CONFIRE ECNS Analysis

February 2026

CONFIRE
Regional Emergency Communications

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

February 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 2300 hrs).

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

	All Calls	ECNS Operational Hours Only
Total Emergency EMS Calls	17,681	14,229
Total EMS Calls with Obtainable Determinant Code	13,509	10,901
Total EMS Calls with Determinant Code	11,883	9,481
% of EMD Obtainable EMS Calls with Determinant Code	88.0%	87.0%

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 2300 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

Feature	First Approach – Ideal Capacity	Second Approach - 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

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

	Based on IEAD Protocol (All Hours)	Based on CONFIRE Policy (Staffed hours only)
Total Calls Eligible for Low Code:	1,664	1,500
% of EMS calls with Determinant Code Eligible for ECNS	14.0%	12.6%
Total calls eligible for ECNS transfer	1,664	1,286
Total ECNS Eligible Calls Transferred to ECN (Entered in Low Code)	646	646
% of Eligible EMS CallsTransferred to ECNS system	38.8%	50.2%
% of Total EMS Calls Transferred to ECNS	3.7%	3.7%

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

Table 3:Transport/treatment status of ECNS calls February 2026.

Incoming Calls to Emergency Communications Nurse (ECN) Nurse		
	Total ECNS Transfers	646
	Calls Aborted (Hangups, disconnects, emergency declared)	134
	Total Calls received and completed by ECN	512
Calls Returned for Emergency Transport		
	Triage nurse returned call for Emergency Transport	126
	Number of returned calls for emergencies resulting in actual transport	N/A
	% of returned calls for emergency resulting in transport	N/A
Non-emergency with no Alternative Transport		
	Patient had no alternative means of transport (Transport Unit Sent)	281
	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
Total calls to reach ECN that resulted in an ambulance response		407
	% of total calls to reach ECN that resulted in ambulance response	79.5%
	Total ambulance responses that resulted in a transport	N/A
	% of response with transport	N/A
	Number of callers who received ECN directions and did not transport by ambulance.	105
	Number of callers who received ECN directions, but ambulance was sent only because the patient had no other means of transportation.	281
	Potential transport deferrals if alternative transportation was available	386

Table 4: Recommended Point of Care Disposition for patients completing ECNS process for February 2026.*

Disposition of Care Text	Number	Percent
Seek Emergency Care as Soon as Possible	204	52.6%
Seek Face to Face Care within 1-4 Hours	79	20.4%
Emergency Response	76	19.6%
Speak to Your Doctor/Health Care Professional to Review the Symptoms As Soon As Possible	9	2.3%
Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 12 Hours (same day)	8	2.1%
Schedule an Appointment to be Seen by a Doctor/Health Care Professional within the Next 1-3 Days	5	1.3%
Self-Care	3	0.8%
Schedule a Routine Appointment with a Doctor/Health Care Professional	3	0.8%
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.

