

## 20 YEARS OF IMPROVING PERFORMANCE & HARNESSING THE POWER OF YOUR DATA



Once interfaced with your EMS data systems, FirstWatch enables automated, real-time data analysis, Dashboard and Mobile App Views – all based upon user-defined performance, operational, and quality measures! Currently deployed at nearly 500 agencies across the U.S. and Canada, FirstWatch is a highly customizable data visualization tool designed to save time, money, and precious human resources – all while providing enhanced situational awareness, improved operational effectiveness, and better outcomes. FirstWatch customers are supported by a team with more than 500 combined years of experience in public safety and public safety software.



Every Record. In Real Time. Automatically.

# FirstWatch® Core Features

Harnessing the power of your data will improve your agency's performance and quality of patient care. Tap into the knowledge your data can provide with FirstWatch's multifaceted suite of real-time tools.



## Real-Time Data

CAD, ePCR, ProQA, RMS, Lowcode, Billing, or Hospital ED Data at your fingertips



## Improve Performance

Monitor KPI's and adherence to patient care protocols for improved patient care



## Early Event Detection

Alerts for early signs of chemical, radioactive, or occurring epidemics or pandemics



## Dashboards

Quickly see the status of any dataset - take action in real-time



## Easy Implementation

Easy to install, reliable and secure



## Situational Awareness

Early recognition of suspicious activity, crime trends, arson patterns or activity around high-threat facilities

# FirstWatch® Enhancement System Modules



## FirstPass

Automated real-time quality improvement and protocol compliance



## Online Compliance Utility (OCU)

Simplify and manage contract compliance for exceptions and exemptions reporting



## Hospital Status Dashboard

Track how many units are en route to, or at multiple hospital facilities



## Transfer of Care (TOC)

Track patient handoff to monitor and improve destination times



## Performance Plus

Monitor performance by individual, unit, shift, station etc.



## Data Mover

Transfer data from FirstWatch to other applications or stakeholders



## Fire Operations Analytics Module (FOAM)

Helps with fire accreditation (CFAI)



## Demand Analysis

Download select views of demand and consumption data into an Excel spreadsheet



## Billing Analytics Module (BAM)

Automated views of cash collections, average patient charge, or unbilled claims



## Reports

User defined parameters against data from within the FirstWatch system

# Stand-Alone Products



## Academy Analytics™

Improving system awareness and performance through real-time ProQA data analysis



## Resource Planner™

Optimizes schedules to improve crew satisfaction and productivity

# Upcoming Conferences

## Join Us

We will be at the following upcoming conferences and would love to see you. If you would like to schedule time to meet with us one-on-one at any of these conferences, please contact: Jenny Abercrombie, Marketing Coordinator at [jabercrombie@firstwatch.net](mailto:jabercrombie@firstwatch.net).

<b>APR 24 2019</b>	<b>Navigator2019</b> April 24-26   National Harbor, MD	<b>MAY 29 2019</b>	<b>EMS Pro Expo 2019</b> May 29 – June 1   Mashantucket, CT
<b>APR 30 2019</b>	<b>EMSAAC Conference</b> April 30 – May 1   Fish Camp, CA	<b>JUN 05 2019</b>	<b>abc360® Conference</b> June 5-6   Clearwater, FL
<b>MAY 07 2019</b>	<b>ZOLL SUMMIT</b> May 7-9   Denver, CO	<b>JUN 08 2019</b>	<b>Metropolitan Fire Chiefs Conference 2019</b> June 8-14   Edmonton, AB
<b>MAY 19 2019</b>	<b>International CAD Consortium (ICC)</b> May 19-23   Virginia Beach, VA	<b>JUN 12 2019</b>	<b>Paramedic Chiefs of Canada Leadership Summit 2019 (PCC)</b> June 12-14   Charlottetown, Prince Edward Island
<b>MAY 19 2019</b>	<b>CFED West</b> May 19-24   Indian Wells, CA	<b>JUL 22 2019</b>	<b>Pinnacle / FirstWatch User Group)</b> July 22-26   Orlando, FL

## Recent Awards & Media Coverage



To learn more about how FirstWatch transforms raw data into real-time, actionable information, visit [www.firstwatch.net](http://www.firstwatch.net) or email: [sales@firstwatch.net](mailto:sales@firstwatch.net)

**FIRST WATCH**  
Every Record. In Real Time. Automatically.

# Real-Time Tracking of Opiates Overdoses

## HEMSI - Opioid Trigger Current Call Information

Calls displayed represent active or performed calls between the hours of 1/3/2017 and 1/4/2017 11:59:59 PM.

Data and Report from the FirstWatch™ Internet Server

Time Sent To Queue ▲	Run Number	Address	Nature of Call	Primary Impression	Destination	Narcan administered	Initial Respiratory Rate	Final Respiratory Rate	GCS	Free Text Results
1/3/2017 4:50:34 AM	40970213	From HEMSI	Psychiatric/Abnormal behavior/Suicide Attempt -Non-suicidal and alert	Alt. Level Conscious	01 HH MAIN	No	20	20	15	[HEROIN]
1/3/2017 4:21:26 PM	40990149	From HEMSI	Unknown Problem -Unknown status/Other codes not applicable	Unconscious	01 HH MAIN	Yes	10	14	6	
1/3/2017 5:19:14 PM	40980344	From HEMSI	Transfer / Interfacility / Palliative Care -NotUnknown Medical		06 CRESTWOOD MEDICAL CENTER	No	15	15	15	[hydrocodone]
1/4/2017 3:46:59 PM									12	[MORPHINE]
1/4/2017 4:24:24 PM									15	[oxycodone]

### FreeText Setup: HEMSI HEMSI - Opioid Trigger

+ Larger Font | + Smaller Font Print this Page

Matched	Categories	Event	Date/Time	Free Text
N		0 17706782	2/5/2017 9:47:48 PM	[De-Identified]
N		0 17706783	2/5/2017 9:48:23 PM	[De-Identified]
N		0 17706784	2/5/2017 9:58:48 PM	[De-Identified]
N		0 17706785	2/5/2017 10:04:37 PM	[De-Identified]
N		0 17706786	2/5/2017 10:17:07 PM	[De-Identified]
N		0 17706787	2/5/2017 10:18:20 PM	[De-Identified]
N		0 17706788	2/5/2017 10:21:09 PM	[De-Identified]
N		0 17706789	2/5/2017 10:21:39 PM	[De-Identified]
N		0 17706791	2/5/2017 10:37:04 PM	[De-Identified]
N		0 17706792	2/5/2017 10:43:28 PM	[De-Identified]
N		0 17706793	2/5/2017 10:50:21 PM	[De-Identified]
N		0 17706795	2/5/2017 10:59:16 PM	[De-Identified]
N		0 17706796	2/5/2017 11:01:59 PM	[De-Identified]
N		0 17706797	2/5/2017 11:21:45 PM	[De-Identified]
N		0 17706798	2/5/2017 11:33:56 PM	[De-Identified]

From: 2/5/2017 9:47:48 PM To: 2/6/2017 8:38:21 AM Show All Rows to Return: 100 Query Again

Categories Regular Expression:  
 \bheroin\b|\bmorphine\b|\bPercocet\b|\bFentanyl\b|\bDilaudid\b|\bOxycodone\b|\bHydrocodone\b|\bMethadone\b|\bVicodin\b|\bCoedine\b|\bNarcotic(s)\b

Opioid ▾

## Trinity EMS - Narcotic Monitoring Current Call Information

Calls displayed represent active or performed calls between the hours of 1/31/2018 12:52:33 PM and 3/2/2018 12:52:33 PM.

Data and Report from the FirstWatch™ Internet Server

GC	Geo Valid	Time Sent To Queue	Pri	Problem	Primary Impression	Incident #	Address/Location	Intervention Narcotic	Outcome
C		2/2/2018 5:12:09 PM	1	Fall(s)	Head Injury-Blood vessel	8531	From TrinityEMS	Versed	Treated, Tx by EMS
C		2/3/2018 7:50:17 AM	1	Breathing Problems	Respiratory Dist (Acute)	8636	From TrinityEMS	Ativan	Treated, Tx by EMS
C		2/3/2018 7:54:25 AM	1	Breathing Problems	Shortness of Breath	8637	From TrinityEMS	Ativan	Treated, Tx by EMS
C		2/6/2018 6:26:58 PM	1	Convulsions/Seizures	Seizure, Unspecified	9600	From TrinityEMS	Versed	Treated, Tx by EMS
C		2/7/2018 12:13:46 PM	1	Fall(s)					
C		2/7/2018 5:13:51 PM	3	Transfer					
?		2/11/2018 6:41:24 PM	1	Fall(s)					
C		2/14/2018 2:57:40 PM	1	Breathing Pro					

### Trinity EMS - Lowell Schools MapShot

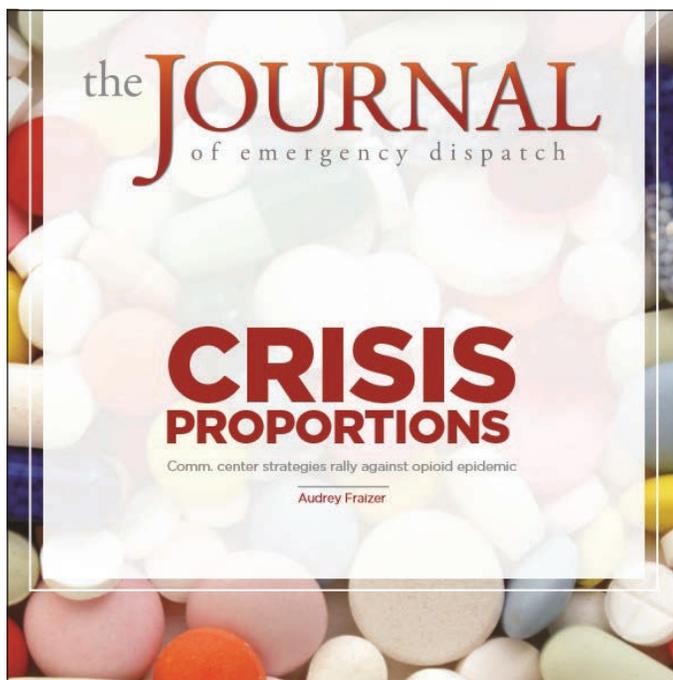
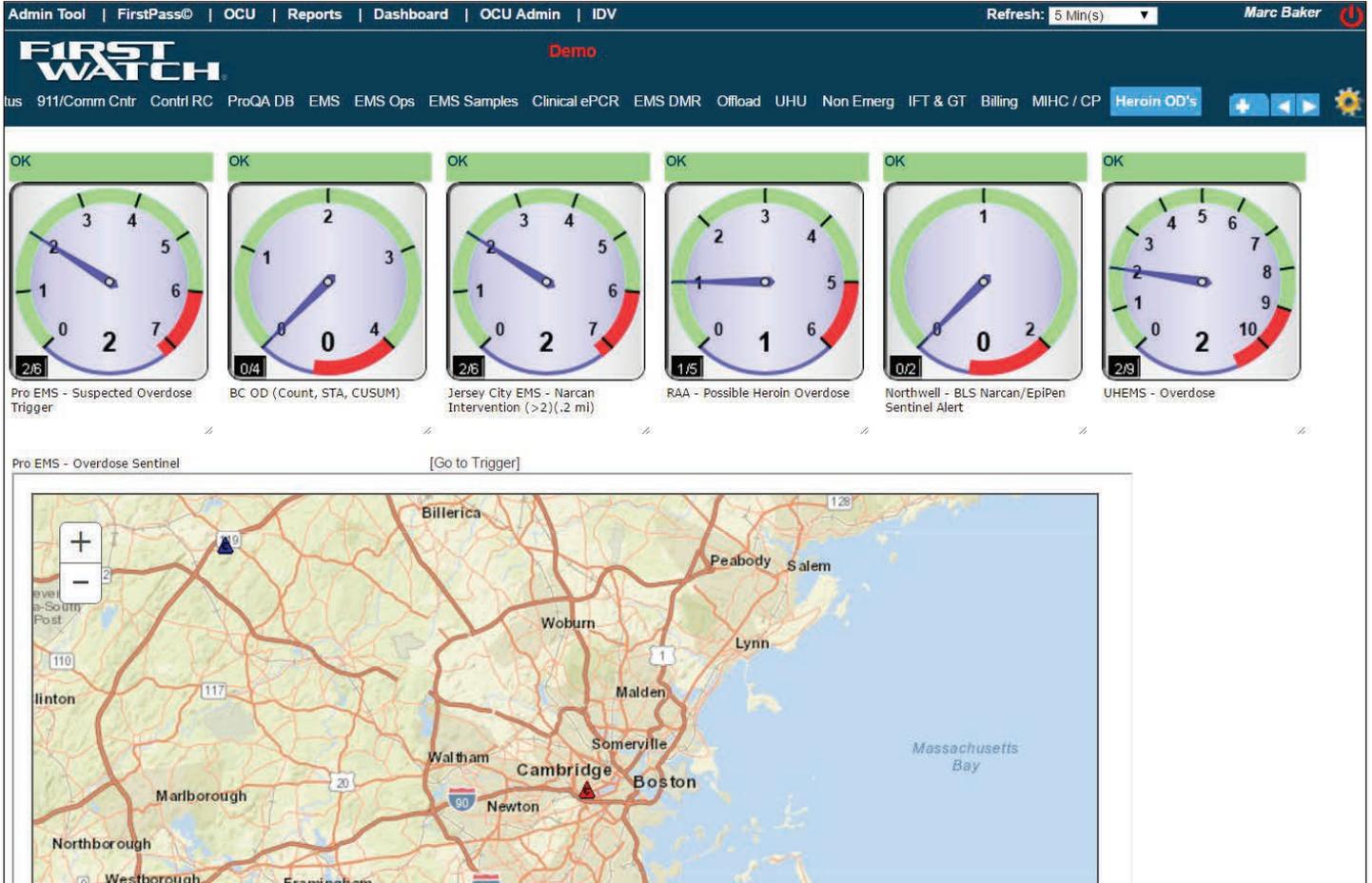
Map icons displayed represent active, completed or in queue calls between the hours of 3/13/2016 11:30:52 AM and 4/12/2016 11:30:52 AM that have a valid longitude or latitude.

