

## 2017 Medic Unit Analysis Summary Points

### Criteria for Review

1. **Workload Trends** - standard range of 1,400 -2,500 calls for 24-hour units, with exceptions in outlying areas
2. **Median response time trends** - standard median response times <10 minutes, and 80% of calls in <= 14 minutes
3. **Fractile response time trends** - fairly sensitive measures that can often reveal early system response changes; Decreasing fractile trends for <8 min., <10 min., <12 min., <=14 min. indicate some eroding of response times, due to changing workload distributions, unit placement relative to workload, changing traffic, and other factors
4. **Critical patient exposures/skills trends** - include cardiac arrests, intubation, peripheral IV, central line IV, and proportion of paramedics per 100,000 population as defined by the 2009 statement from medical directors

### Process of Review

- A. Review **5-year paramedic service trends (2012-2016) countywide** and by medic program and medic unit, including: KCM1, Bellevue, Redmond, and Shoreline
- B. Review **5-year paramedic service trends (2012-2016) into fire departments and districts** to understand local area service
- C. Identify **service gaps** and magnitude of gaps

### Observations

- Modest increase in call volumes overall with no change in response times
- Slight increases in critical skills for cardiac arrest calls, IVs, and intubation exposures

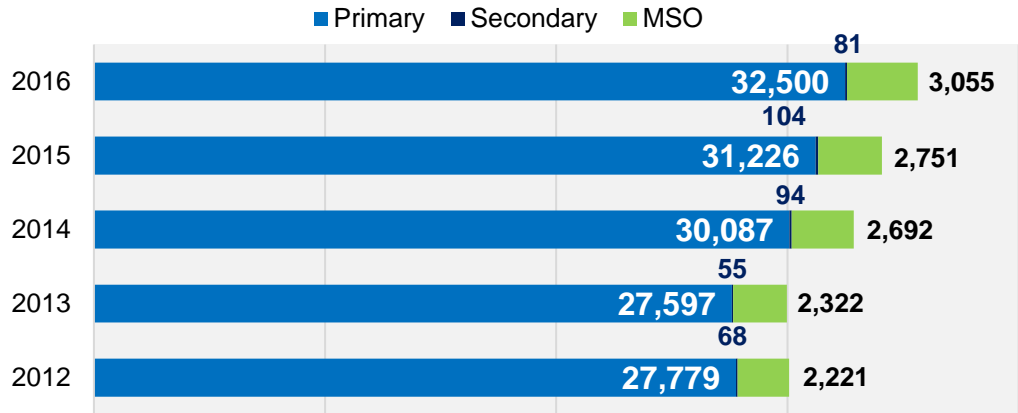
### Findings

1. Paramedic service **throughout the region continues to remain stable**
2. Paramedic agency performance is **within established standards**
3. No major changes in service outside King County that would trigger policy agreement

### Recommendations

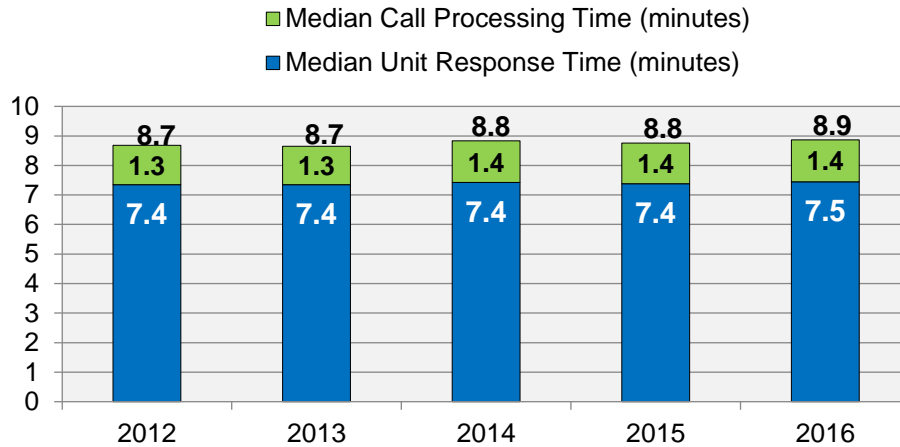
1. No new service or unit relocations are necessary at this time
2. Review in 2018 as 2017 data are available

### Total Call Volume by Unit Type



### Median Times

(Standard: Median Unit Response Time < 10 minutes)



### Critical Skills

