



Dispatch Notified Response Time Report

Florida Department of Health

Bureau of Emergency Medical Oversight

Health Information and Policy Analysis Program

Release Date: May 1, 2013





Dispatch Notified Response Time Report

Florida EMSTARS Database Report



Date Range: January 1, 2008- December 31, 2012

Purpose

The purpose of this report is to analyze EMSTARS time intervals between the time that dispatch was notified of an incident to the time the unit arrived at the patient.

Definitions

Dispatch Notified Response Time – Dispatch notified response time refers to the time difference from the time dispatch was notified of an incident to the time the unit arrives at the patient.

Required Data Elements

- Agency Info ID
- Arrived At Patient Date Time
- Dispatch Notified Date Time
- EMS Agency Number
- Type of Service Requested
- Call Dispatch Volume Year
- Total Service Size Area
- Total Service Area Population
- Local Year

Formulas

- Dispatch Notified Response Time = (Arrived At Patient Date Time – Dispatch Notified Date Time)

Linkages

- N/A

Exclusions

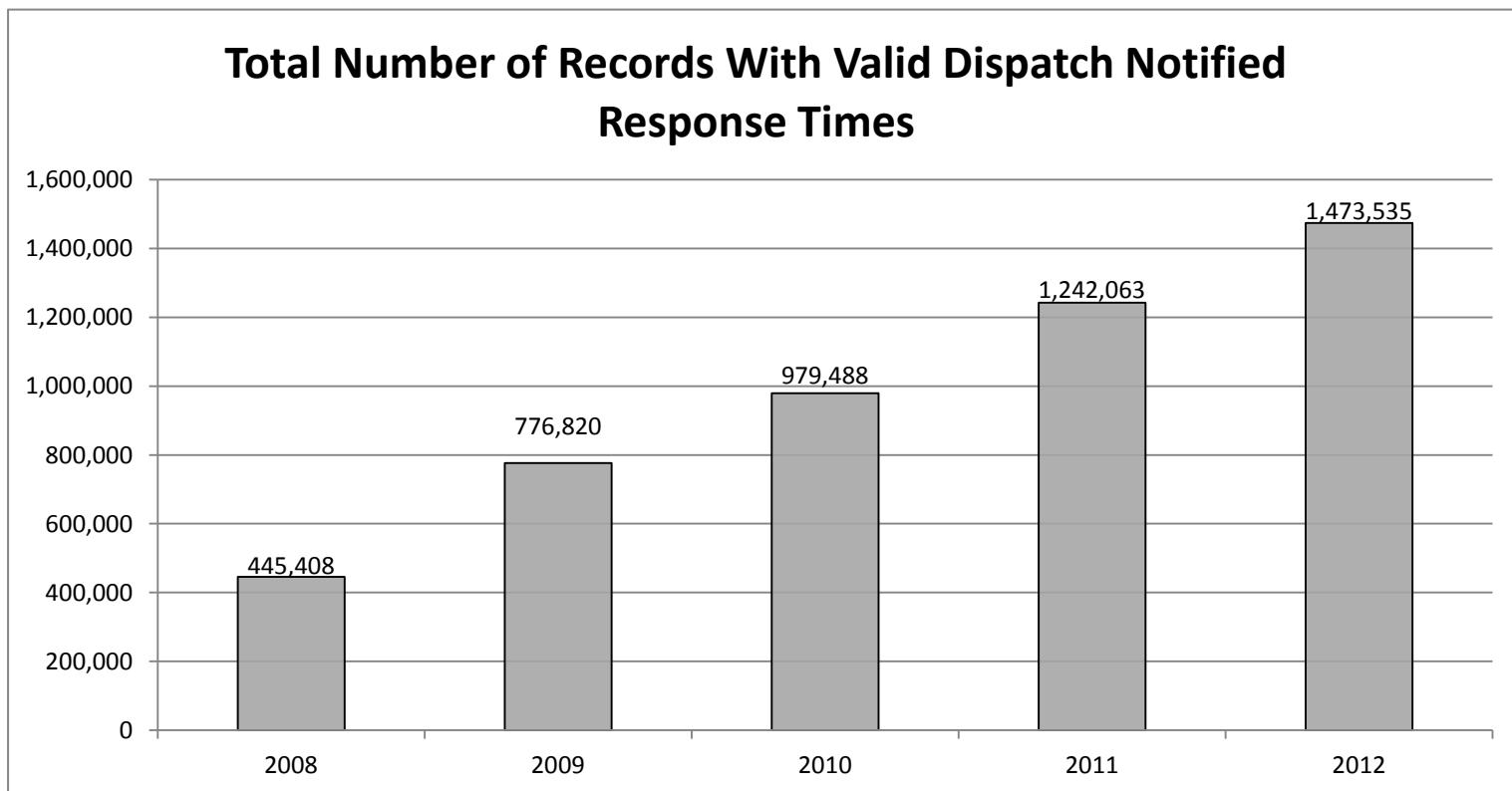
- Year not = 2008-2012
- Dispatch Notified Response Times not between 0 – 2 hrs.
- Type of Service Requested not = 911 Response (Scene) Calls

