CONFIRE ECNS Analysis

August 2025

CONFIRE
Regional Emergency Communications

Index

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

August 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 database, the LowCode database, and ImageTrend medical records.

Tables 2 and 3 analyze these elements using two different approaches. The calculations in Table 2 represent an ideal capacity-based analysis using all EMS calls with a determinant code that qualifies for ECNS transfer based on International Academies of Emergency Dispatch (IAED) protocols. Additionally, table 2 includes eligible calls that occur during times when CONFIRE's ECNS is not staffed (2301 hrs. to 0659 hrs.).

Table 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, Table 3 considers that CONFIRE's ECNS center is only staffed from 0700 hrs. to 2300 hrs. and excludes calls that are received outside ECNS operational hours. With these differences, Table 2 serves as an indicator of the system's capacity with ideal circumstances, where table 3 provides a view of the practical application of the program with CONFIRE's current application and limitations. These differences are summarized below:

Summary of Methodological Differences

Feature	Table 2 – Ideal Capacity	Table 3 – Practical Application (CONFIRE Policy)
Time of Call	All hours included	Only calls within ECNS operational hours
IAED Code Eligibility	Included	Included
Situational Limitations (e.g., public setting, minor without adult)	Included	Excluded
Purpose	Measures theoretical capacity	Measures practical effectiveness

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

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

Total Emergency EMS Calls	18,870
Total EMS Calls with Obtainable Determinant Code	13,373
Total EMS Calls with Determinant Code	11,850
% of EMD Obtainable EMS Calls with Determinant Code	88.6%

Table 2: ECNS-Eligible Calls Based on IAED Protocols (All Hours Included)

	Based on IEAD Protocol (All Hours)	Based on CONFIRE Policy (Staffed hours only)
Total Calls Eligible for Low Code:	1,582	1,514
% of EMS calls with Determinant Code Eligible for ECNS	13.4%	12.8%
Total eligible calls per CONFIRE Policy during ECNS staffed Hours (0700 to 2300 hrs)	1,582	1,175
Total ECNS Eligible Calls Transferred to ECN (Entered in Low Code)	520	520
% of Policy Eligible EMS Calls Transferred to ECNS during staffed hours	32.9%	44.3%
% of Total EMS Calls Transferred to ECNS	2.8%	2.8%

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

Incoming Calls to Emergency Communications Nurse (ECN) Nurse		
	Total ECNS Transfers	520
	Calls Aborted (Hangups, disconnects, emergency declared)	142
	Total Calls received and completed by ECN	378
Calls Returned for Emergency Transport		
	Triage nurse returned call for Emergency Transport	59
	Number of returned calls for emergency resulting in actual transport	46
	% of returned calls for emergency resulting in transport	78%
Non-emergency with no Alternative Transport		
	Patient had no alternative means of transport (Transport Unit Sent)	264
	Number of non-emergency ambulance responses that resulted in actual transport.	214
	% of non-emergency ambulance responses that resulted in actual transport.	81%
Total calls to reach ECN that resulted in an ambulance response		323
	% of total calls to reach ECN that resulted in ambulance response	85.4%
	Total ambulance responses that resulted in a transport	262
	% of response with transport	81%
	Number of callers who received ECN directions and did not transport by ambulance.	55
	Number of callers who received ECN directions, but ambulance was sent only because the patient had no other means of transportation.	264
	Potential transport deferrals if alternative transportation was available	319

Table 4: Recommended Point of Care Disposition for patients completing ECNS process for August 2025.*

Disposition of Care Text	Number	Percent
Seek Emergency Care as Soon as Possible	212	56.1%
Seek Face to Face Care within 1-4 Hours	82	21.7%
Emergency Response	59	15.6%
Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 12 Hours (same day)	11	2.9%
Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 1-3 Days	4	1.1%
Speak to Your Doctor/Health Care Professional to Review the Symptoms As Soon As Possible	3	0.8%
Schedule a Routine Appointment with a Doctor/Health Care Professional	3	0.8%
Contact Poison Control or Local Pharmacist	2	0.5%
Self-Care	1	0.3%
Contact Obstetrician / Gynecologist / Midwife	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. Eligible