Data and Report from the FirstWatch™ Internet Server

Group By: Problem Map Size: Show up to 500 of the most recent calls to reduce map clutter.

Map showing call locations in Lowell, MA area. Heatmaps indicate areas with high call density. Markers represent individual calls. Legend includes: Active calls, Fall(s), Injured Person, Other/Medical, Psychiatric/Suicide Attempt, Sick Person, Unknown Problem.

# 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.

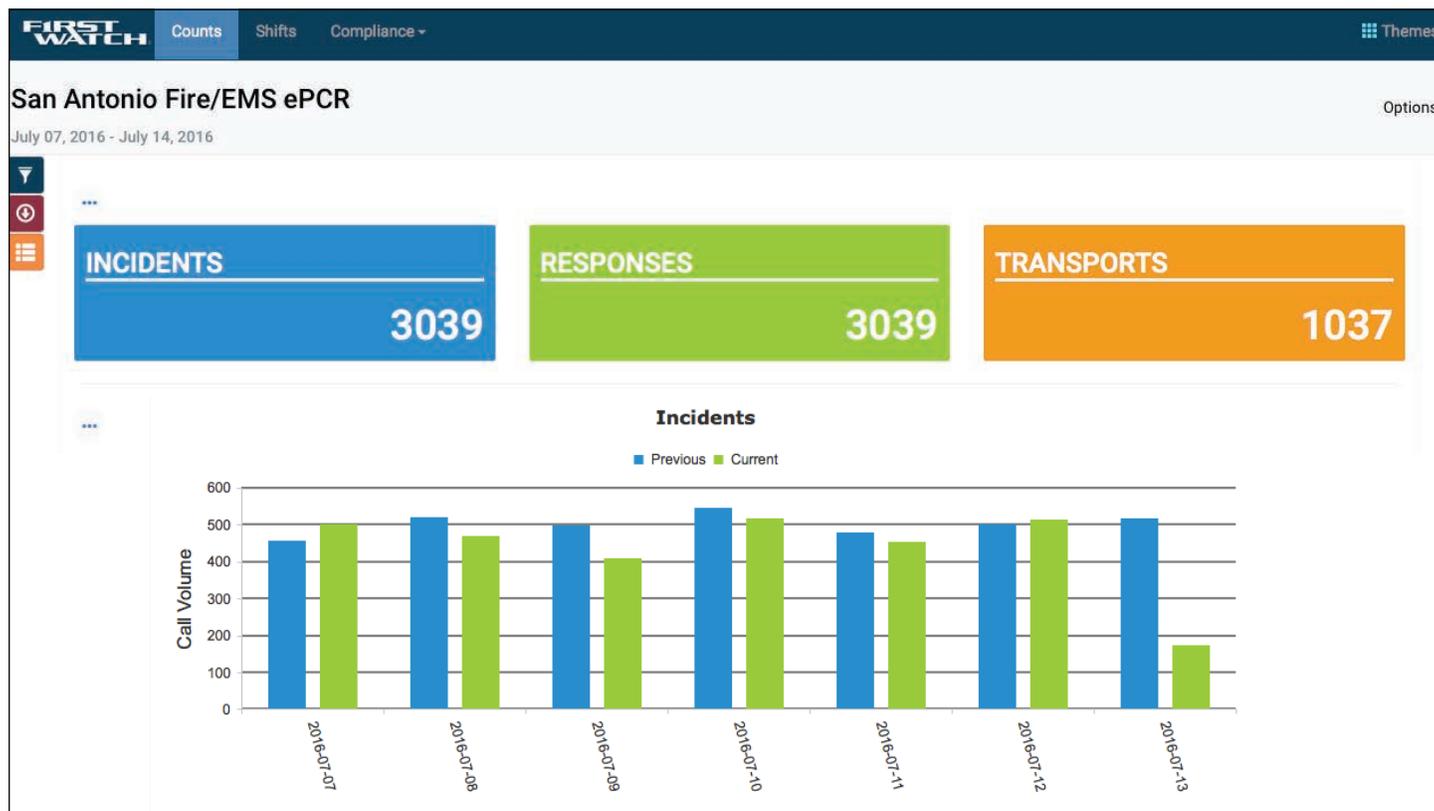
This article features FirstWatch customers like RAA, VA and ProEMS, MA who both use FirstWatch to track potential opioid-related calls by searching ePCRs for terms such as “Narcan” or “heroin”. Read the full article here:

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

# NEW: Interactive Data Visualization Tool (IDV)

**IN DEVELOPMENT:** Our NEW Interactive Data Visualization Tool (IDV) is a modernized look and feel that allows users to interact with the data that has been configured for a particular trigger. The end user is able to view or filter based upon the desired data elements:

- Ability to save customer filters or settings
- Volume and Response Compliance Interval breakdown by: selectable data ranges (up to 5 years), demographically, day of week/hour of day, station, company, shift, and battalion unit
- Grouping data and comparing by previous day, month or year
- Flexibility in visual display allows user to change the display that is right for them
- Ability to view data in grid that allows the end user to modify the order or select the columns to display or apply custom filters and then export this information to Excel as needed



Show Data in Grid

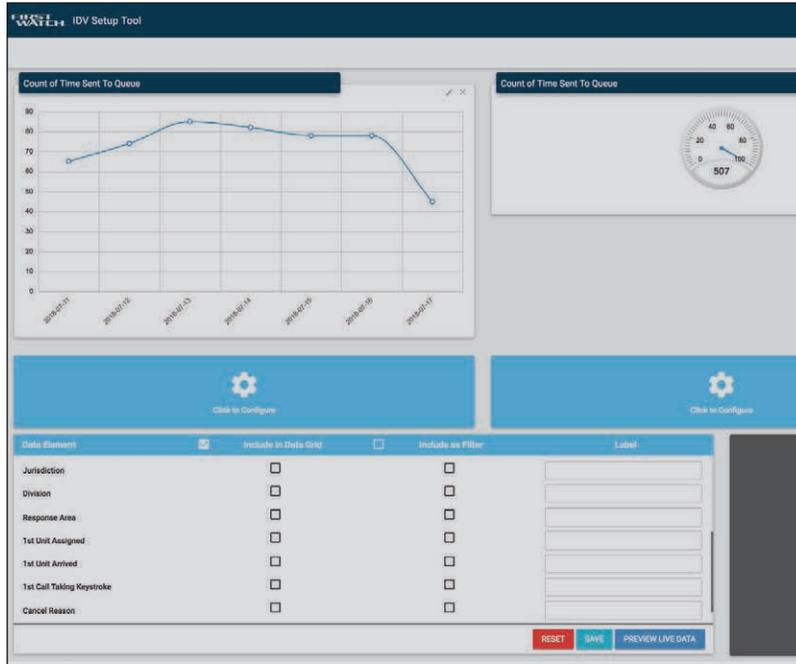
Export to Excel

Drag a column header and drop it here to group by that column

Incident Date	Incident #	Address	City	Zip	Priority
07/13/2016 10:44:47	0706583	From STRAC	San Antonio	78220	Not Specified
07/13/2016 10:44:47	0706583	From STRAC	San Antonio	78220	Lights & Sirens
07/13/2016 10:44:13	0706582	From STRAC	San Antonio	78203	Lights & Sirens
07/13/2016 10:34:11	0706580	From STRAC	San Antonio	782192200	Lights & Sirens

# NEW: Interactive Data Visualization Tool (IDV)

NEW Custom Set-up Tool to Customize your IDV views



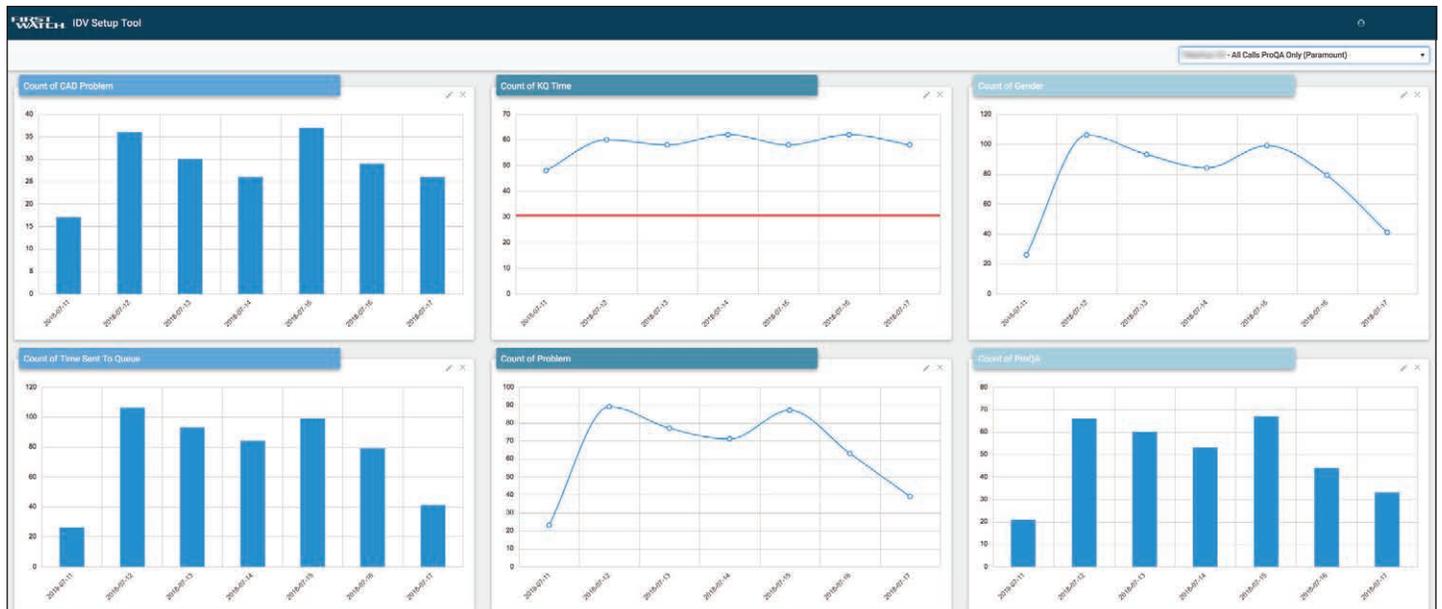
The 'Widget Configuration' dialog box is shown, allowing users to customize their widgets. It includes the following fields and options:

- Data Element:** A dropdown menu currently set to 'Pri'.
- Operator Types:** A dropdown menu currently set to 'Count'.
- Widget Name:** A text input field containing 'Count of Pri'.
- Widget Types:** Four icons representing different chart types: Tile, Gauge, Column Chart, and Line Chart.
- Color:** A color selection dropdown menu.
- Performance:** A checkbox that is currently unchecked.
- Inclusion/Exclusion Rules:** A section with a checkbox that is currently unchecked.
- Current Location:** A grid of location selection buttons, with one button highlighted in dark blue.

Custom Preview 1



Custom Preview 2





## Catch Missing Info in Real-Time

Nature Coast EMS, FL uses FirstWatch to alert their staff when an ePCR is incomplete, in near real-time. PCR's in which the patient was transported and there is a missing Patient Name (Unknown, Unknown), Social Security Number (000-00-0000), Home Address (Null) or Missing Patient Signature appear in this trigger. The missing data is indicated by an "X" in the corresponding column. Information is captured before crews end their shift, allowing supervisors to see the issue and take action the same day.

Missing Patient Info 6 to 6 Current Call Information								
Calls displayed represent active or performed calls between the hours of 10/26/2015 6:00:00 AM and 10/26/2015 12:56:09 PM.								
Data and Report from the FirstWatch™ Internet Server								
GC	Geo Valid	CAD	CAD	Time Sent To Queue	Pri	Problem	ProQA Incident #	Address/Location
C				10/26/2015 7:11:00 AM	1	33C5-Inter/Pall/Acute Severe Pain	19890	From NCEMS_FL
Outcome	Name	SSN	Home Address	DOB	Signature	Completed By	PUTS	Home Phone Obtained?
Treated, Transport by EMS					X	deidentified	NO	Yes
Treated, Transport by EMS		X				deidentified	NO	No
Treated, Transport by EMS		X				deidentified	NO	Yes

Metro Atlanta Ambulance Service, GA uses our QA/QI tool FirstPass to measure their billing protocol compliance. Not only can they see in near real-time ePCR's that are missing key data elements like Name or SSN, but they can also see the percentage of time that data element is accurately captured by the entire system.