All questions related to this report should be addressed to the following:
Health Information and Policy Analysis Program
Bureau of Emergency Medical Oversight
Florida Department of Health
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399-1722
(850) 245-4440
emstars@doh.state.fl.us

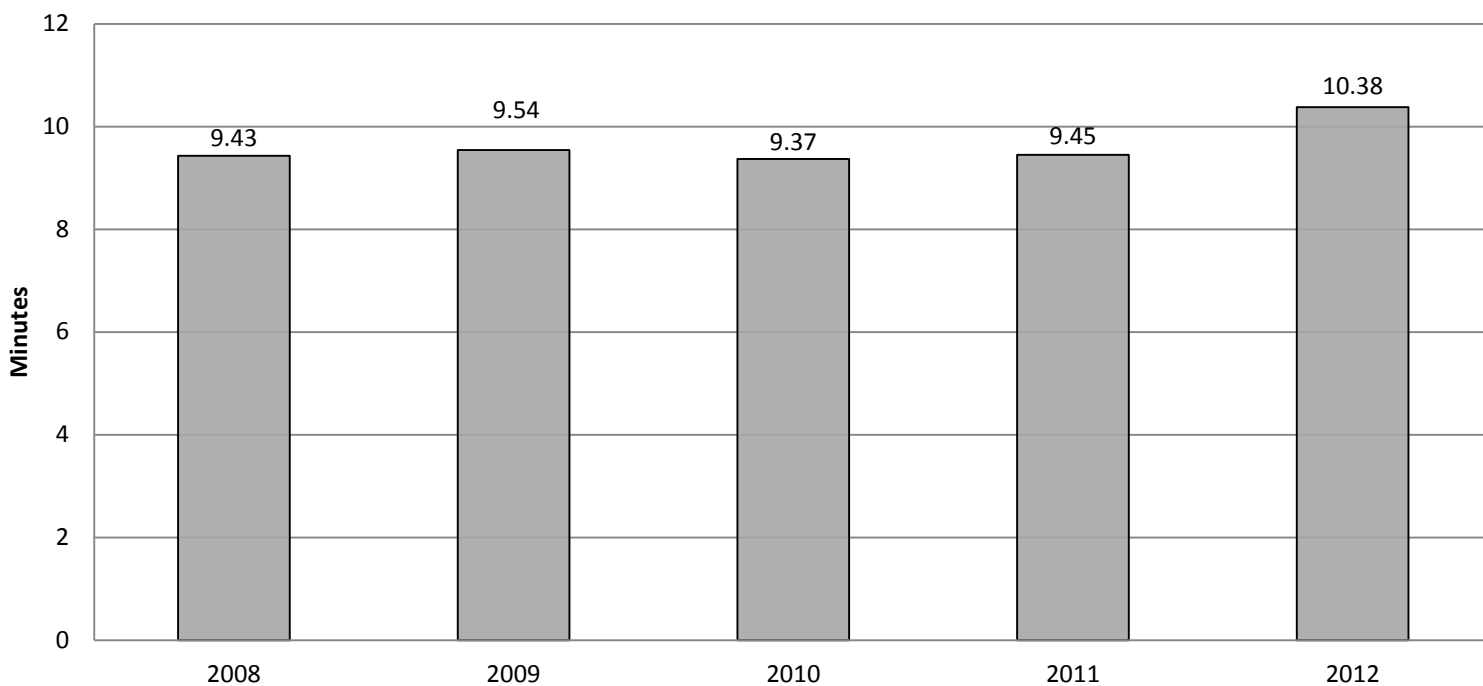
Time Format = mm:ss

EMSTARS records of emergency calls which contain patient information or treatment information are confidential and exempt from the provisions of section 119.07(1), Florida Statute and may only be disclosed with consent of the Department. §401.30(4), F.S. The department has utilized demographic data points to group agencies within a specific statistical group. This method provides EMS agencies the ability to compare their performance against a state benchmark as well as benchmark with agencies of like population, service size area, and call volume. This method preserves propriety and confidential information while providing a mechanism for the improvement of clinical care and emergency response.