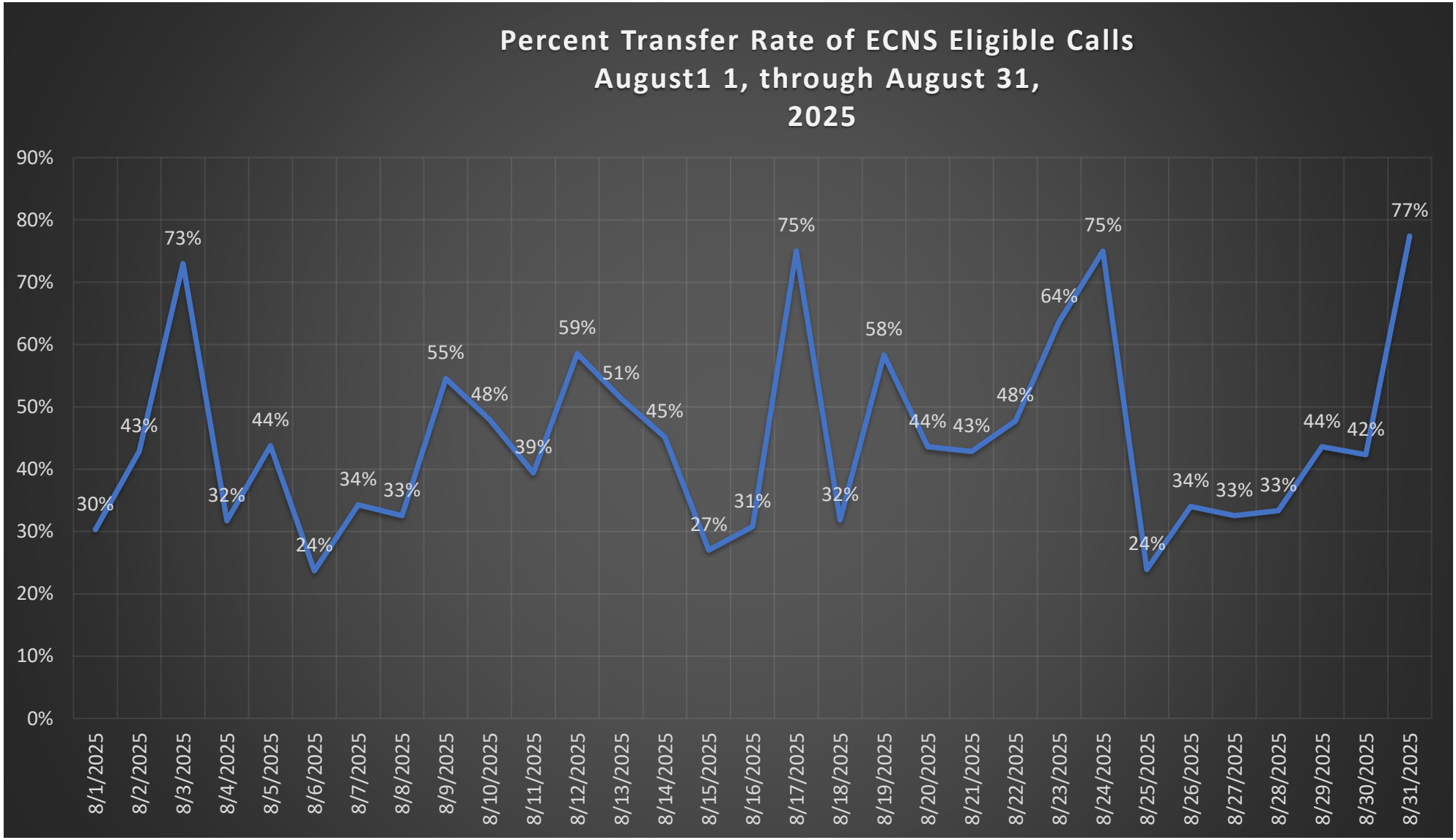


Figure 2:Total number of ECNS eligible calls and the number of them that were transferred to an ECN/entered into Low Code by date.

