

# CONFIRE ECNS Analysis

March 2026



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

March 2026

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 database, the LowCode database, and ImageTrend medical records.

Table 1 provides an overview of CONFIREs EMS call volume and EMD effectiveness based on all emergency calls coming into the system. To align with the ECNS data, the numbers are also shown during hours when the ECNS is operational (0700 to 2330 hrs).

*Table 1: EMS 911 calls for service and EMD completion for March 2026*

|  | All Calls | ECNS Operational Hours Only |
|--|-----------|-----------------------------|
| <b>Total Emergency EMS Calls</b>                           | 18,986    | 15,621                      |
| <b>Total EMS Calls with Obtainable Determinant Code</b>    | 14,363    | 11,824                      |
| <b>Total EMS Calls with Determinant Code</b>               | 12,569    | 10,194                      |
| <b>% of EMD Obtainable EMS Calls with Determinant Code</b> | 87.5%     | 86.2%                       |

Table 2 analyzes these elements using two different approaches. The first approach (column 2) is an ideal, capacity-based analysis using all EMS calls with a determinant code that qualifies for ECNS transfer using International Academies of Emergency Dispatch (IAED) protocols. This also includes eligible calls that occur during times when CONFIRE’s ECNS is not staffed (2301 hrs. to 0659 hrs.).

The second approach (column 3) takes a more refined and real-world operational approach by excluding calls that, while technically eligible by determinant code, are not suitable for ECNS transfer due to situational limitations. Examples of excluded scenarios include

- The patients' condition becomes more serious during the interrogation.
- The caller is a medical facility.
- The caller is a minor with no adult on scene.
- The Patient is in a public place which inhibits detailed communication with the ECN.
- The patient is completely immobile.
- Other inability to interrogate patient (Language barrier, uncooperative).

Additionally, the second approach considers that CONFIRE's ECNS center is only staffed from 0700 hrs. to 2330 hrs. and excludes calls that are received outside ECNS operational hours. With these differences, the first approach serves as an indicator of the system's capacity with ideal circumstances, where the second approach provides a view of the practical application of the program with CONFIRE's current operations and limitations. These differences are summarized below:

#### Summary of Methodological Differences

| <b>Feature</b>   | <b>First Approach – Ideal Capacity</b> | <b>Second Approach - Practical Application (CONFIRE Policy)</b> |
|--|--|---|
| <b>Time of Call</b>  | All hours included                     | Only calls within ECNS operational hours                        |
| <b>IAED Code Eligibility</b>   | Included                               | Included  |
| <b>Situational Limitations (e.g., public setting, minor without adult)</b> | Included                               | Excluded  |
| <b>Purpose</b>   | Measures theoretical capacity          | Measures practical effectiveness                                |

Table 2: March 2026 data comparison IEAD Protocol and CONFIRE Adopted Policy.

|   | Based on IEAD Protocol (All Hours) | Based on CONFIRE Policy (Staffed hours only) |
|---|------------------------------------|--|
| <b>Total Calls Eligible for Low Code:</b>                                 | 1,680                              | 1,316  |
| <b>% of EMS calls with Determinant Code Eligible for ECNS</b>             | 13.4%                              | 10.5%  |
| <b>Total calls eligible for ECNS transfer</b>                             | 1,680                              | 1,247  |
| <b>Total ECNS Eligible Calls Transferred to ECN (Entered in Low Code)</b> | 717                                | 717  |
| <b>% of Eligible EMS Calls Transferred to ECNS system</b>                 | 42.7%                              | 57.5%  |
| <b>% of Total EMS Calls Transferred to ECNS</b>                           | 3.8%                               | 3.8%   |

For the purposes of this report, the remaining charts and graphs will represent the practical application (CONFIRE Policy) methodology.

Table 3: Recommended Point of Care Disposition for patients completing ECNS process for March 2026\*.