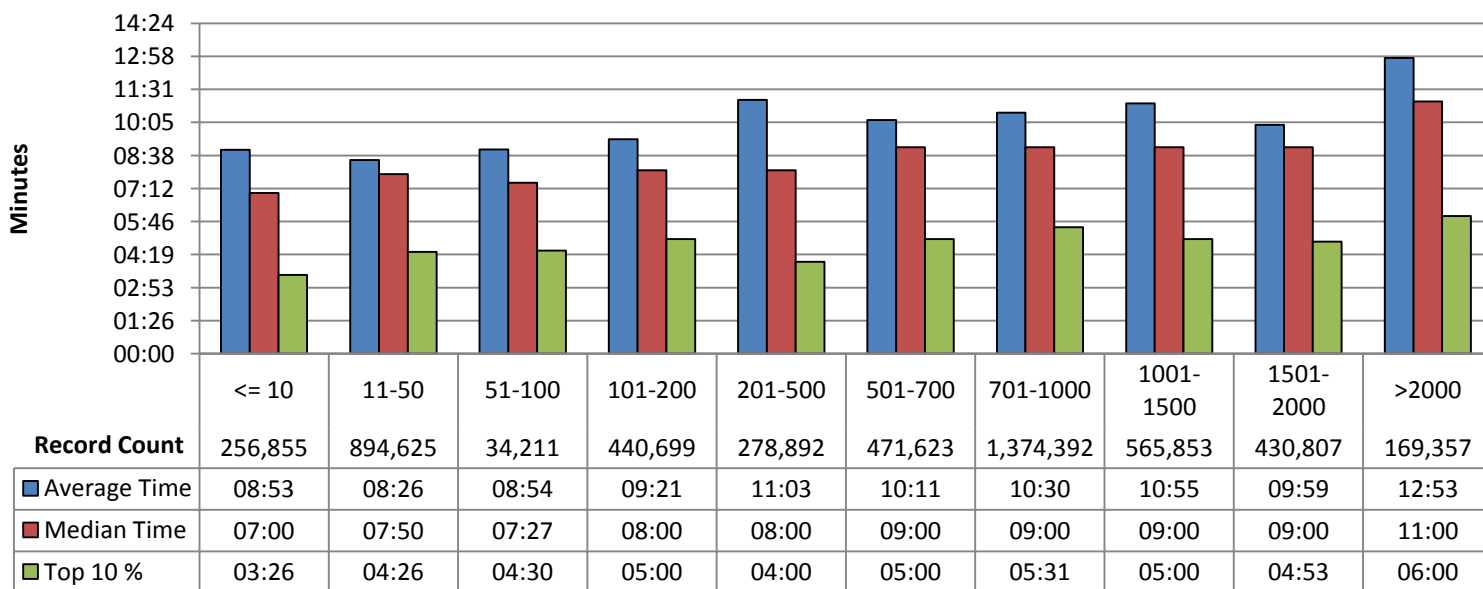
This report incorporates three statistical measures that can be used for benchmarking and comparative analysis. The mean and median are two statistical values that attempt to depict the center of a spread of data points. The two values, however, are calculated differently which results in different values. Mean is calculated with the sum of all data points divided by the total count of those data points; median is the middle value after all data points are sorted from smallest to largest. The mean is more susceptible to variability than the median due to one data point potentially affecting the spread of the data while the median can remain the same. The median is affected when additional data points are added into the spread. The top ten percent value represents the beginning point in the data where the top ten percent begins.



