

EMERGENCY SERVICES 2015 YEAR END REPORT



DEBBIE FOX, DIRECTOR



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Dear Colleagues,

The past year was monumental for our agency. We became Emergency Services on February 27th, combining the former departments of EMA/MetroSafe and Louisville Metro Emergency Medical Services into one public safety agency. I am honored to have been able to serve along side all of the great individuals who work in Emergency Services.

Each division of Emergency Services achieved a great deal in 2015. Highlights include:

- Becoming a StormReady Community through active engagement with the National Weather Service, Emergency Management and the 911 Communications Center.
- Funding was secured for an upgrade to the radio system infrastructure. This upgrade will increase network security, expand capability to provide radio communications to mobile devices, enable digital paging and will move to a robust IP network.
- Deployment of Lucas II devices which allows EMS crews to improve the consistency of chest compressions and providing the patient with the best chance of survival during a cardiac event.
- Conducting a Voice of the Customer survey through MetroCall 311 to gauge citizens' satisfaction with city government.

As the year progressed, we saw positive gains in the new combined approach to Emergency Services. We held a Strategic Planning retreat on August 13th to align our agency in its mission, objectives, goals and team values. Emergency Medical Services rebid its deployment model which improves field communications and maximizes coverage areas for field units.

On a personal note, I will be transitioning to a position as the Director of Public Safety for Bellarmine University in 2016. I have a vested interest in Bellarmine as my family lives and works there. Emergency Services is a wonderful place, but it is not the place that makes it wonderful – **the people do**. I have every confidence that the people serving this agency will flourish as they continue to serve our community alongside our public safety partners.

Thank you for your support over the years. I am excited to see Emergency Services continue to grow as a world-class public safety agency!

Sincerely,



Debbie Fox
Director, Emergency Services





EMERGENCY SERVICES EXECUTIVE SUMMARY

The Louisville Metro Government Department of Emergency Services was officially formed February 27th, 2015, combining the existing departments of Louisville Metro Emergency Medical Services (EMS) and Emergency Management Agency (EMA)/MetroSafe. The merger allows each agency to retain autonomy while at the same time strengthening the roles each partner has in providing world class emergency services.

The mission of Louisville Emergency Services is to provide high quality and compassionate emergency and non-emergency response to the citizens and visitors of Louisville Metro and its local, state and regional partners in order to achieve the most favorable outcomes for people, property and the environment.

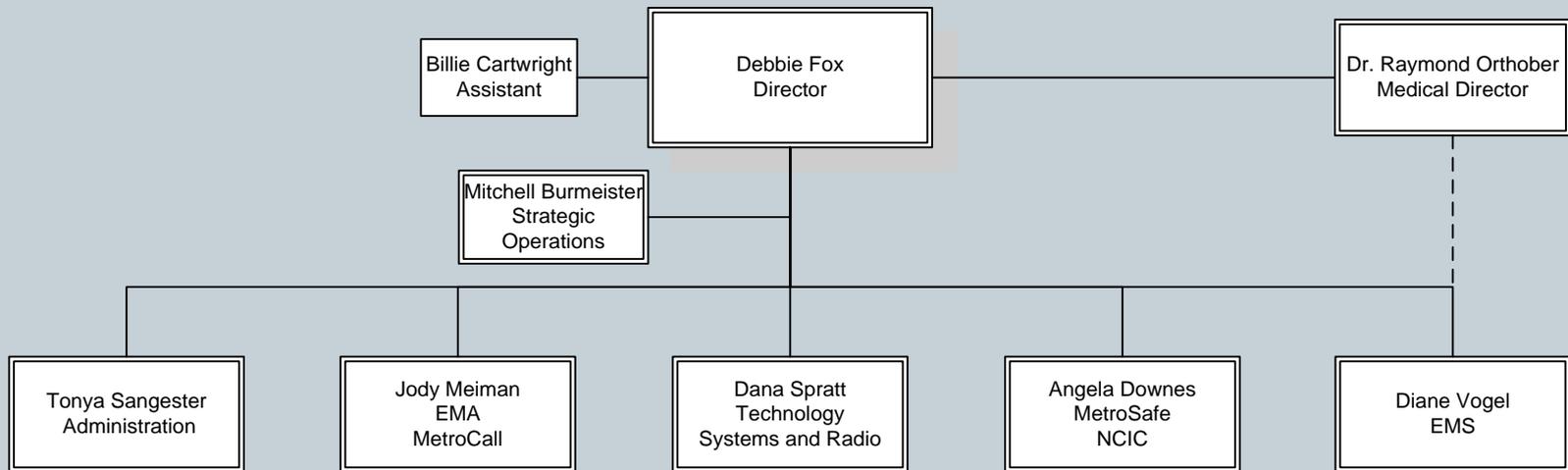
Emergency Services has the opportunity and strategic position to provide exceptional care to members and visitors of our community who have medical emergencies. When someone has or witnesses a medical emergency, it is one of the most frightening events those involved have ever encountered. As a result, the 911 call that our call-takers receive can be very difficult - extracting the necessary information to help the patient from a caller who is experiencing the worst thing that has ever happened to them. As the *first* first responders, 911 call takers can begin providing direction for the medical care of the patient before the EMS first responders arrive. EMS technicians and paramedics arrive on-scene, as part of a coordinated response, with the right information ready and able to assist the patient with the best pre-hospital care. Emergency Services is able to provide seamless emergent medical care to those in our community from the time a 911 call is answered in the communications center until a patient is delivered to the emergency room.

Emergency Services will also continue to leverage the relationships established through EMA/MetroSafe's collaborative approach to providing public safety services to our region. From the interoperable radio system to the network of emergency support functions ready for deployment in the event of a large scale incident, the relationships that have been built over the past years will continue to be one of Emergency Services best assets. While EMS has always been an invaluable resource during a large-scale incident, Emergency Services is now able to deploy EMTs and Paramedics in a coordinated fashion alongside our partnering public safety agencies in order to provide optimal health outcomes for those affected. All of the public safety and partner organizations have a vested interest to work together in a spirit of collaboration and coordination. It is that coordination and collaboration, along with the energy, focus and enthusiasm of our personnel that will make Emergency Services successful.

The following pages in this report highlight many of the accomplishments and achievements of Emergency Services during 2015. The appendix at the end of the report includes statistical information about our various functions within Emergency Services.



WHO WE ARE





EMERGENCY MANAGEMENT



- **COOP/COG** – A Continuity of Operations/Continuity of Government (COOP/COG) is an effort to ensure local government can continue to provide essential functions during a wide range of emergencies. Emergency Management has helped get the COOP/COG for Metro government started by creating a user friendly form for each agency to fill out. Once all the information is assembled, the information will be reviewed and the city’s COOP/COG plan will be published on the louisvilleky.gov webpage.
- **Mayor’s Facilitated Discussion** – Emergency Management hosted the Mayor’s Facilitated Discussion on the topic of civil unrest. The event, hosted in the Emergency Operations Center, was extremely successful both in content of the discussion and the attendance of all recommended agencies.
- **EOP Update / Live Scale Exercise** – In 2015, Emergency Management began the process to update the city’s Emergency Operations Plan (EOP). Amec Foster Wheeler was on site in December to perform Incident Command System (ICS) Mission Specific Training. The training was very well attended and included multiple agencies. Additional training will take place in the spring of 2016, leading up to a full live scale exercise on March 9, 2016. The culmination of training and ongoing revision of the current EOP will result in a fully updated and practiced Emergency Operations Plan completed by early summer of 2016.
- **Active Aggressor** – As the national prevalence of shootings at malls, schools and other businesses rises, training for an active aggressor incident is crucial. Emergency Management has developed a core group of instructors and is currently establishing a curriculum and a training plan for all of our partnering public safety agencies. Training will commence by the end of February 2016 and will be complete by the end of 2016.



EMERGENCY MANAGEMENT

CONT.



