

## HOTRAC Regional EMS Performance Improvement Indicators

Provider: \_\_\_\_\_ Run#: \_\_\_\_\_ Name of person completing form: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Patient Age: \_\_\_\_\_  Male  Female

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

MOI: \_\_\_\_\_

Patient Injuries/Illness: \_\_\_\_\_

PERFORMANCE IMPROVEMENT FILTER	YES	NO	NA	Per Protocols	COMMENTS
1. Was air medical auto-launched or on standby for Code Stroke, Code STEMI, or Cat A Trauma?					Which service?
2. If a possible stroke patient, was a CODE STROKE called based on stroke scale?					What was stroke scale score? Was LVO Scale administered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If a CODE STROKE was utilized, did patient go straight to CT?					If not, which facility?
4. Was a Category A or B trauma patient transported to: <input type="checkbox"/> Level IV <input type="checkbox"/> non-designated facility					Where: _____ Why?
5. Was Cat A or B trauma patient greater than sixty-four (64) years transferred to: <input type="checkbox"/> Level IV <input type="checkbox"/> non-designated facility					Where: _____ Why?
6. Was a mental health emergency detention order (EDO) issued & EMS transported patient?					By whom? Did they accompany the patient?
7. Was CPR issued <u>prior</u> to EMS arrival?					<input type="checkbox"/> CPR <input type="checkbox"/> Hands Only <input type="checkbox"/> DOA
8. If CPR, was ROSC obtained?					
9. If a CODE STEMI was utilized, was cath lab pre-activated?					If so, which facility? _____
10. Was 12-lead transmitted to and received by PCI Center for the Code STEMI?					If not, why? <input type="checkbox"/> error <input type="checkbox"/> IT issue <input type="checkbox"/> BLS/ALS crew <input type="checkbox"/> other: _____
11. Was a tourniquet utilized?					Administered by: <input type="checkbox"/> first responder <input type="checkbox"/> police <input type="checkbox"/> EMS <input type="checkbox"/> bystander <input type="checkbox"/> other: _____
12. Other issues to be reviewed.					

Reviewer signature: \_\_\_\_\_