HOTRAC Regional Air Medical Performance Improvement Indicators (add page)

Date: Facility transferred to: Age of patient: Male ☐ Female ☐

Reason why?

☐ Coverage or Specialty Care:
☐ Ortho ☐ Neuro Surgery ☐ Burn ☐ Pediatric ☐ Other (please specify): ______________
☐ Closer Appropriate Higher Level of Care - ☐ Level I Trauma ☐ CSC ☐ Level IV Perinatal
☐ Weather conditions
☐ Patient Choice. Please explain: ____________________________
☐ Family transported to alternate facility

Date: Facility transferred to: Age of patient: ☐ Male ☐ Female

Reason why?

☐ Coverage or Specialty Care:
☐ Ortho ☐ Neuro Surgery ☐ Burn ☐ Pediatric ☐ Other (please specify): ______________
☐ Closer Appropriate Higher Level of Care - ☐ Level I Trauma ☐ CSC ☐ Level IV Perinatal
☐ Weather conditions
☐ Patient Choice. Please explain: ____________________________
☐ Family transported to alternate facility

Date: Facility transferred to: Age of patient: ☐ Male ☐ Female

Reason why?

☐ Coverage or Specialty Care:
☐ Ortho ☐ Neuro Surgery ☐ Burn ☐ Pediatric ☐ Other (please specify): ______________
☐ Closer Appropriate Higher Level of Care - ☐ Level I Trauma ☐ CSC ☐ Level IV Perinatal
☐ Weather conditions
☐ Patient Choice. Please explain: ____________________________
☐ Family transported to alternate facility

Date: Facility transferred to: Age of patient: ☐ Male ☐ Female

Reason why?

☐ Coverage or Specialty Care:
☐ Ortho ☐ Neuro Surgery ☐ Burn ☐ Pediatric ☐ Other (please specify): ______________
☐ Closer Appropriate Higher Level of Care - ☐ Level I Trauma ☐ CSC ☐ Level IV Perinatal
☐ Weather conditions
☐ Patient Choice. Please explain: ____________________________
☐ Family transported to alternate facility

Date: Facility transferred to: Age of patient: ☐ Male ☐ Female

Reason why?

☐ Coverage or Specialty Care:
☐ Ortho ☐ Neuro Surgery ☐ Burn ☐ Pediatric ☐ Other (please specify): ______________
☐ Closer Appropriate Higher Level of Care - ☐ Level I Trauma ☐ CSC ☐ Level IV Perinatal
☐ Weather conditions
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