Performance Audit Report

DEPARTMENT OF PUBLIC SAFETY
911 RESPONSE TIMES AND WELLNESS

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September 2025

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CITY OF PITTSBURGH
OFFICE OF THE CITY CONTROLLER
Controller Rachael Heisler

September 2025

To the Honorable Mayor Ed Gainey and
Honorable Members of Pittsburgh City Council:

The Office of the City Controller is pleased to present this performance audit of the **Department of Public Safety's 911 Response Times and Wellness**, conducted pursuant to the power of the Controller under Section 404(c) of the Pittsburgh Home Rule Charter. This audit is a joint effort with the Allegheny County Controller's Office to assess 911. The audit focused on response times and measures implemented in the management of employee wellness for the three responder bureaus under the Department of Public Safety (i.e., Emergency Medical Services [EMS], Pittsburgh Bureau of Fire [PBF], and Pittsburgh Bureau of Police [PBP]).

EXECUTIVE SUMMARY

While the 911 contact center is managed by Allegheny County, dispatches of responses are sent to ground-level personnel, often employees of the City of Pittsburgh and, more specifically, the first responders of EMS, PBF, and/or PBP. Responders are tasked with receiving dispatch from 911 Communications and completing rapid response to the location and individual(s) in need. As part of the core function of their duties, responders are often faced with high-stress situations. Therefore, audit procedures assessed response times for each bureau against existing standards, if any, and reviewed the City's involvement with the implementation of programs and services designed to manage the wellbeing of City responders. To accomplish this, auditors obtained response-time data from Allegheny County and each of the City bureaus respectively and conducted a wellness survey issued to a sample of responders from each bureau.

EMS informed auditors that it considers five specific metrics as part of its overall quality: response times; the clinical outcomes of patients; unit hour utilization (UHU); the number of responses per unit per shift; and the welfare of the EMS providers. Finding #1 of this report breaks down the results of auditor analysis for four of the five metrics, minus welfare, which is addressed via Finding #5. In summary, a significant percentage of EMS responses took more than eight minutes and 59 seconds, but survival rates were 100% among patient care reports reviewed by auditors, UHU was above average, and units responded to an average of 12 calls per day. Auditors also noted that some of the lengthier response times from the Computer Aided Dispatch (CAD) data did not match the

response times listed in the care reports. The audit recommends that EMS establish benchmarks or goals for each of the metrics comprising its quality system, assess the cause of extended response times, and investigate the discrepancies between the care reports and CAD data.

PBF indicated that it uses the National Fire Protection Association (NFPA) 1710, which sets a standard arrival time at four minutes. As noted in Finding #2, PBF was in close range of the standard in 2023 and outperformed the standard in 2024. However, PBF experienced difficulties responding to auditor requests for data and information throughout the audit. Although this may have been due to a change in PBF's reporting system, auditors generally recommended that PBF strengthen its understanding of the new system so that future requests can be addressed readily.

Due to the wide variety of call types received by PBP, the bureau has not established a set standard for response times; however, PBP leadership has noted that units are instructed to get to locations immediately upon receiving a call. In addition, the Crime Analysis Unit (CAU) informed auditors that it regularly tracks and analyzes PBP response times and median response times, compares them against other cities, and evaluates variables that could be affecting response times. Auditors noted that, for the highest priority, PBP achieved an average response time of 8:11 and median response time of 6:59 in 2023. For the same priority in 2024, it achieved an average response time 8:15 and median response time of 7:07. The audit recommends in Finding #3 that PBP evaluate the cause of the increased response times between 2023 and 2024 to determine if any action is needed and establish an internal standard or threshold for unit response times.

To gauge wellness, auditors issued an anonymous survey to a sample of over 150 responders from all three bureaus. The objective of the survey was to determine if there is general awareness of wellness programs and services; if those programs and services are being utilized; if responders feel as though shift scheduling allows for adequate rest and recovery; and to what degree, if any, responders experience fatigue that could affect their abilities to perform job duties. At the conclusion of the survey, auditors received responses from only 17% of the total population, which would not be indicative of the population at large. However, of the responses received, a significant percentage indicated unawareness and no utilization. Auditors recommend that the department consider further coordination and evaluation with individual bureaus on the state of responder wellness.

We appreciate the cooperation, patience, and support of the staff we coordinated with during the course of our audit.

Sincerely,

Rachael Heisler
City Controller

INTRODUCTION

This performance audit of the City of Pittsburgh's **Department of Public Safety's 911 Response Times and Wellness** was conducted pursuant to the Controller's powers under Article IV, Section 404(c) of the Pittsburgh Home Rule Charter. The audit is focused on two aspects of the City's emergency responder program: response times and the measures implemented to manage the wellbeing of the City's responders.

OBJECTIVES

- To determine if the City has implemented or adopted any response-time standards for 911-related incidents.
- To determine if the City has implemented or adopted any standards for managing the wellbeing of emergency responders.
- To evaluate response times for City emergency responders (i.e., Emergency Medical Services [EMS], Pittsburgh Bureau of Fire [PBF], and Pittsburgh Bureau of Police [PBP]).
- To determine what trainings, resources, and services are available to City emergency responders in regard to their mental and physical wellbeing.
- To survey City emergency responders involved in handling 911 incidents regarding awareness and utilization of available wellness services and also their feedback on scheduling and general state of wellbeing.

SCOPE

The scope of the audit is January 1, 2023, through September 30, 2024.