- **Hazard Mitigation Plan** – Every five years, the Federal Emergency Management Agency (FEMA) requires local governments to update a Hazard Mitigation Plan for its locality. This plan assesses the potential hazards and risks facing our community and sets priorities on which hazards should be addressed in the next five years. The process for this update began with a Grant Award Briefing on January 16, 2015 with Kentucky Emergency Management and the FEMA. Working with the Louisville Metro Government Office of Management and Budget, we awarded the contract to Stantec. The steering committee and stakeholders have been established and the first of four meetings with the stakeholders was held on December 17, 2015 with over 60 people attending. The project team estimates that the plan will be finished, submitted to and adopted by Metro Council by September 2016.
- **StormReady** – Louisville was given the distinction of being a National Weather Service (NWS) ‘StormReady Community’ – a major accomplishment for our city. This designation is extremely difficult to achieve for a city of our size due to stricter criteria for communities with large populations. The six evaluation areas include Communication, NWS Information Reception, Hydro-meteorological Monitoring, Local Warning Dissemination, Community Preparedness and Administrative. Each area has multiple points to be addressed and the lion’s share in our community is met by MetroSafe communications operations, the Emergency Management Agency preparedness work and the commitment of Metro OSHA to develop safety plans for all Metro facilities that include weather emergency actions. Emergency Services will continue to engage with the NWS and continue the sponsorship of Storm Spotter training.





PREPAREATHON



In April 2015, Louisville Metro Emergency Services Director, Debbie Fox, announced a new, community-based campaign for action to increase emergency preparedness and resilience. The national campaign, promoted by the U. S. Department of Homeland Security's Federal Emergency Management Agency (FEMA), encourages local communities to promote awareness to action among its citizens, businesses, faith-based organizations, schools, and non-profit partners. The overarching goal is to increase the number of residents and businesses who understand the hazards most relevant to their community, know protective measures and how to increase preparedness with drills and exercises.

In November 2015, Emergency Services hosted its first Louisville's PrepareAthon! Community Day of Preparedness. Citizens of Metro Louisville were invited to the Downtown Branch of the Louisville Free Public Library to learn how to prepare in the event of a disaster or emergency. The National Weather Service, Louisville Metro Police Department, Louisville Fire & Rescue, and Louisville Metro EMS were also represented. On this day of preparedness, Emergency Services taught children and adults alike how, why, and when to call 9-1-1. In what ways to utilize 3-1-1 and how to prepare for any disaster that may happen in the community.

**DON'T WAIT. COMMUNICATE.
MAKE YOUR EMERGENCY PLAN TODAY.**



Find preparedness information:

ready.gov

louisvilleky.gov/government/ema

Sign up for LENS – Louisville's
Emergency Notification System:

<https://public.coderedweb.com/CNE/BoE6EoCB6CFF>



911 COMMUNICATIONS CENTER



- **Unified Protocol** – PowerPhone Total Response is a unified emergency call handling protocol to assist 911 operators in efficiently and effectively triaging calls for service across all of Emergency Services. It is designed to elicit the appropriate resources for each call type handled within the protocol. This project is being developed to go live on the upgraded version of Computer Aided Dispatch (CAD). Essential training by operational staff has been completed along with the interface with CAD with testing ongoing. This project continues to advance toward full implementation in Spring of 2016.
- **768 Barret Avenue**– Emergency Services’ back-up 911 Communications Center received a bit of a facelift in 2015. The Louisville Metro Housing Authority performed some remediation work to solve a lingering dampness issue that had caused mold growth on the walls. On the exterior of the building, the Housing Authority built a cover to keep storm water from leaking in the basement along the foundation. The interior was completely disassembled to allow crews to eliminate the mold, paint the walls and steam clean the floors. Once all that work was complete, the furniture was arduously reassembled in order for the technology to be reinstalled and make the Communications Center operational once again.
- **Atrus AED Link** – In January of 2015, the Atrus program was launched as a tool to help callers locate life-saving Automatic External Defibrillators (AED’s) that would be available in the vicinity of a sudden cardiac arrest situation. Since the initial announcement, approximately 45 AED’s have been registered with the Atrus Program bringing the total since 2014 to 108 registered AED’s. Emergency Services will continue to try to get more AED’s registered in the community by educating companies about the program.





COMPUTER AIDED DISPATCH UPGRADE

The Emergency Services Technical Operations Team worked diligently throughout the year to complete the latest Computer Aided Dispatch system upgrade which officially went live in mid-January 2016. Many enhancements are 'under the hood' and directly in support of the proposed move to Next Generation 911, such as :

- Integrated voice, text, and data – the Intergraph Communications Controller integrates voice and text calls with video and photo attachments for better situational awareness
- Combined call control and incident creation – this solution integrates call control and call-taker functions in one environment
- Display of incoming and answered calls – the ability to visualize incoming and answered calls on the map enables call assessment earlier in the process

In addition, we will be replacing hardware and software at all primary and secondary public safety answering points and our mobile data clients will also get software upgrades at the same time.

Others enhancements include:

- Person level tracking capability (if GPS enabled)
- Improved situational awareness – extends the ability to share pictures and video associated with events to gain insight into what's happening at the scene
- Improved mapping tools – includes new maps that can align to the direction of travel, a convenient "patrol dashboard," and other user experience improvements
- Improved reporting tools – some 'built in' operational reports will now be available direct via CAD
- Improved integration with RMS (Law Enforcement, Fire, EMS, etc.) - bidirectional updates using customizable business rules without causing disruption to enterprise RMS and CAD systems
- Improved web based CAD client – improvements to i/Netviewer and i/Net Dispatcher
- Improved remote management – new capability to update software, map and field files



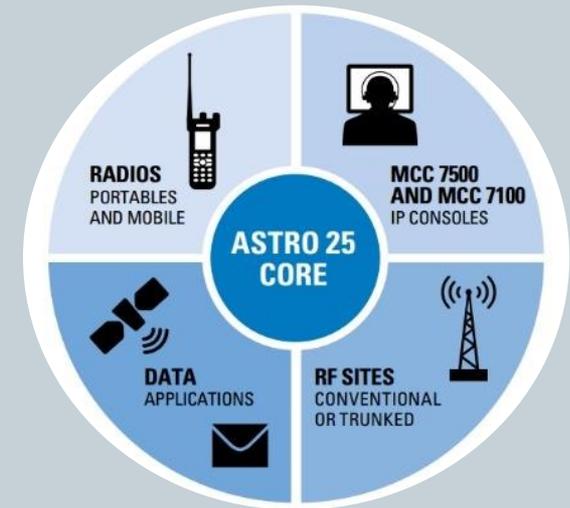
RADIO SYSTEM INFRASTRUCTURE UPGRADE

Louisville Metro Emergency Services successfully received funding of 7.8 million dollars for the complete upgrade to the MetroSafe Motorola Astro 25 radio system. This infrastructure only upgrade will increase network security, expand capability to provide radio communications to mobile devices, enable digital paging and will move to a robust IP network.

Emergency Services has begun to receive and store all equipment as shipments arrive. Emergency Services Radio Technicians have begun cleaning out sites, removing out of service base stations and equipment and removing inactive antennas and cabling from towers. We have received approval from the Federal Communications Commission (FCC) of all licensing required for the new microwave backhaul system which was a concern for engineers. Talks are currently underway with Oldham County and Bullitt County concerning requirements for joining the MetroSafe Radio System infrastructure and Motorola has assigned an RF engineer to determine coverage and equipment requirements. The Newburg Radio Shop is now the sole provider of all subscriber repairs and installations.

At the end of 2015, the subscriber count was 6,842 individual subscribers from 102 different agencies.

