



MEMO

WCICC/Communications

TO: Glenn Sedivy
FROM: Wendi Hess *W Hess*
DATE: April 18, 2022
RE: Quarterly performance measures

The following is a summary and analysis of the third quarter FY2022 (January 1, 2022 to March 31, 2022) performance measurements. Included in the report is a full year of data as a reference point so that the same quarter from the last year can be compared.

Priority 1 call start to dispatch time: We did well all quarter getting calls answered and dispatched achieving our goal of call start to dispatch in under 1 minute. This quarter was significantly busier compared to last year and we continue to achieve our goals getting calls dispatched timely.

Priority 1 call start to dispatch time

Month	Number of Calls	Average Call Start to Dispatch
Jan-2021	1320	00:36
Feb-2021	1369	00:42
Mar-2021	1442	00:46
Apr-2021	1554	00:38
May-2021	1531	00:39
Jun-2021	1593	00:47
Jul-2021	1589	00:54
Aug-2021	1775	00:39
Sep-2021	1793	00:42
Oct-2021	1709	00:38
Nov-2021	1584	00:46
Dec-2021	1617	00:43

Jan-2022	1631	00:37
Feb-2022	1449	00:34
Mar-2022	1601	00:38

911 Ring Time: We had a busier quarter again compared to last year; public safety user agencies have also expressed seeing a rise in high priority calls this quarter. Average ring time until answer continues to be achieved in under 10 seconds. We had a busy quarter and provided consistent service.

911 Ring Time

Month	Number of Incoming 911 Calls	Average ring time	Average call duration	Average hold time	Number of calls placed on hold
Jan-2021	3955	00:04	01:59	00:46	81
Feb-2021	3530	00:05	02:06	00:52	76
Mar-2021	4374	00:05	02:04	00:44	97
Apr-2021	4518	00:06	01:58	00:51	82
May-2021	4938	00:05	01:56	00:41	105
Jun-2021	4997	00:05	01:54	00:48	119
Jul-2021	5322	00:05	01:47	00:59	99
Aug-2021	5279	00:05	01:52	00:57	94
Sep-2021	5345	00:05	02:04	00:53	96
Oct-2021	5308	00:05	01:55	00:53	71
Nov-2021	4591	00:05	01:54	01:05	49
Dec-2021	4738	00:05	01:58	01:13	64
Jan-2022	4154	00:05	02:03	01:15	57
Feb-2022	3916	00:05	02:02	01:08	67
Mar-2022	4577	00:05	02:01	00:50	73

EMD Protocol Compliance:

The current scoring standards and corresponding goal benchmarks are:

- High Compliance & Compliant – total of both is greater than 70%
- Partial Compliance- less than 10%
- Low Compliance- less than 10%
- Non-Compliant- less than 10%

This quarter we were more consistent in reviewing calls and had a great quarter meeting our compliance goals. We continue to provide individual feedback to operators and will continue to monitor to see if there is any need for performance improvement plans. We provide a valuable service to the community by providing pre-arrival medical instructions and our staff is achieving consistent quality service.

EMD Protocol Compliance

Month	Number of EMD Calls Reviewed	High Compliance & Compliant Goal >70%	Partial Compliance Goal <10%	Low Compliance Goal <10%	Non-Compliant Goal <10%
Jan 2021	51	84.1%	5.7%	2.3%	8.0%
Feb 2021	42	85.2%	1.6%	3.3%	9.8%
Mar 2021	STAFF ON LEAVE				
Apr-2021	33	75.8%	3.0%	9.1%	12.1%
May-2021	17	94.1%	0.0%	5.9%	0.0%
Jun-2021	5	100.0%	0.0%	0.0%	0.0%
Jul-2021	21	90.5%	4.8%	0.0%	4.8%
Aug-2021	47	83.0%	6.4%	0.0%	10.6%
Sep-2021	48	77.1%	10.4%	2.1%	10.4%
Oct-2021	103	81.6%	4.9%	3.9%	9.7%
Nov-2021	55	83.6%	7.3%	1.8%	7.3%
Dec-2021	26	92.3%	7.7%	0.0%	0.0%
Jan-2022	93	86.0%	6.5%	3.2%	4.3%
Feb-2022	74	83.8%	8.1%	5.4%	5.4%
Mar-2022	35	88.6%	8.6%	2.9%	0.0%

Policy: We continued to be more consistent doing EMD reviews, a total of 5 EMD-Q reviewers are reviewing calls and providing timely feedback to our staff. We continue to ask additional questions on all calls for COVID screening and continue to receive positive feedback from emergency responders on the information we provide. We will con-

tinue to use these additional questions and work with EMS and Medical Control on our protocols.

Training: We will continue to give individual feedback on EMD calls and monitor to see if any additional training is necessary to those that consistently score in the non-compliant range. Every EMD feedback report is also reviewed by myself (Communications Center Manger), before being provided to each staff member so management is aware of any performance related issues.

Remedial Actions: No remedial actions have been taken related to performance measures.

Report Approved by  Date: 4-18-22