

## 27 Years Of Improving Performance & Harnessing The Power Of Your Data

FirstWatch helps public safety and healthcare professionals serve their communities through the use of technology and the science of quality improvement. Drawing on deep experience in emergency services, the FirstWatch team develops software and personalized solutions to help organizations continuously improve at what they do. Founded in 1998, and based in Carlsbad, Calif., FirstWatch has partnered with more than 500 communities across North America to improve outcomes, efficiency, safety, and operations.



FirstWatch.net



Real-Time data from your CAD, ProQA, ePCR, RMS, Phone, Nurse Triage, Billing, or Hospital ED systems



### About FirstWatch

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### **Risk IDentification for Emergency Services (RIDES)**



### **RIDES** is an interactive, data-driven tool that helps Public Safety leaders:

- Safely reduce the use of lights and siren response
- Test the effects on your system of alternative system designs
- Accurately predict the outcomes of schedule, crew, or response changes
- Use your data to analyze the need for ALS vs. BLS resources
- Evaluate response assignments for efficiency and effectiveness
- Is my EMD or Priority Dispatch system working the way we think it is?
- Change the variables in your system and evaluate the impacts unit types, medications, response priorities

### Getting the right resources to the right problem in the right way, with RIDES



Test your assumptions, evaluate alternatives, and provide data-driven solutions for your community.



### **Real-Time Tracking of Opiates Overdoses**





### IAED March/April 2017 Issue

### Crisis Proportions: Comm center strategies rally against opioid epidemic

Surveillance and multi-agency cooperation using and sharing CAD and electronic patient care reporting (ePCR) data is a strategy with the persistence to escalate the war against opioid abuse.

This article features FirstWatch customers like RAA, VA and ProEMS, MA who both use FirstWatch to track potential opioid-related calls by searching ePCRs for terms such as "Narcan" or "heroin". Read the full article here:

https://iaedjournal.org/crisis-proportions/

SINCE 1998

For 27 years FirstWatch has provided real-time, automated situational awareness visualizations & alerts for our 9-1-1, Law, Fire, EMS, Public Health, and Homeland Security customer partners (across the US).



# HELPING MORE HELPERS

Expand your FirstWatch data view by including other regional partners

We're Helping MORE Helpers than ever before! Our FirstWatch customer partners are **strategically** *leveraging their investment in FirstWatch tools and technology* by inviting other Public Safety agencies (dispatched via the same CAD, or using same ePCR, RMS, or ProQA data systems, or even completely disparate CADs, or different ePCR, RMS, or other data systems). Using FirstWatch, all teams can share data & benefit via automated, real-time situational awareness, data visualizations, and automated alerts across the entire operational area, region, or even State!



sales@firstwatch.net | firstwatch.net

# Interact with data visualizations, displayed your way



### IDV

# What does IDV stand for?

IDV stands for Interactive Data Visualization and like the name suggests, its intended to enable users to create dashboard visualizations offering interactive drill-downs into their FirstWatch data.



### What is IDV?

IDV is a module with a modernized look and feel designed to allow users to interact with the data that is populated from a FirstWatch trigger. Users can create and save an unlimited number of widgets or tabs to display data in a manner that is meaningful to them and their organization.

Once designed, IDV allows users to answer common questions about what may be going on in their system. IDV supports the ability for users to search or filter data and save custom filters for each user profile to be used at a later time.

IDV provides the ability to group multiple data elements and compare to previous day, month, or year. Interval breakdowns can include day of week, hour of day, by station, unit, shift, battalion or other options important to your organization.

Access to the data at your finger tips on screen or multiple export options are part of the core feature set. All widgets can be exported in various formats to add to your reports. The IDV Grid allows the end user to group by, hide or sort columns, reorder the data columns, apply filters just to the grid and if needed export to Excel.

# How would it help my organization?

IDV helps organizations setup and see information at a glance in an easy-to-read visual display. IDV can be shared to other individuals within your organizations or entities that you report to. Because information can be exported out, many agencies use IDV to assist in reporting or providing information in an easy-to-understand manner for authorities, councils, etc.

# What type of data does IDV look at?

The majority of clients using IDV are using CAD or ePCR data, but IDV can be setup against any data source you have flowing to a trigger in FirstWatch – CAD, ePCR, ProQA, RMS, or a combination of data sources.

### Manatee County EMS Customer Spotlight

<sup>44</sup>We use IDV to communicate with our hospital partners daily. We provide them with data that showcases their Transfer of Care times, Nurse Signature Times for Transfer and Volume. This helps us have a continual pulse on their performance as it relates to getting our units turned around at their facilities.

We also use IDV to provide senior leadership within our organization a view of how our system is performing. Some of the most desired data is presented to them through IDV to quickly show trends in our teams performance.<sup>37</sup>



Sean Dwyer Assistant Chief, Special Operations Manatee County EMS



# Image: sector secto

### Cypress Creek EMS Customer Spotlight

<sup>44</sup>FirstWatch IDV gives administrators the ability to view response data in a clear and concise report. We share this data with the various fire departments we provide emergency communications services saving my Communications Manager three days of work.<sup>33</sup>



Wren Nealy Jr. Chief Executive Officer Cypress Creek EMS

### **HOT Trigger Examples**

0 DOFD

ieo can	The Cost To Course Day #	First Name	I and Marrie	Count of
alid CAD	Time Sent To Queue Box #	First Name	Last Name	Duplicates
$\checkmark$	2/5/2017 11:44:22 PM	[Deidentified]	[Deidentified]	3
<ul> <li>Image: A start of the start of</li></ul>	2/5/2017 11:53:26 PM	[Deidentified]	[Deidentified]	11
$\checkmark$	2/5/2017 11:53:26 PM	[Deidentified]	[Deidentified]	11
	2/5/2017 11:56:35 PM	[Deidentified]	[Deidentified]	1
<b>v</b>	2/6/2017 12:01:44 AM	[Deidentified]	[Deidentified]	4
<b>v</b>	2/6/2017 1:28:51 AM	[Deidentified]	[Deidentified]	3
1	2/6/2017 1:59:52 AM	[Doidontified]	[Deidentified]	