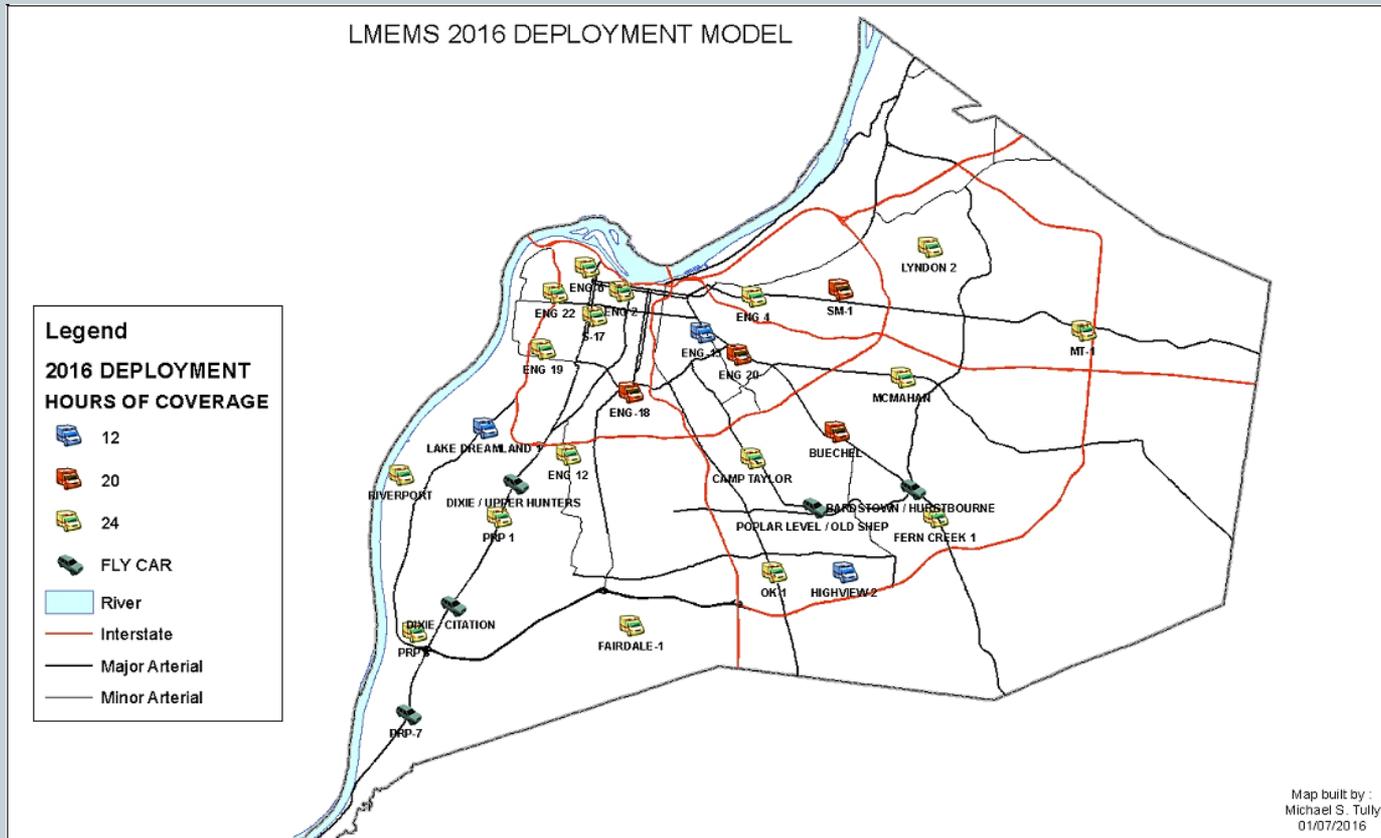
Emergency Services remains committed to a well-functioning radio system as it supports the safety and well-being of our citizens and first responders. This upgrade ensures radio services will continue to be reliable and maximizes the coverage area for all subscribers.





EMERGENCY MEDICAL SERVICES DEPLOYMENT

EMS Deployment - In 2015, a review of the EMS deployment plan was completed, with the conclusion that a re-bid of the agency was necessary to create better balance in resource allocation. It had been six years since the agency had changed the deployment program. The following page describes some of the benefits of the re-bid that took effect as of January 4, 2016. The map below depicts the locations of the units deployed and the amount of time during the day that resources are deployed.





EMERGENCY MEDICAL SERVICES DEPLOYMENT CONT.



Benefits of Rebidding

Improved field communication

- The re-bid includes the consolidation of the current 5 divisions to 2 divisions for primary deployment of ambulances
- Two divisions will ensure that a Supervisor is available at every shift change
- Field personnel will have the opportunity for face to face communications, with the current 5 divisions oftentimes EMS personnel do not get to meet new employees or communicate with their peers except for monthly in-services

Need based deployment

- Bid positions were assigned to minimize mid-shift ride area changes with the exception of identified 'relief' ambulances
- Bid locations were moved to higher call volume areas with minimal change in response time

Two divisions

- Decrease in the amount of supplies needing to be stocked at the divisions, which decreases costs
- Increased accountability of all equipment
- Decrease in travel time

EMS Move

- EMS moved its main division from its Brook and Bloom location to Broadway and Campbell. This location now houses the EMS Fleet, Supply and the CPR Center. In 2016, EMS will also move its headquarters to this site as well. Headquarters will be located on the fifth floor of the Family Health Center Building on the corner of Broadway and Campbell. The co-location of all EMS functions is expected to help improve operational efficiencies and internal communications.



CPR CENTER AND HANDS ONLY CPR



The Louisville Metro Emergency Medical Services CPR Center expanded its reach into Indiana by affiliating our center with instructors who teach CPR throughout Indiana. This same model is being considered for West Virginia and Ohio as well. Our trainings include Basic Life Support as well as Advanced Life Support.

The LMEMS CPR Center also doubled in size with the amount of instructors aligned through our center as well as the number of students who received certification trainings. Over 16,400 students received certification trainings through our Center during 2015 and over 15,000 students were trained through our affiliated sites, located throughout Kentucky and Indiana.

In 2015, the LMEMS CPR Center participated in a project to train 900 people within the communities of 40214, 40216 and surrounding areas in Hands Only CPR within a 5 month timeframe. The mission was completed and those 900 people, in turn, trained an additional 983 of their friends and families. The American Heart Association and LMEMS partnered in this effort to equip members of our community with simple lifesaving techniques that can and do make a difference during an emergency.

A graphic for Hands-Only CPR. On the left, the text "SAVE A LIFE" is written in large, bold, red letters. Below it, "LEARN HANDS-ONLY™ CPR" is written in black and red letters. To the right, there are two red circles containing the numbers "1" and "2". Circle 1 contains the text "Call 911". Circle 2 contains the text "Push hard & fast in the center of the chest". On the far right, there is a white silhouette of a person performing chest compressions on a mannequin.



LUCAS II DEPLOYMENT



A cardiac arrest is the most serious call to which EMS responds; in these situations time is of utmost importance as is the effectiveness of the treatments provided. Research has proven in order to achieve the best possible chance of survival you must have a high chest compression fraction (CCF). CCF is a measurement of the total percentage of time during an arrest that chest compressions are performed. The higher the CCF, the higher the probability of return of spontaneous circulation — pulse returns — and ultimately survival and discharge from the hospital.

In June of 2015, to ensure that all patients who are in the most serious of medical conditions get the best chance at survival, LUCAS II devices were deployed to all ambulances in the system. A LUCAS II device affords EMS the ability to continue high-quality chest compressions continuously via a mechanical compression. Implementing this device has enabled us to improve the consistency of chest compressions and providing the patient with the best chance of survival.

Additionally, using LUCAS II devices improves provider safety by reducing the need for them to be standing up in the back of an ambulance, unrestrained while in motion.





COMMUNITY PARAMEDICINE PROGRAM



A few years ago Louisville Metro Emergency Medical Services (LMEMS) developed the Paramedic Patient Care Navigator (PPCN) program to divert low-acuity patients to the most appropriate healthcare option using alternative means of transportation. During encounters with low-acuity patients, LMEMS Paramedics help navigate patients away from an ambulance, provide medical outreach education regarding the patient's specific medical condition(s), schedule doctor's visits when necessary, call the doctor for a medication refill, connect patients with local resources they may be unaware of and much more. The program is a patient centered and patient driven approach to improve the quality of care, and quality of life for our patients.

