

Time is critical in our business. It is easy to explain the time factor when we are responding to a structure fire. Lives often depend on our ability to get emergency responders on scene. Time is just a critical when we are responding to an emergency medical call. The American Heart Association shows very clearly the relationship between the time elapsed from out of hospital cardiac arrest to the arrival of advanced medical care. The National Fire Protection Association (NFPA) and the Center for Fire Accreditation International (CFAI) have developed industry standards and methods for gathering and interpreting this data.

Over the next several months the KCKFD will be gathering and sharing specific response time data in an effort to improve our service delivery and better serve our community. KCKFD is using FirstWatch Data Analytics to analyze our raw data and help us show our frontline personnel how they are performing.

NFPA 1710 identifies three time benchmarks:

Call receipt and processing time;

90% of the time, 60 seconds from receipt of call, including transfer time

Turnout time:

90% of the time, 60 seconds from the company level initial receipt of dispatch to the beginning of response time (wheels turning)

Response time

The time that begins when responding units are en route to the emergency incident (wheels rolling), and ends when responding units arrive on scene (wheels stopped at the address).

There are slight differences between Fire and EMS Response:

Deployment (Fire)

Arrival of engine company in four minutes (240 seconds) and/or the full initial alarm assignment within eight minutes (480 seconds) Initial full alarm assignment meeting eight-minute (480- second) response time objective on 90% of all emergency incidents including an arriving company capability to implement an Initial Rapid Intervention Crew (IRIC)

Deployment (EMS)

Turnout of personnel for response within one minute (60 seconds)

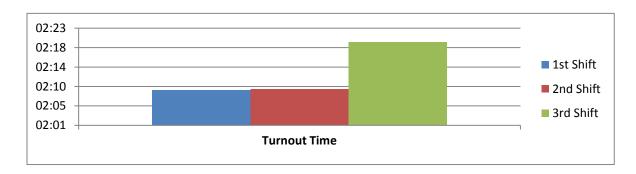
First responder/AED level, within four-minute (240- second) response on 90% of all emergency medical incidents ALS response within eight minutes (480 seconds) on 90% of all ALS calls

ALS response, two members at EMT-P level and two members at EMT-B level arriving on scene within the established response time



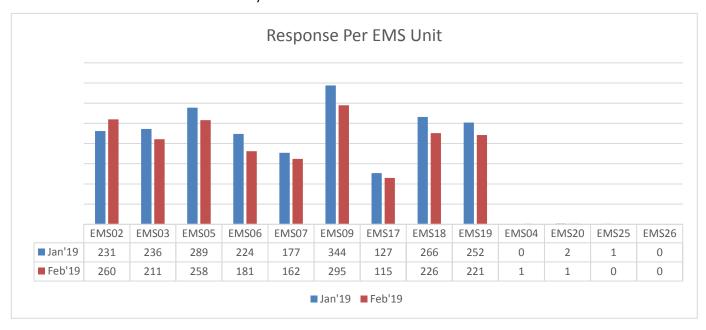


This month we are beginning to look at our "turnout" times (time measured from receipt of company level dispatch to beginning of response). Below is a chart of each shift's average turnout time. Understanding that we are aiming for an optimal 60 second turnout time (from the initial receipt of dispatch to the beginning of response time wheels turning), 90% of the time, you can see from the following charts that we are not performing as well as we would like. It is important to understand that this initial look includes "all" calls in February. The lack of urgency afforded to a non-emergency transfer will artificially inflate our turnout times. As we continue working with FirstWatch our ability to isolate emergency call turnout time will improve. Look for this information each month. We will be sharing more as we move forward.

