



River Falls EMS

PHONE: (715) 425-0370 • FAX: (715) 426-3433 • WEB: www.rfaas.org
175 East Cedar Street • River Falls, Wisconsin 54022
David Matteson, Director • Pamela Hill, Administrative Assistant

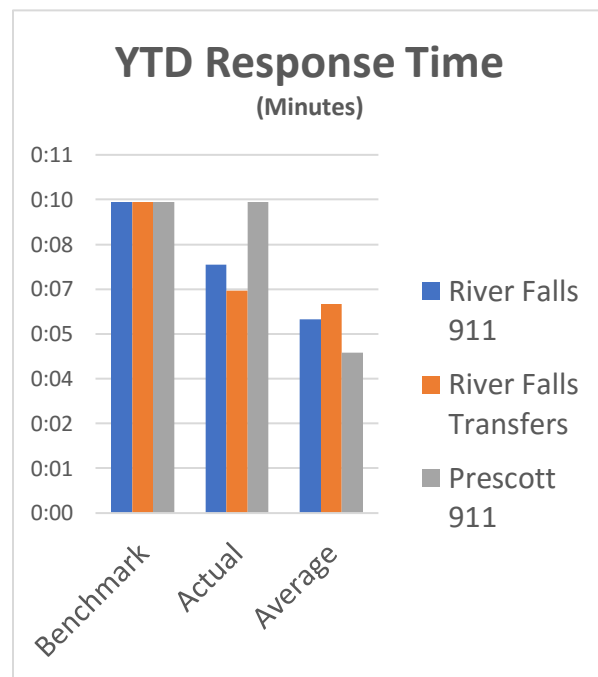
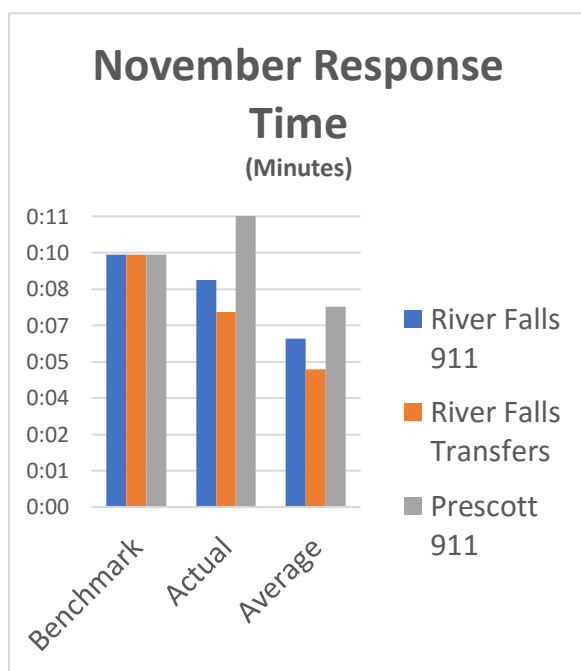
Welcome to the Dashboard – Reporting for November 2017

The River Falls EMS Dashboard provides the residents of the City of River Falls, City of Prescott, and towns of Clifton, Kinnickinnic, Oak Grove, Pleasant Valley, River Falls, Troy, and Warren with a monthly and year to date (YTD) summary report on the services provided by River Falls EMS.