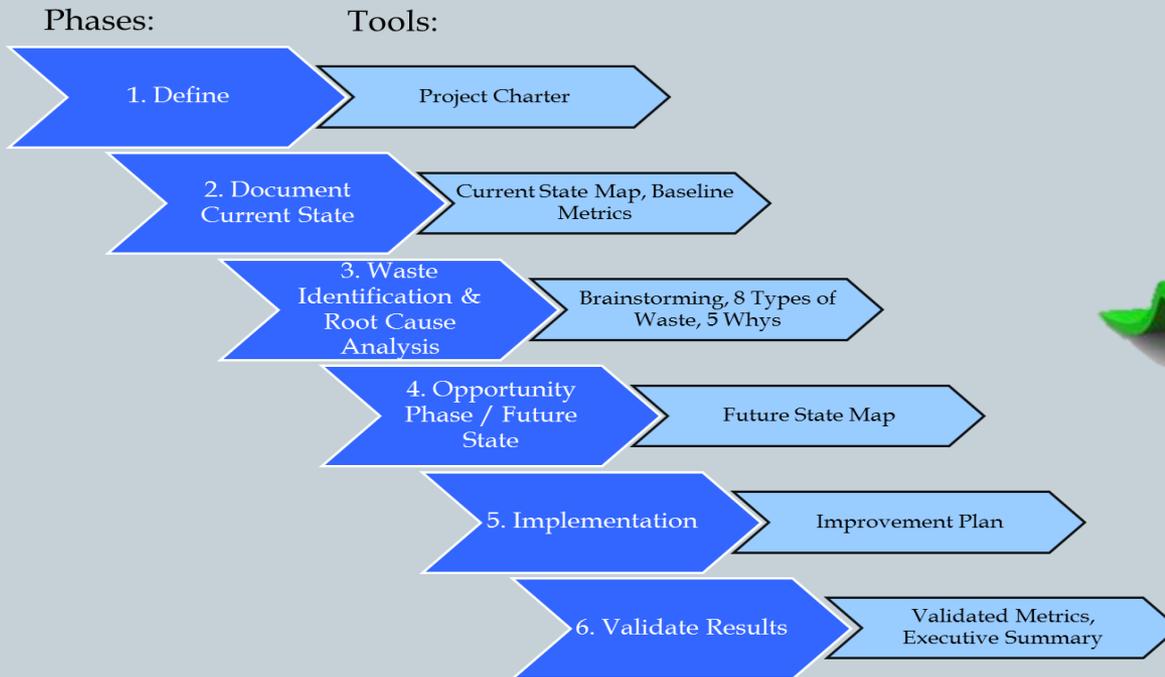
Low-acuity calls continued to increase significantly in 2015, so we committed all PPCN resources to our primary mission —managing the patient specific needs and navigating them when necessary. By narrowing our focus, we were able to better meet the specific healthcare needs of our patients and the on-going needs of the service. This program enables us to keep valuable resources (ambulances) available for the higher-acuity calls for service, thus improving our ability to service the community.

The continued success of our program attracted attention from two very large healthcare insurance payers based in Louisville — Humana and Passport Health Plan. Both organizations are very interested in the program and what we have achieved thus far; both have expressed interest in a collaboration to further develop the program and establish a means to financially sustain the program for the long-term.



NATIONAL CRIME INFORMATION CENTER

The National Crime Information Center (NCIC) unit employees attended a LEAN class to learn about the philosophy and how it can improve work processes. NCIC's first LEAN project focused on the units validation process. Through the LEAN project, NCIC personnel identified areas that could be improved such as reaching the victim in a more timely manner and establishing clear policy and procedures. The project also sparked ideas of creating a paperless process for documentation of validations. The LEAN process has proven useful, and the unit is looking forward to starting another LEAN project with other work procedures within the unit.





METROCALL 311- VOICE OF THE CUSTOMER SURVEY



When Mayor Fischer took office in 2011, he created the Citizen's Bill of Rights which said that "every citizen has the right to prompt, efficient service from Metro Government, that citizens are the customers of Metro Government and that we must always strive to be the best in job performance." As one way of measuring progress towards realizing these goals, the Mayor's Office of Performance Improvement partnered with IQS Research and MetroCall 311 to produce this citizen report card. It was specifically designed to answer these key research questions:

- How do citizens rate Louisville with regard to quality of place metrics?
- How satisfied are Louisvillians with city services, and how has that changed since Mayor Fischer first took office in 2011?
- How do Louisvillians rate the city on its performance of strategic goals included in the Six-Year Strategic Plan for the city?
- What do residents think Metro Government's priorities should be?

With these objectives in mind, IQS Research designed a survey instrument that was fielded by Metro Louisville's MetroCall 311 team. We conducted 386 telephone interviews with a random and representative sample of the population. A number of key findings were gleaned from the study.

Overall Results for Louisville

- On average, seven out of ten respondents believe that Louisville is a good place to live, work, and raise children.
- Approximately half of the population agrees that Louisville is clean, green, and inclusive.
- Just 40% believe that "safe" is a word that describes Louisville. This is a marked shift down from 2011 when 57% of respondents felt that, "In general, Metro Louisville is a safe place to live."
- As respondent income increases, so too do his/her positive perceptions of Louisville.
- Minority responses are less favorable than those offered by non-minorities for all of these attributes except for clean and green.
- In 2011, minorities had slightly more positive perceptions of safety than did non-minorities (59% and 56% high agreement respectively); in 2015, this pattern is reversed.
- High satisfaction with the condition of roads and sidewalks has decreased by 13%, and a full third of the population is now dissatisfied with this service.



LITTLE HANDS/LITTLE FEET PROGRAM



Emergency Services partnered with the Board 4 Change, a non-profit organization operating in Metro Louisville Community Centers building a strong relationship with the younger generation, the Office of Safe and Healthy Neighborhoods and Louisville Metro Police to provide the Little Hands/Little Feet program. Little Hands/Little Feet is a 10 week program for preschoolers and elementary age children and a 12 week program for middle and high school youth in Metro Louisville. The program began to encourage students to practice non-violent means of resolution to problems rather than violent conflicts. With the assistance of many Metro Government organizations, The Board 4 Change assisted 60 children in the program to learn not only about gun safety but other life safety items.

Emergency Services was an integral part of that process. Red E. Fox, our preparedness and safety mascot, visited community centers throughout the duration of the program to teach youngsters about 9-1-1. The graduation ceremony was hosted by Emergency Services in the Emergency Operations Center. The room was packed with family and friends as 60 of Louisville's youngsters graduated from this program!

<http://www.wave3.com/story/29037983/60-children-complete-gun-safety-violence-prevention-program>





SAFETY FAIR

The Third Annual Louisville Emergency Planning Commission (LEPC) Safety Fair was held on August 8, 2015 at Riverside Gardens Park. The Safety Fair's purpose is to raise awareness in Metro Louisville about the importance of emergency preparedness and overall citizen safety. The Safety Fair allows LEPC, Emergency Management and others to discuss ways to increase personal and family emergency preparedness efforts, as well as promote safety and emergency preparedness efforts currently taking place within the community.



Participating Agencies

Arkema	Louisville Metro Police Department
American Synthetic Rubber Company	Lubrizol
Chemours	McMahan Fire Department
Emergency Services	National Weather Service
KY Department for Environmental Protection	Louisville Metro Public Health and Wellness
Lake Dreamland Fire Department	Rubbertown Community Advisory Council
Local Emergency Planning Committee	Rubbertown Mutual Aid Association
Louisville Gas and Electric	US Army Corps of Engineers





SAFE COMMUNITIES



Emergency Services is leading the application process for the Metro Coalition for Safe Communities. *Safe Communities*, a program sponsored by the National Safety Council, is an approach that has been shown to be effective in saving lives and reducing cost. A *Safe Community* is a community that has been independently certified as a community that actively coordinates and promotes safety, health and preparedness.

Through a collaborative approach, the Metro Coalition for Safe Communities will submit an application by November 2016 demonstrating an understanding of our community's safety risks and the programs in place to mitigate those risks. The benefits of becoming a *Safe Community* include an increased capacity and efficiency to address injury and safety, potential for funding through partnerships, community economic development opportunities and an awareness of public efforts to increase quality of life. Emergency Services looks forward to strengthening our public safety partnerships as we complete this application process.



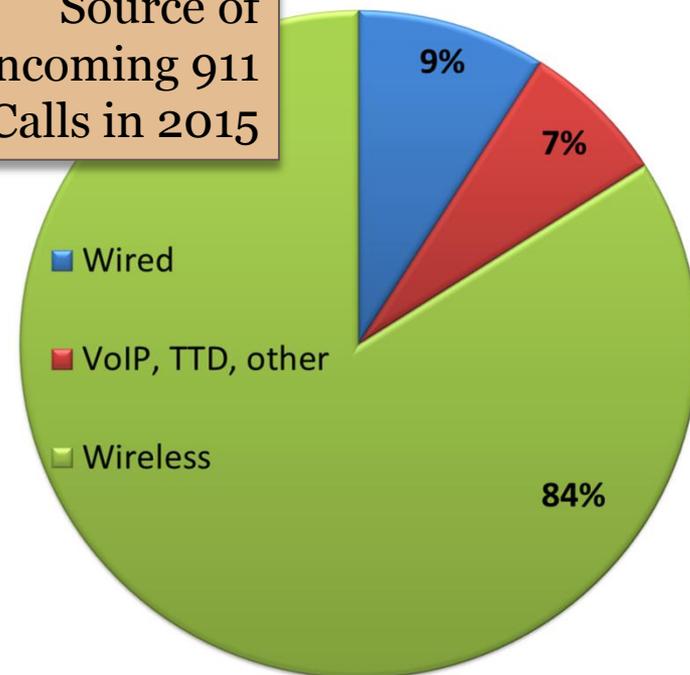


APPENDIX



Year	Total Calls	Incoming 911 Calls
2013	1,140,976	654,465
2014	1,415,430	671,014
2015	1,547,069	755,997

