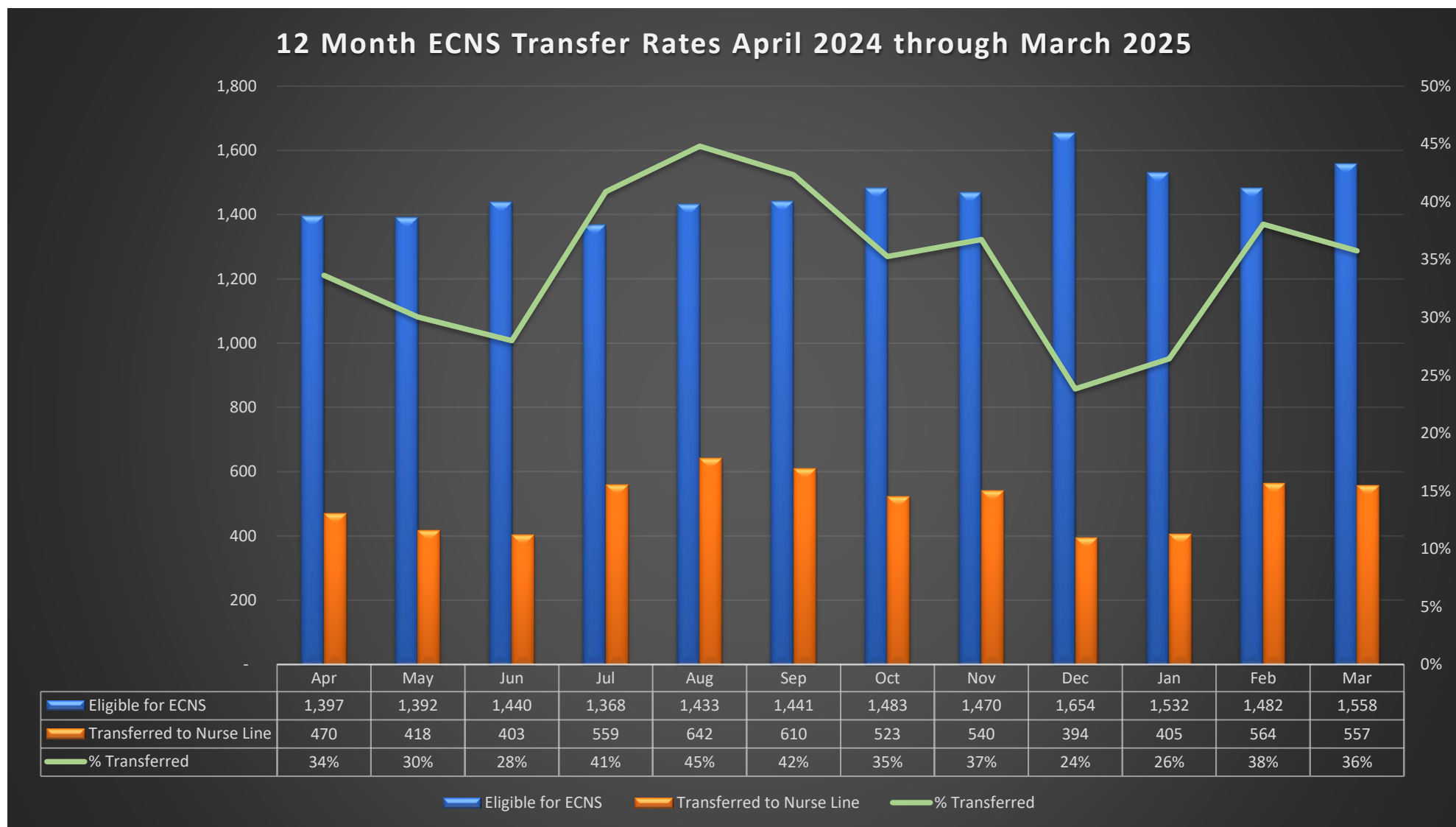

12 Month ECNS Transfer Rates April 2024 through March 2025

|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Eligible for ECNS	1,397	1,392	1,440	1,368	1,433	1,441	1,483	1,470	1,654	1,532	1,482	1,558
Transferred to Nurse Line	470	418	403	559	642	610	523	540	394	405	564	557
% Transferred	34%	30%	28%	41%	45%	42%	35%	37%	24%	26%	38%	36%

Eligible for ECNS   Transferred to Nurse Line   % Transferred

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Figure 4: Number of eligible ECNS calls and rates of transfer from April 2024 through March 2025.