**Frequent Patients / Hot Spots** 

PGFD - 0	ePCRs - Frequ	ent Patient - Goo	gle Chrome
Secure	https://sa	nbsubscriber.f	irstwatch.net/\
Prehosp	ital Patie	nt Care Rep	port
	Previous	Patient Past Y	ear Same DO
INC_DT	Incident ID	Primary Impression	First Name L
01/18/2017 03:37:30	6936150	Altered Mental Status	DE-IDENTIFIED D
12/26/2016 14:02 39	6826400	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
12/ .8/2016 07 .03:56	<u>6794038</u>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
12/14/2016 09:55:35	6781013	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
12/07/2016 09:24:36	<u>6754275</u>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
12/02/2016 10:36:07	6733310	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
11/08/2016 02:39:46	<u>6646629</u>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
10/31/2016 14:06:33	<u>6618639</u>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
10/09/2016 01:23:27	<u>6538038</u>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
09/09/2016 10:37:44	6425159	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D
08/24/2016 13:58:16	6365585	Altered Mental Status	DE-IDENTIFIED D
08/19/2016 03:15:14	<u>6345784</u>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED D

### **Critical / Special Incidents**

8

alls displayed re	present a	Incidents Curren tive or performed calls bet e FirstWatch <sup>TM</sup> Interne	tween th	e hours of 1/1/2017 and 2/6/2017 11:	59:59 PM. 🖹		
ATCHING DET OR PCR HAS PT PRIORITY 99 C	AGE <=	NTS: 7% 14C% 14D% 18 WITH PRIMARY/SE	14E% 2 CONDA	2% 27B% 27D% OR 4 OR MORE U	NITS ARE O	ON SCENE OR H. JDES: TEST, MIS	Accid. 27 Stab/ Gunshot / Penetrating AND AS BRAIN MATTER IN THE PCR NARRATIVE S-ASSIGNED, DUPLICATE CALLS AND BLS Special Event Nondedic
Geo Valid	<u>ePCR</u>	Time Sent To Queue	▲ <u>Pri</u>	Problem	ProQA	Incident #	Address/Location
~	1	1/1/2017 3:31:32 PM	10	27 Stab/ Gunshot / Penetrating	27D04Y	010117-0255	From AHEMS
~	1	1/1/2017 8:52:26 PM	10	27 Stab/ Gunshot / Penetrating	27D02X	010117-0340	From AHEMS
✓	1	1/1/2017 8:52:26 PM	10	27 Stab/ Gunshot / Penetrating	27D02X	010117-0340	From AHEMS
~		1/7/2017 11:28:26 AM	15	FS Fire Standby		010717-0163	From AHEMS
~	1	<u>1/13/2017 5:42:40 AM</u>	10	27 Stab/ Gunshot / Penetrating	27D04G	011317-0056	From AHEMS
~	1	1/14/2017 9:10:22 AM	10	27 Stab/ Gunshot / Penetrating	27D05G	011417-0099	From AHEMS
~	1	1/14/2017 9:10:22 AM	10	27 Stab/ Gunshot / Penetrating	27D05G	011417-0099	From AHEMS
1	1	1/14/2017 9:10:22 AM	10	27 Stab/ Gunshot / Penetrating	27D05G	011417-0099	From AHEMS





The **Hospital Transport Status Dashboard** lists each primary hospital in the area, showing how many units are currently en route to, or at each facility. Additionally, the dashboard provides: count of units transporting to and arrived at each hospital, average elapsed time and maximum time at hospital, visual warnings by hospital, pre-defined counts and time thresholds, summary and detailed view of each hospital, custom sorting by hospital - allowing each hospital to see transports and times.

Southwest Zone Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
INLAND VALLEY REGIONAL MEDICAL CENTER	0	1	22:59	22:59
LOMA LINDA UNIVERSITY MEDICAL CENTER -	0	3	13:11	19:49
MENIFEE VALLEY MEDICAL CENTER	0	0		
RANCHO SPRINGS MEDICAL CENTER	0	0		
TEMECULA VALLEY HOSPITAL	0	1	25:04	25:04
Hemet/Pass Zone Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
HEMET VALLEY MEDICAL CENTER	0	1	35:35	35:35
SAN GORGONIO MEMORIAL HOSPITAL	0	0		
Desert Zone Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
DESERT REGIONAL MEDICAL CENTER	0	0		
EISENHOWER MEDICAL CENTER	0	0		
JOHN F. KENNEDY MEMORIAL HOSPITAL	0	0		
Northwest Zone Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
CORONA REGIONAL MEDICAL CENTER	0	0		
ETS	1	0		
KAISER HOSPITAL - RIVERSIDE	0	0		
PARKVIEW COMMUNITY HOSPITAL	0	0		
	0	4	22:12	35:45
Central Zone Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
MORENO VALLEY COMMUNITY HOSPITAL -	0	0		
RIVERSIDE COUNTY REGIONAL MEDICAL	0	0		
ENTER	U	U		
Out of Area Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
ARROWHEAD REGIONAL MEDICAL CENTER	0	0		

Available as an add-on feature to the Hospital Status Transport Dashboard, the Transfer of Care module is a web enabled system that records and tracks the transfer and acceptance of a patient to the Emergency Department. In addition to capturing the date and time stamp for the transfer of care at each facility, the TOC tool can be configured to capture delay reasons over a user defined threshold.