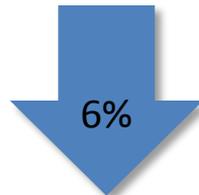
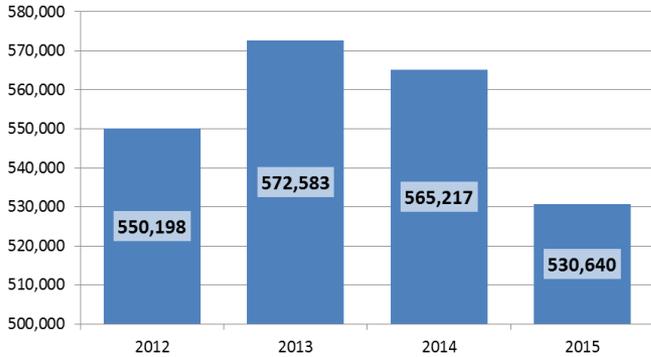
Source of Incoming 911 Calls in 2015



Additional Call Data for 2015	
Administrative Calls – Includes non-emergency calls for service coming from the public and public safety agencies/personnel	791,072
Outgoing Calls – Includes returned calls to 911 hang-ups and any outgoing calls related to public safety and public services	349,426
Abandoned Calls 911 calls in which the caller disconnects before the call is answered	69,148

Calls for Service, By Agency Type

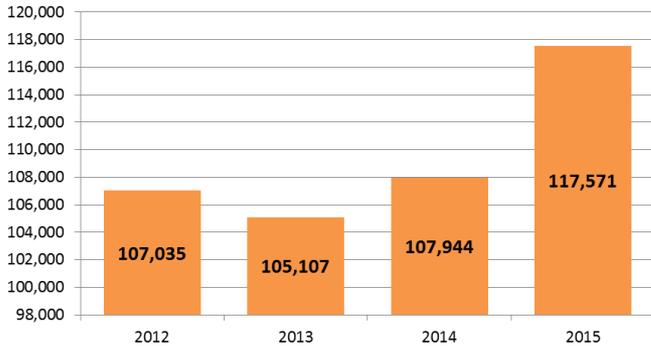
Police Calls for Service



6%

'14 to '15
% change

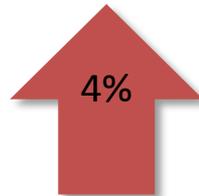
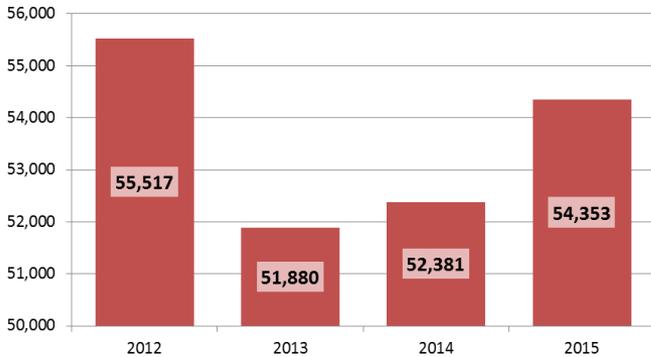
EMS Calls for Service



9%

'14 to '15
% change

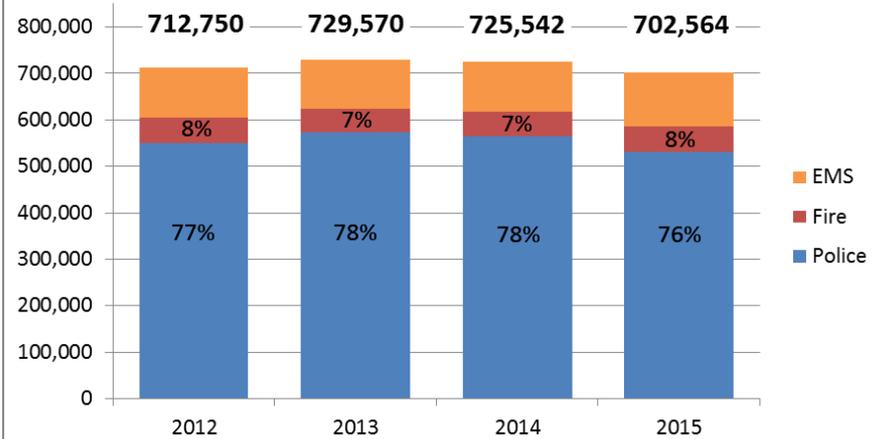
Fire Calls For Service



4%

'14 to '15
% change

Total Calls for Service



Overall, calls for service to the 911 Communications Center fell by 3.1% in 2015 compared to 2014. While EMS calls and Fire calls were up, the significant drop in Police calls for service made the total number of calls for service fall by 23,000.



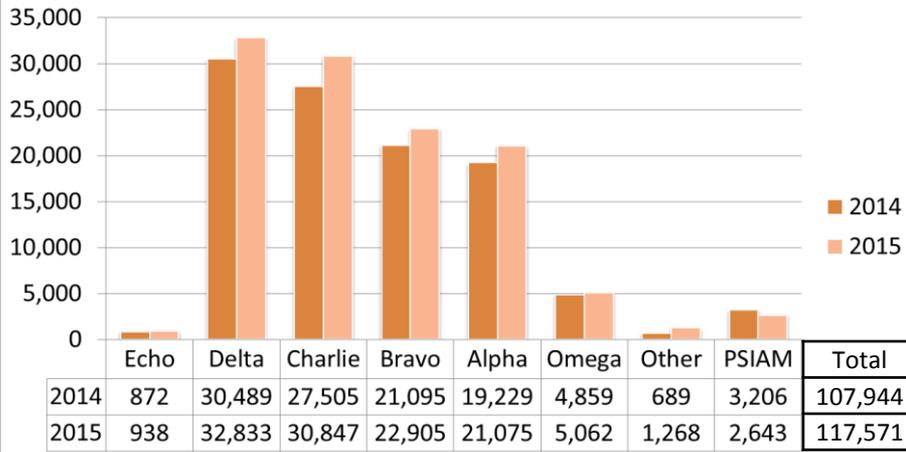
3.1%

'14 to '15
% change

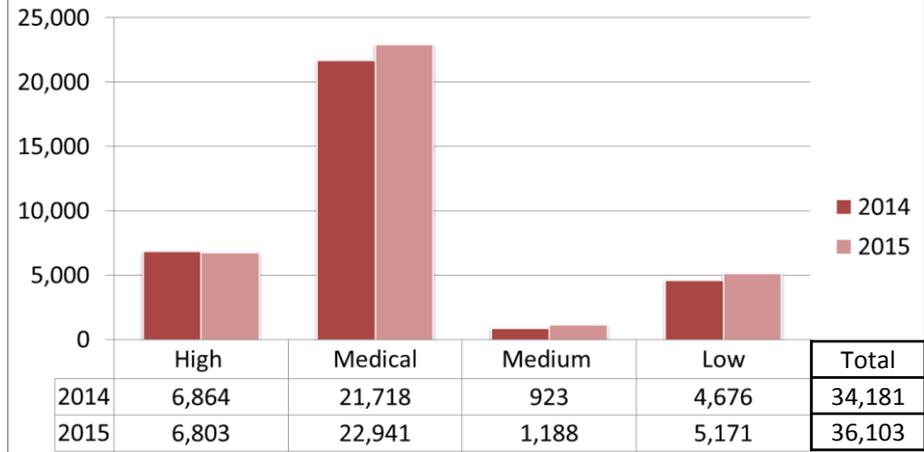
"Fire" includes Louisville Fire, Shively Fire and Jefferson County Fire. "Police" is LMPD only and "EMS" is LMEMS only.