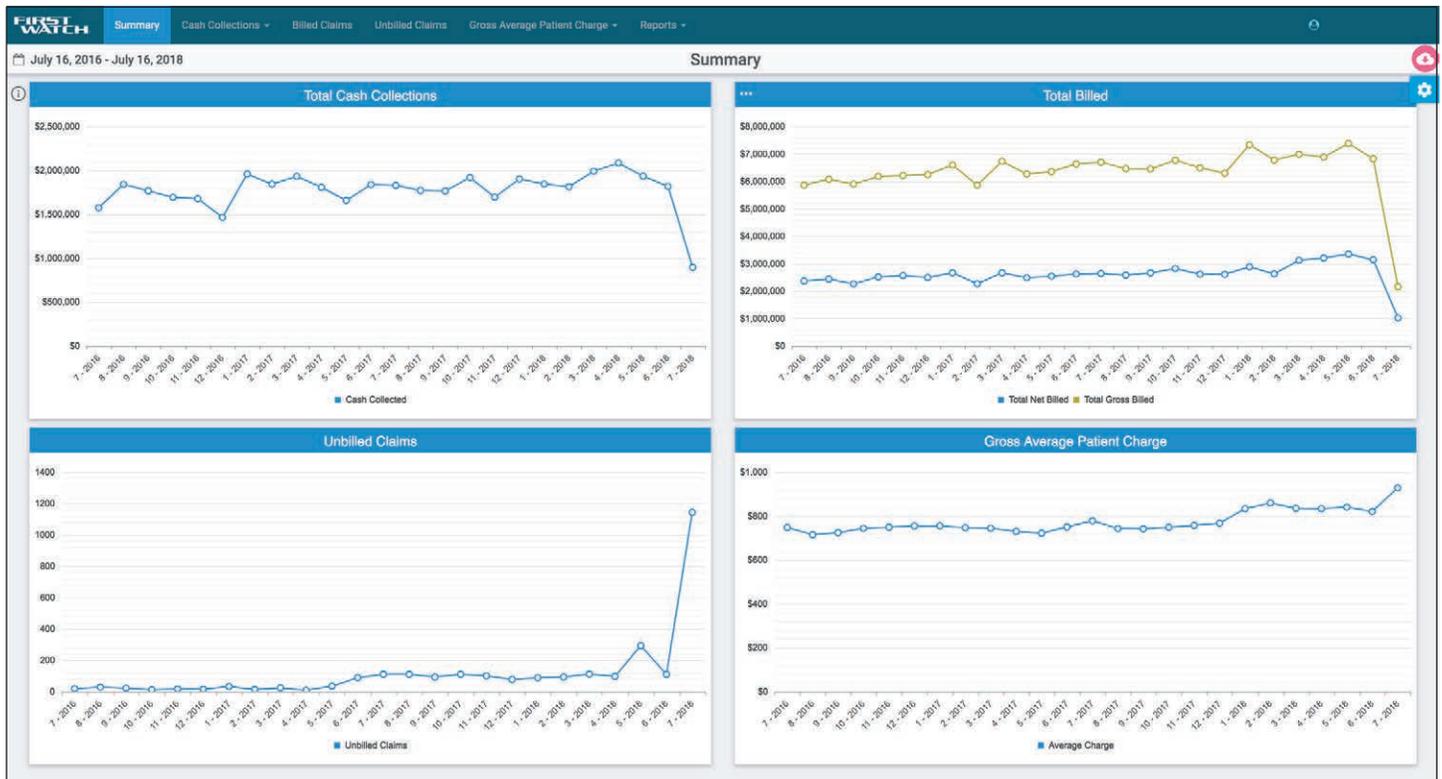
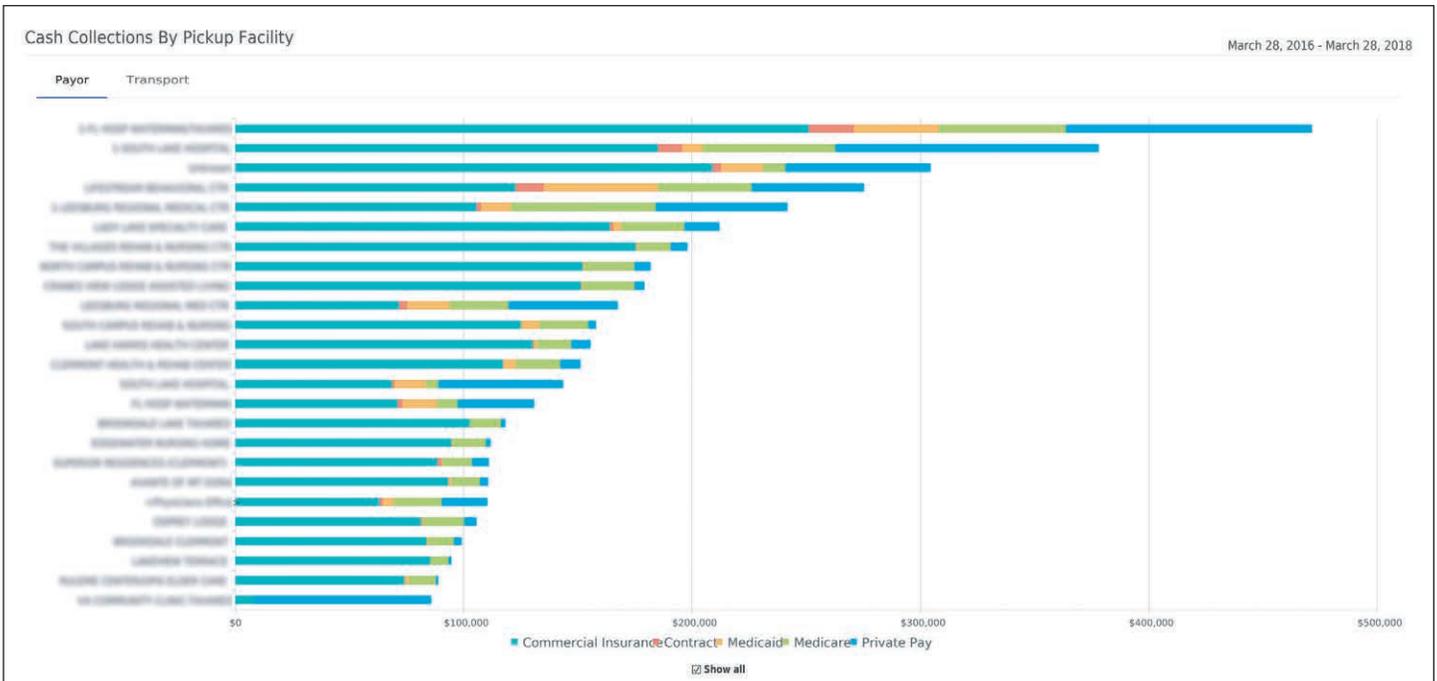
Protocol	Billing (Primary Protocol)	All
01/09/2016 - 02/08/2016	Total # of calls 1342	
Test	Pass/Fail	
+ Do CAD incident number and PCR incident number match?	✓	
+ Does the PCR have an Incident Address, with City (and Apt number if one in CAD) and does it match the CAD information	✓	
+ If 911 Transport, is Dispo:Treated/Transported ALS;Level of Service: ALS and ALS Assessment documented	✓	
+ Does the PCR destination match the CAD destination	✗	
+ Loaded miles match transport time	✓	
+ Does the PCR have an Patient First and Last Name; and is the last name <> "Doe"	✓	
+ Does the PCR have an Patient DOB; complete, non-sequential and non identical (Track/Trend Only)	✓	
+ Does the PCR have a Phone#; complete, non-sequential and non identical (Track/Trend Only)	✓	54.40% [None]
+ Does the PCR have an Patient Social Security#, complete, non-sequential and non identical (Track/Trend Only)	✗	58.94% [None]
+ Does the PCR have an Patient Address, with City (Track/Trend Only)	✓	98.84% [None]
+ Does the PCR have an Patient Zip and that is complete, non-sequential and non identical	✓	98.72% [None]
+ Is there a Accepting Facility Name and Signature	✓	97.41% [None]
+ Is there a Patient or Patient Representative Signature; or has the primary caregiver checked the affirmation that the patient could not sign, AND a reason patient unable to sign (PUTS) completed	✗	96.98% [None]
+ If PUTS, is it confirmed by clinical condition/assessment	✓	100.00% [None]
+ All Crew Members Signed	✓	93.87% [None]
+ If O2 in Vital Signs, is it documented as a medication	✓	92.34% [None]
+ Is the Narrative field size > 90 characters	✓	98.95% [None]
+ Is the Validity >95%	✓	98.29% [None]

# Billing Analytics Module (BAM)



Our **NEW** Interactive Billing Dashboard is now available! Ask us how you can become a customer development partner.

- Billing Summary view of Cash Collections, Billed Total, Gross Billing per Transport, and Unbilled Total
- Billing views by Transport Type, Transport Mix, Charge Occurrence, and Miles per Transport
- Cash Collections by Payer Source and by Facility



# HOT Trigger Examples

## Frequent Patients / Hot Spots

**PGFD - ePCRs - Frequent Patient Current Call Information**  
 Calls displayed represent active or performed calls between the hours of 2/5/2017 10:46:10 PM and 2/6/2017 10:46:10 AM  
 Data and Report from the FirstWatch™ Internet Server

Geo Valid	CAD	Time Sent To Queue	Box #	First Name	Last Name	Count of Duplicates	To
✓		<a href="#">2/5/2017 11:44:22 PM</a>		[Deidentified]	[Deidentified]	3	7
✓		<a href="#">2/5/2017 11:53:26 PM</a>		[Deidentified]	[Deidentified]	11	7
✓		<a href="#">2/5/2017 11:53:26 PM</a>		[Deidentified]	[Deidentified]	11	7
✓		<a href="#">2/5/2017 11:56:35 PM</a>		[Deidentified]	[Deidentified]	1	4
✓		<a href="#">2/6/2017 12:01:44 AM</a>		[Deidentified]	[Deidentified]	4	2
✓		<a href="#">2/6/2017 1:28:51 AM</a>		[Deidentified]	[Deidentified]	3	0
✓		<a href="#">2/6/2017 1:59:52 AM</a>		[Deidentified]	[Deidentified]	1	0
✓		<a href="#">2/6/2017 2:19:14 AM</a>		[Deidentified]	[Deidentified]	14	21

PGFD - ePCRs - Frequent Patient - Google Chrome  
 Secure | <https://sanbsubscriber.firstwatch.net/W>

**Prehospital Patient Care Report**

INC_DT	Incident ID	Primary Impression	First Name	Last Name
01/18/2017 03:37:30	<a href="#">6936150</a>	Altered Mental Status	DE-IDENTIFIED	DE-IDENTIFIED
12/26/2016 14:07:39	<a href="#">6826400</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
12/18/2016 07:03:56	<a href="#">6794038</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
12/14/2016 09:55:35	<a href="#">6781013</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
12/07/2016 09:24:36	<a href="#">6754275</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
12/02/2016 10:36:07	<a href="#">6733310</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
11/08/2016 02:39:46	<a href="#">6646629</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
10/31/2016 14:06:33	<a href="#">6618639</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
10/09/2016 01:23:27	<a href="#">6538038</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
09/09/2016 10:37:44	<a href="#">6425159</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED
08/24/2016 13:58:16	<a href="#">6365585</a>	Altered Mental Status	DE-IDENTIFIED	DE-IDENTIFIED
08/19/2016 03:15:14	<a href="#">6345784</a>	Diabetic Symptoms (Hypoglycemia)	DE-IDENTIFIED	DE-IDENTIFIED

## Critical / Special Incidents

**AHEMS - Critical Incidents Current Call Information**  
 Calls displayed represent active or performed calls between the hours of 1/1/2017 and 2/6/2017 11:59:59 PM.  
 Data and Report from the FirstWatch™ Internet Server

**INFO:** MATCHING PROBLEM TYPES: 07 Burns / Explosions 14 Drowning / Diving / SCUBA 22 Industrial / Machine Accid. 27 Stab/ Gunshot / Penetrating AND MATCHING DETERMINANTS: 7% 14C% 14D% 14E% 22% 27B% 27D% OR 4 OR MORE UNITS ARE ON SCENE OR HAS BRAIN MATTER IN THE PCR NARRATIVE OR PCR HAS PT AGE <= 18 WITH PRIMARY/SECONDARY IMPRESSION OF CARDIAC ARREST. EXCLUDES: TEST, MIS-ASSIGNED, DUPLICATE CALLS AND PRIORITY 99 CALLS, SEA ALS Special Event Ded., SEA ALS Special Event Nondedic, SEB BLS Special Event Ded., SEB BLS Special Event Nondedic

Geo Valid	ePCR	Time Sent To Queue	Pri	Problem	ProQA	Incident #	Address/Location
✓	<a href="#">1</a>	<a href="#">1/1/2017 3:31:32 PM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D04Y</a>	<a href="#">010117-0255</a>	From AHEMS
✓	<a href="#">1</a>	<a href="#">1/1/2017 8:52:26 PM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D02X</a>	<a href="#">010117-0340</a>	From AHEMS
✓	<a href="#">1</a>	<a href="#">1/1/2017 8:52:26 PM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D02X</a>	<a href="#">010117-0340</a>	From AHEMS
✓		<a href="#">1/7/2017 11:28:26 AM</a>	15	FS Fire Standby		<a href="#">010717-0163</a>	From AHEMS
✓	<a href="#">1</a>	<a href="#">1/13/2017 5:42:40 AM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D04G</a>	<a href="#">011317-0056</a>	From AHEMS
✓	<a href="#">1</a>	<a href="#">1/14/2017 9:10:22 AM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D05G</a>	<a href="#">011417-0099</a>	From AHEMS
✓	<a href="#">1</a>	<a href="#">1/14/2017 9:10:22 AM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D05G</a>	<a href="#">011417-0099</a>	From AHEMS
✓	<a href="#">1</a>	<a href="#">1/14/2017 9:10:22 AM</a>	10	27 Stab/ Gunshot / Penetrating	<a href="#">27D05G</a>	<a href="#">011417-0099</a>	From AHEMS



# Hospital Status Dashboard & TOC



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.