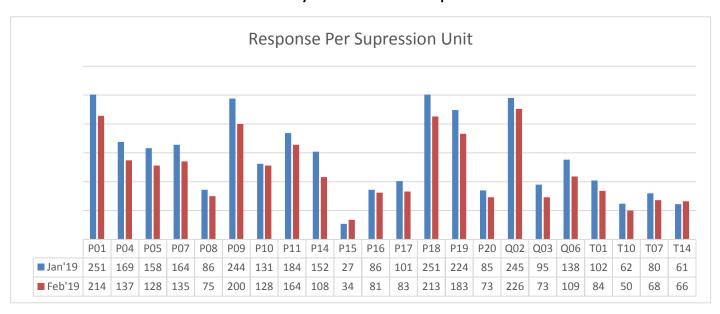




The Kansas City Kansas Department responded **to 2055** incidents during the month of February 2019 based on CAD and NFIRS data.



KCKFD EMS Units responded to an incident 1936 times in February 2019, 2150 times in January 2019 and 198 times in February of 2018. This number is generated by CAD and NFIRS data. If more than one unit responded, each unit is counted as a response, however the incident is counted only once for our total response count.

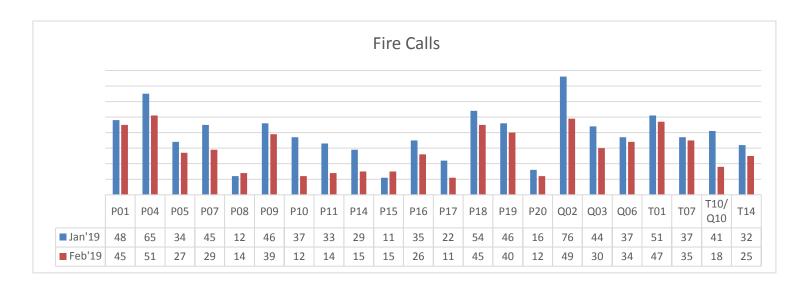


KCKFD Suppression Units responded to an incident 2632 times in February 2019 and 3098 times in January of 2019.

In February of 2019 we responded to 2909 incidents. This number is generated by CAD and NFIRS data.

If more than one unit responded, each unit is counted as a response,
however, the incident is counted only once for our total response count.





KCKFD Suppression Units responded to a Fire call 633 time in February of 2019. In January of 2019 we responded to 851 Fire calls. This number is generated CAD and NFIRS data. These calls include:

F A/A Business/ Multi Family - F A/A Business/ Multi Family

F A/A Residence - F A/A Residence

F Business/ Multi Family Fire - F Business/ Multi Family Fire

F Controlled Burning - F Controlled Burning

F Family Dwelling Fire - F Family Dwelling Fire

F Fire Outside Structure - F Fire Outside Structure

F Fire/ Explosion Unclassified - F Fire/ Explosion Unclassified

F Rekindle - F Rekindle

F Smoke/ Odor Removal - F Smoke/ Odor Removal

F Spill/ Leak- No Fire - F Spill/ Leak- No Fire

F Trees/Brush/Grass Fire - F Trees/Brush/Grass Fire

F Unauthorized Burning - F Unauthorized Burning

F Vehicle Fire - F Vehicle Fire

F Vicinity Alarm - F Vicinity Alarm

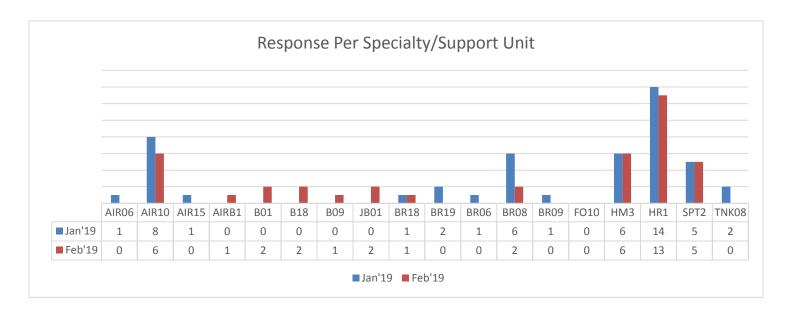
Fire - Fire Residential

Fire Brush Truck - Fire Brush Truck

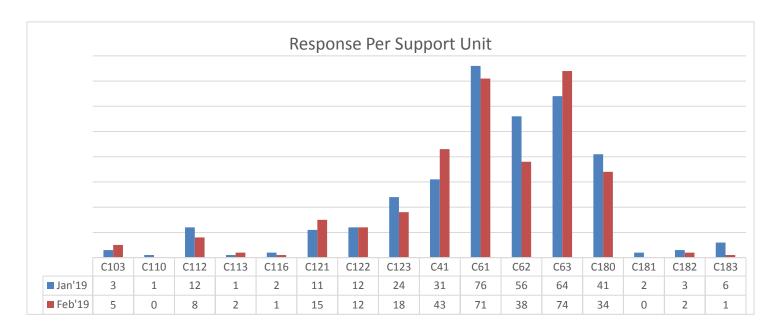
Fire Car - Fire Car

Fire UTV - Fire Utility Vehicle



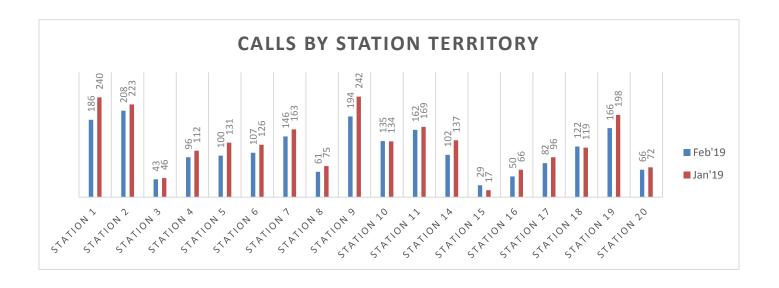


KCKFD Specialty Units responded to an incident 41 times in February 2019 and 48 times in January 2019. This number is generated by CAD and NFIRS data. If more than one unit responded, each unit is counted as a response, however the incident is counted only once for our total response count.



KCKFD SUPPORT Units responded to an incident 324 times in February 2019 and 345 times in January 2019. This number is generated by CAD and NFIRS data. If more than one unit responded, each unit is counted as a response, however the incident is counted only once for our total response count. In February we began using new Support Unit numbers. In particular, our Fire Investigators used to be tracked by the shift the worked, ie. 1st shift investigator was Car 81, 2nd shift was Car 82, etc. Going forward all responses by a shift investigator will be calculated as Car 180, regardless of shift. Many of our chief officers respond to incidents, they will be included in the monthly report if their responses are of note.





Calls by station territory are determined by first due territory response. Apparatus often respond to incidents in first due territory other than their own. For example: If Pumper 20 responds to an incident in Pumper 19's first due territory, the activity will be reflected in Pumper 20's Response per Suppression Unit but in Station 19's Response by Station Territory. Note: The non-emergency transfers from PMC and KUMC, which elevated the data for Station 10 and Station 19, has been removed from the above table. 158 non-emergency transfers counted only in the EMS Unit that completed the transfer. There are 9 calls not accounted for on this graph. We responded on Mutual Aid 5 times to Bonner Springs.

Incident Types

111 Building fire	12
113 Cooking fire, confined to container	1
131 Passenger vehicle fire	11
132 Road freight or transport vehicle fire	1
151 Outside rubbish, trash or waste fire	3
154 Dumpster or other outside trash receptacle fire	2
251 Excessive heat, scorch burns with no ignition	1
300 Rescue, EMS incident, other	2
311 Medical assist, assist EMS crew	6
321 EMS call, includes calls where	1,118
3211 EMS Refusal	117
3212 EMS call No EMS needed	177
3213 Non Emergency Transfer	158
322 Motor vehicle accident with injuries	39