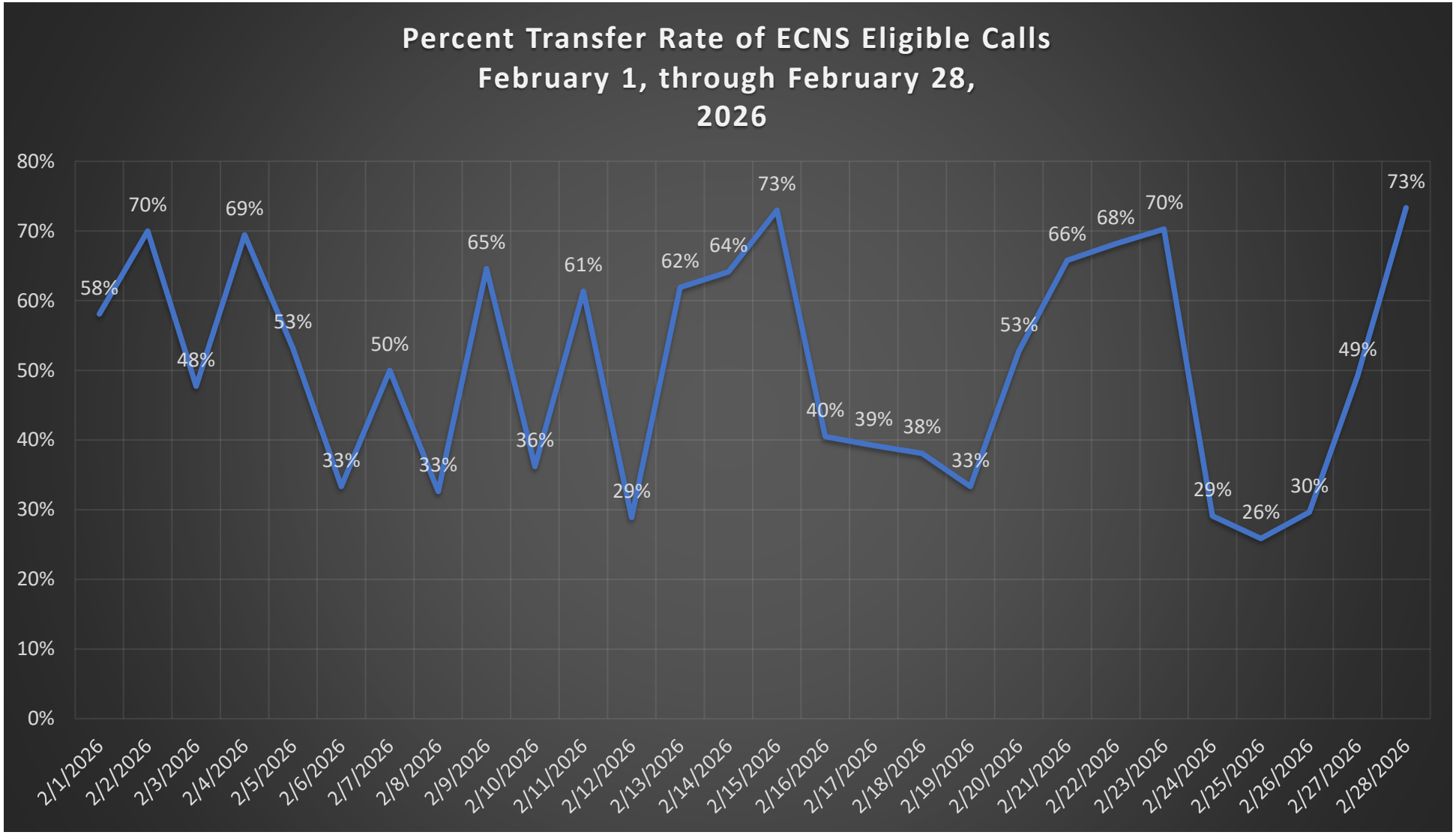


Figure 2:Total number of ECNS eligible calls and the number of them that were transferred to an ECN/entered into Low Code by date.