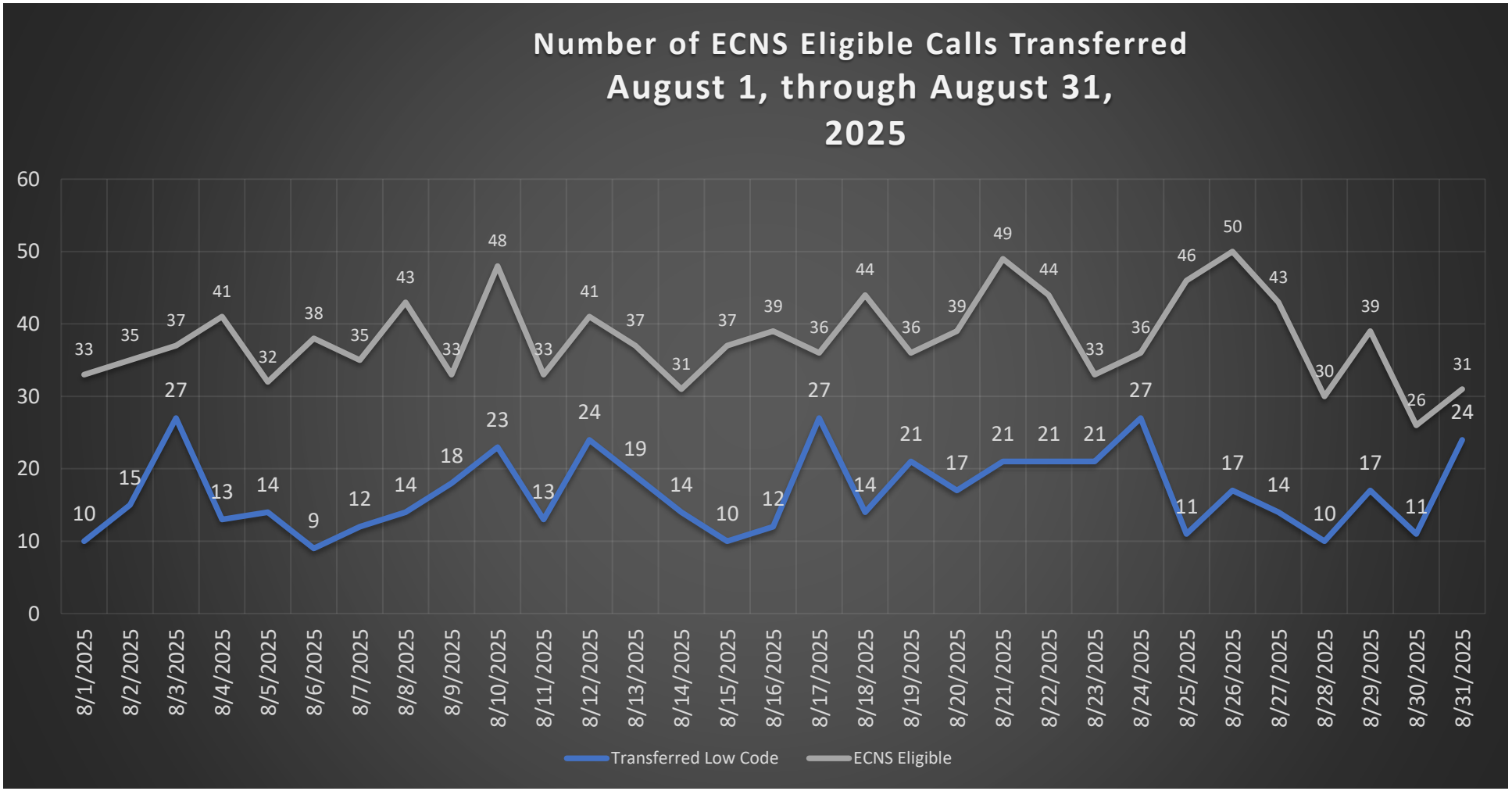
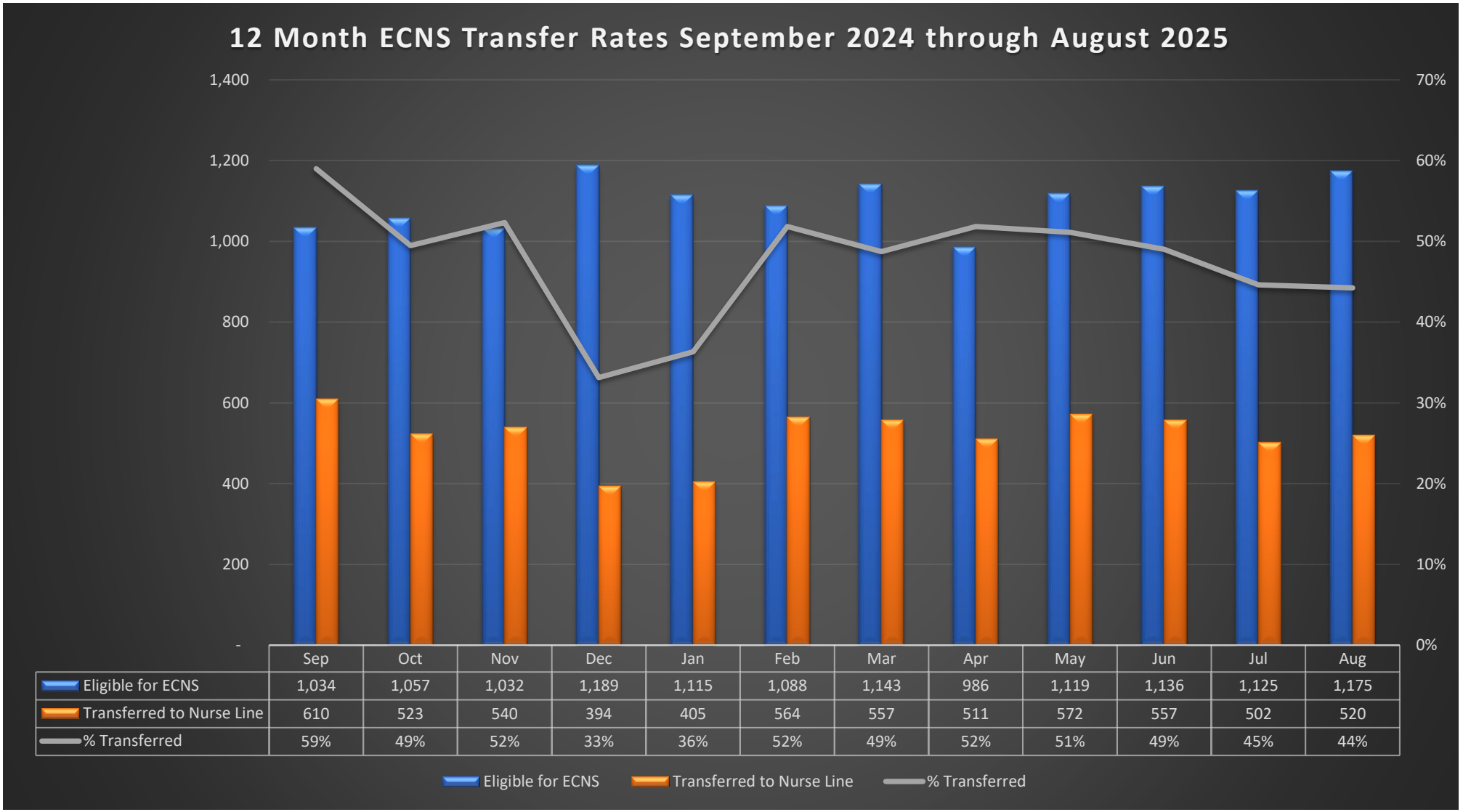