1. Response Time Reliability
2. Overall Call Volume
3. Call Volume by Area
4. Response Type of Service Requested

Response Time Reliability: *How quickly does River Falls EMS respond?*

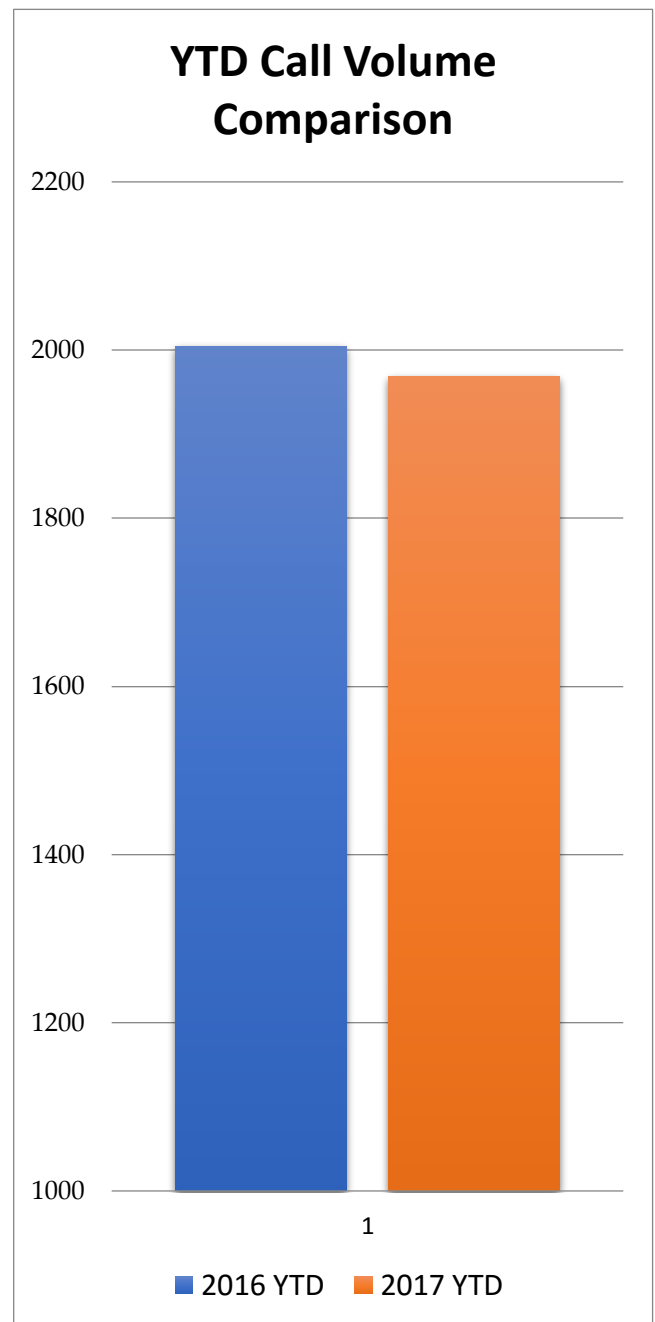
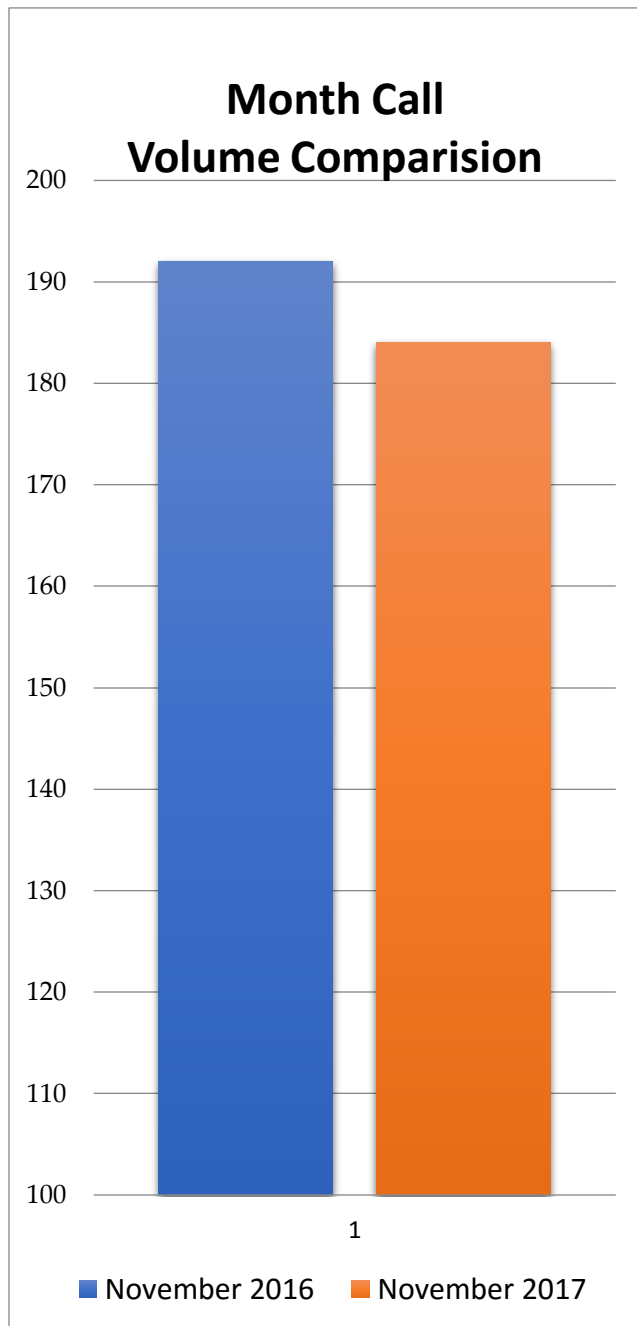
The target time is based on 80% calls meeting the criteria from time of dispatch to arrival on scene. The graphs reflect how well we are doing in comparison to the benchmark time. Pick-up location, weather conditions, number of active calls in progress, and staffing impact the times.



