

HOTRAC Regional Cardiac Performance Improvement Indicators

Facility: _____ Name of person completing form: _____

Chart Number: _____ Admit date: _____ Discharge date: _____

Patient Age: _____ Male Female

Race/Ethnicity: Caucasian (non-Hispanic) Hispanic African American American Indian Asian Native Pacific Islander

Mode of Arrival: Ground: _____ Air: _____ POV Other: _____

PERFORMANCE IMPROVEMENT FILTER	YES	NO	N/A	COMMENTS
1. Was STEMI patient transferred to PCI Center in less than 30 minutes?				If not, how long? & why?
2. Was 'lytics' considered if STEMI was not transferred within 90 minutes?				If not, why? <input type="checkbox"/> not indicated <input type="checkbox"/> cardiology consult <input type="checkbox"/> other: _____
3. Was a Code STEMI (pre-activation of cath team) called in by EMS?				Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> If no, why?
4. Was a 12-lead sent by EMS AND received by facility?				
6. Was patient transferred to a facility OUTSIDE of TSA-M? <input type="checkbox"/> under 18 y/o <input type="checkbox"/> over 18 y/o				If so, where? & why?
7. Was patient transferred INTO TSA-M? <input type="checkbox"/> under 18 y/o <input type="checkbox"/> over 18 y/o				If so, from where?
8. Was STEMI patient's FMC to PCI less than 90 minutes?				If over, why? <input type="checkbox"/> delayed transfer <input type="checkbox"/> No primary PCI indicated <input type="checkbox"/> Other: _____
9. Was "loop closure" received from PCI Facility?				
10. Was CPR initiated on patient?				If yes, by whom? <input type="checkbox"/> Bystander <input type="checkbox"/> EMS <input type="checkbox"/> ED Staff <input type="checkbox"/> Inpatient Staff <input type="checkbox"/> Other: _____
11. If CPR was initiated, was ROSC (return of spontaneous circulation) achieved?				
11. Did patient die?				
12. Disposition?				<input type="checkbox"/> Home <input type="checkbox"/> NH/LTAC <input type="checkbox"/> Hospice <input type="checkbox"/> Transfer Out <input type="checkbox"/> Expired <input type="checkbox"/> Other: _____
13. Insurance Status?				<input type="checkbox"/> Insured <input type="checkbox"/> Not insured <input type="checkbox"/> Not recorded
14. Other issues for review.				

Cardiac Coordinator signature: _____