

Filter statement

Filters

Months in Dispatched Last Month | **Is Locked** true | **Is Active** true | **Scene Zone** City of Hico, Hamilton County (Hico)

Average Response Time for City of Hico

Average Response Time
00h:06m:53s

Call Volume By Zone

| Scene Zone | # of unique Patient Care Record ID |
|---------------|------------------------------------|
| Hamilton C... | 9 |
| City of Hico | 25 |

Level of Service

| Unit | # of unique Patient Care Record ID | | |
|--------|------------------------------------|--------------------|-----|
| | Advanced Life Support | Basic Life Support | N/A |
| MED 11 | 1 | | |
| MED 12 | 6 | 1 | |
| MED 21 | 15 | 8 | 3 |

Run Type By Unit

| Run Type | # of unique Patient Care Record ID | |
|--|------------------------------------|--------|
| | MED 12 | MED 21 |
| Emergency Response (Primary Response Area) | 5 | 20 |

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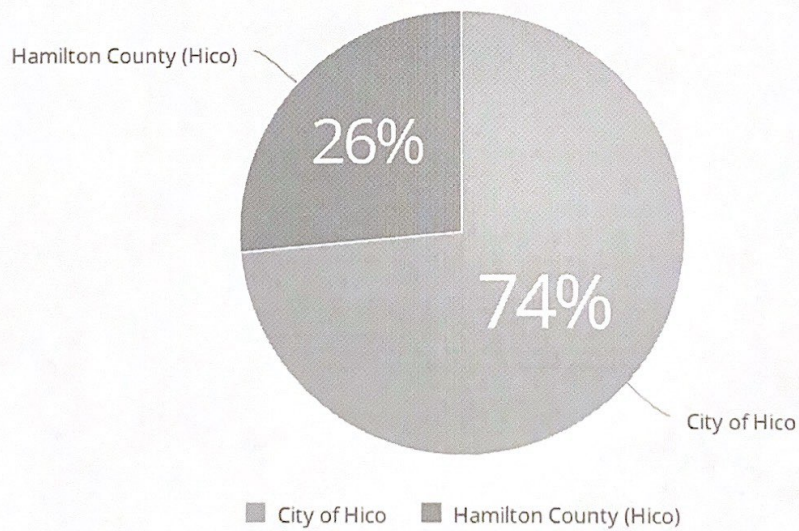
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Total # of Calls

of unique Patient Care Record ID

34

Percent of Calls By Zone



New City of Hico Monthly EMS Report Jan 24, 2024 10:29:12 AM EMS

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Destination By Zone

| Scene Zone | Destination Predefined Location | # of unique Patient Care Record ID |
|------------------------|---|------------------------------------|
| City of Hico | Goodall-Witcher Hospital | 1 |
| | Hamilton General Hospital | 9 |
| | N/A | 1 |
| | Texas Health Harris Methodist Hospital - Stephenville | 7 |
| Hamilton County (Hico) | Hamilton General Hospital | 3 |

Crew Disposition By Unit

| Crew Disposition | # of unique Patient Care Record ID | |
|---|------------------------------------|--------|
| | MED 12 | MED 21 |
| Back in Service, Care or Support Services Refused | | 3 |
| Back in Service, No Care or Support Services Required | | 2 |
| Initiated and Continued Primary Care | 5 | 15 |

Patient Disposition By Unit

| Patient Evaluation/Care Disposition | # of unique Patient Care Record ID | |
|-------------------------------------|------------------------------------|--------|
| | MED 12 | MED 21 |
| Patient Evaluated and Care Provided | 5 | 14 |
| Patient Evaluated and Refused Care | | 2 |
| Patient Refused Evaluation and Care | | 1 |
| Patient Support Services Provided | | 1 |
| N/A | | 2 |

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Transport Disposition By Unit

| Transport Disposition | # of unique Patient Care Record ID | |
|---|------------------------------------|--------|
| | MED 12 | MED 21 |
| No Transport | | 2 |
| Patient Refused Transport | | 4 |
| Transport by This EMS Unit (This Crew Only) | 5 | 12 |
| N/A | | 2 |

Unit Disposition

| Unit Disposition | # of unique Patient Care Record ID | |
|------------------------------------|------------------------------------|--------|
| | MED 12 | MED 21 |
| Canceled Prior to Arrival at Scene | | 1 |
| No Patient Contact | | 1 |
| Patient Contact Made | 5 | 18 |