Calls for Service, By Event Category

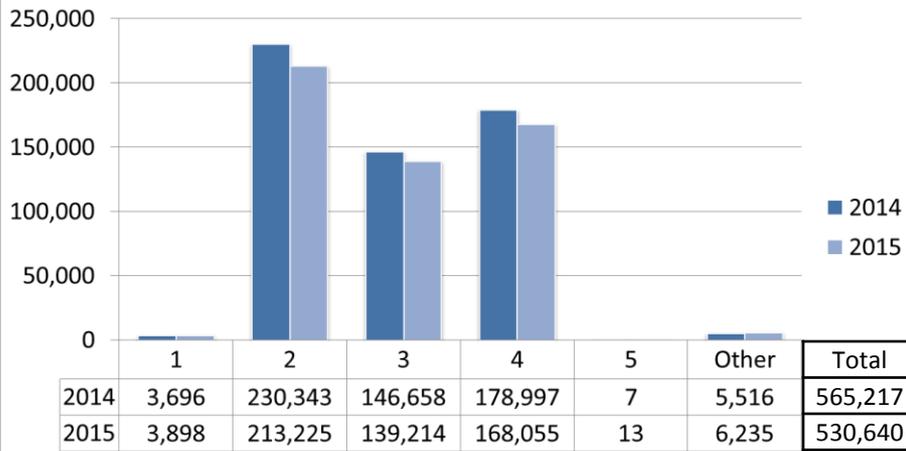
EMS Calls for Service, By Event Category



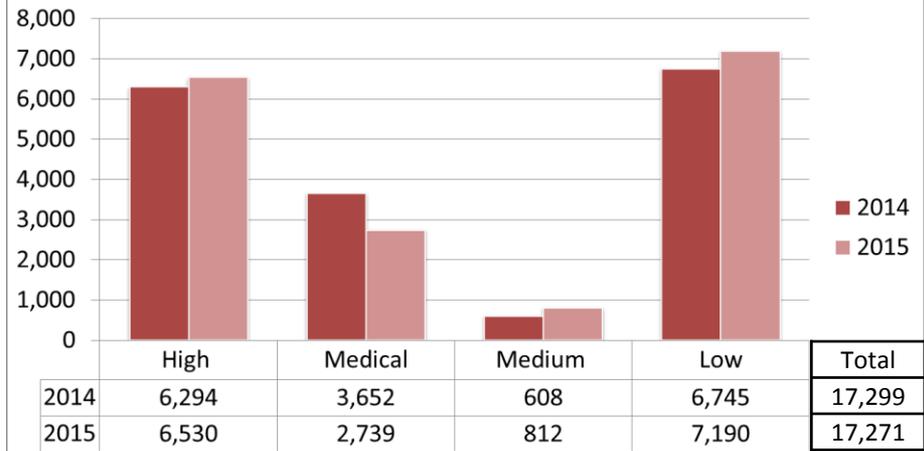
LFD Calls for Service, By Event Category



LMPD Calls for Service, By Event Category

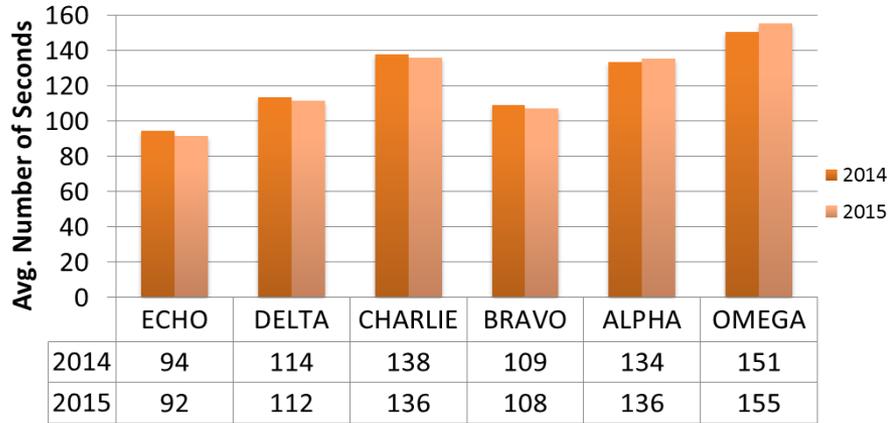


JCFD Calls for Service, By Event Category

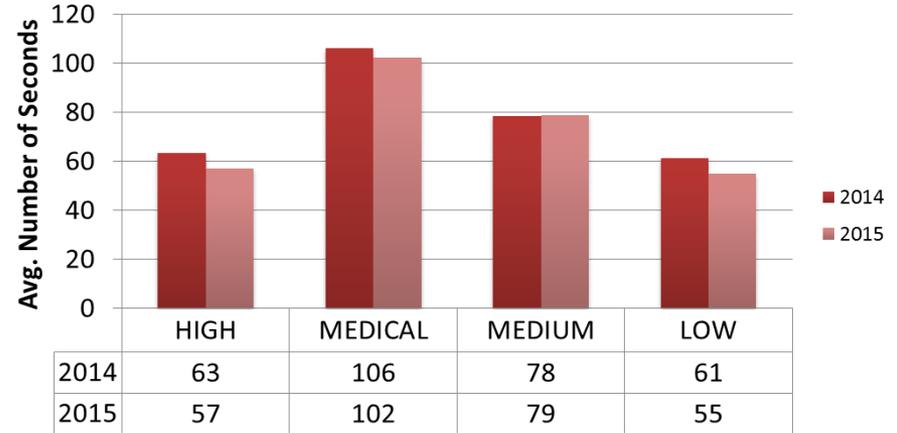


Pickup to Dispatch, By Event Category

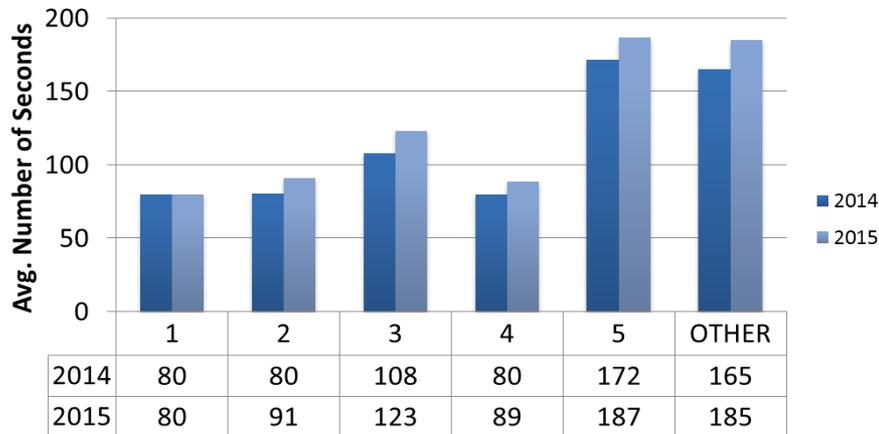
EMS Pickup to Dispatch, By Event Category



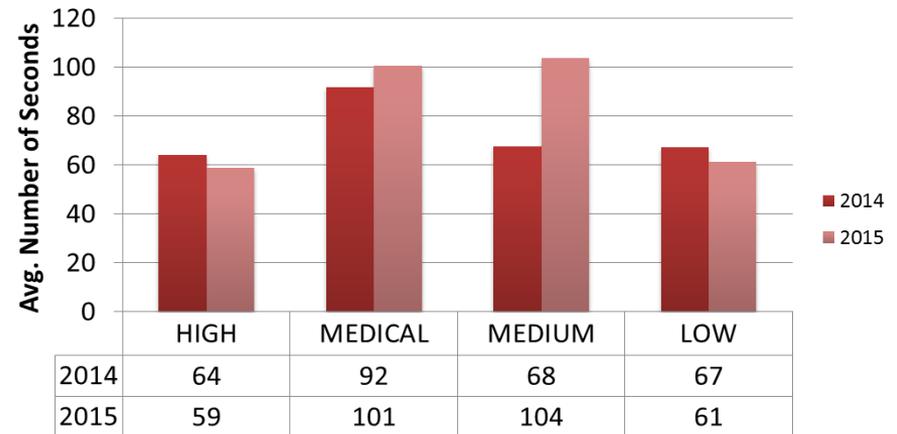
LFD Pickup to Dispatch, By Event Category