Agency AMR_RC	Unit 8437		Enroute 7/17/2018 8:48:17 AM	(Elapsed) 01:35	Arrived	(Elapsed)	Problem/Nature 1A1 ABD_PN
TS - 9990	County F	arm Rd	, Riverside, CA				
Agency AMR_RC	Unit 4115		Enroute 7/17/2018 8:19:39 AM	(Elapsed) 30:13	Arrived		Problem/Nature 5150 HOLD
IEMET VAL	LEY MED	ICAL CE	NTER - 1117 E. DEVO	NSHIRE AVE	HEMET, CA		
Agency AMR_RC	Unit 5502	TOC	Enroute 7/17/2018 8:00:24 AM	(Elapsed) 11:46	Arrived 7/17/2018 8:12:10 AM	(Elapsed) 37:42	Problem/Nature 12D2 SEIZ_MULTI SEIZ
NLAND VA	LLEY REG	IONAL I	MEDICAL CENTER - 36	485 INLAND	VALLEY DRIVE, WILD	OMAR, CA	
Agency AMR_RC	Unit 4460	TOC	Enroute 7/17/2018 8:06:28 AM	(Elapsed) 18:18	Arrived 7/17/2018 8:24:46 AM	(Elapsed) 25:06	Problem/Nature 30B1 TRAUMA_DANG BODY AREA
OMA LIND	A UNIVER	SITY M	EDICAL CENTER - MUR	RIETA - 280	62 Baxter Rd, Murrie	ta, CA	
Agency	Unit		Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	4440	TOC	7/17/2018 8:15:54 AM	12:02	7/17/2018 8:27:56 AM		SICK PERSON_26
AMR_RC	4428	TOC	7/17/2018 8:19:09 AM	16:51	7/17/2018 8:36:00 AM		UNKNOWN MEDICAL ASSISTANCE_3
AMR_RC	<u>4443</u>	TOC	7/17/2018 8:19:23 AM	20:23	7/17/2018 8:39:46 AM	10:06	26B1 SICK_UNK
IVERSIDE		TY HOS	PITAL - 4445 MAGNOL				
Agency	Unit		Enroute	(Elapsed)			Problem/Nature
AMR_RC	3334	TOC	7/17/2018 8:25:41 AM	04:55	7/17/2018 8:30:36 AM		SICK PERSON_26
AMR_RC	3338	TOC	7/17/2018 8:17:52 AM	23:02	7/17/2018 8:40:54 AM		HEADACHE_18
AMR_RC	3359	TOC	7/17/2018 8:00:55 AM	17:47	7/17/2018 8:18:42 AM		23C2 OVERDOSE_ABN BREATHING
AMR RC	3316	TOC	7/17/2018 7:58:13 AM	13:47	7/17/2018 8:12:00 AM	37:52	FALLS_17

### Performance by Individual, by Unit, or Shift



FirstWatch Performance Plus is an enhancement module to existing FirstWatch standard Performance Triggers. While standard Performance Triggers are great at providing the overall compliance perspective, they do not provide compliance monitoring at the various individual or specific component levels. For example, standard Performance Triggers can monitor overall Priority 1 calls processed within 45 seconds, ninety percent of the time. However, they cannot measure or monitor the individual Call-Taker's performance against the same standard (John Smith's performance).

The Performance Plus module is designed to do just that, by analyzing both the overall and the specific components that make up the overall compliance. By automating these performance measures, it increases situational awareness and early detection of potential problem areas, which in turn allows for early mitigation – resulting in improved performance, compliance, and operational efficiencies. Real-time alerts on individual performance keep your finger on the pulse of performance in your agency.

gger Views: Events Graphs Maps D - Hospital Drop P	Performar	nce Plus -	Individu	al Per			i an sai	e	Viev	v Alert Config H	tefresh	rate 3 min(s)	×		Jessica Smith
Current – Data between the hours View: 오Current 오MTD 오Last					:41 PM	1   Down	load to Excel:								
		Cu	rrent	-	1	MTD			Last Mo	nth		Last 30 D	)ays		VTD
Individual Performance	Total	Out of Compliance	Compliance %	Avg Time	Total	Out of Compliance	Compliance %		Out of Compliance	Compliance %		Out of Compliance	Compliance %	Total	Out of Compliance
and the second s	1	0	100.00	00:00:28	1	0	100.00	155	107	30.97	155	107	30.97	1512	103
	8	2	75.00	00:22:24	8	2	75.00	301	147	51.16	301	147	51.16	3990	207
	7	3	57.14	00:32:09	7	3	57.14	382	226	40.84	382	224	41.36	4632	279
	4	2	50.00	00:40:20	4	2	50.00	138	89	35.51	142	91	35.92	1501	110
	18	9	50.00	00:34:08	20	11	45.00	1313	962	26.73	1314	963	26.71	13998	1024
And in the owner of the owner.	6	3	50.00	00:36:31	6	3	50.00	414	206	50.24	413	203	50.85	4184	234
Hospital Drop	87	52	40.23	00:37:28	90	55	38.89	5910	3886	34.25	5894	3885	34.09	65122	4380
	11	7	36.36	00:43:28	11	7	36.36	769	497	35.37	765	498	34.90	8364	536
	19	14	26.32	00:44:19	19	14	26.32	1181	879	25.57	1184	884	25.34	12973	982
	9	8	11.11	00:40:50	9	8	11.11	674	396	41.25	668	396	40.72	7370	483
	0	0		00:00:00	0	0		170	121	28.82	161	115	28.57	1804	126
	1	1	0.00	01:19:34	2	2	0.00	172	138	19.77	168	136	19.05	2086	159
	2	2	0.00	00:33:03	2	2	0.00	146	68	53.42	147	70	52.38	1702	78
	1	1	0.00	00:32:24	1	1	0.00	95	50	47.37	94	51	45.74	1006	54

### **Example Performance Plus Triggers:**

- Call processing times performance by individual call taker
- Dispatch assignment performance by individual dispatcher
- Total call processing performance performance by individual
- Call-taker/dispatcher performance by priority

- Call-taker call completeness/accuracy
- · Geovalidation by call-taker
- Call-taker overides
- 1st unit assignment accuracy
- Unit/crew times performance by unit, by station, by battalion, and individual

### **Workload Monitoring**

Make informed, real-time decisions when sending your crews on calls based on their current total task time for that shift.