County of Riverside Hospitals - TOC Dashboard				
7/17/2018 8:48:55 AM				
Southwest Zone Hospitals				
INLAND VALLEY REGIONAL MEDICAL CENTER	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
LOMA LINDA UNIVERSITY MEDICAL CENTER - MURRIETA	0	1	22:59	22:59
MENIFEE VALLEY MEDICAL CENTER	0	3	13:11	19:49
RANCHO SPRINGS MEDICAL CENTER	0	0		
TEMECULA VALLEY HOSPITAL	0	0	25:04	25:04
Hemet/Pass Zone Hospitals				
HEMET VALLEY MEDICAL CENTER	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
SAN GORGONIO MEMORIAL HOSPITAL	0	1	35:35	35:35
	0	0		
Desert Zone Hospitals				
DESERT REGIONAL MEDICAL CENTER	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
EISENHOWER MEDICAL CENTER	0	0		
JOHN F. KENNEDY MEMORIAL HOSPITAL	0	0		
Northwest Zone Hospitals				
CORONA REGIONAL MEDICAL CENTER	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
ETS	1	0		
KAISER HOSPITAL - RIVERSIDE	0	0		
PARKVIEW COMMUNITY HOSPITAL	0	0		
RIVERSIDE COMMUNITY HOSPITAL	0	4	22:12	35:45
Central Zone Hospitals				
MORENO VALLEY COMMUNITY HOSPITAL - KAISER	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	0	0		
	0	0		
Out of Area Hospitals				
ARROWHEAD REGIONAL MEDICAL CENTER	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
	0	0		

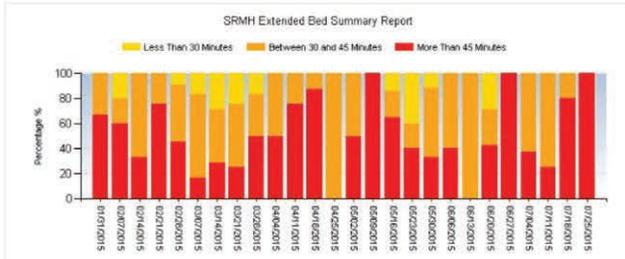
Available as an add-on feature to the Hospital Status Transport Dashboard, the **Transfer of Care module** is a web enabled system that records and tracks the transfer and acceptance of a patient to the Emergency Department. In addition to capturing the date and time stamp for the transfer of care at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

EISENHOWER MEDICAL CENTER - 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA						
Agency	Unit	Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	8437	7/17/2018 8:48:17 AM	01:35			1A1 ABD_PN
ETS - 9990 County Farm Rd, Riverside, CA						
Agency	Unit	Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	4115	7/17/2018 8:19:59 AM	30:13			5150 HOLD
HEMET VALLEY MEDICAL CENTER - 1117 E. DEVONSHIRE AVE, HEMET, CA						
Agency	Unit	Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	5502	7/17/2018 8:00:24 AM	11:46	7/17/2018 8:12:10 AM	37:42	12D2 SEIZ_MULTI SEIZ
INLAND VALLEY REGIONAL MEDICAL CENTER - 36485 INLAND VALLEY DRIVE, WILDOMAR, CA						
Agency	Unit	Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	4460	7/17/2018 8:06:28 AM	18:18	7/17/2018 8:24:46 AM	25:06	30B1 TRAUMA_DANG BODY AREA
LOMA LINDA UNIVERSITY MEDICAL CENTER - MURRIETA - 28062 Baxter Rd, Murrieta, CA						
Agency	Unit	Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	4440	7/17/2018 8:15:54 AM	12:02	7/17/2018 8:27:56 AM	21:56	SICK PERSON_26
AMR_RC	4428	7/17/2018 8:19:09 AM	16:51	7/17/2018 8:36:00 AM	13:52	UNKNOWN MEDICAL ASSISTANCE_32
AMR_RC	4443	7/17/2018 8:19:23 AM	20:23	7/17/2018 8:39:46 AM	10:06	26B1 SICK_UNK
RIVERSIDE COMMUNITY HOSPITAL - 4445 MAGNOLIA AVE, RIVERSIDE, CA						
Agency	Unit	Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR_RC	3334	7/17/2018 8:25:41 AM	04:55	7/17/2018 8:30:36 AM	19:16	SICK PERSON_26
AMR_RC	3338	7/17/2018 8:17:52 AM	23:02	7/17/2018 8:40:54 AM	08:58	HEADACHE_18
AMR_RC	3359	7/17/2018 8:00:55 AM	17:47	7/17/2018 8:18:42 AM	31:10	23C2 OVERDOSE_ABN BREATHING
AMR_RC	3316	7/17/2018 7:58:13 AM	13:47	7/17/2018 8:12:00 AM	37:52	FALLS_17
TEMECULA VALLEY HOSPITAL - 31700 TEMECULA PKWY, Temecula, CA						

# Report Example: Extended Bed Summary

## SRMH Extended Bed Summary Report

Incident Date 07/19/2015 to 07/25/2015



**\$730.38** Cost to the EMS System in Lost Unit Hours  
Between 07/19/2015 and 07/25/2015

**\$13,182.29** Cost to the EMS System in Lost Unit Hours  
Running Year to Date

Week Ending	Less Than 30 Min	Between 30 and 45 Min	More Than 45 Min	Totals
07/25/2015	0	0	4	4
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>4</b>

Drop Time Range	Date of Call	Pri	Problem	Status	Unit	Incident #	Address/Location	Destination	Transport Complete	EB Time	Clear EB Time	Drop Time
More Than 45 Minutes	7/19/2015 7:28:28 PM	3	MEDICAL AID	EB	MED775	SRS15200058		1165 MONTGOMERY DR SR @MEMORIAL HOSPITAL	7/19/2015 7:35:51 PM	7/19/2015 7:44:39 PM	7/19/2015 8:30:04 PM	00:54:13
More Than 45 Minutes	7/20/2015 6:05:36 PM	6	TRANSFER -ALS ASAP	EB	MED120	CLSD15201002		1165 MONTGOMERY DR SR @MEMORIAL HOSPITAL	7/20/2015 8:31:29 PM	7/20/2015 8:59:51 PM	7/20/2015 11:01:51 PM	02:30:22
More Than 45 Minutes	7/20/2015 7:57:58 PM	2	LAW, FIRE AND AMBULANCE RELATED EVENT	EB	MED776	SRS152010073		1165 MONTGOMERY DR SR @MEMORIAL HOSPITAL	7/20/2015 8:24:15 PM	7/20/2015 8:40:12 PM	7/20/2015 10:07:30 PM	01:43:15
More Than 45 Minutes	7/20/2015 8:16:43 PM	5	MEDICAL AID	EB	MED681	HEA152010003			7/20/2015 8:08:46 PM	7/20/2015 8:22:35 PM	7/20/2015 10:00:01 PM	00:51:15

Note: Each unique Incident #/Unit combination only counts once so the number of details may exceed the count.  
\*\* Lost Unit Hour calculation is using \$2.50/min for that time which starts at first EB Status through EX/ED/etc or AM/ARIAQ (Available)

# Fatigue Reporting



**Total Task Time** = all time on runs from assigned to clear Green = 0 - 0.75 Yellow = 0.75 - 0.85 Red = 0.85 - 1  
**Active Time** = Time unit is resting (Time on Duty - Total Time at Post) Green = 0 - 0.8 Yellow = 0.8 - 0.85 Red = 0.85 - 1  
 Refreshed at - 12:13:28

## Live Workload Report - DRAFT

Unit	Scheduled Crew	Scheduled Start Time	Actual Start Time	Total Time on Duty	Hours Scheduled	# of Run Assignments	# of Arrivals	# of Transports	Total Task Time	Task Time UHU	# of Post Assignments	At Post Time	Posting Drive Time	# of Times Out of Service	Out of Service Time
Division - CORE															
Battalion - Manhattan															
Station - M1 Hospital															
Charlie08		12:04:00	12:05:22	07:48:46	12				00:00:00	0.00	0	00:00:00	00:00:00		
Station - M3 Hospital															
1M04		18:00:00	18:42:00	01:12:00	9				00:00:00	0.00	1	00:00:00	00:00:00		
1M05		12:15:00	12:15:00	07:30:00	13	3	2	1	01:57:16	0.26	2	00:00:18	05:00:15	1	00:07:35
1Y01		18:00:00	18:00:00	01:51:06	12	1	1	1	01:44:05	0.94	0	00:00:00	00:00:00		
Battalion - Naesau															
Station - CEHS HQ															
6M51		07:15:00	07:16:30	12:37:38	10	10	7	6	08:15:05	0.85	4	00:00:00	03:35:19	3	00:20:35
6L50		07:23:00	07:32:10	12:21:58	12				00:00:00	0.00	0	00:00:00	04:11:09		
6M04		18:45:00	18:45:57	01:08:11	14				00:00:00	0.00	0	00:00:00	00:00:00		
6M21		07:15:00	07:02:33	12:51:35	13	7	5	5	06:18:42	0.72	0	00:00:00	02:34:49	2	00:09:36

## Live Workload Report

Unit	Scheduled Crew	Scheduled Start Time	Actual Start Time	Total Time on Duty	Scheduled End Time	# of Run Assignments	# of Arrivals	# of Transports	Avg Drop Time	Total Task Time	Task Time UHU	# of Post Assignments	At Post Time	Posting Drive Time	# of Times Out of Service	Out of Service Time	Active Time UHU
Eastern Division																	
101	Team Lead/Dispatch/Paramedic	08:14:00	08:14:00	06:51:40	17:14:00	4	4	4	00:11:03	05:37:52	0.82	4	00:11:09	00:26:51			0.57
102		07:02:39	07:02:39	05:03:36	19:02:39	4	3	3	00:22:08	02:53:55	0.57	6	01:00:12	00:54:50			0.80
103		08:15:00	08:15:00	08:51:23	20:15:00	2	2	2	00:10:31	03:03:48	0.79	4	00:18:57	00:14:54			0.82
104		08:14:10	08:14:10	05:52:05	20:14:10	3	2	2	00:15:18	02:40:23	0.69	5	00:25:26	00:29:59			0.85
105		07:25:46	07:25:46	04:30:20	19:25:46	2	2	2	00:44:04	02:46:24	0.57	6	00:48:53	00:50:00			0.83
106		07:00:23	07:00:23	02:47:02	11:00:23	2	2	2	00:44:04	02:46:24	0.57	1	02:18:09	00:21:20			0.79
108		06:02:32	06:17:22	06:48:53	18:17:22	5	4	4	00:28:02	04:26:17	0.76	9	00:36:54	00:42:58			0.89
110		10:03:01	10:03:01	05:52:44	22:10:01	1	1	1	00:29:18	01:33:01	0.63	1	00:09:25	00:09:05			0.50
112		07:01:40	07:01:50	05:04:25	19:01:50	6	4	4	00:25:04	04:07:06	0.81	7	00:25:41	00:26:50			0.52
116		06:26:29	06:26:29	05:29:46	18:26:29	6	4	4	00:17:01	04:01:45	0.73	6	00:33:46	00:28:11			0.96
117		08:00:54	08:02:54	04:03:21	20:02:54	2	2	2	00:17:02	02:50:55	0.71	4	00:53:17	00:04:08			0.78
126		06:16:33	06:16:33	05:49:42	19:16:33	8	8	8	00:25:22	04:35:32	0.79	14	00:30:51	00:52:00			1.98
127		06:41:48	06:41:48	06:29:27	18:41:48	5	3	3	00:15:02	00:17:05	0.61	6	01:07:21	00:50:47			0.79
128		07:06:33	07:06:33	04:58:42	19:06:33	2	2	2	00:32:32	02:10:11	0.50	3	01:29:43	00:20:20			0.62
129		06:41:08	06:41:08	06:25:07	17:41:08	7	4	3	00:32:43	05:07:03	0.80	7	00:30:21	00:17:13			0.92
132		07:24:25	07:24:25	04:21:00	19:24:25	3	2	1	00:29:04	01:50:35	0.41	6	01:24:25	00:39:11			0.58
133		06:36:11	06:36:11	03:30:04	20:36:11	3	3	2	00:16:41	02:16:34	0.75	8	00:20:19	00:29:17			0.60
135		08:38:59	08:38:59	03:27:18	20:38:59	3	3	2	00:23:40	02:17:25	0.76	6	00:13:31	00:32:51			0.83
136		08:23:35	08:23:35	03:42:40	20:23:35	2	3	2	00:24:51	00:40:28	0.72	3	00:05:40	00:00:02			0.67
138		06:12:27	06:12:27	03:53:48	20:12:27	2	2	2	00:32:53	01:07:07	0.66	6	00:21:13	00:10:17			0.61
143		06:25:34	06:25:34	06:23:40	17:25:34	4	2	2	00:15:44	04:02:00	0.62	6	01:40:25	00:24:52			0.73
143		18:30:05	18:30:05	01:07:20	22:30:05	1	1	1	00:15:44	00:50:59	0.79	2	00:20:00	00:00:00			1.00
145		07:31:23	07:31:23	04:34:52	19:31:23	4	3	2	00:37:07	03:01:42	0.66	4	00:49:27	00:30:56			0.82
147		04:04:08	04:04:08	00:02:07	16:04:08	6	5	4	00:18:18	02:26:24	0.68	6	01:21:18	00:49:20			0.83

# 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.

Trigger Views: Events Graphs Maps Destination **Individual Performance** Analysis Tool View Alert Config Refresh rate: 3 min(s) Jessica Smith

**- Hospital Drop Performance Plus - Individual Performance**  
 Current = Data between the hours of 12/1/2015 12:20:41 AM and 12/1/2015 12:20:41 PM | Download to Excel:

View:  Current  MTD  Last Month  Last 30 Days  YTD

Individual Performance	Current				MTD			Last Month			Last 30 Days			YTD	
	Total	Out of Compliance	Compliance %	Avg Time	Total	Out of Compliance	Compliance %	Total	Out of Compliance	Compliance %	Total	Out of Compliance	Compliance %	Total	Out of Compliance
	1	0	100.00	00:00:28	1	0	100.00	155	107	30.97	155	107	30.97	1512	1038
	8	2	75.00	00:22:24	8	2	75.00	301	147	51.16	301	147	51.16	3990	2075
	7	3	57.14	00:32:09	7	3	57.14	382	226	40.84	382	224	41.36	4632	2792
	4	2	50.00	00:40:20	4	2	50.00	138	89	35.51	142	91	35.92	1501	1106
	18	9	50.00	00:34:08	20	11	45.00	1313	962	26.73	1314	963	26.71	13998	10244
	6	3	50.00	00:36:31	6	3	50.00	414	206	50.24	413	203	50.85	4184	2342
- Hospital Drop	87	52	40.23	00:37:28	90	55	38.89	5910	3886	34.25	5894	3885	34.09	65122	43803
	11	7	36.36	00:43:28	11	7	36.36	769	497	35.37	765	498	34.90	8364	5362
	19	14	26.32	00:44:19	19	14	26.32	1181	879	25.57	1184	884	25.34	12973	9822
	9	8	11.11	00:40:50	9	8	11.11	674	396	41.25	668	396	40.72	7370	4839
	0	0	---	00:00:00	0	0	---	170	121	28.82	161	115	28.57	1804	1261
	1	1	0.00	01:19:34	2	2	0.00	172	138	19.77	168	136	19.05	2086	1592
	2	2	0.00	00:33:03	2	2	0.00	146	68	53.42	147	70	52.38	1702	781
	1	1	0.00	00:32:24	1	1	0.00	95	50	47.37	94	51	45.74	1006	549

## 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 overrides
- 1st unit assignment accuracy
- Unit/crew times – performance by unit, by station, by battalion, and individual

# FirstPass Module

The image displays several screenshots from the FirstPass software interface. At the top, there are four line graphs showing compliance trends for 'Airway Management', 'Airway Management (Adj.)', 'Refusal', and 'Refusal (Adj.)'. Below these is a 'Provider Protocol Compliance' report for the date range 7/17/2017 to 7/23/2017. The report includes a table with columns for 'Completed By', 'Avg Adj Percent', 'Test', 'Total Incidents', 'Test %', 'System Test %', 'RAW Protocol %', and 'Adjusted Protocol %'. A large table on the right shows a list of protocols with columns for 'Protocol', 'Test', 'Pass...', 'Adj. ...', 'Provi...', 'Syste...', and 'Test Exception'. The table lists various protocols such as '12 Lead Applied', 'Aspirin administered or allergy documented', and 'STEMI Alert called and 12 lead transmitted'.

## A look at FirstPass® by the Numbers...

**91+**

**Live Sites**  
(Plus 30  
in process)

**13.4**  
Million +

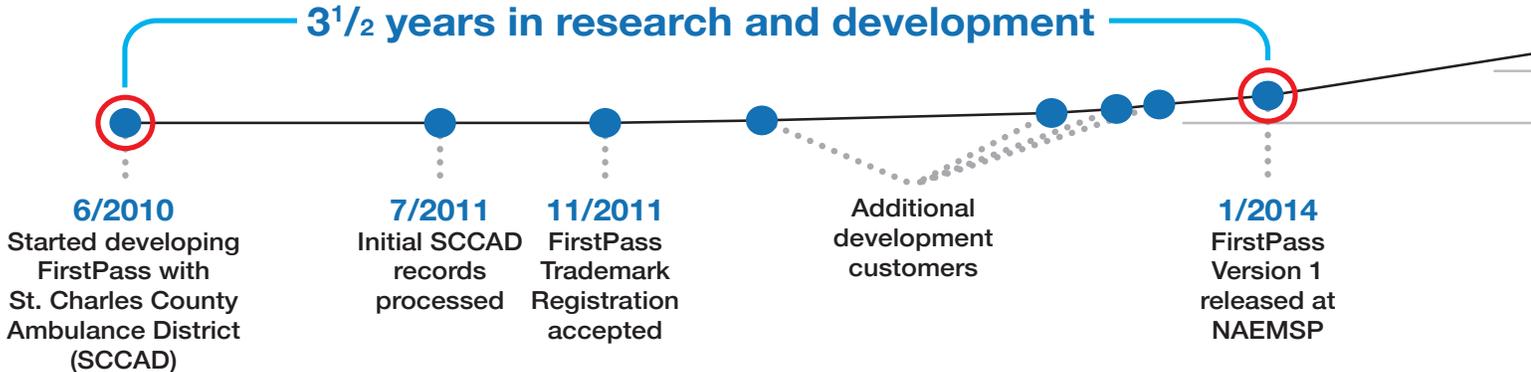
**Records**  
**Processed**

**570+**

**Protocols**

**3,290+**

**Tests**

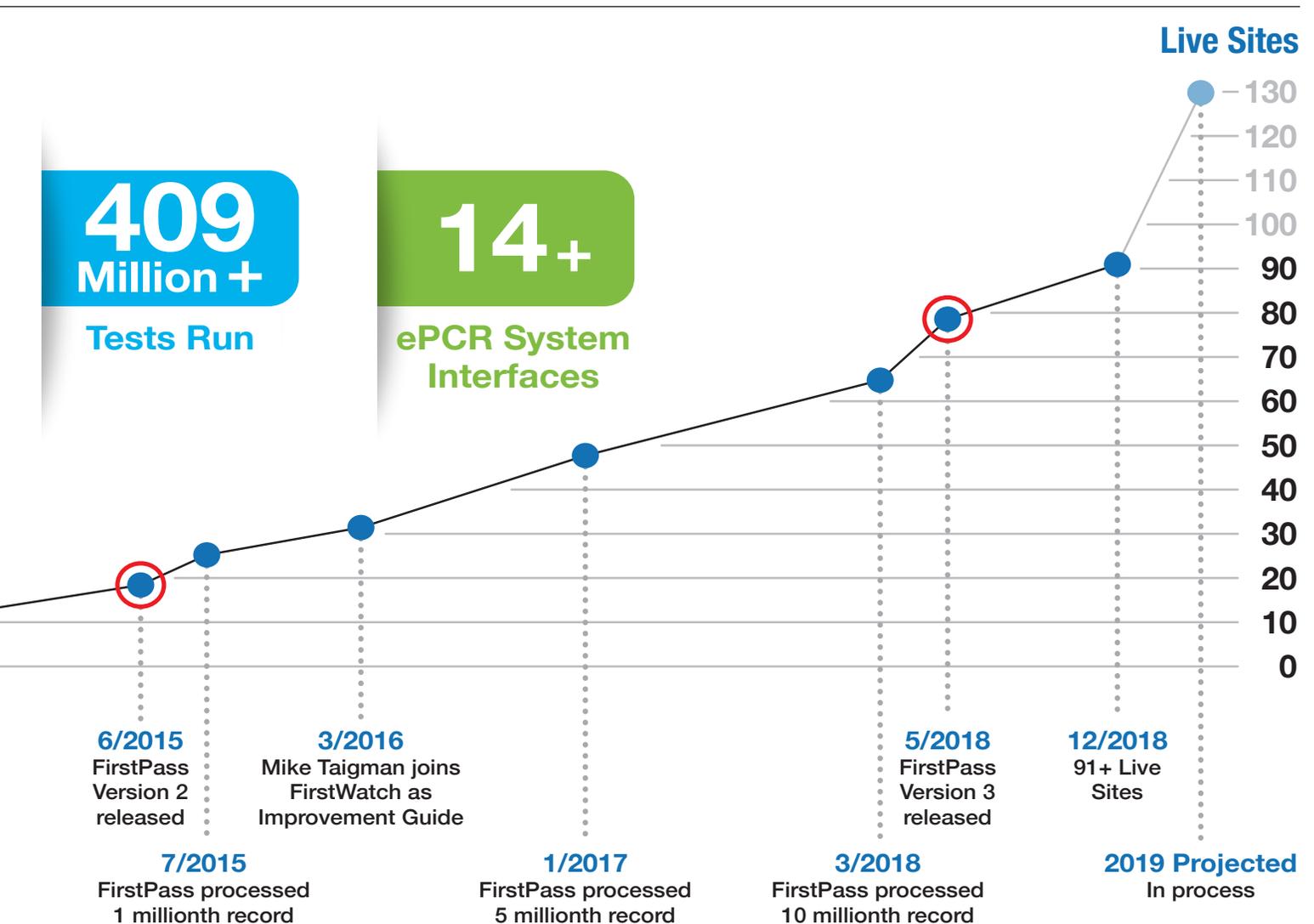


## Automates Performance Improvement

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



# Workload Monitoring

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

FIRST WATCH

Server: 7/19/2016 8:44:04 AM  
Local: 7/19/2016 9:48:35 AM

---

Trigger Views: [Home](#) [Graphs](#) [Maps](#) [Destination](#) [Analysis Tool](#)
View Alert Config Refresh rate: 3 min(0)
Michael Burwell

---

**Austin - 24hr 7am DC1-DC5 Unit Workload Current Call Information**  
 Calls displayed represent active or performed calls between the hours of 7/18/2016 8:41:44 PM and 7/19/2016 8:41:44 AM. Performance Standard = 01:15:00  
 Data and Report from the FirstWatch™ Internet Server

Geo Valid	Time Sent To Queue	Problem	Incident #	Unit	Address/Location	Enroutes	# of Cardiac Arrest/Deceased Incidents	Task Time	Task UHU	Daytime Total Time OnTask	Daytime OnTask%	Daytime UHU	Adj Task Time	Adj Task UHU	Adj Daytime OnTask%	Adj Daytime UHU
✓	7/18/2016 11:31:47 PM	Altered Mentation Pri 3	16200-0523	DC01		3	0	00:10:27 0.01		00:37:57 3%		0.03	00:40:27 0.03		5%	0.05
✓	7/19/2016 9:16:50 AM	Tactical Assist Prescheduled	16201-0038	DC04		2	0	02:17:03 0.1		02:28:39 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		06:44:16 3%		0.03	00:32:53 0.02		5%	0.05
✓	7/19/2016 8:03:08 AM	Traffic Injury Pri 4F	16201-0074	DC03		1	0	00:19:22 0.2		00:19:22 20%		0.2	00:49:27 0.5		50%	0.5

Records Per Page:  Total Responses: 4

**M06 has been dispatched 15 times since 6am and has spent 05:13:12 on task.**

Incident Date	Run #	Problem Type	Task Time	Disposition
06/29/2016 07:42:54	16785805	Psychiatric Pri 3	00:07:46	Reconfigured Response
06/29/2016 07:37:33	16785761	Unknown Pri 4	00:00:20	Reconfigured Response
06/29/2016 07:59:58	16785860	Unknown Pri 3	00:05:03	No Patient
06/29/2016 08:06:36	16785897	Syncopal Episode Pri 3	01:04:37	South Austin
06/29/2016 09:12:04	16786241	Unknown Pri 3	00:07:26	Referred Austin Police Dept.
06/29/2016 09:41:13	16786407	Seizure Pri 3	00:59:45	University Med Ctr Brackenridg
06/29/2016 10:48:40	16786807	Allergic Reaction Pri 4	00:01:07	Reconfigured Response
06/29/2016 10:54:00	16786844	Chest Pain Pri 2	01:18:10	University Med Ctr Brackenridg
06/29/2016 13:18:40	16787813	Psychiatric Pri 5	00:10:54	Cancelled
06/29/2016 13:30:24	16787895	Psychiatric Pri 4	00:27:16	Refusal
06/29/2016 13:59:08	16788085	Psychiatric Pri 4		
06/29/2016 13:53:50	16788049	Overdose Pri 1	00:02:15	Reconfigured Response
06/29/2016 14:16:00	16788196	Unknown Pri 3	00:01:38	Cancelled
06/29/2016 14:29:38	16788317	Respiratory Pri 1	00:46:55	Saint Davids
06/29/2016 15:16:05	16788686	Fall Pri 3		

**OOS Log**

OOS Description	Start Time	End Time	Time Taken
OS Repair EMSG	06/29/2016 12:22:28	06/29/2016 12:45:55	00:23:27

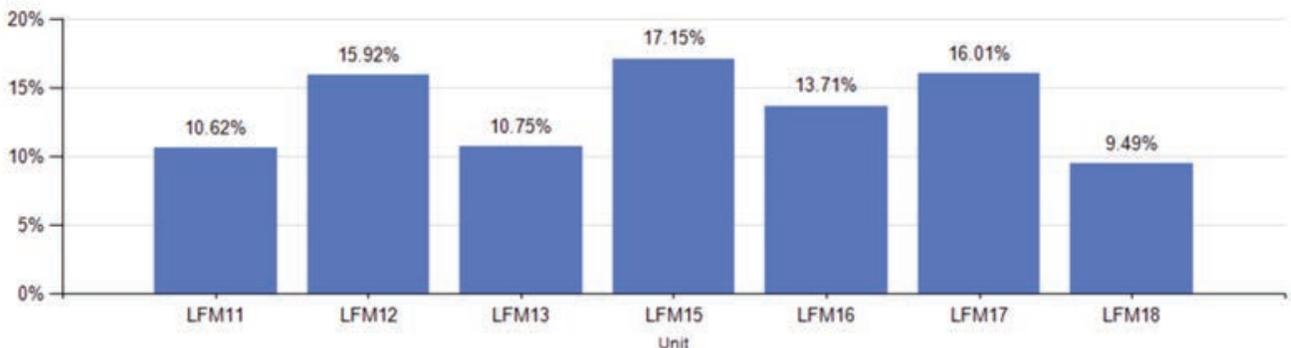
## Unit Hour Utilization by Unit monitoring for workload

UHU (DRAFT)

Criteria:

Period: 02/06/2017 thru 02/12/2017

### Medic Units



# Telecommunicator & Provider Wellness

## Critical Incident Notification

Allina Health EMS uses their Critical Incidents trigger to alert their Chaplain in real-time.