% of ECNS Eligible Calls in Low Code by Week
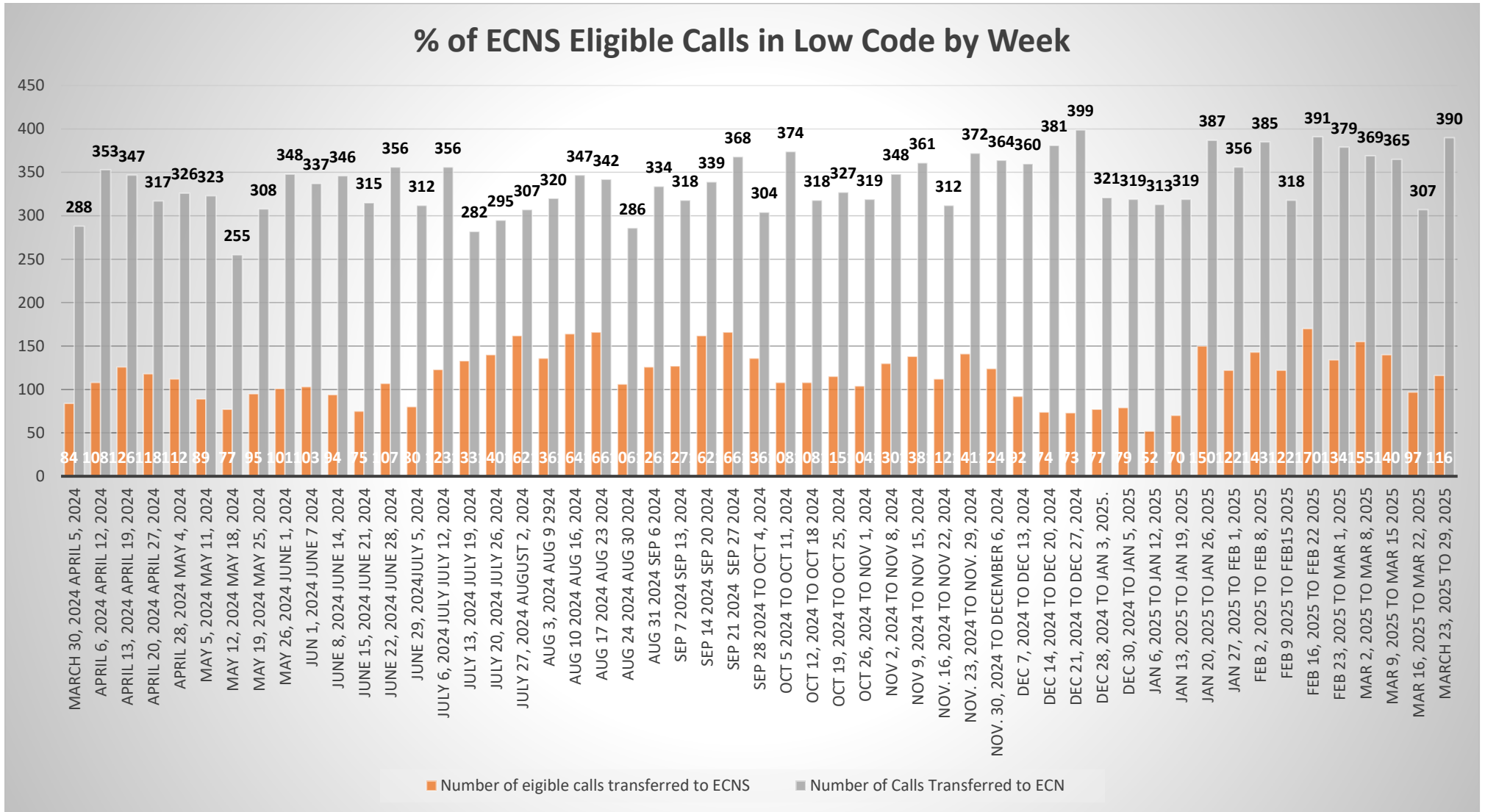
Reasons why ECNS Eligible Calls were not Transferred to the ECNS Nurse Line

March 2025

CONFIRE's CAD is programmed to prompt the dispatcher each time a call is determined to be eligible for transfer to the ECNS system. Eligibility is based on the established determinant code for the call. The dispatcher has the option of bypassing ECNS and sending a standard response for the call but must provide a reason for doing so from a pre-defined list. Below is a summary of reasons calls were not transferred.

These determinations are based on the information that the dispatcher has available and how they interpret the information, so there is a level of subjectivity. Furthermore, because it is a pre-defined list, the categories may not cover the specific situation of each call. Therefore, the dispatcher needs to make a judgement call as to the closest matching category, not necessarily the exact situation.

Table 6: Dispatcher response as to why eligible calls were not transferred to ECNS.

Disposition Text from CAD	Number of Calls	% of Total Eligible Calls Not Sent to LowCode
*Call Taker decided to not send incident to LowCode, with reason: ECN NOT AVAIL= No ECN staff at CONFIRE and REMSA or hold music on transfer (Sup Approval)	797	84.1%
*Call Taker decided to not send incident to LowCode, with reason: ECN NOT AVAIL= No ECN staffing or hold music on transfer	0	0.0%
*Call Taker decided to not send incident to LowCode, with reason: INABILITY TO INTERROGATE PT= Inability to talk, belligerent, RP not at same location	0	0.0%
*Call Taker decided to not send incident to LowCode, with reason: MEDICAL FACILITY RP= RN/Dr requesting 911 AND is at PT bedside	28	3.0%
*Call Taker decided to not send incident to LowCode, with reason: PT COMPLETE IMMOBILITY= Cannot move, bedridden or on the ground unable to get up	0	0.0%
*Call Taker decided to not send incident to LowCode, with reason: PT IN PUBLIC PLACE= PT is in an area where large crowds are gathering (i.e. sports complex)	0	0.0%
*Call Taker decided to not send incident to LowCode, with reason: QUICK LAUNCH= CPR, UNC, CP, SOB, CVA	90	9.5%
*Call Taker decided to not send incident to LowCode, with reason: REOPENED CALL= Reopened call	11	1.2%
*Call Taker decided to not send incident to LowCode, with reason: RP IS MINOR= PT is a minor at school or NO adult on scene	11	1.2%

*Call Taker decided to not send incident to LowCode, with reason: TEST/REOPENED CALL= Test or reopened call	0	0.0%
*Call Taker decided to not send incident to LowCode, with reason: MEDICAL FACILITY RP= Staff requesting 911 or PT directed by medical facility to call 911	0	0.0%
*Call Taker decided to not send incident to LowCode, with reason: RP IS MINOR= RP is a child caller <16 or RP is a minor calling for minor PT	0	0.0%
* Call Taker decided to not send incident to LowCode, with reason: PUBLIC SERVICE= A public service has been dispatched	0	0.0%
* Call Taker decided to not send incident to LowCode, with reason: REOPENED CALL= Reopened call	11	1.2%