Viewei Buente Graphe Mape Destination Analysia To	a			View Als	rt Config Remain rate 3 min(s	The second se	ACC Server: 7/19/2016 6:4 A Local: 7/19/2016 9:4 O Cluster Michael M
ustin - 24hr 7am DC1-DC5 Unit W. Ils displayed represent active or performed calls bet rformance Standard = 01:15:00 ata and Report from the FirstWatch <sup>™</sup> Internet	veen the hours of 7/18/2016 8:41:44 PM and 7/1	9/2016 8:41:44 AM. 🕱 🕟 📑 9	8				
eo Valid Time Sent To Queue Problem Incident	Unit Address/Location	Enroutes Arrest/De Incidents	ceased Task Time Task UHU Tot	<u>ytime</u> <u>tal Time</u> Daytime <u>Task</u> OnTask%	Daytime UHU Adj Tas	k Time Adj Task UHU	dj Daytime Adj Daytime Dntask% UHU
✓ 7/18/2016 Altered Mentation 16200-0523 11:31:47 PM Pri 3	DC01	3 0	00:10:27 0.01 00:37	7:57 3%	0.03 00:40:27	0.03 59	6 0.05
✓ <u>7/19/2016</u> <u>4:16:50 AM</u> Tactical Assist Prescheduled <u>16201-0038</u>	DC04	2 0	02:17:03 0.1 02:28	8:39 10%	0.1 02:47:03	0.12 12	% 0.12
✓ 7/19/2016 4:27:17 AM Cardiac Arrest 16201-0040	DC02	3 3	00:02:53 0 00:44	4:16 3%	0.03 00:32:53	0.02 590	6 0.05
✓ 7/19/2016 Traffic Injury Pri 16201-0074 8:03:08 AM 4F	DC03	1 0	00:19:27 0.2 00:10	9.27 20%	00:49:27	0.5 50	a. 0.5
cords Per Page: 50 V tal Responses: 4	M06 has bee	en dispatche	d 15 times since	e 6am and	has spent	05:13:12	on task.
an responses. H	Incident Date	Run #	Problem Type			Disposition	
	06/29/2016 07:42:54	16785805	Psychiatric Pri 3	(	0:07:46	Reconfigured F	Response
	06/29/2016 07:37:33	16785761	Unknown Pri 4	(	0:00:20	Reconfigured F	Response
	06/29/2016 07:59:58	16785860	Unknown Pri 3	(	0:05:03	No Patient	Contraction Contraction
	06/29/2016 08:06:36	16785897	Syncopal Episode Pri	i3 (	1:04:37	South Austin	
	06/29/2016 09:12:04	16786241	Unknown Pri 3			Referred Austi	
	06/29/2016 09:41:13	16786407	Seizure Pri 3				I Ctr Brackenridg
	06/29/2016 10:48:40		Allergic Reaction Pri			Reconfigured F	
	06/29/2016 10:54:00		Chest Pain Pri 2				Ctr Brackenridg
	06/29/2016 13:18:40		Psychiatric Pri 5			Cancelled	
	06/29/2016 13:30:24		Psychiatric Pri 4	(	0:27:16	Refusal	
	06/29/2016 13:59:08	16788085	Psychiatric Pri 4				
	06/29/2016 13:53:50	16788049	Overdose Pri 1	(	0:02:15	Reconfigured F	Response
	06/29/2016 14:16:00	16788196	Unknown Pri 3	(	0:01:38	Cancelled	
	06/29/2016 14:29:38	16788317	Respiratory Pri 1	(	0:46:55	Saint Davids	
	06/29/2016 15:16:05	16788686	Fall Pri 3				
			005			-	
	OOS Description		Start Time	End Ti		Time Tak	(en
	OS Repair EMSG		06/29/2016 12:22:2	8 06/29/	2016 12:45:55	00:23:27	2



### **FirstPass Module**





# **FirstPass® by the Numbers**

3 100.00%

Universal

90.04%

100.00%

100.00%



WESTERN Deathcast

### **FirstPass Module**



### **Automates Performance Improvement**

# Know how your system is performing on the things that matter most in near real-time

The NEW FirstPass Dashboard includes a customizable display of a tiled summary of where your calls are in your FirstPass queues, and Statistical Process Control (SPC) charts for each of your system's Protocols.

- Real-time Automated Performance Improvement Use one tool to monitor Protocol compliance, documentation, and improvement success
- Measure Protocol Compliance Prioritize and monitor the protocols that are most important to your system
- Enhance Documentation Quality Real-time review of completion of required ePCR fields
- Provide Meaningful Feedback Ask questions and provide medics with feedback before they end their shift
- Save Time & Resources Let the computer do the work and save the human for what is most important
- Monitor Medic Performance Track individual performance to overall system objectives



### **Critical Incident Notification**

Allina Health EMS and Las Vegas Fire uses their Critical Incidents triggers to alert their Chaplain in real-time.