METHODOLOGY

- Auditors met with representatives from Public Safety administration, EMS, PBF, and PBP to inquire about internal response-time goals; wellness standards, as are applicable to the City; and the City's involvement with wellness programs and services.
- Auditors researched national response time standards for the EMS, PBF, and PBP.

- Auditors obtained Computer Aided Dispatch (CAD) data from each bureau and from the Allegheny County contact center, calculated average response times, and compared them to applicable standards.

- Auditors created a nine-question survey to collect feedback from the first responders regarding their awareness and utilization of wellness services, programs, and applications as well as shift scheduling and general wellbeing.

OVERVIEW

RESPONSE TIME STANDARDS

City of Pittsburgh Department of Public Safety calls are taken in by the Allegheny County 911 Communications Center. From there, City emergency response units are directed to the scene of the incident. These responses are tracked with the County's CAD system for date, incident number, address, time the dispatch was sent, time the team left the building, time the team reached the scene, and much more. CAD data can be accessed by the individual bureaus through internal software systems. EMS and PBP have their own CAD systems with metrics tailored to their reporting needs, though PBF informed auditors that its internal software system has undergone recent changes.

Incidents are given a priority code in order to determine which units need to arrive there, how many total units need to be dispatched, and how quickly said units need to arrive. These priority codes contain a letter and number. The letter pertains to which bureau handles the incident. For instance, "P" codes relate to Police while "E" codes relate to EMS. The numbers range from "0" to "5", with 0 being calls that require the most immediate attention and 5 being calls that still require attention but can have a less immediate response.

EMS

The City of Pittsburgh's Bureau of EMS informed auditors that it follows the unofficial eight-minute-and-59-second standard for response times that came from a 1979 Journal of the American Medical Association study. That study found that if cardiopulmonary resuscitation (CPR) was started within four minutes and if definitive care was provided within eight minutes, 43% of the patients would survive.

In addition to response times, EMS considers the following criteria as part of its quality management system: the clinical outcomes of patients; unit hour utilization (UHU) (i.e., time that EMS personnel are out on calls compared to total hours worked); the number of responses per unit per shift; and the welfare of the EMS providers.

For the UHU, the auditors referenced standards expressed in JR Henry Consulting, Inc.'s, *Calculating Your EMS Service's "Average Cost of Service" and "Unit Hour Analysis"*. JR Henry's Consulting, Inc., is specialized in consulting with public safety departments and was

founded in 1982. In the referenced document, JR Henry Consulting, Inc., provides a scale of how it measures UHU. This scale establishes an optimal utilization of .45 – .55, with .35 – .45 as above average, .25 – .35 as average, .15 – .25 as below average, and .01 – .15 as poor utilization. Therefore, to meet optimal utilization, EMS UHU should be within .45 – .55.

PBF

The PBF follows standards set by the National Fire Protection Association (NFPA). NFPA standards cover a broad swath of topics related to fire prevention and suppression. Specifically relevant to this audit, NFPA standard 1710 sets the performance objectives relating to response times. Standard 1710 dictates that, for a fire suppression incident, the first engine should arrive on scene in 240 seconds, or four minutes.

As of November of 2024, PBF informed auditors that it was in process of transitioning to a new internal system for pulling CAD data.

PBP

While auditors were unable to identify national response time standards for police bureaus, the PBP's Crime Analysis Unit (CAU) does analyze response times and compares City results with response-time data from other cities. However, PBP does not currently have established response-time standards. CAU informed auditors that the current procedure is to assess response times based on call priorities regularly and analyze variables that could affect response times.

CAU also noted to auditors that County-level dispatch data is tracked on vehicle assignment and not individualized call signs for specific officers. Therefore, unit-level responses identify specific vehicles, which could be operated by a number of individual officers over the course of scheduled shifts. Data on an individual call-sign basis is unavailable.

HIGH UTILIZERS OF 911 SERVICES

The term "high utilizer" refers to individual citizens who frequently use 911 services to request assistance. These individuals may have specific needs (e.g., financial, housing, food, transportation, etc.) that may require special attention. However, the frequent use of 911 services can also affect City response times.

The City uses the People in Need of Support (PINS) program, a program of the Office of Community Health and Safety (OCHS), whose staff coordinates with volunteers and social workers to reach out to high utilizers to determine if their situation falls within the scope of PINS and if anything can be done to assist. While the program is designed to assist high utilizers with special needs, it also reroutes these citizens to alternative sources and services, thus reducing the volume of calls routed to emergency response personnel. OCHS indicated to auditors that it has observed a 40% reduction of 911 utilization among high utilizers since the implementation of the program.

WELLNESS PROGRAMS AND PEER SUPPORT

First responders in EMS, PBF, and PBP face intense physical and emotional challenges on a regular basis. Long shifts, high-pressure situations, and repeated exposure to trauma can seriously impact their health and wellbeing.

To support overall wellness, there are services, programs, and applications available to emergency responders. While programs or services, such as Life Solutions Employee Assistance Program (EAP), Cordico, and Critical Incident Stress Management (CISM) are overarching and are used throughout each bureau in Public Safety, there are other services used by specific bureaus. In addition, bureau supervisors are alerted when there are traumatic calls, and they go to the scene to check on staff and to make sure that they have the resources that they need.

The City of Pittsburgh offers EAP through Work Partners, a collaboration with the University of Pittsburgh Medical Center (UPMC). This is a confidential, no-cost program that is available to all City employees and their household members that provides support for a variety of personal and work-related concerns. Services include confidential coaching and counseling sessions that can be conducted in person, over the phone, or via video. Employees also have access to online tools to help manage stress and anxiety. Additionally, the program offers free 30-minute consultations with legal and financial professionals, with possible discounts for extended services. Services are available 24/7 via phone to ensure employees receive around-the-clock assistance if needed.