| <b>Disposition of Care*</b>  |     |       |
|--|-----|-------|
| <b>Seek Emergency Care as Soon as Possible</b>   | 259 | 44.7% |
| <b>Seek Face to Face Care within 1-4 Hours</b>   | 130 | 22.4% |
| <b>Emergency Response</b>  | 123 | 21.2% |
| <b>Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 12 Hours (same day)</b> | 26  | 4.5%  |
| <b>Speak to Your Doctor/Health Care Professional to Review the Symptoms As Soon As Possible</b>                    | 15  | 2.6%  |
| <b>Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 1-3 Days</b>            | 9   | 1.6%  |
| <b>Self-Care</b>   | 6   | 1.0%  |
| <b>Schedule a Routine Appointment with a Doctor/Health Care Professional</b>                                       | 5   | 0.9%  |
| <b>Contact Dentist Urgently</b>  | 3   | 0.5%  |
| <b>Contact Poison Control or Local Pharmacist</b>  | 2   | 0.3%  |
| <b>Contact Community Crisis Line or Community Mental Health Team</b>   | 2   | 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 include callers calls that were returned to 911 as emergency and callers who were provided a recommendation that did not require ambulance transport, but may have received an ambulance transport due to lack of alternative transportation (see table 3 for detail)

Table 4: Transport/treatment status of ECNS calls March 2026.

|   |  |            |
|---|--|------------|
| <b>Incoming Calls to Emergency Communications Nurse (ECN) Nurse</b> |  |            |
|   | Total ECNS Transfers   | 717        |
|   | Calls Aborted, unable to complete assessment (Hangups, disconnects)              | 109        |
|   | Total Calls received and assessment completed by ECN                             | 608        |
| <b>Calls Returned for Emergency Transport</b>                       |  |            |
|   | Assessment completed and ECN recommended an emergency response                   | 123        |
|   | During assessment, nurse triaged call and returned to dispatch as an emergency   | 29         |
|   | Number of returned calls for emergency resulting in actual transport             | N/A        |
|   | % of returned calls for emergency resulting in transport                         | N/A        |
|   | <b>Total calls eligible for deferral/referral through ECNS</b>                   | <b>456</b> |
| <b>Non-emergency with no Alternative Transport</b>                  |  |            |
|   | Patient had no alternative means of transport (Transport Unit Sent)              | 325        |
|   | Number of non-emergency ambulance responses that resulted in actual transport.   | N/A        |
|   | % of non-emergency ambulance responses that resulted in actual transport.        | N/A        |
|   | <b>Total calls to reach ECN that resulted in an ambulance response</b>           | <b>448</b> |
|   | % of total calls to reach ECN that resulted in ambulance response                | 73.7%      |
|   | Total ambulance responses that resulted in a transport                           | N/A        |
|   | % of response with transport   | N/A        |
|   | Number of callers who received ECN direction and did not transport by ambulance. | 131        |

|  |  |     |
|--|--|-----|
|  | Number of calls where assessment was completed but ambulance was sent only because the patient had no other means of transportation. | 325 |
|  | Combined transport deferrals with additional transportation options  | 456 |

Figure 1: Percentage of ECNS eligible Calls that are transferred to ECN and entered into Low Code system by date.