Calls display	yed re	present act	ncidents Curren tive or performed calls bet e FirstWatch <sup>TM</sup> Interne	ween the	Information hours of 5/12/2017 and 5/18/2017 1	11:59:59 Pf	м. 🛛 🔜				
14D% 14	E% 2 ARRE	2% 27B% ST. EXCLU	b 27D% OR 4 OR MORE	UNITS	ARE ON SCENE OR HAS BRAIN M	ATTER IN	THE PCR NARRA	e Accid. 27 Stab/ Gunshot / Penetrating ATIVE OR PCR HAS PT AGE <= 18 WITH   I Event Ded., SEA ALS Special Event None	PRIMARY/SECONDAR	RY IMPRESSIO	N OF
3	<u>Geo</u> Valid	ePCR	Time Sent To Queue_ ▲	Pri	Problem	ProQA	Incident #	Address/Location	City	County	Division
	× .	1	5/12/2017 1:32:56 AM	15	FS Fire Standby		051217-0028	From AHEMS	ARDEN HILLS	RAMSEY	Allina Norti
	~	1	5/12/2017 1:32:56 AM	15	FS Fire Standby		051217-0028	From AHEMS	ARDEN HILLS	RAMSEY	Allina North
1	×	1	5/12/2017 10:50:32 AM	5	27 Stab/ Gunshot / Penetrating		051217-0180	From AHEMS	MOUNDS VIEW	RAMSEY	Allina North
	×	1	5/14/2017 10:27:50 AM	5	29 Traffic Accident / PI		051417-0138	From AHEMS	ANOKA	ANOKA	Allina Norti

LVFR - Critical Incident Notification Current Call Information	
Calls displayed represent active or performed calls between the hours of 4/17/2016 and 4/18/2016 11:59:59 PM. 🔣 🕵	$\sim$

Data and Report from the FirstWatch<sup>TM</sup> Internet Server

Geo

Valid ePC	CR <u>Time Sent To Queue</u>	Incident #	<u>Pri</u>	Problem	ProQA	
<ul> <li>1</li> </ul>	<u>4/17/2016 12:07:58 AM</u>	04172016-6108729		•	•	ants: GSW (explosive to - "27D05G" Building Fire
√ 3	<u>4/17/2016 1:04:56 AM</u>	04172016-6108772				est Obvious Death - 6" Traffic Accident - "29D%"
✓	4/18/2016 12:33:27 AM	04182016-6109705	OR Mato	hing Problems	Types: "27B-Stab	/Gunshot Wound" "27D-
Records Per Page: 50 Total Re	esponses: 3		Cardiac/ ePCR na	Respiratory Ar rrative. Unit m	ust be on scene >	nging" or "Jumper" in the 2 minutes Does not include
	ical Incident Notification Filter Cr 10, 11, 12, 13, 14, 15, 16, 17, 18, 2, 3		"unable	to locate" or "	no patient contact	" in ePCR narrative

and in the call comments and had a corresponding

Trigger Criteria Include the Following Categories (with Matching Free-Text Entries with Call Comments): Critical Incidents, No Patient Contact

(Drill down into each call's detail to see which free-text words or phrases were Category.)

Other Information: LVFR units only AND matching determinants: GSW (explosive to head) - "27B05G" GSW (multiple victims) - "27D05G" Building Fire with person inside - "07C01" Cardiac Arrest Obvious Death - "09B1%" Drownings - "14D%" and "14B%" Traffic Accident - "29D%" OR Matching Problems Types: "27B-Stab/Gunshot Wound" "27D-Stab/Gunshot Wound" "7C-Burns/Explosion" "9B-Cardiac/Respiratory Arrest" OR With "Hanging" or "Jumper" in the ePCR narrative. Unit must be on scene > 2 minutes Does not include "unable to locate" or "no patient contact" in ePCR narrative

orkforce							Live Wor	kload F	Rep	ort					
afety	Unit 🗄	Scheduled Start Time	Actual Start Time	Total Time on Duty	# of Responses	# of Arrivals	Total Task Time	Task Tir UHU		# of Times Out of Service	Out of Service Time	# of Post Movements	Time not at Post	@ Post > 30 Min	Active Time UH
arcty	ALS Units														
_	3333	05:00:00	05:17:52	08:46:04	4	4	04:43:17	0.54		1	00:34:57	6	06:30:03	0	0.74
and the second state of the state of the second state of the secon	3334	05:30:00	05:29:54	08:34:02	5	2	05:13:53	0.61		1	00:51:17	4	06:15:15	0	0.73
onitor unit activity	3331	05:30:00	05:30:43	08:33:13	4	3	05:56:19	0.69		1	00:47:26	6	07:43:04	0	0.90
-	3385	06:00:00	06:23:05	07:40:51	3	3	05:47:11	0.75				6	06:48:45	0	0.89
real-time.	3340	06:00:00	05:43:44	07:20:12	6	5	04:11:53	0.57				9	05:26:22	0	0.74
car time.	3336	06:30:00	06:44:34	07:19:22	3	3	03:32:27	0.48		1	00:40:47	4	04:21:10	0	0.59
	3101	06:30:00	05:46:18	07:17:38	3	3	05:40:41	0.78			**	0	00:00:00	0	1.00
	3338	07:00:00	07:03:25	07:00:31	4	4	03:49:44	0.55				7	05:26:09	1	0.78
	3317	07:30:00	07:30:43	06:33:13	7	2	02:29:57	0.38			-	8	05:09:15	1	0.79
	3339	07:30:00	07:53:44	06:10:12	3	3	04:09:10	0.67			**	6	05:37:21	0	0.91
	3343	06:00:00	08:01:01	06:02:55	0	0	00:00:00	0.00		2	05:51:38	0	00:00:00	0	0.03
	3107	06:00:00	08:02:46	06:01:10	3	3	05:40:46	0.94			-	0	00:00:00	0	1.00
	3364	06:00:00	08:03:39	06:00:17	2	1	02:22:00	0.39				4	02:54:27	0	0.48
	3327	06:00:00	08:17:24	05:46:32	1	1	04:37:47	0.80				3	05:03:41	0	0.88
	3332	06:00:00	08:17:50	05:46:06	3	2	04:23:44	0.76		1	00:50:50	2	04:41:52	0	0.81
	3344	09:00:00	09:16:14	04:47:42	0	0	00:00:00	0.00		1	04:47:44	0	00:00:00	0	0.00
	3342	09:00:00	09:42:03	04:21:53	3	3	04:12:16	0.96				2	00:00:00	0	1.00
	3103	09:30:00	10:07:35	03:56:21	1	1	02:45:59	0.70				0	00:00:00	0	1.00
	3365	10:00:00	10:08:16	03:55:40	2	2	02:18:20	0.59			**	3	03:07:19	0	0.79
	3104	10:00:00	10:09:40	03:54:16	1	1	03:23:33	0.87				1	03:37:19	0	0.93
	3366	11:00:00	11:38:43	02:25:13	2	2	01:15:56	0.52				5	02:13:12	0	0.92
	3102	06:00:00	12:44:12	01:19:44	1	1	01:18:20	0.98				0	00:00:00	0	1.00
	3113	11:00:00	13:29:44	00:34:12	0	0	00:00:00	0.00				1	00:32:52	0	0.96
	3108	13:00:00	13:32:26	00:31:30	0	0	00:00:00	0.00				1	00:30:11	0	0.96
	<b>BLS Units</b>														
	4490	07:30:00	08:46:26	1.05:17:30	18	10	10:43:07	0.37		1	00:53:28	5	12:30:40	6	0.43
	3341	06:00:00	05:04:29	07:59:27	3	2	04:54:59	0.62				1	05:36:07	0	0.70
	3302	07:00:00	07:11:12	06:52:44	2	2	01:39:03	0.24		1		2	06:20:02	1	0.92
	3348	07:30:00	07:38:55	06:25:01	2	2	01:53:12	0.29				3	06:23:29	0	1.00
	4441	08:30:00	08:40:27	05:23:29	2	2	03:50:31	0.71				0	00:00:00	0	1.00