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Overall Call Volume: *How many calls to 911 were made?*

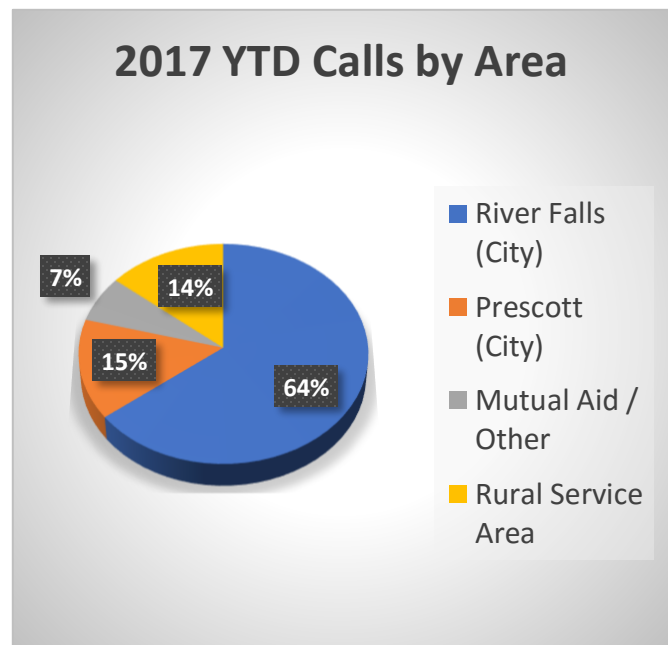
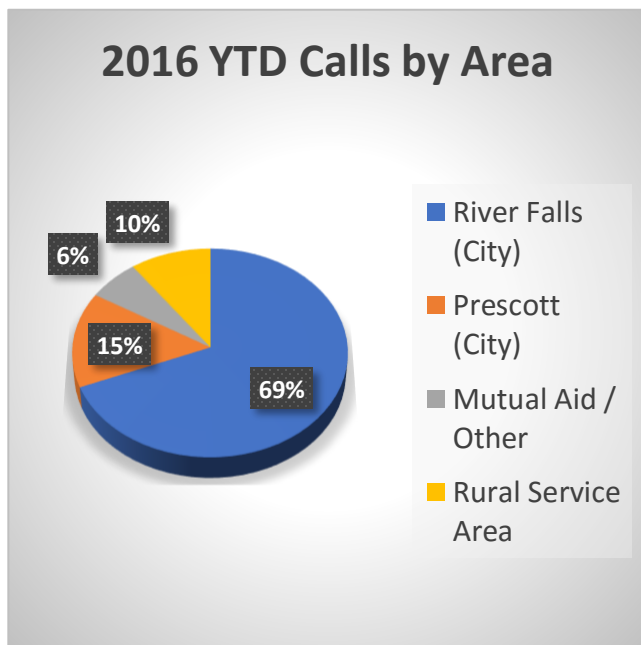
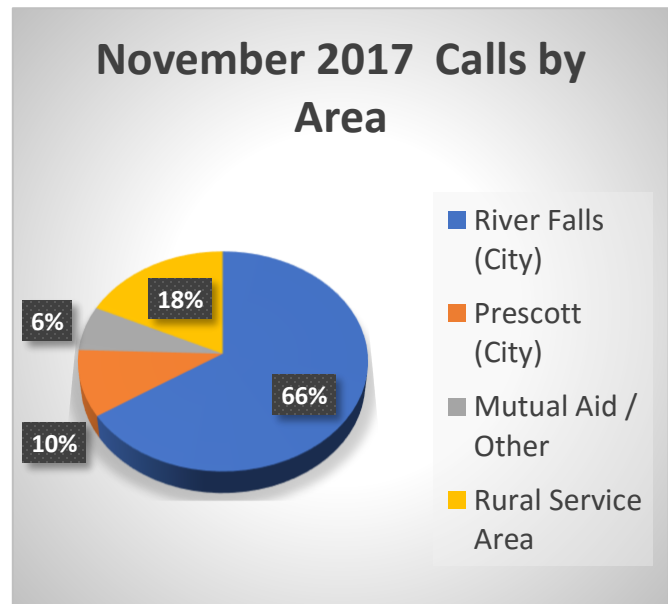
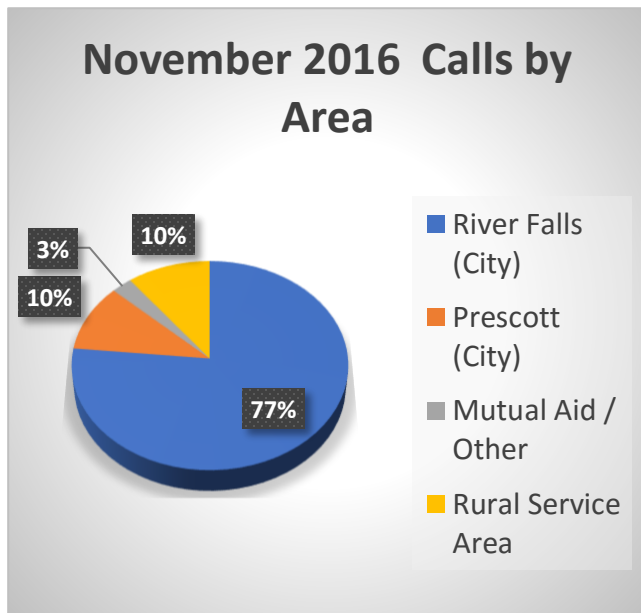
Graphs reflect call volume (number of times EMS was called) on a monthly and YTD basis. Call volume gives a quick look at the status of the Service in comparison to the same month in 2016 and on a YTD basis. Month to month call volume may vary but we expect to see an overall increase in EMS use on an annual basis.