3221 MVA with refusal	22
323 Motor vehicle/pedestrian accident (MV Ped)	2
324 Motor vehicle accident with no injuries.	25
331 Lock-in (if lock out , use 511)	1
342 Search for person in water	1
352 Extrication of victim(s) from vehicle	1
353 Removal of victim(s) from stalled elevator	2
360 Water & ice-related rescue, other	1
381 Rescue or EMS standby	1
3811 Tactical Medic standby	4
412 Gas leak (natural gas or LPG)	14
424 Carbon monoxide incident	2
441 Heat from short circuit (wiring), defective/worn	3
442 Overheated motor	2
444 Power line down	3
4441 Utility lines down, not power	3
445 Arcing, shorted electrical equipment	3
463 Vehicle accident, general cleanup	1
510 Person in distress, other	1
522 Water or steam leak	1
531 Smoke or odor removal	2
550 Public service assistance, other	5
551 Assist police or other governmental agency	4
552 Police matter	12
553 Public service	17
554 Assist invalid	94
555 Defective elevator, no occupants	2
561 Unauthorized burning	9
600 Good intent call, other	1
611 Dispatched & canceled en route	109
621 Wrong location	1
622 No incident found on arrival at dispatch address	35
651 Smoke scare, odor of smoke	13
652 Steam, vapor, fog or dust thought to be smoke	2
653 Smoke from barbecue, tar kettle	2
661 EMS call, party transported by non-fire agency	5
671 HazMat release investigation w/no HazMat	9
700 False alarm or false call, other	6
711 Municipal alarm system, malicious false alarm	1
712 Direct tie to FD, malicious false alarm	1
713 Telephone, malicious false alarm	1



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731 Sprinkler activation due to malfunction	2
733 Smoke detector activation due to malfunction	13
735 Alarm system sounded due to malfunction	22
736 CO detector activation due to malfunction	7
740 Unintentional transmission of alarm, other	8
743 Food on the stove/steam/cigarette smoke Automatic Fire Alarm	56
744 Detector activation, no fire - unintentional	5
745 Alarm system activation, no fire - unintentional	16
746 Carbon monoxide detector activation, no CO	1
911 Citizen complaint	1
Unknown	8

NFIRS

The Goal of the KCKFD is 100% completion for all NFIRS reporting.

We had an initial NFIRS completion percentage of 92.5%.

1st Shift - 93.9%

2nd Shift - 93.1%.

3rd Shift - 90.5%.

Currently, as of 3/11, there are only 8 reports still needing to be completed.

That gives us a completion percentage of 99.6% after 1 notification.

SMOKE DETECTOR INSTALLATIONS

In February 0f 2019 KCKFD Crews installed 2 smoke detectors in 1 residence. Thanks to firefighter Rich Baker and NFIRS Program Manager Jim Canada!

KCKFD crews have installed 10 smoke detectors in 2019.



FEBRUARY PulsePoint

	Feb-19
Total number of followers	3984
Total number of followers with CPR alerts enabled	2388
SCA incidents	13
SCA incidents in public location	4
CPR Alerts sent	0
Number of devices alerted to CPR needed events	0
Total number of incident notifications	143
Total number of incidents appearing in PulsePoint	1900
Structure Fire notifications enabled	1251
Working Structure Fire notifications enabled	1194
Vegetation Fire notifications enabled	406
Working Vegetation Fire notifications enabled	408
Traffic Collision notifications enabled	758
Traffic Collision Expanded notifications enabled	786
Technical Rescue notifications enabled	326
Hazmat Response notifications enabled	677
Water Rescue notifications enabled	355
NEWS notifications enabled	533
CERT notifications enabled	446
DISASTER notifications enabled	831



EMS DIVISION

Transports:

Feb 2019 1300 Feb 2018 1259

TUKHS 634 YTD 1284 PMC 282 YTD 602 SMMC 127 YTD 276

TMC-HH 041 CMH 051

Refusals 184 (and 8 N/A for a total of 192 non-transport reports in Elite)

Feb 2019 Runs by Hour of Day:

Total: 1,492	Total: 100.00%
41	2.75%
52	3.49%
59	3.95%
78	5.23%
78	5.23%
81	5.43%
57	3.82%
83	5.56%
88	5.90%
101	6.77%
94	6.30%
93	6.23%
87	5.83%
70	4.69%
77	5.16%
67	4.49%
50	3.35%
38	2.55%
23	1.54%
28	1.88%
39	2.61%
26	1.74%
45	3.02%
	26 39 28 23 38 50 67 77 70 87 93 94 101 88 83 57 81 78 78 79 59 52 41