**AHEMS - Critical Incidents Current Call Information**  
 Calls displayed represent active or performed calls between the hours of 5/12/2017 and 5/18/2017 11:59:59 PM.

Data and Report from the FirstWatch™ Internet Server

**INFO: MATCHING PROBLEM TYPES: 07 Burns / Explosions 14 Drowning / Diving / SCUBA 22 Industrial / Machine Accid. 27 Stab/ Gunshot / Penetrating AND MATCHING DETERMINANTS: 7% 14C% 14D% 14E% 22% 27B% 27D% OR 4 OR MORE UNITS ARE ON SCENE OR HAS BRAIN MATTER IN THE PCR NARRATIVE OR PCR HAS PT AGE <= 18 WITH PRIMARY/SECONDARY IMPRESSION OF CARDIAC ARREST. EXCLUDES: TEST, MIS-ASSIGNED, DUPLICATE CALLS AND PRIORITY 99 CALLS, SEA ALS Special Event Ded., SEA ALS Special Event Nondedic, SEB BLS Special Event Ded., SEB BLS Special Event Nondedic**

Geo Valid	ePCR	Time Sent To Queue	Pri	Problem	ProQA	Incident #	Address/Location	City	County	Division
✓		5/12/2017 1:32:56 AM	15	FS Fire Standby		051217-0028	From AHEMS	ARDEN HILLS	RAMSEY	Allina North
✓		5/12/2017 1:32:56 AM	15	FS Fire Standby		051217-0028	From AHEMS	ARDEN HILLS	RAMSEY	Allina North
✓		5/12/2017 10:50:32 AM	5	27 Stab/ Gunshot / Penetrating		051217-0180	From AHEMS	MOUNDS VIEW	RAMSEY	Allina North
✓		5/14/2017 10:27:50 AM	5	29 Traffic Accident / PI		051417-0138	From AHEMS	ANOKA	ANOKA	Allina North

**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.

Data and Report from the FirstWatch™ Internet Server

Geo Valid	ePCR	Time Sent To Queue	▲ Incident #	Pri	Problem	ProQA
✓		4/17/2016 12:07:58 AM	04172016-6108729			
✓		4/17/2016 1:04:56 AM	04172016-6108772			
✓		4/18/2016 12:33:27 AM	04182016-6109705			

Records Per Page:    
 Total Responses: 3

**DRAFT - LVFR - Critical Incident Notification Filter Criteria**  
 Includes Priorities: 1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 2, 3, 4, 5, 6, 7, 8, 9 Only.

**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 found in the call comments and had a corresponding 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

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

## Workforce Safety

**Northwell - Workforce Safety Current Call Information**  
 Calls displayed represent active or performed calls between the hours of 4/1/2016 and 4/18/2016 11:59:59 PM.

Data and Report from the FirstWatch™ Internet Server

Geo Valid	Time Sent To Queue	▲ Pri	Problem	Incident #
	4/2/2016 10:52:17 AM	204	Workforce Safety	04022016-000216
	4/5/2016 5:58:03 PM	204	Workforce Safety	04052016-000674
	4/6/2016 6:54:42 PM	204	Workforce Safety	04062016-000792
	4/7/2016 5:24:22 PM	204	Workforce Safety	04072016-000892
	4/11/2016 5:45:10 PM	204	Workforce Safety	042914

# Online Compliance Utility (OCU)



The Online Compliance Utility (OCU) module is a web-enabled collaboration tool for use by Providers and Authorities to simplify and manage contract compliance for exceptions and exemption reporting. The web-based FirstWatch add-on tool provides interactive queues with a consistent “look and feel” for both the provider and the authority, allowing for online review and adjudication of late runs based on agreed upon business rules. Once business rules for call processing have been agreed upon, FirstWatch secures any changes to those rules unless agreed upon by both active participants (Authority and Provider). OCU is capable of capturing late response analysis, evaluating complex business logic, supporting documentation attachments and auto generated reporting output.

Prime County	0000157902	Date/Time	Incident Number	Address/Location	Area	Pri	STD	Response	Overage	Status	Owner
Late - Review		<input type="checkbox"/>	7/16/2018 5:43:58 PM	0000157902		Priority 1	719	723	4	Review	
Late - Submitted for ...		<input type="checkbox"/>	7/14/2018 11:56:08 PM	0000157682		Priority 1	719	779	60	Multi Reference	
Late - Completed		<input type="checkbox"/>	7/14/2018 11:17:56 PM	0000157676		Priority 1	719	1104	385	Review	
Late - Corrected		<input type="checkbox"/>	7/14/2018 11:17:16 PM	0000157675		Priority 1	719	1076	357	Review	
Compliant		<input type="checkbox"/>	7/14/2018 10:17:20 PM	0000157668		Priority 3 Scheduled	0	2370	2370	Review	
Compliant - Review		<input type="checkbox"/>	7/14/2018 7:51:25 PM	0000157649		Priority 1	719	1691	972	Verify Area	
Compliant - Submitt...		<input type="checkbox"/>	7/14/2018 3:13:53 PM	0000157610		Priority 3 Unscheduled	3599	3964	365	Review	
Compliant - Completed		<input type="checkbox"/>	7/14/2018 12:03:17 PM	0000157584		Priority 1	719	774	55	Review	
Compliant - Corrected		<input type="checkbox"/>	7/14/2018 10:16:16 AM	0000157571		Priority 1	719	752	33	Verify Area	
		<input type="checkbox"/>	7/13/2018 8:58:00 PM	0000157508		Priority 1	719	2001	1282	Verify Area	
		<input type="checkbox"/>	7/13/2018 7:14:45 PM	0000157498		Priority 1	719	795	76	Review	
		<input type="checkbox"/>	7/13/2018 6:18:14 PM	0000157488		Priority 1	719	1525	806	Verify Area	
		<input type="checkbox"/>	7/13/2018 5:24:23 PM	0000157484		Priority 1	719	980	261	Multi Reference	

## OCU Module Capabilities:

- The OCU module is capable of capturing late response data, supporting documentation and attachments, and provides flexibility for staff input.
- Records being initially placed in a presumptively “Late Call” category (queue) can be submitted for exception or exemption consideration once supporting information is supplied.
- A decision, based on the agreed upon protocols, can then be made with the OCU offering the ability to document the approval, denial or the request for further information. The OCU module also supplies the means for appealing any such decision.
- The Online Compliance Utility module is a “near real-time” software tool that offers up-to-date compliance percentages, etc., precluding the more conventional “end of month” system analysis and reports.
- With the OCU module comes the output of monthly compliance reporting, documenting performance standards, penalties and fines as defined by the agency.

**Important to note:** As a neutral third-party, FirstWatch will only implement the OCU business rules as agreed upon by the Authority and Provider. FirstWatch secures any changes to those rules unless agreed upon by both active participants (Authority and Provider). This allows for transparency and collaboration between all involved parties.

# Online Compliance Utility (OCU)



**FIRST WATCH** Dashboard **OCU** Reports

**Late - Review** 0000157902

DATE/TIME: 7/16/2018 5:43:58 PM | INCIDENT #: 0000157902 | RESPONSE #: 07162018-8258811 | ADDRESS | LOCATION: [REDACTED]

**Flow**

Owner: [No Owner] | Status: [Review] | Exemption Reason: [No Exemption Reason]

Late Reason 1: No Late Reason | Late Reason 2: No Late Reason

**Response Info & Adjustments**

	Initial	Final
Clock Start Time	7/16/2018 5:43:58 PM	7/16/2018 5:43:58 PM
Clock Stop Time	7/16/2018 5:56:01 PM	7/16/2018 5:56:01 PM
Response Time Standard	00:11:59	00:11:59
Response	00:12:03	00:12:03
Overage	00:00:04	00:00:04
Area/Zone	[REDACTED]	[REDACTED]
Priority	Priority 1	Priority 1

RESET RECALCULATE SAVE

**FIRST WATCH**  
Incident Drill-down

- fwCust\_ID
- RunNo
- DataRec
- Unit
- Grid
- Location
- Priority
- InitBy
- InitByDesc
- TransFrom
- TransFromDesc
- 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**

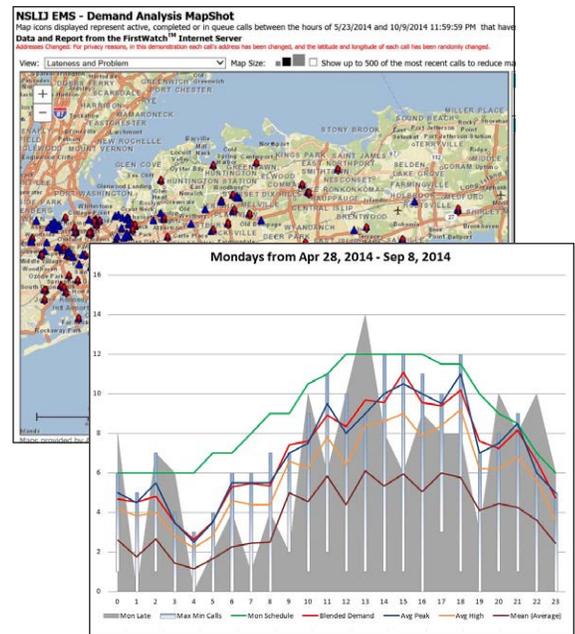
# Demand, Consumption, and Analysis



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.

Hr Beginning	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Totals
4/28/2014	4	5	3	0	0	2	1	3	2	5	1	4	5	6	7	3	5	6	5	3	5	4	4	2	85
5/5/2014	1	3	3	0	2	1	3	0	6	6	2	7	4	12	11	7	9	6	8	4	4	3	2	1	108
5/12/2014	3	0	1	0	2	2	4	2	6	2	6	3	8	8	2	6	5	8	7	4	3	4	2	1	89
5/19/2014	2	0	3	2	1	1	5	2	2	2	4	7	4	3	4	11	8	6	5	4	4	4	3	2	89
5/26/2014	2	2	2	2	1	0	2	2	7	5	8	3	9	7	6	5	8	10	6	2	4	7	2	1	104
6/2/2014	2	1	2	1	2	0	2	5	2	4	6	5	1	8	12	8	2	3	7	5	4	5	3	2	92
6/9/2014	2	4	2	3	1	3	5	2	3	4	4	5	4	3	4	11	3	10	4	3	1	2	3	2	88
6/16/2014	2	2	1	2	2	3	5	4	3	6	3	2	8	3	6	7	5	3	3	4	3	2	1	89	
6/23/2014	4	0	3	0	1	2	0	1	1	5	5	6	6	4	7	5	8	8	6	7	4	9	7	5	104
6/30/2014	2	3	4	2	1	1	2	6	1	7	4	5	4	5	3	7	5	5	5	6	3	6	3	3	93
7/7/2014	2	1	1	3	2	3	0	0	4	5	6	4	7	7	5	2	3	6	4	6	1	1	1	1	75
7/14/2014	2	1	3	0	2	1	2	7	2	3	5	5	1	5	6	5	8	1	3	1	1	1	1	1	73
7/21/2014	1	1	4	1	1	1	2	5	2	7	1	11	10	9	8	6	8	7	7	3	3	5	3	0	106
7/28/2014	2	2	1	0	2	4	1	2	4	7	3	8	5	8	7	1	3	3	2	4	6	2	5	1	83
8/4/2014	5	3	3	2	0	3	4	2	0	6	2	8	4	5	2	3	4	8	1	0	3	8	2	5	88
8/11/2014	5	0	1	4	0	1	2	1	5	5	5	7	10	2	4	4	9	5	6	4	6	6	0	5	92
8/18/2014	2	1	3	2	1	0	0	3	6	8	4	7	5	5	9	4	12	4	4	8	4	4	1	0	103
8/25/2014	6	0	7	3	0	3	3	1	4	2	6	2	3	7	3	5	0	9	1	7	4	5	5	2	88
9/1/2014	3	4	3	1	1	0	6	1	4	6	6	4	2	9	1	5	4	7	2	3	7	4	3	3	89
9/8/2014	2	2	2	2	0	1	0	2	2	6	9	7	4	6	8	4	4	3	6	3	6	3	4	1	93
Total	52	35	53	29	23	33	45	49	50	100	91	117	88	122	107	110	101	120	115	82	89	85	72	4	1416
Min	1	0	1	0	0	0	0	0	2	1	2	1	1	1	1	0	0	0	1	1	0	0	0	0	0
Max	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Mean (Average)	2.6	2.1	2.7	2.1	2.1	2.6	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7
Median	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Mode	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
StDev	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27	1.35	1.27
Avg High	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2	3.8	4.2
90th Percentile Rank	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1	3.7	4.1
Avg Peak	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5	4	5
2x StDev + Mean	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15	4.7	5.15
Smoothed Average Peak	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8	4.4	4.8
Blended Demand	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88	4.5	4.88
90th Percentile x 1.2	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92	4.4	4.92