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Call Volume by Area: *Where do we go?*

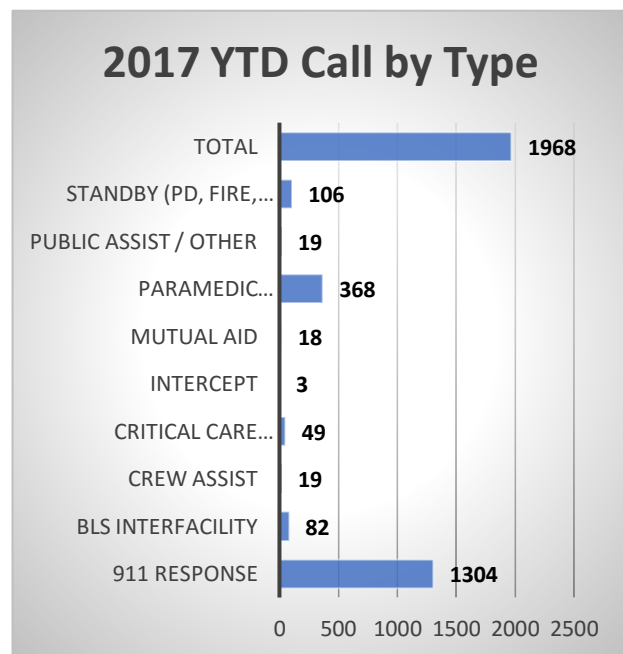
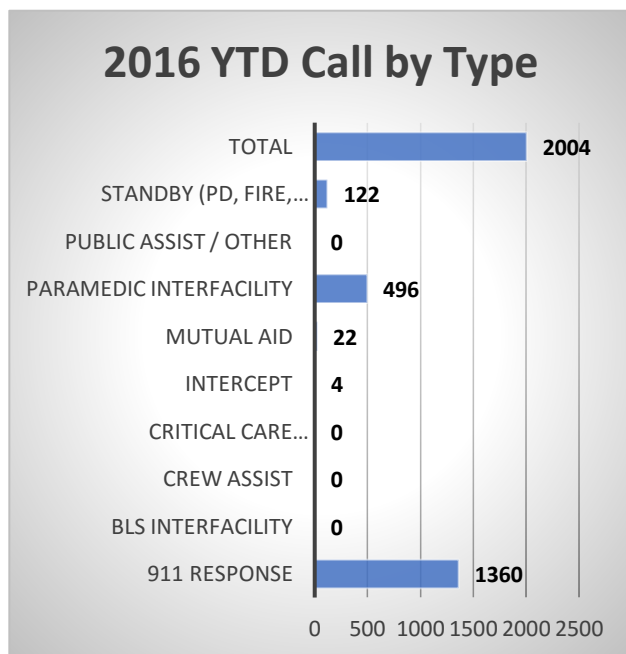
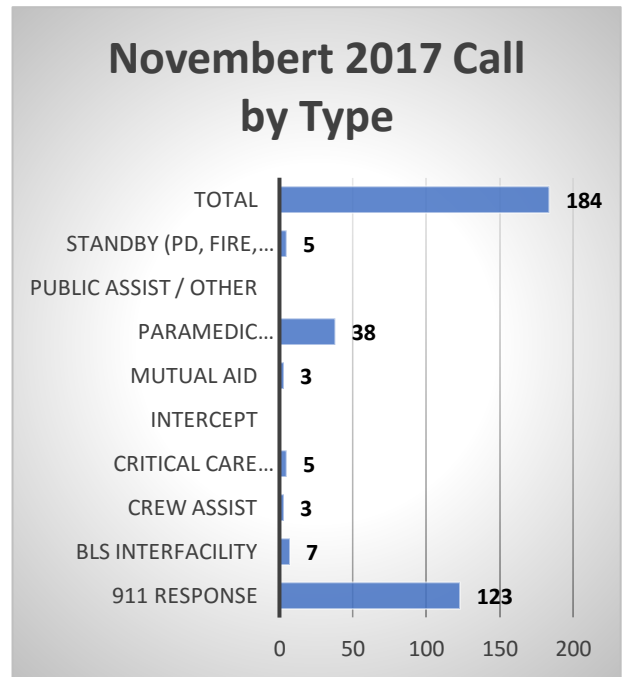
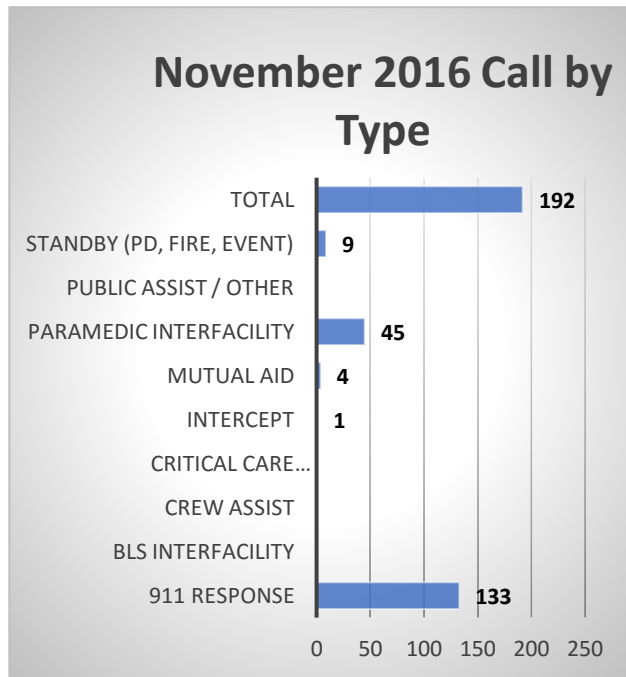
Charts reflect calls by area displayed as calls originating in the City of River Falls, City of Prescott, within the River Falls EMS Rural Service Area, or those calls originating outside the Service Area. Most 911 calls originate in the City of River Falls followed by the City of Prescott, and then those within the Rural Service Area. As would be expected, the least number of calls originate as mutual aid requests outside the service area.



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Type of Service Requested: *What are we doing?*

Charts reflect calls by type of service requested. Most calls are 911 medicals or traumas followed by inter-facility transfers from one hospital to another hospital with a higher level of care. The remainder of calls are divided between fire and police standbys, special events, mutual aid to another community or crew assists.



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