Cordico is a wellness platform designed for public safety personnel. It offers a confidential mobile app that gives users access to mental health resources and support. The platform allows the departments to see how many people are using it but individual activity is not tracked to protect privacy. Cordico is also used to track general wellness data and to share announcements with staff.

CISM is a trained, peer-based volunteer team that provides confidential, no-cost support to EMS, PBF, and PBP personnel in coping with the psychological impact of traumatic incidents. CISM offers immediate psychological support for traumatic events. The goal is to reduce the long-term impact of high stress situations.

EMS

EMS utilizes the Peer Support team; an internal wellness service composed of six members trained in international critical incident stress debriefing and also a licensed clinical therapist. Auditors were informed by EMS administration that other social gatherings, such as cookouts, are held to support personnel wellness.

Additionally, administrators informed auditors that there has been a greater emphasis on supporting mental health in the past couple years. Significant, traumatic events are supported by CISM. For example, EMS informed auditors that CISM provided support directly after the Tree of Life shooting, in which multiple people were shot and killed in a Squirrel Hill synagogue during morning services on October 27, 2018. When CISM is administered, administrators will

meet with bureau teams to let them know that sessions are available when traumatic events occur.

PBF

PBF admin informed auditors that the union handles its wellness services. Additionally, there is a four-hour "mental health portion" incorporated into the recruitment training to equip new members with essential coping strategies. Meetings are held every six weeks, featuring guest speakers who provide valuable insights and expertise. Additionally, quarterly training sessions are organized, typically spanning up to three days. PBF also utilizes the peer support group, which meets every 6 to 8 weeks.

PBP

Pittsburgh Member Assistance Program (PMAP) focuses on offering confidential support to officers dealing with death, injury, and other traumatic experiences. It emphasizes confidentiality and provides a safe space for officers to seek help. The purpose of PMAP is to help officers in crisis and to assist officers in navigating difficult calls for service. PBP requires peer team members to attend annual trainings.

PBP admin informed auditors there are 16 members in the PMAP team and typically 10 – 15 members attend the meetings. These meetings are only for the peer team members, not the PBP at large.

ANALYSIS

RESPONSE TIME RESULTS

EMS

EMS submitted to the auditors an Excel sheet with all EMS responses between January 2023 and the end of September 2024. This sheet broke down response times by Case Number, Entry Date, Call Type, EMS District, Neighborhood, Dispatch Unit, Entry Time, Dispatch Time, Enroute Time, OnScene Time, Transport Time, At Hospital Time, Close Time, Hospital, and Priority. The auditors then evaluated EMS priorities E0 and E1 response times against the eight-minute-and-59-second metric that the bureau provided.

Response times were tested by subtracting the OnScene time by the Dispatch Time and then comparing with the unofficial standard time. Auditors noted that a significant portion of responses took longer than eight minutes and 59 seconds. The significance of this result is shown in Table 1 below.

Table 1
EMS Response Times Over Standard
01/01/2023 – 09/30/2024

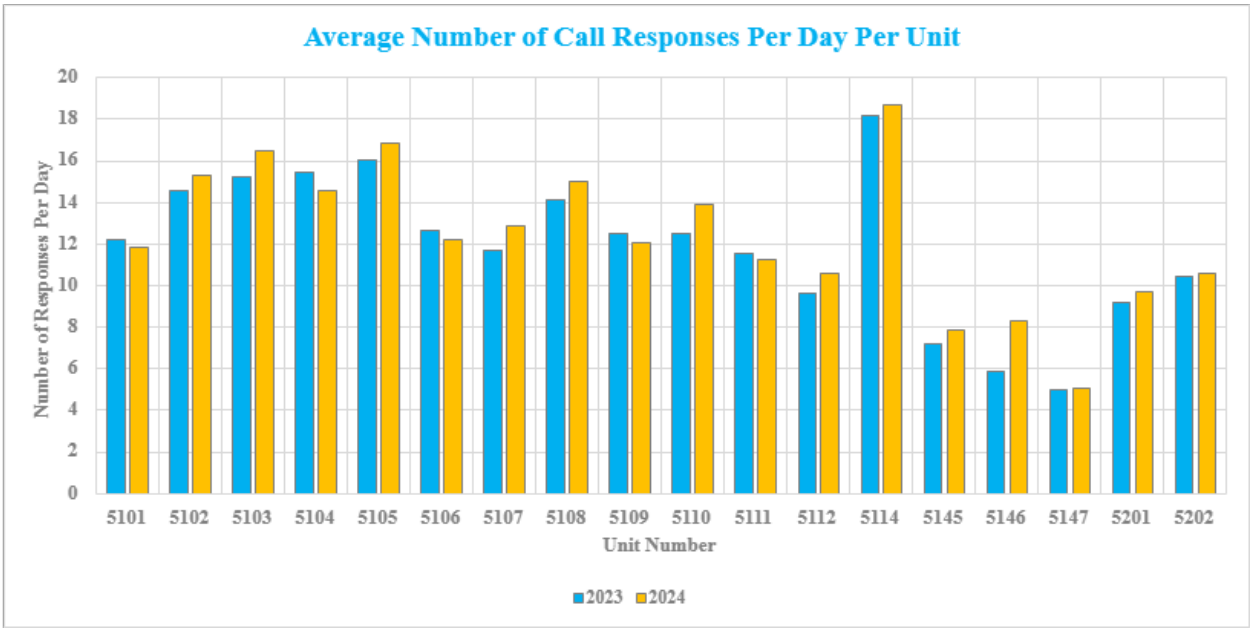
Percent of Response Times Above 8 Minutes and 59 Seconds		
Year	**E0**	**E1**
2023	43%	52%
2024	52%	61%

Source: EMS 2023 – 2024 CAD Database

While the review of provider welfare is addressed under the wellness survey portion of this report, this section will also discuss EMS' additional qualitative metrics, specifically the number of responses per unit per shift, UHU, and patients' clinical outcomes. Although provided by the bureau as part of its overall quality system, EMS informed auditors that it does not track these metrics and did not provide a standard by which these metrics should be measured.

