

HOTRAC Regional Air Medical Performance Improvement Indicators

(completed for scene calls only)

1st Quarter
Jan-Feb-Mar

2nd Quarter
Apr-May-June

3rd Quarter
Jul-Aug-Sept

4th Quarter

Provider: **AEL**

CareFlite

PHI

Person Submitting Report: _____ Email/Phone#: _____

- Total # of calls where air medical was auto-launched or placed on standby for:
"Code STEMI": _____ "Code Stroke": _____ Other: _____
- Total # of "Code Stroke" patients that went straight to CT: _____ That did not: _____
- Total # of CPR: _____ Traditional CPR: _____ Compression Only: _____ ROSC: _____
- Total # of "Code STEMI" patients pre-activated cath lab: _____
- Total # of tourniquets utilized: _____ # administered by first responders: _____ Police: _____ EMS: _____
Bystanders: _____ Other (specify): _____
- Total # of patients transported to outside of TSA M (by air provider): _____

Date:	Facility transferred to:	Age of patient:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Reason why?				
<input type="checkbox"/> Coverage or Specialty Care:				
<input type="checkbox"/> Ortho <input type="checkbox"/> Neuro Surgery <input type="checkbox"/> Burn <input type="checkbox"/> Pediatric <input type="checkbox"/> Other (please specify): _____				
<input type="checkbox"/> Closer Appropriate Higher Level of Care - <input type="checkbox"/> Level I Trauma <input type="checkbox"/> CSC <input type="checkbox"/> Level IV Perinatal				
<input type="checkbox"/> Weather conditions				
<input type="checkbox"/> Patient Choice. Please explain: _____				
<input type="checkbox"/> Family transported to alternate facility				

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If additional space needed, please use another sheet.

Provide any helipad issues during the month of the report.

Other issues for review.