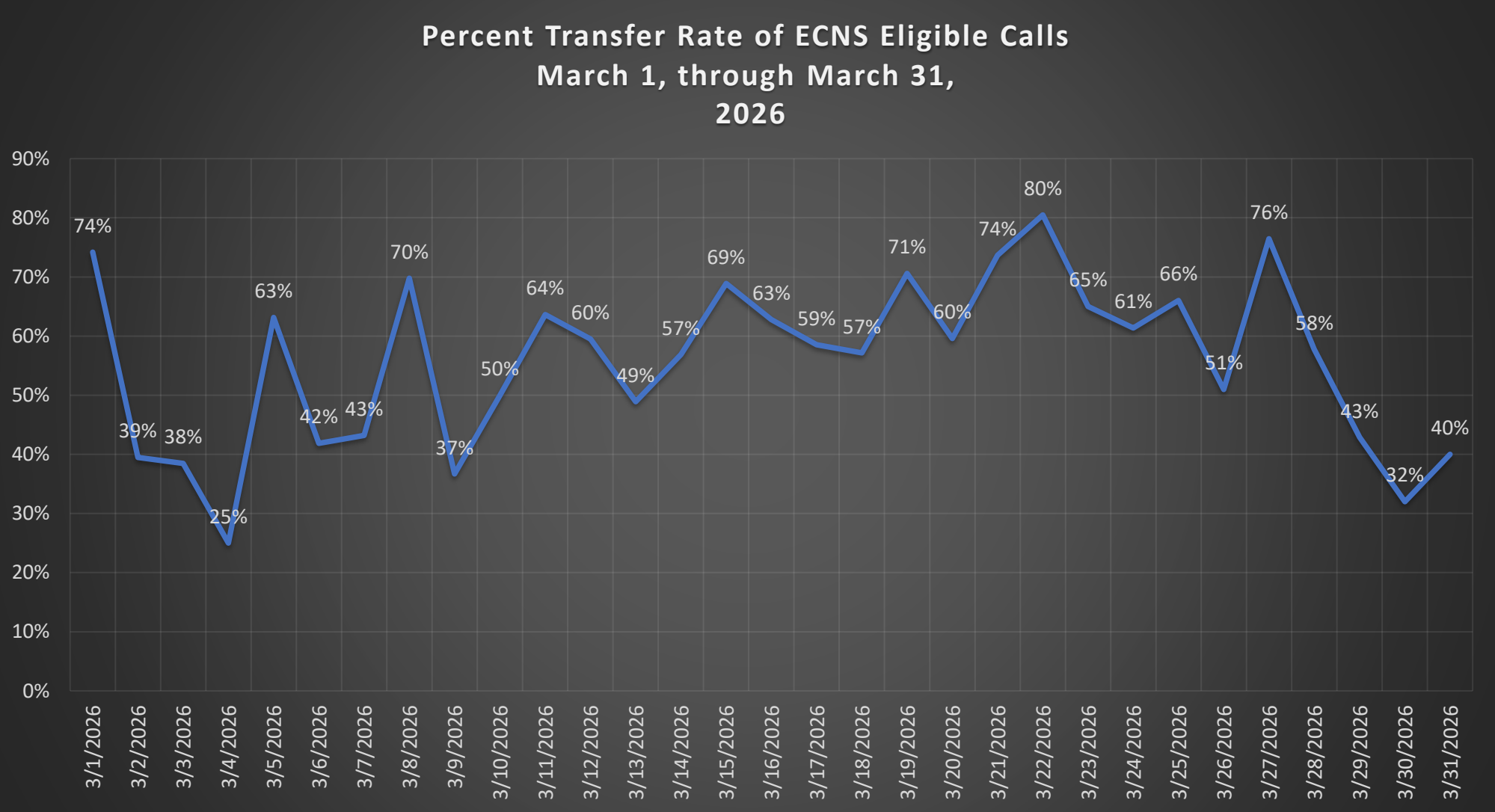


Figure 2: Total number of ECNS eligible calls and the number of them that were transferred to an ECN/entered into Low Code by date.