LMPD Pickup to Dispatch, By Event Category

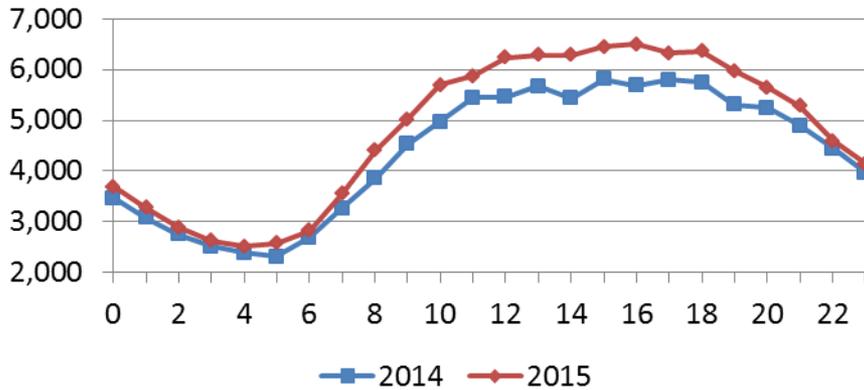


JCFD Pickup to Dispatch, By Event Category



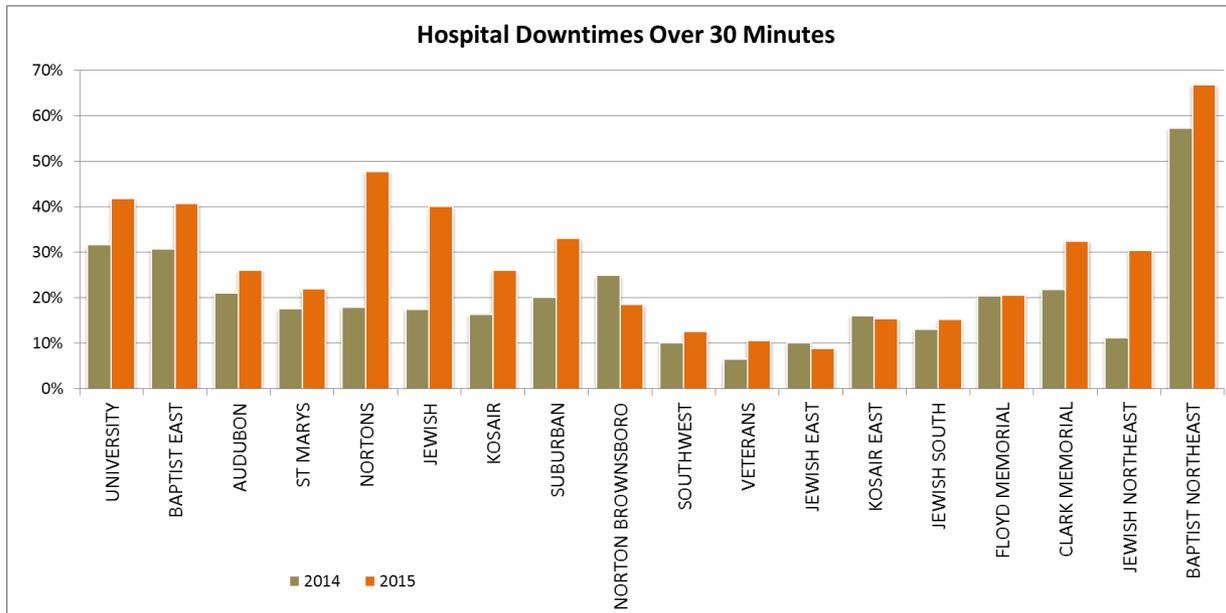
Emergency Medical Services

Calls for Service By Hour of Day



Event Category	Avg. Dispatch to On-Scene Times	
	2014	2015
Echo	0:07:57	0:07:47
Delta	0:08:37	0:08:43
Charlie	0:08:59	0:09:20
Bravo	0:09:32	0:09:50
Alpha	0:12:20	0:12:58
Omega	0:14:07	0:14:31

Hospital Downtimes Over 30 Minutes



MetroCall Activity 2015

Call Stats	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec.	Totals	Mo. Aver.
Received Calls 24/7	19,437	20,357	37,041	34,963	28,764	29,310	30,620	25,460	22,307	23,418	20,419	17,143	309,239	25,770
Received Calls M-F from 7-7	15,620	17,155	31,963	31,140	24,709	25,386	23,830	22,213	19,985	20,556	17,148	14,577	264,282	22,024
Calls Sent to Agents	15,616	17,146	31,919	31,114	24,690	25,353	23,809	22,194	19,974	20,536	17,117	14,550	264,018	22,002
Answered Calls	14,857	14,931	16,942	15,220	15,010	16,408	15,977	14,404	13,617	14,916	14,390	12,864	179,536	14,961
Abandoned Calls	755	2,206	14,933	15,868	9,661	8,912	7,811	7,771	6,346	5,600	2,696	1,659	84,218	7,018
Difference (lost calls)	4	9	44	26	19	33	21	19	11	20	31	27	264	22
% Aban. M-F from 7-7	4.83%	12.87%	46.78%	51.00%	39.13%	35.15%	32.81%	35.01%	31.77%	27.27%	15.75%	11.40%	n/a	31.90%
Aver. Aban. Time in Sec.	50	77	147	165	143	143	139	150	135	119	101	85	121.1	121
Aver. Ans. Time in Sec.	15	40	241	298	198	189	182	194	170	124	67	46	147.0	147
Aver. Talk Time in Sec.	115	115	138	149	134	141	141	145	140	135	121	116	132.6	133

MIDAS Entries	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec.	Totals	Mo. Aver.
Entered by MetroCall	4,100	4,244	7,647	7,252	7,707	8,244	8,105	7,459	6,304	5,557	4,840	4,655	76,114	6,343
Entered from Website	595	657	1,870	1,138	999	949	993	1,163	899	569	577	509	10,918	910
Entered from Mobile App	197	245	574	793	651	480	575	496	350	330	248	302	5,241	437
MIDAS Entries by Others	347	210	396	408	383	412	496	415	293	223	318	294	4,195	350
MIDAS Entries Total	5,239	5,356	10,487	9,591	9,740	10,085	10,169	9,533	7,846	6,679	5,983	5,760	96,468	8,039

Total MetroCall Contacts	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec.	Totals	Mo. Aver.
Calls Answered	14,857	14,931	16,942	15,220	15,010	16,408	15,977	14,404	13,617	14,916	14,390	12,864	179,536	14,961
E-mails	567	660	1,374	1,264	1,004	908	848	1,013	784	655	405	375	9,857	821
MIDAS Entries from Web and App	792	902	2,444	1,931	1,650	1,429	1,568	1,659	1,249	899	825	811	16,159	1,347
Live Chats	0	0	202	1,337	1,459	1,737	1,491	1,364	1,367	1,198	1,087	1,265	12,507	1,367
Twitter Replies and Tweets	11	72	117	71	64	40	34	53	78	63	26	23	652	54
Total MetroCall Contacts	16,227	16,565	21,079	19,823	19,187	20,522	19,918	18,493	17,095	17,731	16,733	15,338	218,711	18,226

TOP 10 INFORMATION REQUESTS 2015

Junk Disposal Questions	8,055
Junk Week Inquiries	6,306
Heat and Cooling Assistance	5,042
Garbage Disposal Questions	4,831
Miscellaneous	4,042
Codes and Regulations Questions	3,304
Hang ups	3,193
Non-emergency Police Numbers	3,072
Court Information	2,860
Recycling Questions	2,541

TOP 10 MIDAS SERVICE REQUESTS 2015

Street Potholes	9,453
Grass/Weeds on Private Property	6,009
Trash on Private Property	4,412
Damaged Garbage Carts	4,147
Miscellaneous	4,070
Exterior Violations on Private Property	3,630
Garbage Missed	3,437
Recycling Bin - New, Damaged, Missing	3,150
Weeds on VAP with Structure	3,041
Dead Animal Pickup	2,595

Emergency Management

Time Period:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Monthly Avg.
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General EMA