Number of calls per day were calculated by taking the number of calls each unit responded to and dividing by 365 days for 2023 and 273 days for 2024. Most units averaged between 10 to 15 calls per day, with units 5114 and 5105 receiving more than 15 calls per day in each year. This is shown in Graph 1.

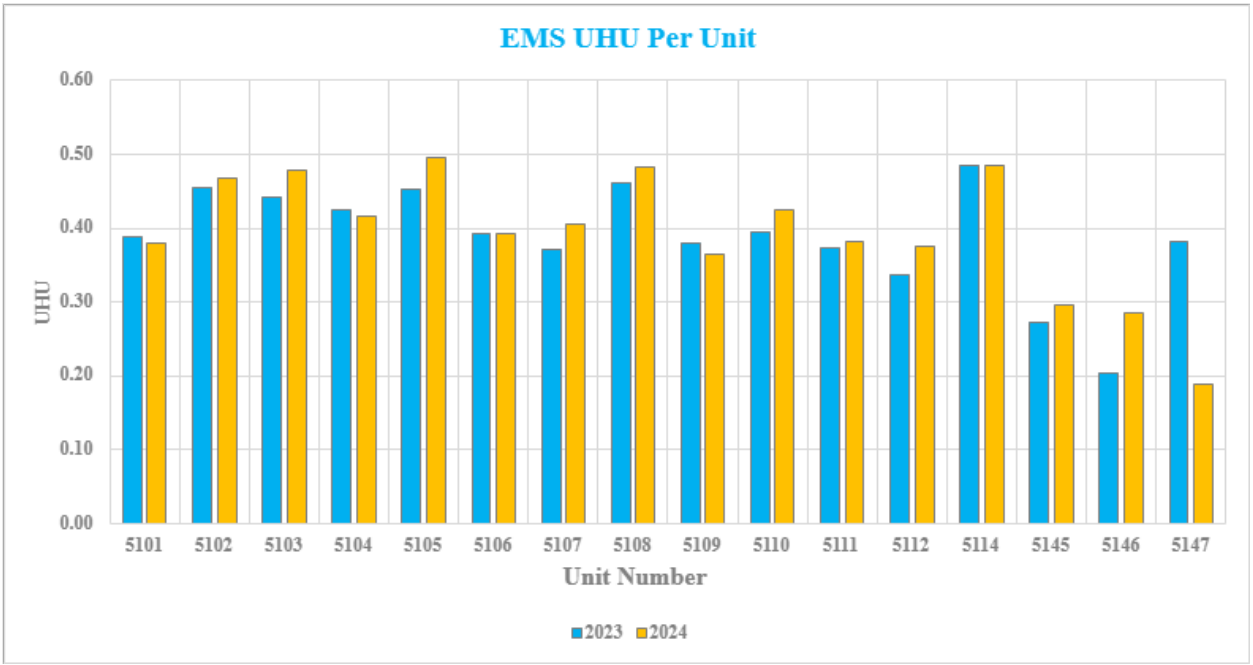
Graph 1
Average Number of Responses Per Day Per Unit
01/01/2023 – 09/30/2024



Source: EMS 2023 – 2024 CAD Data

UHU was calculated by the time that EMS units were listed as in the field. To do so, the last available time that the unit was listed, whether it be a Close Time, At Hospital Time, etc., was subtracted by the Dispatch Time. Then the auditors divided that by the number of hours that the unit was active, which, for the full year of 2023 was 8,760 hours, while for the scope of 2024 it was 6,552 hours. It was found that the average EMS unit had a UHU of 0.39 in both 2023 and 2024. On the utilization scale produced by JR Henry Consulting, Inc., 0.39 is within an "above average" range. The UHU for EMS medic units is shown in Graph 2.

Graph 2
EMS UHU Per Unit
01/01/2023 – 09/30/2024



Source: EMS 2023 – 2024 CAD Data

To test patient outcomes, a sample of emergency responses was selected to focus on codes for Heart 0 and Heart 1, since the unofficial standard that EMS uses for response times was created from a study related to heart issues. This sample included the five longest, five shortest, and ten closest response times to the eight-minute-and-59-second response times for E0 and E1 heart-related incidents in 2023 and through the end of September 2024. The auditors then requested and received 80 patient care reports from EMS with all confidential information redacted. Of the 80 sampled patient care reports, 100% indicated patient survival as of arrival at the hospital and without the response or transportation factors affecting care.

However, while testing patient outcomes, auditors noticed that many of the arrival times listed on the patient care reports from the high-response time portion of the sample did not match the times listed within the CAD data that the auditors had received from EMS. In further testing, it was found that 14 of the 20 high response times differed significantly between the patient care reports and the CAD data, as shown in Table 2.