### **Online Compliance Utility (OCU)**

NANCEME
MODULE

	CU Reports										
ŧ	Late - Review 0000157902 ×										
	DATE/TIME 7/16/2018 5:43:58 PM	INCIDENT # 0000157902		RESPONSE # 07162018-8258811		ADDRESS   LOCATIO	DN				
	∧ Flow										
	Owner:		Status:		Exemption Reason:						
	[No Owner]	\$	[Review]   (No Exemption Reason]								
	Late Reason 1: No Late Reason	\$	Late Reason 2: No Late Reason	\$							
	Response Info & Adjustments										
0	A Response milo & Aujustments			0228-20							
		Initial		Final	Incident Drill-down						
-	Clock Start Time	7/16/2018 5:	43:58 PM	7/16/2018 5:43:58 PM		Incident Drill-	down				
	Clock Stop Time	7/16/2018 5:	56:01 PM	7/16/2018 5:56:01 PM		fwCust_ID RunNo					
	Response Time Standard	00:11:59		00:11:59		DateRec Unit Grid	Constant of a				
	Response	00:12:03		00:12:03		Location	-				
	Overage	00:00:04		00:00:04		Priority InitBy	-				
	Area/Zone	Page Specia	and the second se		\$	InitByDesc TransFrom					
	Priority	Priority 1		Priority 1	\$	TransFromDesc	1				
				RESET	ALCULATE	TransTo	-				
						TransToDesc TransPri PatCond PatCondDesc Received Dispatched Enroute OnScene					

### **OCU Key Benefits:**

- · Real-time access to calls outside defined standards
- · Web-enabled, late run call analysis completed anywhere
- Simple, universal tool designed for both Authority and Provider
- · Automated rules designed to simplify and streamline the process
- 3rd party transparency
- · Save time, money and resources
- A suite of OCU reports

" ...OCU has truly revolutionized our ambulance response compliance program." "Before we implemented our FirstWatch OCU, I would spend 20-30 hours every month processing the late responses and exemption requests which included manually verifying the call information and personally calculating the penalty amounts by ambulance zone and then individually generating 10 invoices that were delivered via U.S. mail. Due to the time commitment, we were often 30-45 days behind in completing the process and getting the invoices sent out. Now, with OCU, I spend an hour or two a few times a month to go through the current late responses and exemption requests. FirstWatch generates the invoices and they are emailed to providers directly, which has reduced our invoicing process as much as 45 days. FirstWatch OCU has truly revolutionized our ambulance response compliance program."

Steve Carroll, EMS Administrator, Ventura County, CA

### Demand, Consumption, and Analysis



One of the many challenges faced by agencies is making the most effective use of the resources they have available. A common way to forecast needs for staffing, scheduling and resource deployment is to analyze historical patterns of demand for service, both by day of week and hour of day and geographically. This time proven approach is referred to as "Demand Analysis."

Variations of this approach have been used for more than 20 years all around the world. In the past, the process of compiling and creating a complete temporal and geographic Demand Analysis was tedious, time-consuming, and too often, very manual.



FirstWatch has created a real time, dynamically updated and calculated Demand Analysis Module which offers views of select customer data. The Demand Analysis calculations in the data can be downloaded into an Excel spreadsheet, with all formulas intact. We're working to enhance the Demand Analysis module by adding a Demand Consumption-based approach, as well as addressing geographical demands by creating up-to-the minute problem/solution maps for each hour of the day and each day of the week and/or other user-defined intervals.