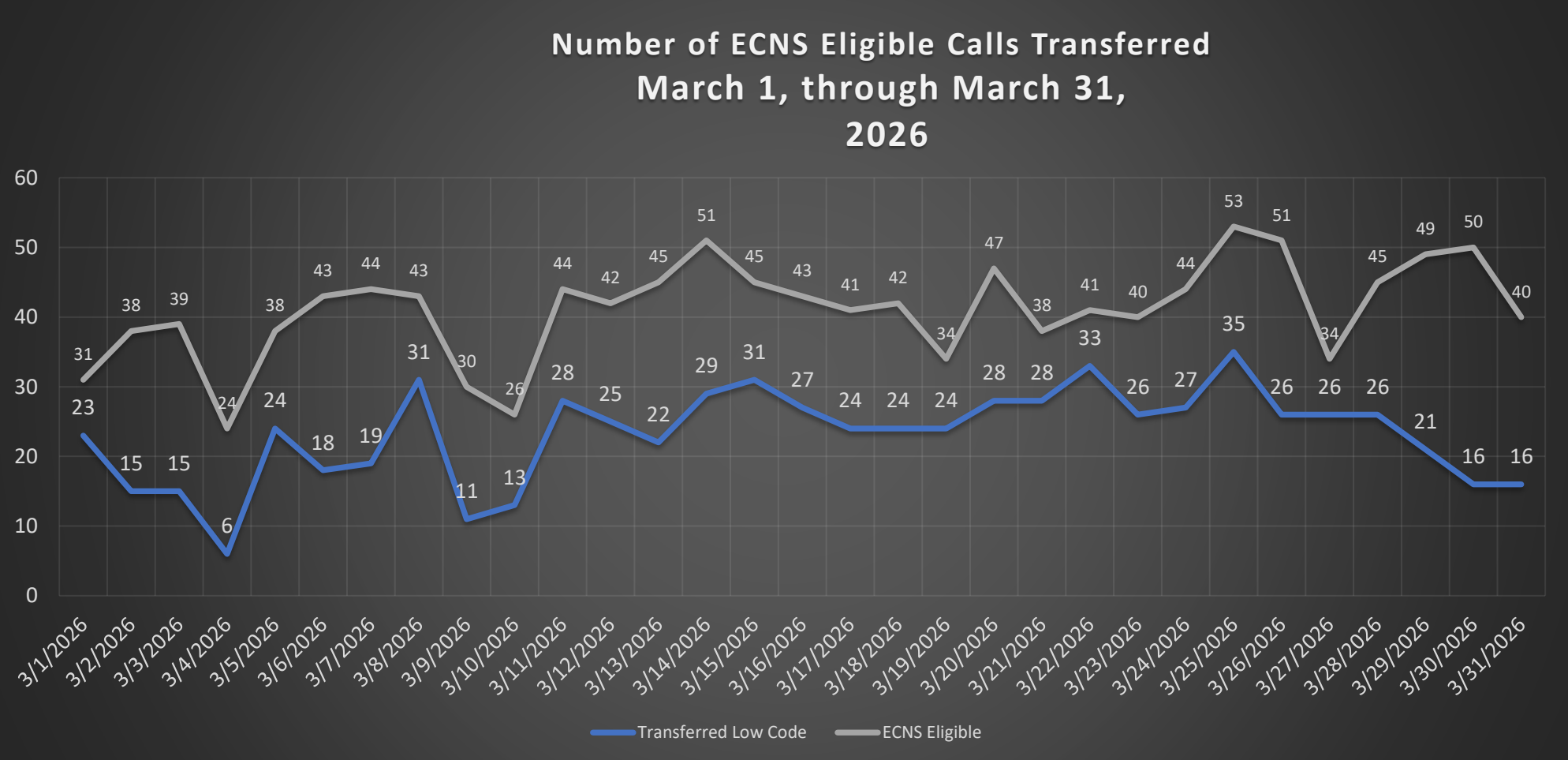
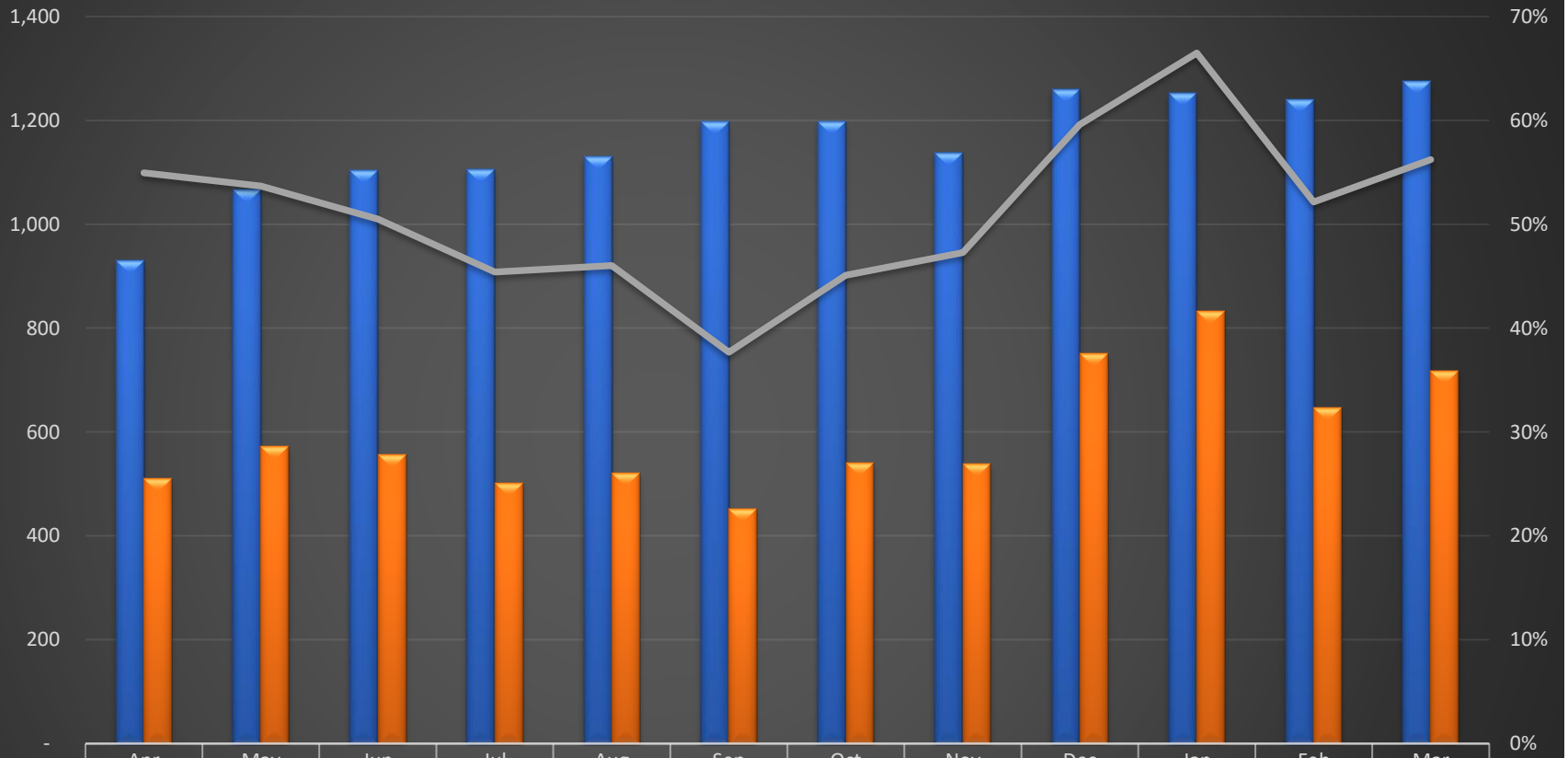