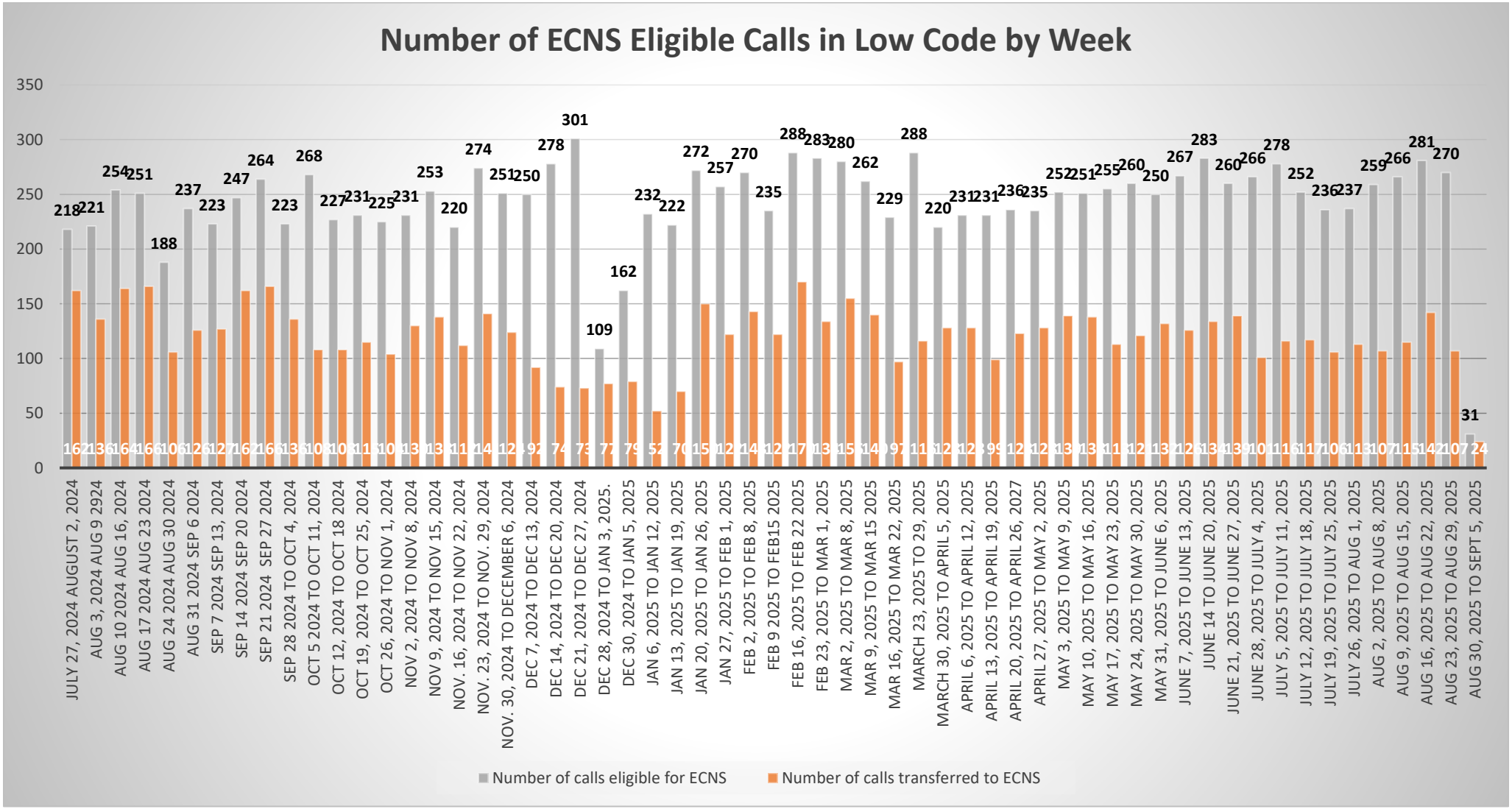