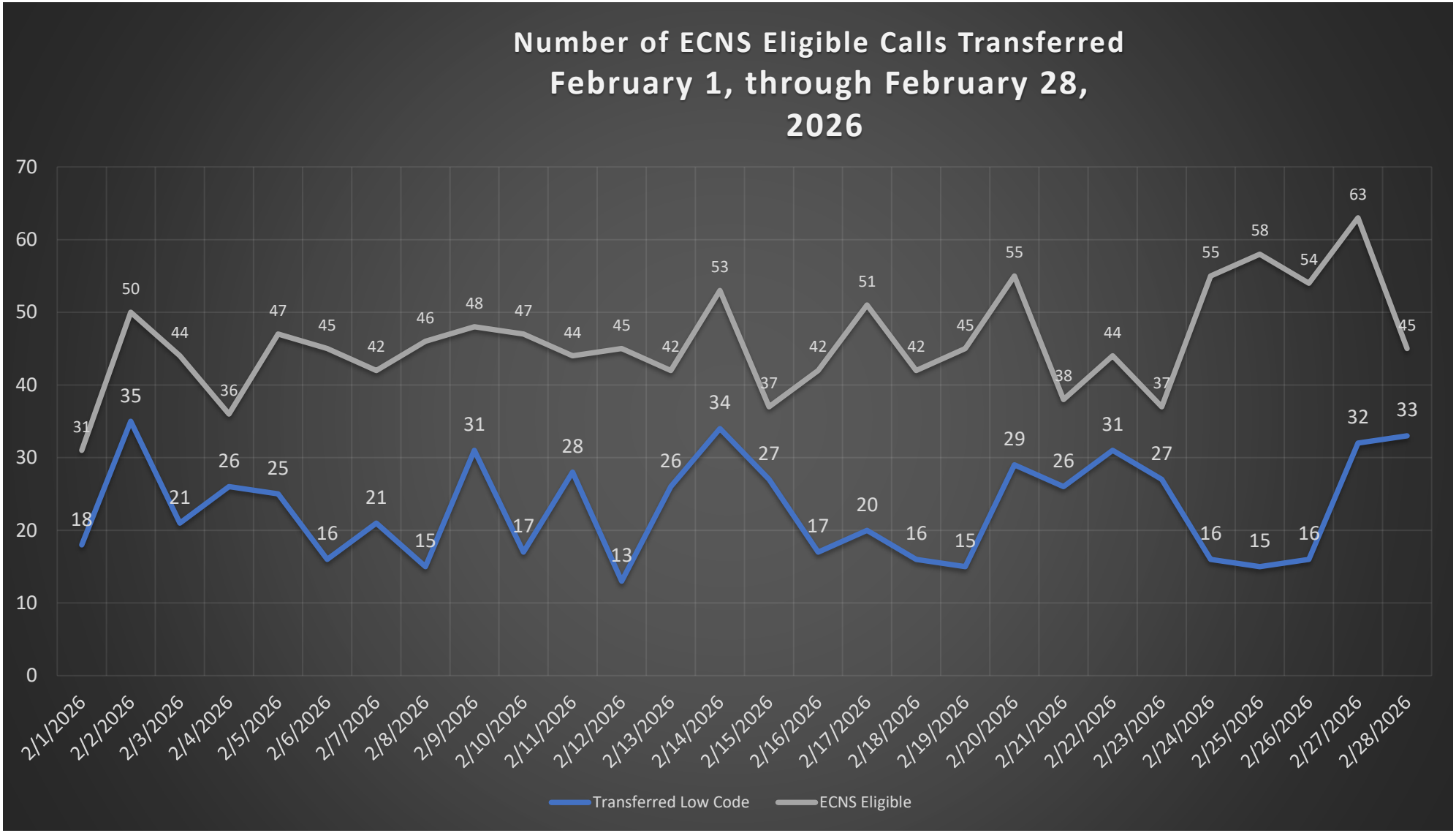
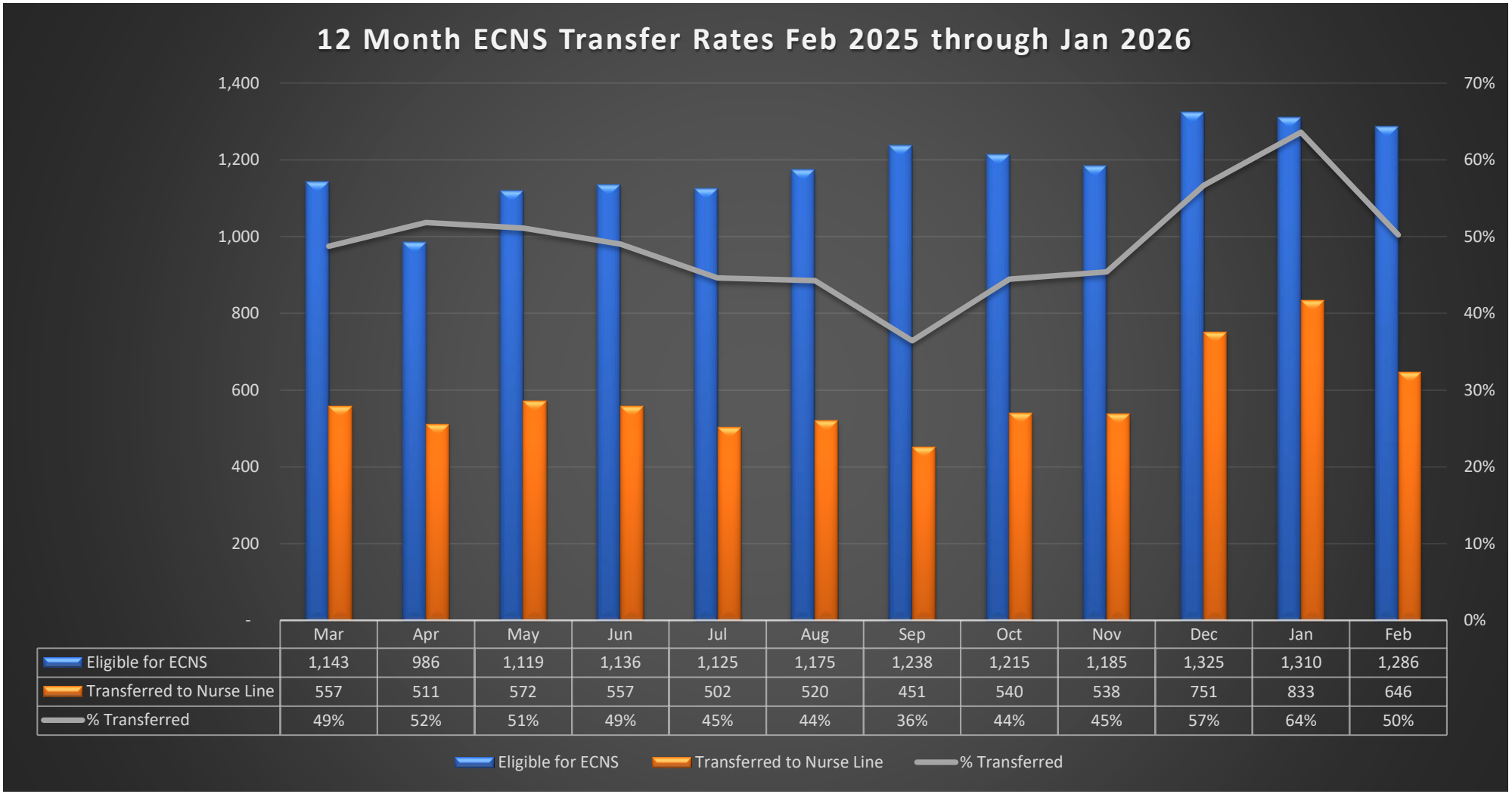