Tier Two HazMat plans received	85	333	163	18	0	0	0	0	0	0	0	0	599	92.2
Environmental Protection Agency Risk Management Program site inspections	0	0	1	1	0	0	0	0	3	3	0	0	8	0.7
Hazardous annual waste reports received	15	92	48	3	4	1	2	0	1	0	1	0	167	13.9
EMA Training hours provided	35	6	0	0	14	2	7	0	0	32	21	8	125	10.4
# of students	33	20	0	0	25	56	6	0	0	28	30	220	418	34.8
EMA Training hours attended	21	7	46	18	32	10	12	15	14	68	19	61	323	26.9
Exercises	0	1	0	0	1	3	1	0	0	0	1	0	7	0.6
EOC activation/severe weather (hours)	0	0	0	78	8	16	2	0	0	0	0	0	104	8.7
HazMat incidents	10	6	10	14	7	17	15	10	4	12	2	11	118	9.8
HazMat responses	1	0	1	1	0	2	0	0	0	0	0	0	5	0.4
Emergency responses	0	0	0	0	0	0	0	1	1	0	1	0	3	0.3
Requests for Red Cross	2	2	2	1	1	0	0	0	1	0	0	0	9	0.8
Louisville Emergency Notification System (LENS) alerts	1	5	4	14	6	15	14	14	7	6	6	5	97	8.1

Siren System

PM/routine maintenance	6	9	5	16	18	47	17	14	18	17	15	11	193	16.1
New installations	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Rehab old sirens/site	2	3	13	0	0	0	0	0	0	0	0	0	18	1.5
Upgrade siren/site	0	1	0	0	0	0	1	1	1			1	5	0.4
Pending (new, rehab and upgrade)	3	2	0	0	0	0	0	0	0	0	0	0	5	0.4

Search and Rescue

Total SAR notifications	4	4	6	4	1	4	5	7	1	4	4	11	55	4.6
Golden Alerts	0	0	0	2	0	0	1	4	0	2	0	2	11	0.9
Amber Alerts	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0

WebEOC

WebEOC users	315	344	350	358	368	368	392	399	399	418	424	429		380.3
WebEOC incidents	0	2	2	5	2	2	4	1	0	1	1	1	21	1.8

Medical Priority Dispatch also divides Calls for Service into six separate Dispatch Determinants that are decided through the use of medical protocols. Each of these entries is assigned a Code 1, 2, or 3 response by the medical director.

ECHO - Serves two functions. First, in certain life threatening situations, it allows for setting a pre-planned response into motion early in the interrogation sequence. In addition, ECHO provides a means for assigning response-capable units that would not normally respond to a typical EMS call. ECHO is limited to six of the 33 chief complaint protocols and pertains to certain cardiac or respiratory arrest situation or when INEFFECTIVE BREATHING is evident. ECHO responses are always initiated from case entry questions. All ECHO's are Code 3 response. Examples of ECHO responses would be: choking, not breathing, breathing uncertain or agonal, hanging, strangulation, suffocation, and underwater.

DELTA - Still a code 3 response, but determined after key questions. Examples are: severe respiratory distress, not alert / clammy; continuous or multiple seizures; long falls greater than 6 feet; abnormal breathing; unconscious/not alert; dangerous hemorrhage which is defined as bleeding from the armpit, groin, neck, and/or rectal area and /or vomiting (bright red); trench collapse / structure collapse / inaccessible terrain situation; breech or cord delivery; head visible / out; imminent delivery greater than 5 months / 20 weeks; baby born; central wounds which is defined as in the abdomen, upper arm, back, buttock, chest, elbow, groin, head, hip, knee, upper leg, neck, shoulder; multiple wounds / multiple victims; stroke history; speech or movement problems; numbness; tingling; vision problems; sudden severe onset headache; major incidents / accidents which is defined as aircraft, bus, subway / metro, train, watercraft; high mechanism accidents; all terrain vehicle; auto; bicycle / motorcycle; auto / pedestrians; ejection; personal watercraft; rollovers; and vehicle off bridge / height.

CHARLIE - Mostly code 3, depending on seriousness of situation. Examples are: back pain - fainting or near fainting greater than 50 years of age, breathing problems, cardiac history with abnormal breathing, building fire with persons inside, carbon monoxide / alert but difficulty breathing, chest pain -abnormal breathing, cardiac history, cocaine, breathing normally greater than 35 years of age, seizures, pregnancy, diabetic, cardiac history, diabetics-not alert, abnormal behavior, abnormal breathing and hemorrhage through tubes.

BRAVO - Variety of codes, depending on the situation. Examples are: animal bites to possibly dangerous body areas such as abdomen, amputation (not finger or toe), back, chest, genitalia, head (alert) upper leg, and pelvis; serious hemorrhage such as uncontrolled bleeding (spurting or pouring) from any area, or any time a caller reports "serious" bleeding; carbon monoxide-without difficulty breathing; obvious death as defined by local medical director; unknown problems; man down-standing, sitting, moving, talking-medical alert notifications; and unknown status 3rd party callers.

ALPHA - Mostly code 1 and code 2 runs as determined through caller interrogation to not be life threatening. Situations where the time of response will not generally affect the outcome. Examples: abdominal pain, superficial bites, assault to not dangerous body area which is defined as ankle, arm, collar bone, elbow, finger, foot, hand, hip, knee, lower leg, shoulder, toe wrist; non traumatic and non recent back pain greater than 6 hours; sunburn; minor burns; 1st trimester hemorrhage or miscarriage; non recent peripheral wounds- defined as finger, foot, forearm, hand, lower leg, toe wrist greater than 6 hours; single fainting or near fainting episode and alert greater than 35 years of age.

OMEGA - all code 1 or referral Calls for Service, only appears on 4 protocols. Examples: expected death - terminal illness / DNR; public assist - no injury; no priority symptoms defined as the presence of abnormal breathing, chest pain (any), decreased level of consciousness, serious hemorrhage; poisoning(without priority symptoms) defined above; and pregnancy - water broke, no contractions.

OTHER - Any events that an LMEMS Unit is assigned that is not an EMD code. It also includes the Event Type of EMS_STANDBY.

PSIAM - A medical triage program used to assist patients with low acuity symptoms of illness or injury to determine if an ambulance response is necessary. The patient's illness or injury is triaged first by a MetroSafe call taker to determine if the call may be transferred to a nurse inside the communications center. Once the call is transferred, the nurse will continue to triage the patient and decide the most effective medical course of action.

POLICE - PRIORITIES

PRIORITY 1 - Emergency calls that require an immediate dispatch of law enforcement. They include the following: Officer in trouble needs help, Officer taken hostage, hold up / hold up alarms, sexual assault / rape in progress, and shooting / stabbing.

PRIORITY 2 - Urgent and require an immediate dispatch of law enforcement or notification to the commanding officer that units are not available. They include the following: domestic trouble or domestic violence, injury accident, trouble, bomb threat, break in – in progress / just occurred, assist EMS, fight, person down, shots fired in the area, request backup - Code 1, strong-arm robbery, and violator.

PRIORITY 3 - Calls that require an on-scene response but are more routine in nature and do not necessitate an immediate response from law enforcement. They include the following: shoplifter, exposure of person, burglar alarm, children left alone, suspicious person, stranded motorist, disorderly person, fire, train derailment, intoxicated person, wanted person, hit-and-run accident, missing person, non-injury accident, terrorist activities and intoxicated driver.

PRIORITY 4 - Calls for Service that are non-emergency Calls for Service. These include the following: investigation, out-of-service, hazmat escort on the river, meet the officer, prisoner, loud music, reckless driver, report, corpse and contact the subject.

PRIORITY 5 - Wrecker runs (waiver tows, wrecker service, repos, contract tows)

OTHER - Event codes that are administrative and not captured in the other categories. Includes: call by phone, test call and attempt to locate.

FIRE PRIORITIES High, Medium, Low and Medical

HIGH: CO Detector, structure fire, chemical spill / fire, electrical fire or odor, fire alarm – residential or commercial, fire close to structure, garage / shed fire, gas leak - inside, gas leak – outside with fire, water leak/electrical.

MEDIUM: Structure collapse, roof/walls collapse, auto rescues with injuries, auto vs. train, auto vs. structure, confined space rescue, extrication, elevator rescue, high angle rescue, water rescue, watercraft rescue trench rescue, other rescues, plane crash alert, public assist, and safe place.

LOW: Assist Police, boat fire, automobile fire, chemical or gas odor outside, chemical spill, child locked in car, CO Detector, controlled burn, dumpster fire, elevator rescue, field / grass / brush, gas leak - outside, lap in, lock in, lock out, medical assist, mutual aid response, plane crash alert, public assist, safe place, smoke in the area, steam rupture, tanker fire, tractor-trailer fire, transformer fire, trash fire, trees down, wash off, water leak, and wire down.

MEDICAL: Medical responses made to assist EMS or any other EMS code (Alpha, Bravo, etc.) to which the fire department responds with EMS.