Figure 3: 12-month analysis of ECNS eligible calls and rates of transfer to ECN/Low Code system.



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Eligible for ECNS	1,034	1,057	1,032	1,189	1,115	1,088	1,143	986	1,119	1,136	1,125	1,175
Transferred to Nurse Line	610	523	540	394	405	564	557	511	572	557	502	520
% Transferred	59%	49%	52%	33%	36%	52%	49%	52%	51%	49%	45%	44%

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



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

August 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 5: Dispatcher response as to why eligible calls were not transferred to ECNS.

Disposition Text from CAD	Total Number of Calls	% of Total Eligible Calls Not sent to Low Code	During Staffed Hours Only	% of Total Eligible Calls Not sent to Low Code During Staffed Hours
*Call Taker decided to not send incident to LowCode, with reason: MEDICAL FACILITY RP= RN/Dr requesting 911 AND is at PT bedside	32	3.4%	31	3.5%
*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	14	1.5%	14	1.6%
*Call Taker decided to not send incident to LowCode, with reason: REOPENED CALL= Reopened call, call already processed	14	1.5%	14	1.6%
*Call Taker decided to not send incident to LowCode, with reason: FALL= ONLY if PT on ground AND unable to get up	8	0.8%	8	0.9%
*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)	877	92.8%	504	57.5%