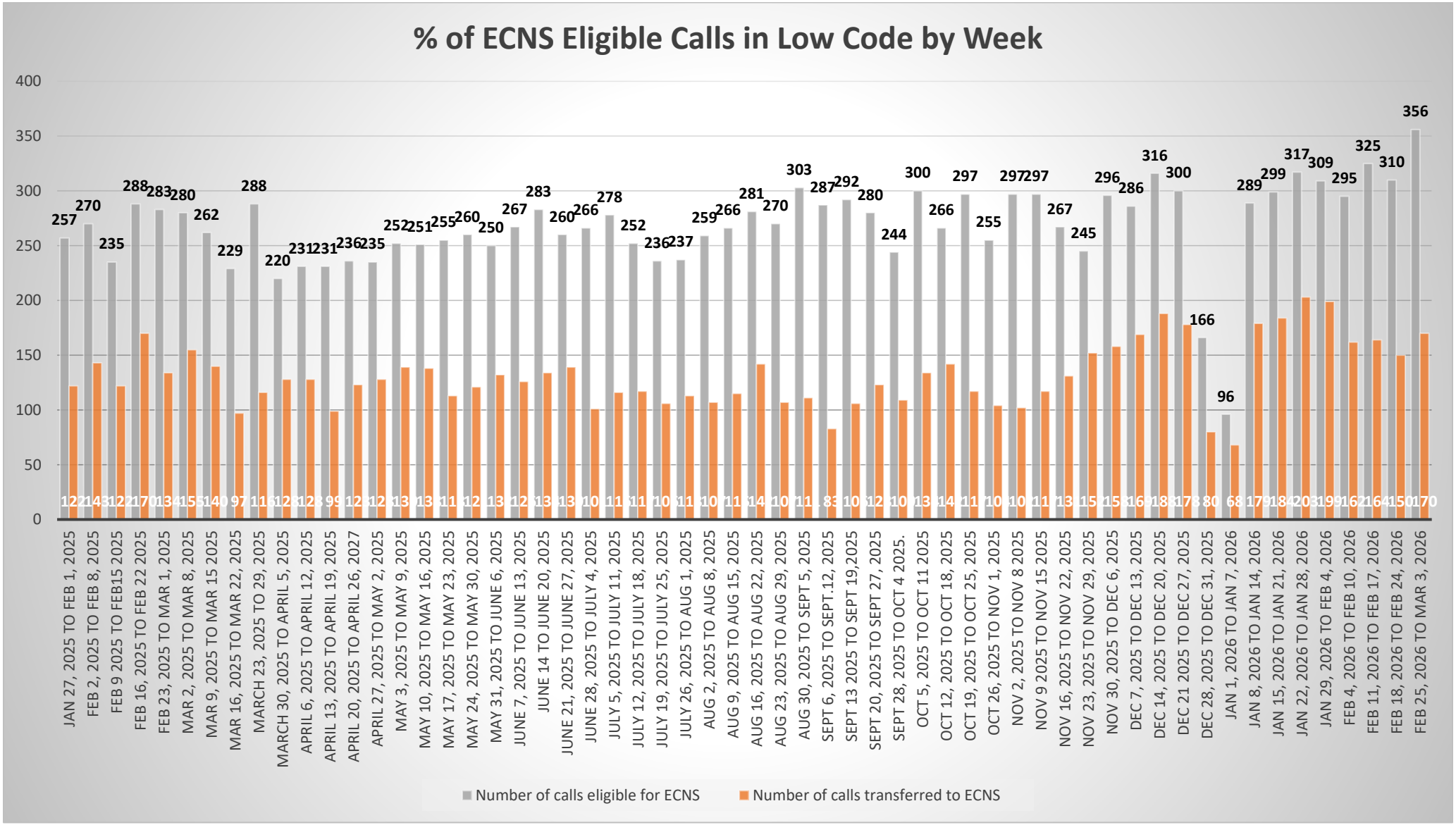