Table 2
Time Difference Between CAD Data and Sampled High Time Patient Care Reports
01/01/2023 – 09/30/2024

Time Difference Between CAD Data and Patient Care Reports	
Case Number	**Time Difference Between CAD Data and Patient Reports (Minutes)**
230005144	-1
230007436	19
230009456	22
230010525	31
230020104	41
230021722	-1
230040737	24
230042545	0
230048800	0
230057888	30
240000371	35
240002841	26
240017902	42
240024909	-1
240025804	43
240027839	20
240028531	23
240031732	25
240033750	0
240044827	21

Source: 2023 – 2024 EMS CAD Data and Patient Care Reports

PBF

Auditors' initial data request to PBF outlined all response-time metrics provided to the other bureaus; however, PBF experienced some difficulties readily providing all of the information requested. With that said, auditors did eventually receive enough response-time data to perform a calculation of PBF response times against NFPA 1710 but were unable to test the larger range of metrics listed in NFPA 1710 due to the limitations in the data received and time.

PBF sent an Excel sheet broken down by the following columns: Incident Number, Date, 1st Arriving, Shift, Address of Accident, Alarm Time, Arrival Time, Cleared Time, and Total Time. The Excel sheet did not differentiate between different priorities. Auditors tested this data against NFPA 1710 to determine if the first unit responses were within four minutes. In 2023, the average time it took PBF first responders to reach the scene was four minutes and eight seconds. In 2024, it was three minutes and 56 seconds.

PBP

Since auditors were not provided with specific response-time standards from PBP and were also unable to identify a standard, the auditors tested the Pittsburgh PBP's response times to their prior year. PBP sent a comprehensive Excel sheet which included the Call Number, Dispatch Time, Enroute Time, OnScene Time, On View, Primary Unit Y/N, and much more. To conduct this test, responses that were cancelled enroute or were initiated by the officer were removed. Response times were also limited to the primary officer on scene and to priorities P0 and P1. The response times were calculated by running the formula OnScene Time minus Dispatch Time. The results of this test are shown in Table 3.

Table 3
PBP Response Time Results
01/01/2023 – 09/30/2024

PBP Response Time Testing (Minutes: Seconds)				
Year	**Average Response Time (P0)**	**Average Response Time (P1)**	**Median Response Time (P0)**	**Median Response Time (P1)**
2023	8:11	7:54	6:59	6:42
2024	8:15	8:19	7:07	7:01

Source: PBP 2023 – 2024 CAD Data

HIGH UTILIZER DATA RESULTS

During analysis of CAD data, auditors noted that some addresses received significant numbers of responses. Some of these addresses where, naturally, non-residential addresses, such as apartment complexes, businesses, or healthcare facilities, but some addresses were residences, indicating high utilizers. In order to determine the potential impact of high utilizers, a random sample was taken from Allegheny County CAD data of 100 addresses from each year that required between eighteen and two hundred first responders in either year. Auditors identified twelve separate residential addresses in both 2023 and 2024, 24 residential addresses altogether. These 24 residential addresses required 326 on-scene emergency visits in 2023 and 296 on-scene emergency visits in 2024, which was 7.4% and 9.3% of sampled responses respectively.

The auditors also ran a limited test of the twelve residential addresses in 2023 to see how many responses they required in 2024. It was found that, of those twelve unique addresses, nine saw a significant reduction in the number of responses. The average reduction was 12.75 responses per address and totaled a 46.9% reduction in emergency responses from 2023 to 2024.

CITY DOCUMENTATION OF WELLNESS EVENTS

Overall, Public Safety and its bureaus indicated that wellness events are generally not documented due to the confidential nature of the programs. The department is also unaware of any wellness standards that would apply to the City. With that said, auditors were able to gather some insights into the overall wellness strategy, along with specific records from PBP related to hosted events.

EMS

Auditors requested documentation (e.g., flyers and brochures from EMS related to wellness events and activities). EMS admin informed auditors that social events (e.g., cookouts) were conducted as part of wellness outreach efforts. However, no documentation of specific events was provided.

PBF

Auditors requested documentation (e.g., flyers and brochures) from PBF related to wellness events and activities. PBF administration indicated that wellness programs are handled by the Union and is unsure if documentation of events is available.

PBP

Auditors requested documentation (e.g., flyers or brochures) from the PBP related to wellness events and activities. Flyers for some of the events were submitted to auditors as documentation. Due to the confidential nature of these events, particularly peer support trainings, debriefings, and wellness briefings, PBP does not track individual attendance. However, a summary list of events was provided to the auditors to support program engagement. The list, which documented 15 events during the scope, included wellness conferences, internal briefings, and multiple PMAP-related activities, such as team meetings, and recruit and supervisor trainings. There were also attended specialized training sessions focused on peer support, active listening, and trauma in law enforcement. Additional engagement included academy debriefs, appreciation events, and online peer support training.

WELLNESS SURVEY RESULTS

Auditors created a survey link and requested that bureau chiefs distribute the link to a sample of Public Safety responders from each bureau. The survey did not request any personal information and blocked tracking of any origin, allowing the feedback to be provided anonymously. The distribution sample was based on units, each comprised of varying numbers of responder

personnel. The estimated total population of this sample was approximately 161. Following the distribution of the survey, 28 total responses were received representing 17% participation.

Table 4 below summarizes how many respondents indicated awareness and utilization of wellness programs and services.