Figure 3: 12-month analysis of ECNS eligible calls and rates of transfer to ECN/Low Code system.

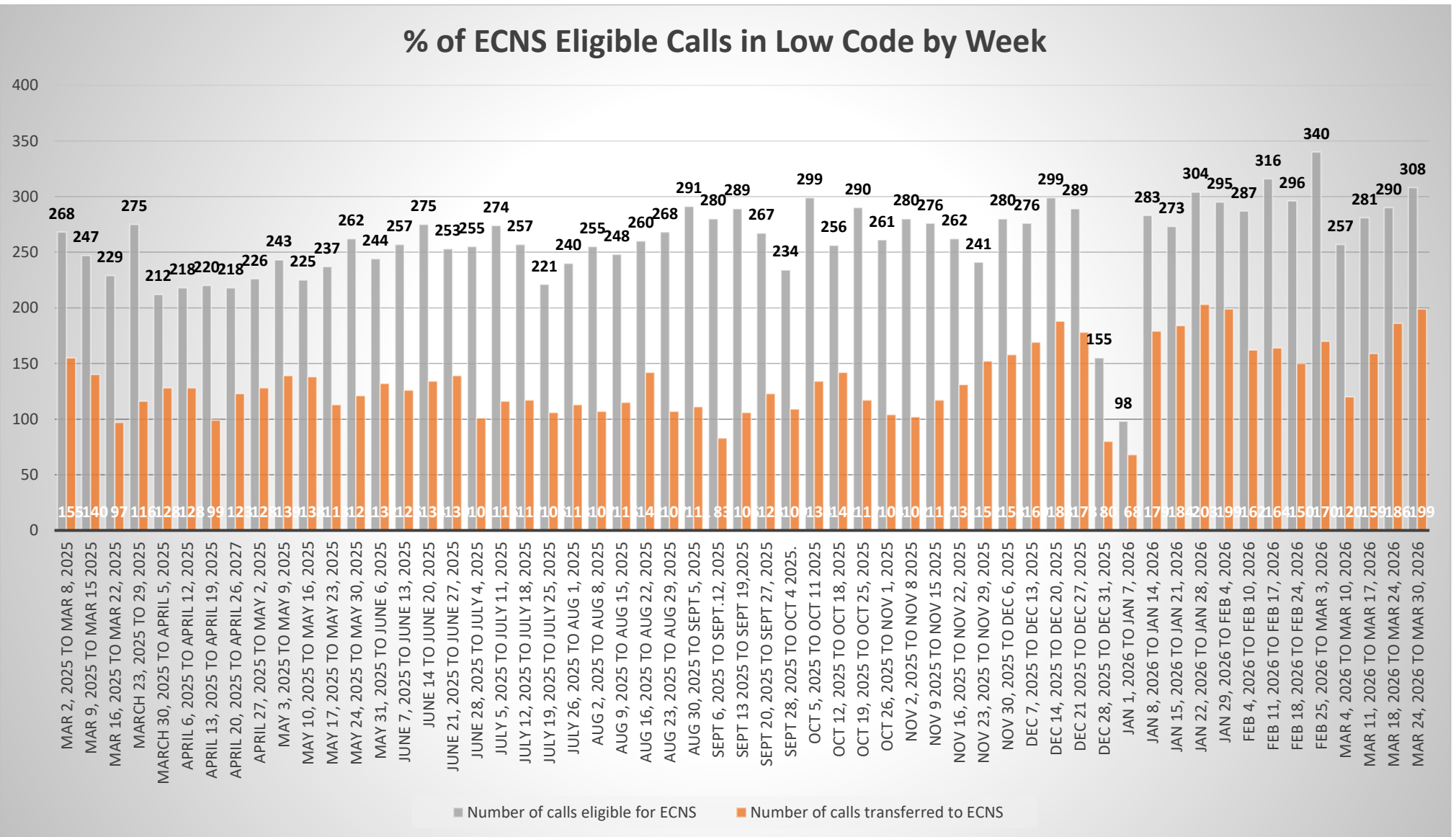
### 12 Month ECNS Transfer Rates Apr 2025 through Mar 2026