Microsoft Excel - DownloadDA-20060911125641.xls													
[펜] Elle Edit View Insert Format Tools Data Window Help Adobe PDF - 라 ×													
D 2 - C - S     S - C - S     S								A	В	C			
						1		1	, , , , , , , , , , , , , , , , , , ,				
A	В	С	D	E	F	G	Н	1	J		Hr Ending	<u>_</u>	4
1 Hr Ending	<u>1</u> 6	27	<u>3</u> 4	<u>4</u> 3	<u>5</u> 3	<u>6</u> 3	7	<u>8</u>	<u>9</u>	22	Total	145	110
2 20060501		7	4	3				11	8	23	Min	2	1
3 20060508 4 20060515	6 2	2	4	3	3	0	6 8.	2	3	24	Max	15	13
22 Total	145	110	119	83	59	79	101	122	147	25	Mean	7.25	5.5
23 Min	2	1	1	0	0	0	0	0	3	26	Median	6	F
24 Max	15	13	12	7	7	9	8	11	16		Mode	6	
25 Mean	7.25	5.5	5.95	4.15	2.95	3.95	5.05	6.1	7.35			-	
26 Median	6	5	5	4	3	3	5.5	6	6.5	28	StDev	3.32	2.93
27 Mode	6	5	4	3	3	3	6	6	6	29	Avg High	10.6	8.6
28 StDev 29 Avg High	3.32 10.6	2.93	3.07	213	1.82	2.42	1.96	3.08	3.53 11.8	30	90th Percentile Rank	12	9.1
30 90th Percentile Rank	12	9.1	10/2	7	5	7.1	7.1	11	11.4	31	Avg Peak	13.5	11.5
31 Avg Peak	13.5	11.5	11	7	6	7.5	7	11	13.5	32	2x StDev + Mean	13.9	11.4
32 2x StDev + Mean	13.9		12.1	8.22	6.59	8.78	8.97	12.3	14.4			-	
33 Smoothed Average Peak			10.3	7.6	6.5	71		10.7		33	Smoothed Average Peak	12.9	11.8
34 Blended Demand	12.9	10.8	10.9	7.61	6.03	7.66	7.99	11.3	13.2	34	Blended Demand	12.9	10.8
HI H Mon / Tue / Wed	/ Thu ,	/ Fri /	Sat /	Sun /	ISER	A /	<						
Ready											NUM		

### **NEW: Mapping Features**

Toggle on/off to layer different mapping components such as Planning Zones, Station Districts, Fire Districts, Population Density, Cities and Counties. Display calls by Top 10 Problems in order to see what/where your most common calls are happening.



### Heat maps with a sliding transparency scale



### Fire Operations Analytics Module (FOAM)



- The Fire Operations and Analytics Module provides fully automated and dynamic reporting of your Fire Department's Operational Metrics and Key Performance Indicators.
- Full integration with your Department's Standards of Cover and Strategic Planning Documents.
- Provides GIS/Mapping display capabilities to illustrate community risks, demands and coverage.
- Data is integrated into a true Quality Improvement framework that tracks performance over time and identifies trends that require attention.
- Suite of dynamically updated and auto-distributed reports on operational performance factors including turnout and travel times and demand for services.



Annual Compliance Report Criteria: 01/01/2019 to 12/31/2020 Shift(s): A, B, C Battalion(s): 1 Service Area(s): 1, 3, 4, 8, 10, 106, 108											
Fire - C	Fire - Critical - 90th Percentile			2020	2019	Benchmark	Gap				
Alarm Handling	Pick-up to Dispatch	Urban	02:06	01:39	03:00	01:30	00:36				
Turnout Time	Turnout Time 1st Unit	Urban	00:43	00:37	01:10	01:20	00:37				
Travel Time	Travel Time 1st Unit Distribution	Urban	03:49	05:15	03:19	04:00	00:11				
Travel Time	Travel Time ERF Concentration	Urban	05:21	05:09	05:30	08:00	02:39				
	Total Response Time 1st Unit	Urban	05:20	05:52	04:39	06:30	01:10				
Total Response	Distribution	Urban	n = 19	n = 10	n = 9						
Time	Total Response Time ERF	Urban	05:54	05:16	06:40	10:30	04:36				
	Concentration	orban	n = 16	<i>n</i> = 7	n = 9						



### Academy Analytics<sup>™</sup> for ProQA Data



### With Academy Analytics you can:

- Monitor your center's ProQA performance, in near real-time, from anywhere!
- Instantly identify outlier cases for review.
- Provide teammates with a dashboard that shows how they are doing on the things that matter.
- Know when there is an increase in aborted or overridden calls.
- · Balance the workload to help manage employee stress.
- Coach your team to optimal performance.
- Potentially increase the number of cardiac arrest patients that survive.







### Get up-to-date alerts via email!

What's really happening with the flu this season, Ebola, and the opioid crisis? What do our EMS providers need to know about emerging or re-emerging diseases like COVID-19, Measles, Ebola, Valley Rift fevers, Lassa, or Marburg? Between news outlets competing for the most exciting headline and social media posts hoping for hundreds of likes, it's hard to know what really matters and what you really need to pay attention to in the world of disease outbreaks, public health crises, and public safety health and protection. FirstWatch's Health Intelligence page is the place you can go for up to date, reliable information about global emerging health issues. Sign up for free, and we will alert you via email when something new is posted.