Table 4
Overall Survey Results
Responder Awareness and Utilization

Bureau	Awareness				Utilization			
	Aware	%	Not Aware	%	Utilized	%	Not Utilized	%
EMS	5	17.9%	4	14.3%	1	3.6%	8	28.6%
PBF	7	25.0%	3	10.7%	5	17.9%	5	17.9%
PBP	6	21.4%	3	10.7%	1	3.6%	7	25.0%
Total # of Survey Respondents =		28						

Source: Survey responses received from bureaus

Table 5 below summarizes whether or not respondents feel as though their shift schedules allow for adequate rest and recovery and how significantly, if at all, fatigue affects their abilities to complete job duties.

Table 5
Overall Survey Results
Responder Feedback on Shift Scheduling and Fatigue

Bureau	Shift Scheduling				Fatigue			
	Allows	%	Does Not Allow	%	Extreme	%	Substantial	%
EMS	3	10.7%	6	21.4%	2	7.1%	3	10.7%
PBF	5	17.9%	5	17.9%	1	3.6%	1	3.6%
PBP	3	10.7%	6	21.4%	1	3.6%	0	0.0%
Total # of Survey Respondents =		28						

Source: Survey responses received from the bureaus

Of additional note, 25% (seven respondents) indicated being moderately affected by fatigue.

All survey questions given by the auditors can be viewed in Exhibit A.

EMS

The response rate among EMS employees was significantly low, with only nine of the 32 expected individuals completing the survey, resulting in a 28% participation rate. Only 56% of

respondents indicated any knowledge of available services. Of those five, just three were able to identify a specific program, while the remaining two simply responded "yes" without further detail. Only one respondent (11%) reported utilizing available wellness programs, while the remaining 89% had not. According to respondents' feedback, shift scheduling and fatigue were of concern, as 67% of respondents reported their shifts do not allow for adequate rest and recovery and 55% indicated that fatigue significantly impacts their ability to complete their job duties. These survey results are summarized in Table 6.

Table 6
EMS Overall Wellness Survey

EMS	Awareness		Utilization of services		Shift Scheduling		Fatigue	
	Aware	Not Aware	Utilized	Not Utilized	Allows	Does Not Allow	Significant	Moderate or None
	56.0%	44.0%	11.0%	89.0%	33.0%	67.0%	56.0%	44.0%

Source: Survey responses received from the bureaus

PBF

The response rate among PBF was significantly low with only 10 of the 64 expected individuals completing the survey, resulting in only a 16% participation rate. Of the 10 that participated, 70% indicated knowledge of any services available. Only 50% of the respondent's reported utilizing any of the available programs, which 50% had not. According to the responder's feedback, 50% indicated that their shift did not allow adequate rest or recovery, but only 10% indicated that fatigue significantly impacted their ability to complete their job duties. These results are summarized in Table 7.

Table 7
PBF Overall Wellness Survey

PBF	Awareness		Utilization of services		Shift Scheduling		Fatigue	
	Aware	Not Aware	Utilized	Not Utilized	Allows	Does Not Allow	Significant	Moderate or None
	70.0%	30.0%	50.0%	50.0%	50.0%	50.0%	20.0%	80.0%

Source: Survey responses received from the bureaus

PBP

The response rate among PBP was significantly low, with only nine of the 65 expected individuals completing the survey, resulting in only a 14% participation rate. Of the nine that participated, 67% indicated knowledge of any services available, 56% identified PMAP, while the remaining 11% simply responded with only "yes". Only 11% of the respondents indicated utilization of wellness services and programs, which 78% had not. One respondent "preferred not to respond." Scheduling and fatigue were of concern, as 67% of the respondents did not feel that

their shift allowed adequate rest and recovery but only 11% indicated that fatigue significantly impacted their ability to complete their job duties. These results are summarized in Table 8.

Table 8
PBP Overall Wellness Survey

PBP	Awareness		Utilization of services		Shift Scheduling		Fatigue	
	Aware	Not Aware	Utilized	Not Utilized	Allows	Does Not Allow	Significant	Moderate or None
	67.0%	33.0%	11.0%	78.0%	33.0%	67.0%	11.0%	89.0%

Source: Survey responses received from the bureaus

Please note that one respondent (11%) preferred not to answer whether or not services were utilized.

FINDINGS AND RECOMMENDATIONS

FINDING #1: EMS RESPONSE TIME

EMS indicated that its quality system is measured by five metrics: response times, patients' clinical outcomes, unit hour utilization, number of responses per unit per shift, and the welfare of the EMS providers; however, EMS does not track any of these quality metrics and only requests data when the auditors ask for it. The bureau provided a standard for only response times; therefore, auditors were not given standards or goals for the other four metrics.

Of the five metrics indicated by the bureau, auditors can provide statuses for response times, the number of responses per unit per shift, patient clinical outcomes, and UHU. Wellness is covered separately.

- EMS did not consistently meet the eight-minute-and-59-second response-time standard in 2023 and 2024, as summarized in the EMS response time analysis section. EMS response times also increased 9% from 2023 to 2024.

- In both 2023 and 2024, EMS units responded to an average of 12 calls per day. Unit 5114 consistently saw the highest call volume per day.

- Of a sample population of 80 patient care reports, EMS achieved a 100% survival rate.

- As shown in the analysis section, all EMS units are sufficiently utilized when evaluated by the metric provided by JR Henry Consulting, Inc. EMS' UHU is above average largely due to the high volume of calls that EMS deals with on a day-to-day basis, with some units seeing particularly high volume, such as unit 5114. Even with the high volume of calls, the overall UHU between units is fairly evenly spread.