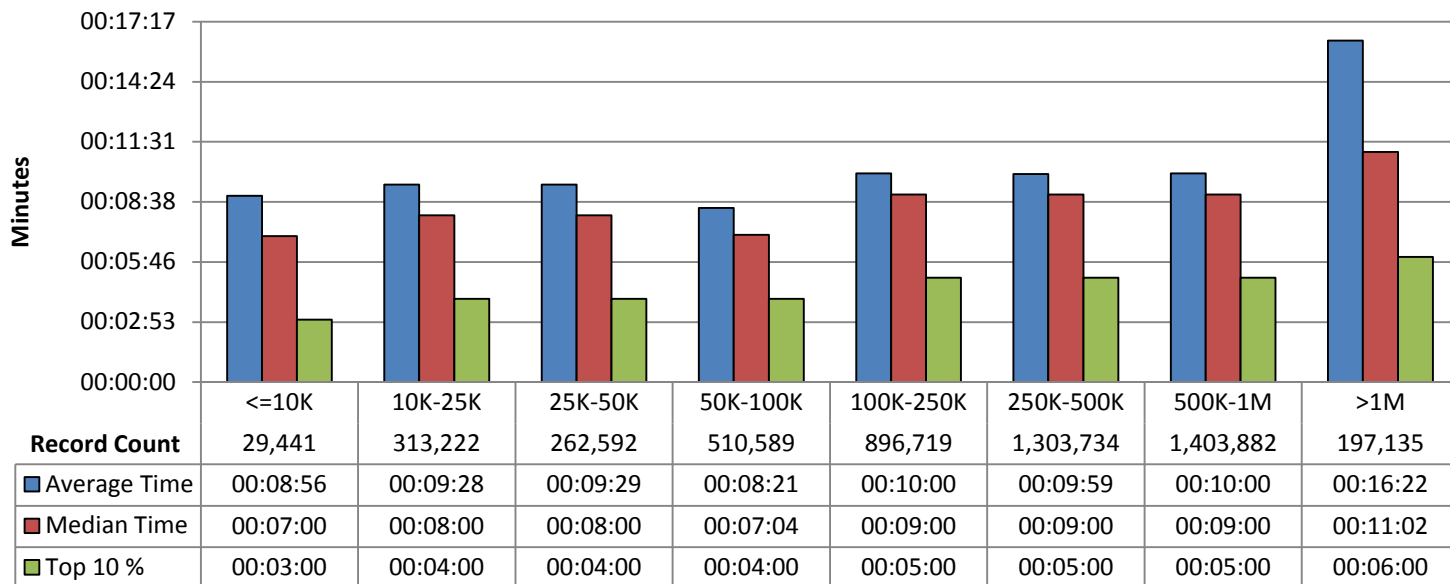
State Average Dispatch Notified Response Times by Year



Dispatch Notified Response Time By Service Size Area



Dispatch Notified Time By Service Area Population



Dispatch Notified Response Time By Call Volume