Feb 2019 Runs by Day of Week:

	Total: 1,492	Total: 100.00%
Saturday	178	11.93%
Friday	234	15.68%
Thursday	230	15.42%
Wednesday	238	15.95%
Tuesday	206	13.81%
Monday	231	15.48%
Sunday	175	11.73%

Feb 2019 Runs by Provider Impression:

Acute pain, not elsewhere classified (G89.1)	94
Acute abdomen discomfort pain (R10.0)	89
no complaints or findings; Adult, Encounter, (Z00.00)	78
ALOC Altered mental status unspecified etiology (R41.82)	77
Weakness (R53.1)	67
Behavioral/Psychiatric Disorder (F99)	53
Chest pain Angina (I20.9)	46
Seizures without status epilepticus (G40.909)	38
Respiratory COPD with exacerbation (J44.1)	36
	34
Back pain non traumatic (M54.9)	30
Trauma injuries multi-system unspecified (T14.90)	30
Trauma Injury of head (S09.90)	30
Chest Pain, Other (non-cardiac) (R07.89)	29
Respiratory disorder, unspecified (J98.9)	25
Suicidal ideations (R45.851)	25
Respiratory distress, acute (J80)	24
Nausea and vomiting (R11)	22
Trauma Injury of lower leg (S89.9)	22
Dizziness or light-headedness or vertigo (R42)	21
Syncope and collapse (R55)	21
Anxiety (F41.9)	20
Hypoglycemia - Diabetes (E13.64)	20



Feb 2019 Runs by Dispatch Reason:

Sick Person	264
Transfer/Interfacility/Palliative Care	167
Breathing Problem	151
Falls	128
Traffic/Transportation Incident	97
Unknown Problem/Person Down	88
Chest Pain (Non-Traumatic)	85
Convulsions/Seizure	61
Psychiatric Problem/Abnormal Behavior/Suicide Attempt	60
Unconscious/Fainting/Near-Fainting	48
Hemorrhage/Laceration	37
Abdominal Pain/Problems	34
Stroke/CVA	33
Overdose/Poisoning/Ingestion	32
Assault	29
Heart Problems/AICD	28
Back Pain (Non-Traumatic)	26
Diabetic Problem	25
Cardiac Arrest/Death	18
Pregnancy/Childbirth/Miscarriage	18
Traumatic Injury	16
Stab/Gunshot Wound/Penetrating Trauma	15
Allergic Reaction/Stings	10

Feb 2019 Procedures Administered:

	968
Vascular - (IV)Extremity Vein Catheterization (392230005)	345
Cardiac - 12 lead ECG (268400002)	218
Assessment - Patient Assessment (422618004)	103
Cardiac - 4 lead ECG (428803005)	93
Musculoskeletal - Cervical Collar Applied C-Collar (49689007)	37
Vascular - Glucometer (Blood Glucose Check) (166900001)	33
Vascular - Saline Lock (425074000)	25
Respiratory - CPAP (47545007)	14
Respiratory - NC nasal cannula (371907003)	13
Respiratory - BVM Bagged Ventilations (Via Mask) (425447009)	7
Vascular - IO Intraosseous cannulation (430824005)	7
Finding of blood glucose level (finding) (365812005)	6
Musculoskeletal - Splinting (General) (79321009)	6
General - Monitoring of Preexisting Devices and Interventions (182777000)	5
Assessment - Orthostatic Vital Signs (425058005)	4
Cardiac - Autopulse (Automated Compression Device) Continuous Compression Resuscitation (429283006)	4



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CCR - Cardiac - (Manual) Continuous Compression Resuscitation (89666000)	
Respiratory - Intubation (Orotracheal) (232674004)	4
Respiratory - NRB Nonrebreather oxygen mask (427591007)	4
# of patients identified as meeting Trauma Routing Criteria (& transported RLS) 24	
# of patients identified as meeting STEMI Routing Criteria 06	

Thanks for all you do to serve and protect our community!

of patients identified as meeting STROKE Routing Criteria