Figure 3: 12-month analysis of ECNS eligible calls and rates of transfer to ECN/Low Code system.



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Eligible for ECNS	1,143	986	1,119	1,136	1,125	1,175	1,238	1,215	1,185	1,325	1,310	1,286
Transferred to Nurse Line	557	511	572	557	502	520	451	540	538	751	833	646
% Transferred	49%	52%	51%	49%	45%	44%	36%	44%	45%	57%	64%	50%

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



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

February 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 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: 3RD/4TH PARTY=RP is not nor able to be with PT	42	3.9%	41	5.8%
*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)	836	78.1%	488	69.4%
*Call Taker decided to not send incident to LowCode, with reason: FALL= ONLY if PT on ground AND unable to get up	4	0.4%	4	0.6%
*Call Taker decided to not send incident to LowCode, with reason: MEDICAL FACILITY RP= RN/Dr requesting 911 AND is at PT bedside	10	0.9%	9	1.3%

***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**	33	3.1%	33	4.7%
***Call Taker decided to not send incident to LowCode, with reason: QUICK LAUNCH= CP, CPR, CVA. SOB, TC, UNC**	81	7.6%	64	9.1%
***Call Taker decided to not send incident to LowCode, with reason: REOPENED CALL= Reopened call, call already processed**	23	2.1%	23	3.3%
***Call Taker decided to not send incident to LowCode, with reason: 3RD/4TH PARTY=RP is not nor able to be with PT**	42	3.9%	41	5.8%