In addition, auditors found that, among the sample of patient outcome forms, the response times for longer response times typically did not match what was recorded in the EMS CAD system. Of the 20 large response times sampled from 2023 to 2024, 14 had inconsistencies between the CAD time and the time listed on the patient outcomes forms. Auditors are unsure of what may have caused these inconsistencies. These potentially incorrect entries could have an impact on the accuracy on the calculation of EMS' response times.

RECOMMENDATION #1

1a: In order to observe trends in its operations, EMS may wish to perform tracking and analysis of the metrics it has adopted as part of its quality system.

1b: In order to assess its quality system, EMS should adopt clear benchmarks or goals for each of the metrics given to auditors. Of note, auditors identified the UHU scale created by JR Henry Consulting, Inc., but EMS should review this scale and determine if it fits the bureau's operations appropriately.

1c: If response-time calculations are not significantly affected by incorrect CAD data, EMS should continue to work to get the average response times within the established goal of eight minutes and 59 seconds.

1d: EMS should also investigate the cause of the discrepancies between the CAD data sent to auditors and the information indicated on the patient outcome forms.

FINDING #2: PBF RESPONSE TIME

As shown in the PBF response times analysis, the PBF were near or below NFPA 1710 for first unit response times and there was also an improvement of eight seconds in the average first unit response times between 2023 and 2024.

PBF may have experienced difficulty providing the data and information requested timely due to changes in its internal reporting system. The data eventually received contained enough information to assess first unit response times as reported above but still did not include all metrics originally requested. Therefore, auditors were unable to test the larger range of standards within NFPA 1710, including "turnout time", which is an NFPA standard of 80 seconds.

RECOMMENDATION #2

2a: PBF should continue to strengthen its understanding of its new reporting system so that future data requests can be addressed more readily.

FINDING #3: PBP RESPONSE TIME

As shown in the PBP response time analysis, the average response time and median response time for Police to P0 incidents increased by 4 seconds and 8 seconds, respectively, from 2023 to

2024. The average response time and median response time for Police to P1 incidents increased by 25 seconds and 19 seconds, respectively, from 2023 to 2024. The auditors do not know what caused the average and median response times to rise from 2023 to 2024; however, CAU informed auditors that Pittsburgh response times are faster than those of other comparable cities.

Auditors were unable to identify a national response-time standard for police, and the PBP has not established internal response-time goals on a bureau-wide or individual basis. In addition, the auditors were told that the PBP cannot track individual officer's performance because the County's CAD system only tracks vehicles and assignments, which could be assigned to different officers depending on shifts. The lack of individual tracking makes it very hard to establish and track individual performance for the PBP.

RECOMMENDATION #3

3a: PBP should look into what may have caused the average and median response times to rise from 2023 to 2024 and monitor if any action is needed to reduce them.

3b: PBP should consider establishing its own standard or threshold for average and median response times.

3c: PBP should continue to discuss options for individualized call signs with the County.

FINDING #4: HIGH UTILIZERS

Due to the limited sample of the High Utilizer analysis, the auditors are unable to completely determine the impact of high utilizers on the Department of Public Safety's response times. As part of the limited testing, the auditors did see that 12% of high utilizers were residential addresses and that those addresses made up 7.4% and 9.3% of responses for the samples of 2023 and 2024 respectively.

The auditors also found that nine of the twelve 2023 residential high utilizers saw a significant reduction in responder visits in 2024. The average reduction was found to be 12.75 responders per address and a total reduction of 46.9% of on-scene responses to those addresses. Due to the limited sample, auditors cannot speak to the total effect of PINS; however, 911 responder data indicated a notable reduction in on-scene responses to the specific residential addresses within the sample and implementation of PINS procedures could be a contributing factor.

RECOMMENDATION #4

No recommendation at this time.

FINDING #5: WELLNESS SURVEY

Auditors did not receive enough survey participation to suggest that the results are indicative of the responder population at large, and auditors are unsure why the participation level was notably low, although this could be due to the sensitive nature of the topic. Without participation,

administrators will have limited data and feedback with which to assess the status of wellness among City responders. However, of the responses received, the following results are of note:

- The percentages of respondents who indicated unawareness of wellness programs and services and no utilization was notable (i.e., 35.7% and 71.4% respectively). Of those who indicated unawareness, 32% indicated having been employed by the respective bureau for six or more years.

- The percentages of respondents who also indicated that their schedules did not allow for adequate rest and recovery and experience substantial or extreme fatigue that affects their abilities to do job duties was notable (60.7% and 14.3% respectively).

If employees are unaware of programs and services, those programs and services will not be utilized and will not have opportunity to contribute to stress and fatigue management.

RECOMMENDATION #5

5a: Although auditors ensured anonymity, responders may be more comfortable responding to surveys issued by Public Safety and/or the individual bureaus respectively. Therefore, Public Safety may wish to consider this approach as a means to encourage increased participation.

5b: Based on the results of this audit's survey, Public Safety should consider further coordination and evaluation with the bureaus to assess the state of wellness among responders and the strategy for communicating the availability of wellness programs and services.

ED GAINEY
MAYOR

LEE C. SCHMIDT
DIRECTOR

CITY OF PITTSBURGH
DEPARTMENT OF PUBLIC SAFETY
CITY-COUNTY BUILDING

August 12, 2025

Rachael Heisler, City Controller
Office of the City Controller
414 Grant Street
Pittsburgh, PA 15219

RE: Performance Audit: **Department of Public Safety, 911 Response Times and Wellness**

Dear Controller Heisler,

The City of Pittsburgh Department of Public Safety appreciates the detailed and systematic overview of each bureau's response times and wellness, conducted by your performance audit staff. We have reviewed the findings and recommendations found in the audit report and outlined a response for each. The Department of Public Safety is committed to improving the operational function of each bureau, while continuing to serve the citizens of the City of Pittsburgh.