### Sign up today www.firstwatch.net/hi/sign-up

or visit here: www.firstwatch.net/hi

### Health Intelligence Public Safety-Specific Information on Emerging Health Issues This page was last updated on November 9, 2022 Sign Up for HI Updates "FirstWatch alerted our supervisors of a potential COVID-19 exposure BEFORE the paramedics arrived on scene." Click for full quote... SEASONAL INFLUENZA (FLU) **EBOLA OVERDOSES / OPIOIDS** Provides info on upcoming & current seasonal flu(s) & Provides info on past, current, and upcoming Ebola Contains resources related to awareness and reported influenza-like illness (ILI), using reports from outbreaks, using reports from various public health, mitigation of opioids and overdoses in response to this various public health, government & other resources. nationwide but often local crisis. government & other resources. Intro to Seasonal Influenza (Flu) for 2022-2023 EMS1-Ebola virus disease Sudan Strain emerges in FirstWatch Recommendations for Surveillance of Uganda EMS Data for Opioid Overdoses Seasonal Influenza Resources for 2022 & 2023 October 25, 2022 Updated April 10, 2019 Weekly U.S. Interactive ILI Activity Map Be Careful with Fentanyl but Don't Be Afraid to Ebola (Sudan strain) Outbreak in Uganda Treat October 21, 2022 Updates for Seasonal Influenza (Flu) for 2022-2023 November 1, 2022 November 9, 2022 Ebola in Guinea & the DRC Update PoliceOne article: "How biosurveillance turns March 15, 2021 Intro to Seasonal Influenza (Flu) 101 for 2021-2022 opioids-related data into actionable intelligence December 7, 2021 November 18, 2018 New Ebola Outbreak in the Democratic Republic of the Congo Seasonal Flu - So NOT in the News in 2020-2021 Synthetic Opioids/Fentanyl and Fentanyl Analogs February 16, 2021 April 26, 2021 April 9, 2018 Ebola Cases in the Democratic Republic of the Congo Seasonal Flu in the Midst of COVID-19 CDC Enhanced State Opioid Overdose Surveillance (DRC) 2017-2018 September 24, 2020 August 6, 2020 CDC/Government Resources for Opioid Programs and Interactive HHS State & Regional Map Other Drug-Related Publications COVID-19 **OUTBREAKS/EMERGING KEEPING YOUR EMPLOYEES SAFE** Public Safety-oriented information and resources on Contains info & resources to assist in providing for DISEASES/PANDEMICS COVID-19. All COVID-19 items previously posted in employee safety whether during standard operations A listing & description of outbreaks of disease, novel other sections have been consolidated here for or in planning for or responding to disasters. viruses, epidemics, or other infections that

are making humans sick, even in small numbers. There may

be overlap with In the News & Pandemics.

View All Posts & Resources

the Age of COVID-19

Book: Super-Charge Your Stress Management in

analysis & automated alerting.

convenience. We are proudly assisting more than 160

customer partners with real-time COVID-19 data

### FirstWatch Collaborate

### Share, learn, and improve on our community site

With FirstWatch Collaborate it's easy to discuss ideas, share solutions, explore challenges, and more with FirstWatch customers from across the country. You'll be able to share files, ask questions, share your expertise and more.



Ever since our inception 26 years ago, FirstWatch customers have talked with each other, tackled shared problems together, and helped each other improve. Several times a week one of us will be talking with someone about an issue and say, "you should really check out what \_\_\_\_\_\_ is doing." Here are a few recent examples:

- "You should talk with the folks at ProEMS about how they reduced deaths from opioid overdoses."
- "Heath in Tulsa managed to add over 44 unit hours a day to his system for free by decreasing overall task times and building a culture of trust with their crews, we can connect you."
- "If you're hoping to improve your cardiac arrest resuscitation rate, Chief Grayson and the team from Rialto Fire have made dramatic improvement. I'll introduce you by email."

Would you like to learn how to add a user, make Excel Pivot tables sing, or build an effective quality improvement system? Check out the learning part of FirstWatch Collaborate! We've got a library of videos to help you use FirstWatch more effectively and learn leadership principles. We are continually adding new things!



Please direct questions, comments, or ideas on FirstWatch Collaborate to Mike Taigman, FirstWatch Improvement Guide; mtaigman@firstwatch.net or 510-593-5730

### **1** Patient Encounter = 5 Data Sources



### **REMSA Community Health Early Intervention Team...** and the Role FirstWatch Plays

The Regional Emergency Medical Services Authority of Reno, Nevada, a non-profit provider of ground and air ambulance services (and long-time FirstWatch customer), in partnership with Renown Medical Group, the University of Nevada-Reno School of Community Health Sciences, the Washoe County Health District, and the State of Nevada Office of Emergency Medical Services, received an award to create a Community Health Early Intervention Team (CHIT) to respond to lower acuity and chronic Disease situations in urban, suburban, and rural areas of Washoe County, Nevada.

FirstWatch is monitoring REMSA's CAD, ProQA, two ePCR sources and Low Code data source to provide near real-time data and actionable information that can be used to reach the project's goals of reducing: number of non-emergency visits, unreimbursed emergency department costs, hospital admissions, hospital readmissions, hospital stay times, and ambulance transports.

### FirstWatch Mobile App for iOS and Android

### **Real-Time Dashboards for:**

- Situational Awareness
- Response Times and KPIs
- Clinical and Operational Performance
- Automated Alerting
- Regional Data Aggregation and Sharing
- Bioterrorism
- Pandemic/Public Health Surveillance







# DOWNLOAD the FirstWatch App for iPhone, iPad, Android Phone, and Tablet





Core System Feature

- Apple Devices Andro
  - Android Devices



# Contact one of our team members today!

### Sally Olson-Nelson - Regional Manager

sallyo@firstwatch.net D: 760-658-9867 C: 727-463-9968



### Phil Davis - Regional Manager

pdavis@firstwatch.net D: 727-330-3411 C: 727-432-2312



### **Dave Amaya - Regional Manager**

damaya@firstwatch.net D: 760-658-9918 C: 913-244-9445



### Scott Streicher - Regional Manager

sstreicher@firstwatch.net C: 703-624-6059



### Sarah Komes - Sales & Marketing

skomes@firstwatch.net C: 405-465-9988



### **Terry Fitch - Director of Sales**

tfitch@firstwatch.net D: 760-658-9868 C: 858-444-0622



### Marc Baker - Vice President & Partner

mbaker@firstwatch.net D: 760-658-9848 C: 619-977-4785



Contact us Today for a Live Demo. sales@firstwatch.net | 760-943-9123 | FirstWatch.net