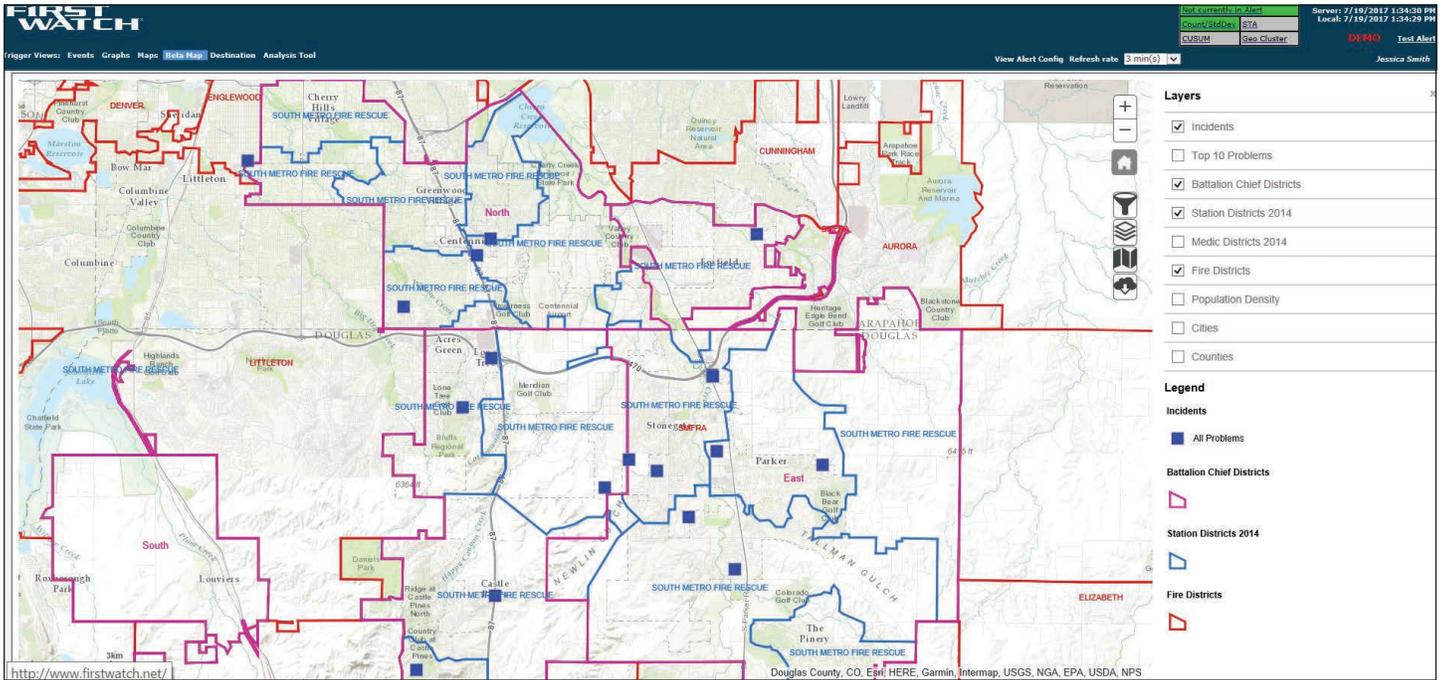


FirstWatch has created a real time, dynamically updated and calculated Demand Analysis Module which offers views of select customer data. The Demand Analysis calculations in the data can be downloaded into an Excel spreadsheet, with all formulas intact. We're working to enhance the Demand Analysis module 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.

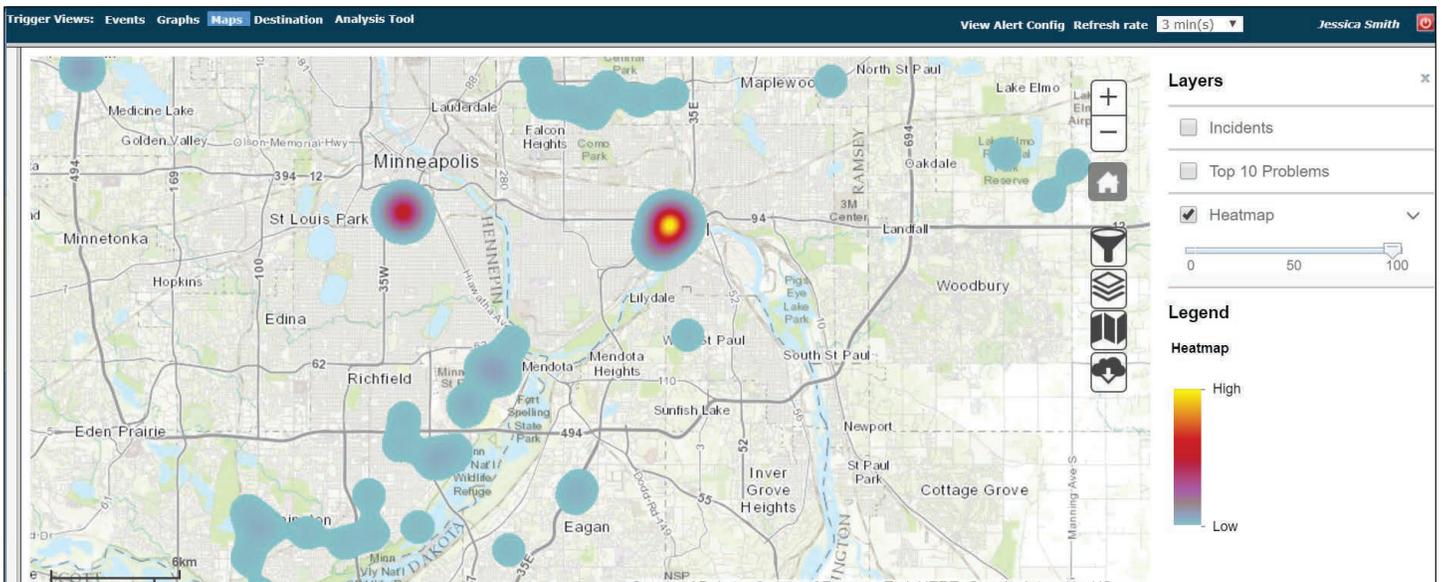
	A	B	C	D	E	F	G	H	I	J
1	Hr Ending	1	2	3	4	5	6	7	8	9
2	20060501	6	7	4	3	3	3	7	11	8
3	20060508	6	7	4	3	3	0	6	9	3
4	20060515	2	2	7	3	1	3	8	2	7
22	Total	145	110	119	83	59	79	101	122	147
23	Min	2	1	1	0	0	0	0	0	3
24	Max	15	13	12	7	7	9	8	11	16
25	Mean	7.25	5.5	5.95	4.15	2.95	3.95	5.05	6.1	7.35
26	Median	6	5	5	4	3	3	5.5	6	6.5
27	Mode	6	5	4	3	3	3	6	6	6
28	StDev	3.32	2.93	3.07	2.83	1.82	2.42	1.96	3.08	3.53
29	Avg High	10.6	8.6	8.8	5.8	4.8	6.6	6.8	9	11.8
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	11	7	6	7.5	7	11	13.5
32	2x StDev + Mean	13.9	11.4	12.1	8.22	6.59	8.78	8.97	12.3	14.4
33	Smoothed Average Peak	12.9	11.8	10.3	7.6	6.5	7.1	7.9	10.7	13.8
34	Blended Demand	12.9	10.8	10.9	7.61	6.03	7.66	7.99	11.3	13.2

# NEW: Mapping Features

Toggle on/off to layer different mapping components such as Battalion Chief Districts, 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.

Home > ACR > Fire Accreditation Report

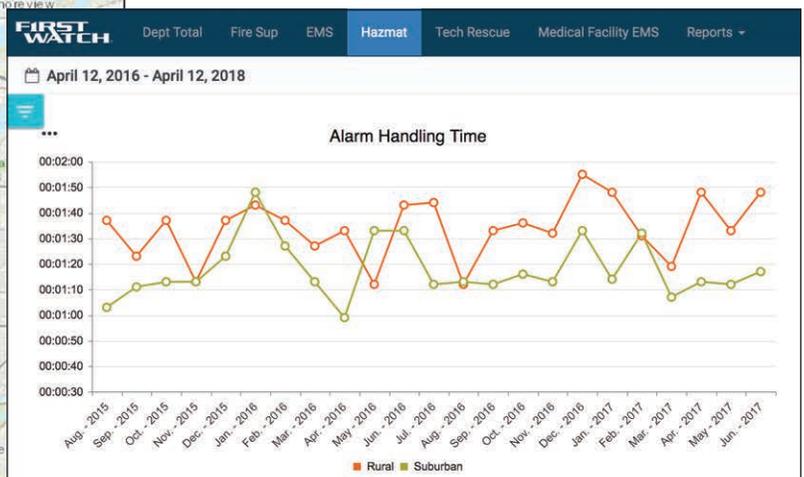
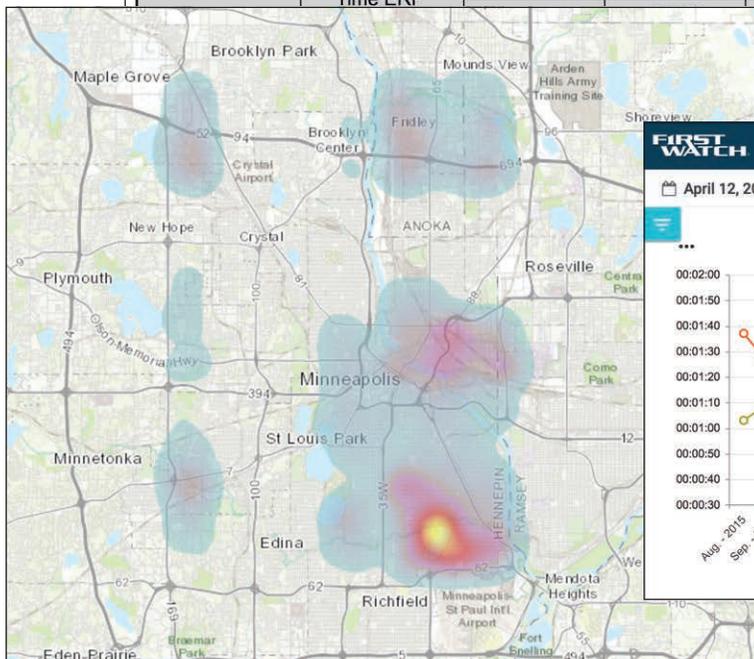
Start Date:  NULL End Date:  NULL

Date Range: 2 Yr Comparison Include Current Year  True  False

District(s) , 01, 02, 03, 04, 05, 06, 07, 08, 1

1 of 5 Find | Next

Fire Suppression - 90th Percentile Times			2016 - 2018	2018	2017	2016	Benchmark
Alarm Handling	Pick-up to Dispatch	Suburban	01:38	01:35	01:32	01:44	01:00
		Rural	01:56	01:37	02:03	01:31	01:00
Turnout Time	Turnout Time 1st Unit	Suburban	01:53	01:57	01:53	01:51	01:20
		Rural	02:01	03:49	01:46	02:02	01:20
Travel Time	Travel Time 1st Unit On Scene Distribution	Suburban	06:35	06:59	06:41	06:22	05:00
		Rural	11:22	09:46	11:02	12:30	10:00
	Travel Time ERF Concentration	Suburban	14:01	11:03	16:00	13:35	10:00
		Rural	00:00	00:00	00:00	00:00	14:00
Total Response Time	Total Response Time 1st Unit On Scene Distribution	Suburban	07:44	08:14	07:49	07:27	08:00
			<i>n = 839</i>	<i>n = 99</i>	<i>n = 378</i>	<i>n = 362</i>	
		Rural	13:40	13:35	13:04	14:39	11:00
			<i>n = 24</i>	<i>n = 4</i>	<i>n = 12</i>	<i>n = 8</i>	
	Total Response Time ERF	Suburban	16:30	12:55	18:40	16:09	15:00
		<i>n = 38</i>	<i>n = 10</i>	<i>n = 18</i>	<i>n = 10</i>		
		00:00	00:00	00:00	00:00	17:00	
		<i>n =</i>	<i>n =</i>	<i>n =</i>			