RECOMMENDATION 1: EMS RESPONSE TIME

1a: In order to observe trends in its operations, EMS may wish to perform tracking and analysis of the metrics it has adopted as part of its quality system.

1b: In order to assess its quality system, EMS should adopt clear benchmarks or goals for each of the metrics given to auditors. Of note, auditors identified the UHU scale created by JR Henry Consulting, Inc., but EMS should review this scale and determine if it fits the bureau's operations appropriately.

1c: If response-time calculations are not significantly affected by incorrect CAD data, EMS should continue to work to get the average response times within the established goal of eight minutes and 59 seconds.

1d: EMS should also investigate the cause of the discrepancies between the CAD data sent to auditors and the information indicated on the patient outcome forms.

Auditee Response:

1a: As a remedy for this suggestion EMS has begun to utilize SAMSARA, a GPS tracking and asset management/maintenance system. SAMSARA should aid in decreasing response times and assist supervisors with managing the day to day operations of the bureau.

1b: EMS will begin to use a data driven approach to more evenly distribute call volume during peak emergency request times.

1c: A proactive approach will be taken to ensure that units are updating the county dispatcher of their status on calls, so the CAD time accurately reflects the unit's whereabouts or status.

1d: Remedial steps will be taken to ensure units inform dispatch of their status.

RECOMMENDATION 2: PBF RESPONSE TIME

2a: PBF should continue to strengthen its understanding of its new reporting system so that future data requests can be addressed more readily.

Auditee Response:

2a: Pittsburgh Bureau of Fire has begun implementing its new reporting software as of August 11,2025. This software will ensure data is readily accessible to its users and make reporting and documentation more straight forward for personnel. The software will create more opportunities for the Bureau of Fire to collect various types of data, which will allow the Bureau to make data driven decisions in the future.

RECOMMENDATION 3: PBP RESPONSE TIME

3a: PBP should look into what may have caused the average and median response times to rise from 2023 to 2024 and monitor if any action is needed to reduce them.

3b: PBP should consider establishing its own standard or threshold for average and median response times.

3c: PBP should continue to discuss options for individualized call signs with the County.

Auditee Response:

3a. The PBP's crime analysts will evaluate the data to determine what factors can be specifically attributed to this increase in time. If specific factors can be identified, we will act to mitigate them.

3b. PBP command will discuss and evaluate the feasibility of implementing a standard for response times.

3c. This project is on-going. The goal of the PBP is to find common ground with the county EOC to implement individualized call signs.

RECOMMENDATION 4: HIGH UTILIZERS

No recommendation at this time.

RECOMMENDATION 5: WELLNESS SURVEY

5a: Although auditors ensured anonymity, responders may be more comfortable responding to surveys issued by Public Safety and/or the individual bureaus respectively. Therefore, Public Safety may wish to consider this approach as a means to encourage increased participation.

5b: Based on the results of this audit's survey, Public Safety should consider further coordination and evaluation with the bureaus to assess the state of wellness among responders and the strategy for communicating the availability of wellness programs and services.

Auditee Response:

5a: The Department of Public Safety will consider using the Administrative Office of the department to administer future surveys.

5b: The Department of Public Safety bureau’s wellness personnel will coordinate/ meet to strategize how to keep personnel informed on available wellness resources in addition to discussing ways to assess the state of personnel.

The Department of Public Safety recognizes the importance of the audit findings and insight that was provided through recommendations. The Bureaus are committed to each response and will take the appropriate actions as detailed.

Sincerely,

Takeena White,

Assistant Director of Public Safety
Acting Director of Public Safety

APPENDIX

Exhibit A
Sample Wellness Awareness Survey

Department of Public Safety Wellness Survey

Disclaimer: Participation in this survey is anonymous. No personal information is requested or captured via the questions listed below or through submission of this electronic survey. Please do not provide any personally identifiable information in any responses. We greatly appreciate your participation.

* Required

1. What bureau are you employed by? *

- ◯ Emergency Medical Service
- ◯ Bureau of Fire
- ◯ Bureau Police

2. How long have you been employed by the bureau? *

- ◯ Less Than 1 year
- ◯ 1-5 Years
- ◯ 6-10 Years
- ◯ 11 or More Years

3. Are you aware of wellness programs, services, and applications available to City responders? If so, please name the wellness programs, services, or applications you are aware of? *

4. Have you utilized wellness programs, services, and applications available to City responders? *

- ◯ Yes
- ◯ No
- ◯ Prefer Not To Answer

Exhibit A Cont'd

5. Overall, how satisfied are you with your current wellness programs, services, and applications? *

- ◯ Extremely satisfied
- ◯ Somewhat satisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Somewhat dissatisfied
- ◯ Extremely dissatisfied
- ◯ Not Aware

6. In regard to wellness programs, which entity would you be most comfortable working with? *

- ◯ The City of Pittsburgh
- ◯ Your Respective Union
- ◯ A Private Organization

7. Do you feel as though your work schedule and shifts allow adequate time for rest and recovery? *

- ◯ Yes
- ◯ No

8. To what extent, if any, does fatigue affect your ability to complete your job duties? *

- ◯ Extremely
- ◯ Substantially
- ◯ Moderately
- ◯ Slightly
- ◯ Not at all

9. Do you have any suggestions on how to further improve the awareness and/or quality of wellness programs, services, and applications available to City responders?