|                           | Apr | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |
|---------------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Eligible for ECNS         | 930 | 1,066 | 1,103 | 1,106 | 1,130 | 1,197 | 1,198 | 1,138 | 1,260 | 1,253 | 1,239 | 1,275 |
| Transferred to Nurse Line | 511 | 572   | 557   | 502   | 520   | 451   | 540   | 538   | 751   | 833   | 646   | 717   |
| % Transferred             | 55% | 54%   | 50%   | 45%   | 46%   | 38%   | 45%   | 47%   | 60%   | 66%   | 52%   | 56%   |

■ Eligible for ECNS    
 ■ Transferred to Nurse Line    
 — % Transferred

Figure 4: Number of eligible ECNS calls and rates of transfer from March 2025 through March 2026.



Reasons why ECNS Eligible Calls were not Transferred to the ECNS Nurse Line

March 2026

CONFIRE’s CAD system is configured to prompt dispatchers whenever a call meets the criteria for potential transfer to the Emergency Communications Nurse System (ECNS). Eligibility is determined by the established determinant code assigned to the incident.

When prompted, the dispatcher may choose to bypass ECNS and dispatch a standard response instead; however, they must select a reason for doing so from a predefined list. The summary below outlines the reasons calls were not transferred.

These determinations rely on the dispatcher’s interpretation of the information available at the time of the call, introducing an element of subjectivity. Additionally, because the list of bypass reasons is predefined, it may not encompass every possible situation. As a result, dispatchers must exercise judgment in selecting the category that best fits the circumstances, even if it does not perfectly describe the situation.

*Table 3: Dispatcher response as to why eligible calls were not transferred to ECNS.*

| <b>Disposition Text from CAD</b>  | <b>Total Number of Calls</b> | <b>% of Total Eligible Calls Not sent to Low Code</b> | <b>During Staffed Hours Only</b> | <b>% of Total Eligible Calls Not sent to Low Code During Staffed Hours</b> |
|---|------------------------------|---|----------------------------------|--|
| <b>*Call Taker decided to not send incident to LowCode, with reason: 3RD/4TH PARTY=RP is not nor able to be with PT</b>                                   | 45                           | 4.3%  | 44                               | 6.7%   |
| <b>*Call Taker decided to not send incident to LowCode, with reason: ECN NOT AVAIL= No ECN staff available in house or remote (Sup Approval Required)</b> | 820                          | 79.0%   | 447                              | 68.6%  |
| <b>*Call Taker decided to not send incident to LowCode, with reason: FALL= ONLY if PT on ground AND unable to get up</b>                                  | 2                            | 0.2%  | 1                                | 0.2%   |
| <b>*Call Taker decided to not send incident to LowCode, with reason: MEDICAL FACILITY RP= RN/Dr requesting 911 AND is at PT bedside</b>                   | 16                           | 1.5%  | 14                               | 2.1%   |
| <b>*Call Taker decided to not send incident to LowCode, with reason: MINOR AT SCHOOL= PT is a minor at school or NO adult on scene</b>                    | 22                           | 2.1%  | 22                               | 3.4%   |
| <b>*Call Taker decided to not send incident to LowCode, with reason: QUICK LAUNCH= CP, CPR, CVA. SOB, TC, UNC</b>   | 71                           | 6.8%  | 63                               | 9.7%   |

|   |    |      |    |      |
|---|----|------|----|------|
| <b>*Call Taker decided to not send incident to LowCode, with reason: REOPENED CALL= Reopened call, call already processed</b> | 17 | 1.6% | 17 | 2.6% |
|---|----|------|----|------|