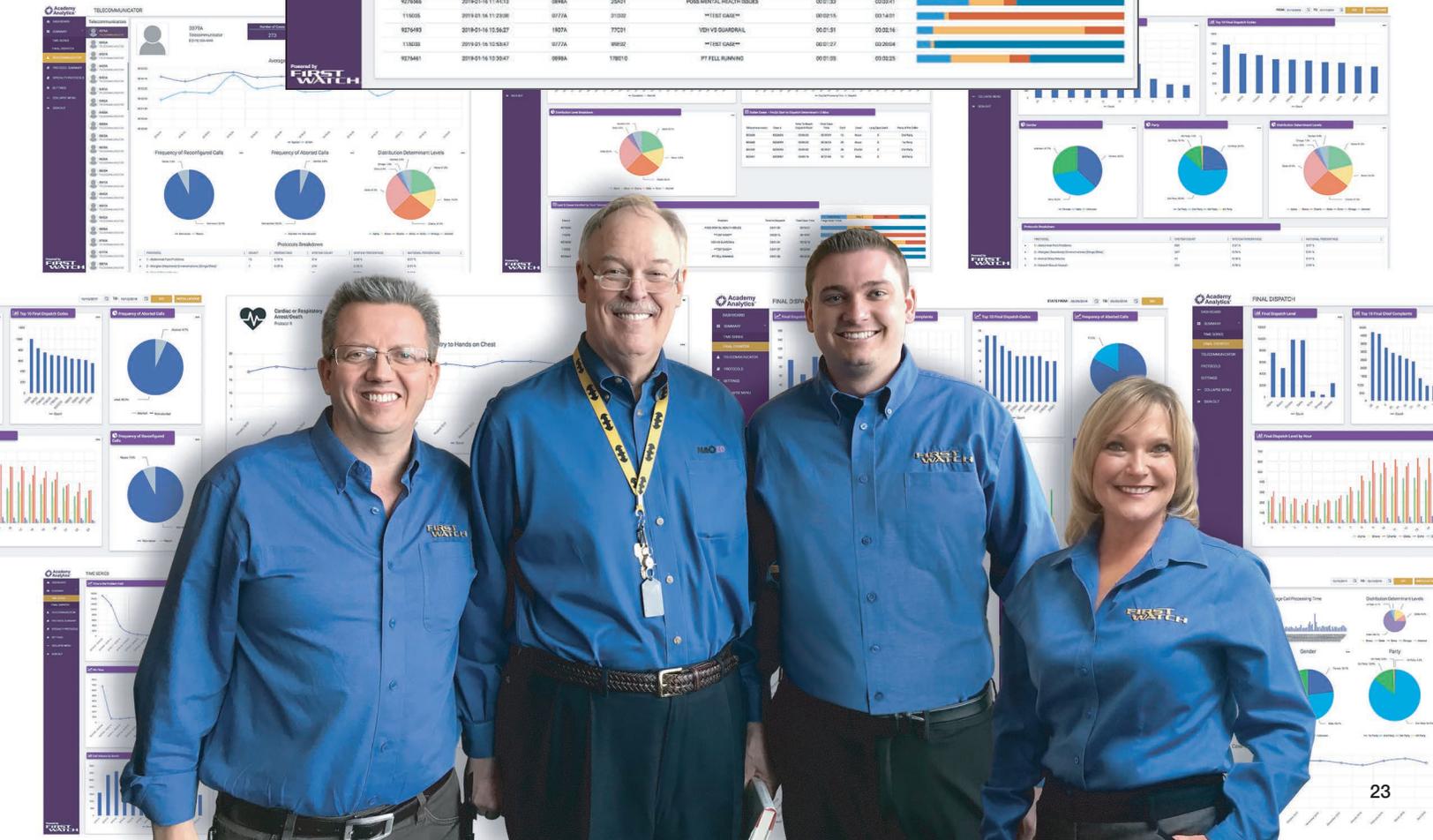
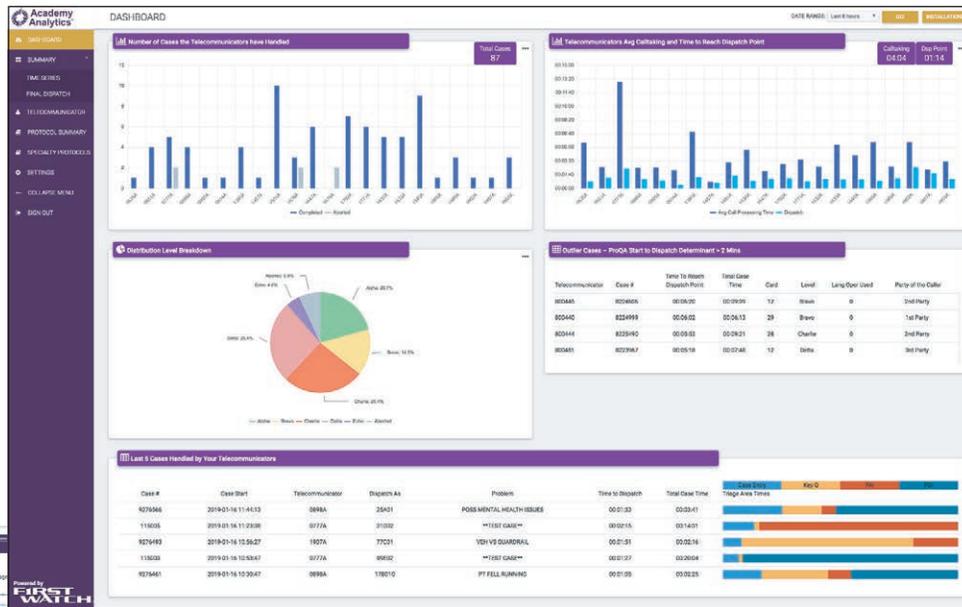


# Academy Analytics™ for ProQA Data



## 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 Ebola outbreak, flu this season, and the opioid crisis? What do our EMS providers need to know about emerging diseases like Middle East Respiratory Syndrome, 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 diseases, pandemics, and outbreaks. 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](http://www.firstwatch.net/hi/sign-up)

or visit here: [www.firstwatch.net/hi](http://www.firstwatch.net/hi)

**FIRST WATCH** 20th Anniversary Seal

WebEx Support Customer Login

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Health Intelligence Call 760.943.9123 or [Schedule Demo](#)

### EMS-specific Information on **Emerging Health Issues**

This page was last updated on November 21, 2018.

[Sign Up for HI Updates](#)

#### OVERDOSES / OPIOIDS

Contains resources related to awareness and mitigation of opioids & overdoses in response to this nationwide but often local crisis.

PoliceOne article: "How biosurveillance turns opioid-related data into actionable intelligence" November 18, 2018

Synthetic Opioids/Fentanyl and Fentanyl Analogs April 9, 2018

Pinnacle 2017 Session: How EMS Can Fight the Opioid Overdose Crisis November 29, 2017

CDC Enhanced State Opioid Overdose Surveillance 2017-2018

[View All Posts & Resources](#)

#### IN THE NEWS

A quick briefing on outbreaks and other public health-related items in the news or reported via public health outlets.

United States & Canadian Health Safety Alert/Public Health Notice on 11/20/18 of E. Coli O157: H7 Outbreak Linked to Romaine Lettuce November 21, 2018

Ebola Outbreak in Northeastern Democratic Republic of the Congo Update 10-18-18 October 19, 2018

Outbreak of Acute Flaccid Myelitis - 10-17-18 October 17, 2018

Outbreak of Acute Flaccid Myelitis October 12, 2018

[View All Posts & Resources](#)

#### SEASONAL INFLUENZA (FLU)

Provides info on upcoming & current seasonal flu(s) & reported influenza-like illness (ILI), using reports from various public health, government & other resources.

Influenza Update Week Ending 5-19-2018 May 25, 2018

Influenza Update Week Ending 5-12-2018 May 18, 2018

Seasonal Influenza Resources January 10, 2018

Weekly U.S. Influenza Surveillance Report 2017-2018

[View All Posts & Resources](#)

#### OUTBREAKS/EMERGING DISEASES

A listing & description of outbreaks of disease, novel viruses, epidemics, or other infections that are making humans sick, even in small numbers. There may be overlap with In the News & Pandemics.

Outbreak of Acute Flaccid Myelitis (AFM) 10-17-18 Update October 17, 2018

Outbreak of Acute Flaccid Myelitis (AFM) October 12, 2018

Middle East Respiratory Syndrome - Corona Virus (MERS-CoV) August 28, 2018

ZIKA UPDATE 7/23/18 July 30, 2018

[View All Posts & Resources](#)

#### PANDEMICS

Info & Resources related to the threat or presence of a Pandemic. Pandemics pose a risk to the entire world.

Novel Viruses May 8, 2018

DHS Information for First Responders on Maintaining Operational Capabilities during a Pandemic May 8, 2018

CDC Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States May 8, 2018

[View All Posts & Resources](#)

#### KEEPING YOUR EMPLOYEES SAFE

Contains info & resources to assist in providing for employee safety whether during standard operations or in planning for or responding to disasters.

First Responder Health & Safety Links June 26, 2018

Detection & Management of Opioid Exposure for Public Safety Working Dogs June 26, 2018

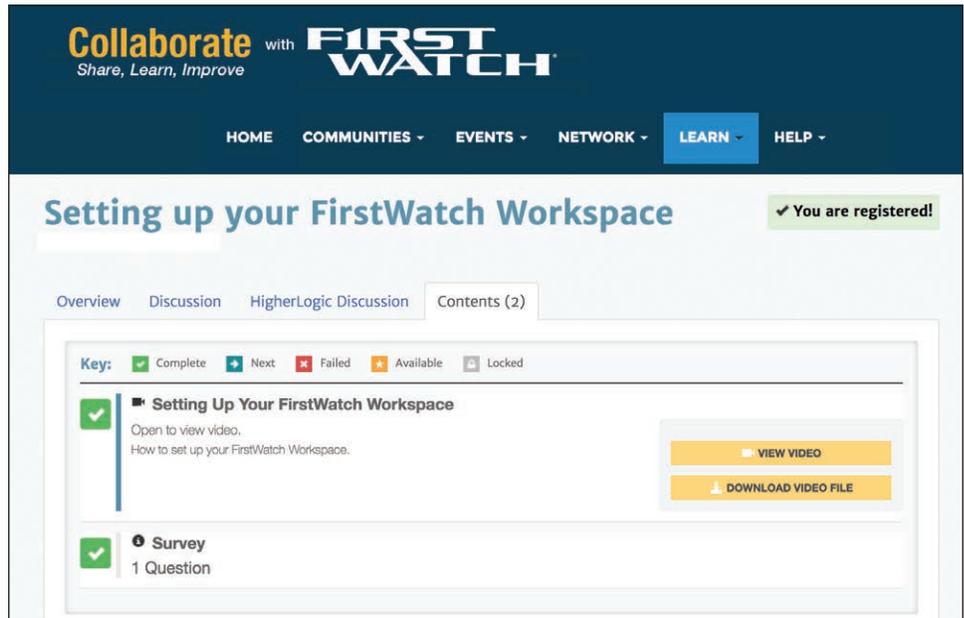
Download this eBook from EMS1.com - Examine Your EMS Agency's Safety Culture to IMPROVE PATIENT OUTCOMES October 30, 2018

Suicide Awareness & Prevention for First Responders August 22, 2018

# Introducing FirstWatch Collaborate

## Share, Learn, Improve on our New Collaborate Site

With FirstWatch Collaborate it will be 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.



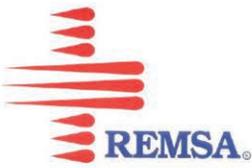
Ever since our inception 20 years ago, FirstWatch customers have talked with each other, tackled shared problems together, and helped each other improve. Several times a week one of us will be talking with someone about an issue and say, “you should really check out what \_\_\_\_\_ is doing.” Here are 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 just started building a library of classes and videos to help you use FirstWatch more effectively and learn leadership principles. We will be adding new things every month.

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 - All Responses Current Call Information**  
 Calls displayed represent active or performed calls between the hours of 5/12/2014 7:41:02 PM and 5/13/2014 7:41:02 AM.  
 Data and Report from the FirstWatch™ Internet Server

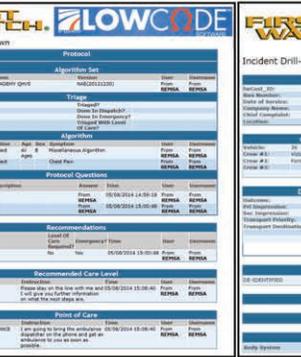
GC	Geo Valid	Response #	ProQA	LowCode	Time Sent To Queue	Pri	Problem	Zoll ePCR	Unit
	✓	132223-14	26Q01		5/12/2014 9:08:44 PM	1	Sick Person P1	<input type="checkbox"/>	425
	✓	132225-14	26Q01		5/12/2014 9:08:44 PM	1	Sick Person P1	<input type="checkbox"/>	441
	✓	132226-14	26Q01	1	5/12/2014 9:12:34 PM	3	Sick Person P3	<input type="checkbox"/>	425
	✓	132227-14			5/12/2014 9:14:02 PM	99	Interfacility Emergent P99	<input type="checkbox"/>	330



REMSA CHP - All NHL Calls













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

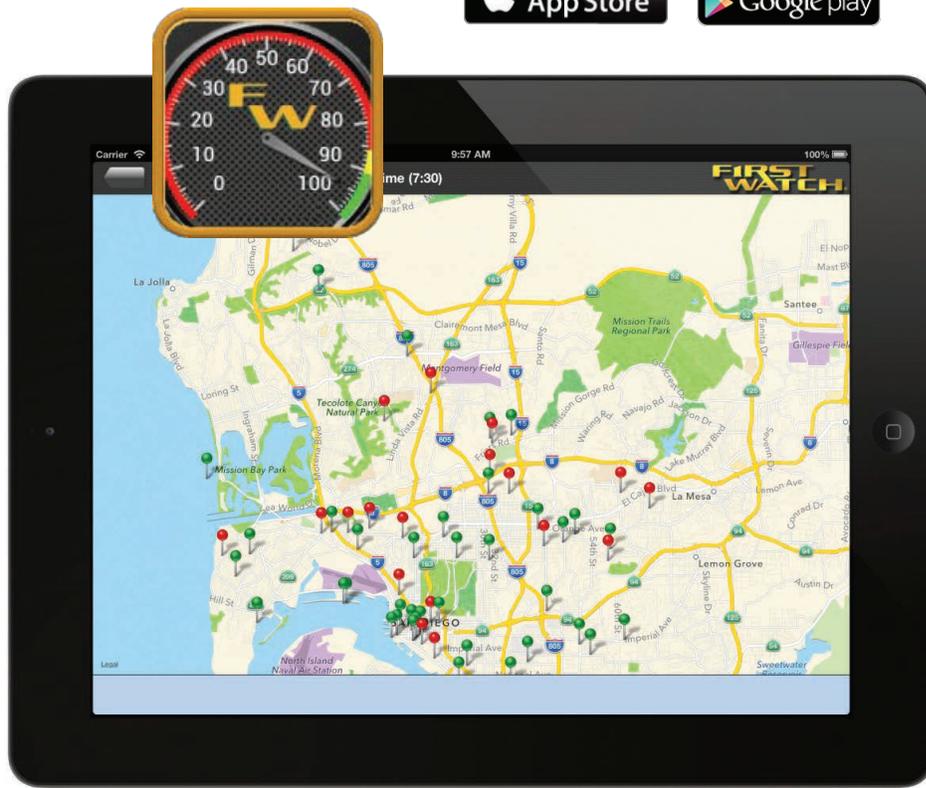
The Regional Emergency Medical Services Authority of Reno, Nevada, a non-profit provider of ground and air ambulance services (and long-time FirstWatch customer), in partnership with Renown Medical Group, the University of Nevada-Reno School of Community Health Sciences, the Washoe County Health District, 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.

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