

HOTRAC Regional PI Instruction Sheet

Below is clarification on what should be entered on the HOTRAC Regional PI Spreadsheet. Should you have any questions regarding completion of a HOTRAC regional PI form, please contact HOTRAC Staff for guidance.

Entity: enter the name of the facility providing PI

Name of person completing form: enter the name of actual person completing the sheet.

PI Type: enter the type of PI (behavioral health, cardiac, EMS, maternal, NICU, stroke, trauma)

Patient Number: enter the chart or medical records number so the RAC can contact you about the case for questions.

DOS (date of service): enter the date the patient was seen.

Patient Age: enter the patient's age.

Gender: enter male or female

ED LOS: enter length of time in hours & minutes (HH:MM) the BH patient is in the emergency department.

EDO: Is the BH patient on EDO? Enter yes or no.

Zip Code: enter the zip code of the BH patient.

Insurance: Does the BH patient have insurance?

MOI: enter the patient's mechanism of injury

Complaint/Diagnosis: enter the patient's actual injuries and/or diagnosis.

Mode of Arrival to Hospital: enter POV, LE agency, EMS agency, etc.

Submersion: enter yes if patient was a fatal/non-fatal submersion; otherwise enter no

TBI/SPI: enter yes if patient was a TBI/SPI; otherwise enter no

Death: Did the patient die? Enter yes or no.

Transferred or Transported? Was the patient transferred to another facility or transported to a facility? Enter yes if so; otherwise enter no

Where? Enter the name of the facility the patient was transferred or transported to

Why? Enter the **specific** reason why that facility was chosen.

Disposition: BH only – did the patient leave AMA, transfer to facility, discharged, etc.

Follow-up Received: if you received follow-up on the patient enter yes; otherwise enter no

DIDO (door in/door out): enter the total time in hours & minutes (HH:MM) from patient arrival to transfer out.

Door to Balloon at PCI Center: enter the total time in hours & minutes (HH:MM) from patient arrival to device.

FMC to Balloon: enter the total time in hours & minutes (HH:MM) from face-to-face with patient to device.

Lytics given: if lytics were given then enter yes; otherwise enter no

Birth Outside of Hospital: enter yes if the baby was born at home, in parking lot, in ambulance, in a birthing center, etc.; otherwise enter no

Race/Ethnicity: only needs to be entered for maternal or baby.

Quantitative Blood Loss (QBL): for mothers only - enter if greater than 1000 or less than 1000.

Greater than 4 units: enter yes if the mother received greater than 4 units; otherwise, enter no

Was Code Stroke called by EMS prior to arrival: if the EMS agency called a "Code Stroke" before arriving at facility enter yes; otherwise, enter no

Was LVO scale completed by ED or EMS? If the EMS/ED did then enter ED – yes or EMS - yes; otherwise enter no.

Level of Stroke: enter Level A, B, or C

Type of Stroke: enter ischemic, ICH, SAH, or TIA

Last known well: enter the total time in hours & minutes (HH:MM)

Transfer for Code Stroke (Level A) less than 1 hour: enter yes if less than 1 hour; otherwise enter no. If greater than 1 hour enter the reason in the last column of sheet (AT).

Alteplase administered: enter yes if patient given alteplase; otherwise enter no

If no, why not administer: If the stroke patient was in the time window for alteplase and it was not given, please provide a **specific** reason.

Admit/taken to Level IV: If a facility is a Level IV or non-designated and admits a trauma patient, then enter yes; otherwise enter no. If an EMS agency transports a trauma patient to a Level IV or non-designated, then enter yes; otherwise enter no.

Where? Enter where the trauma patient was admitted or transported.

Why? Enter the **specific** reason for why the trauma patient was transferred or transported to a Level IV or non-designated.

Trauma Category A out under one hour: If the Category A trauma patient leave in under 1 hour, then enter yes; otherwise, enter no.

Trauma Category B out under 2 hours: If the Category B trauma patient leave in under 1 hour, then enter yes; otherwise, enter no.

Tourniquet Used: was a tourniquet applied to the trauma patient, if so, enter yes; otherwise enter no.

Applied tourniquet in correct manner: If a tourniquet was applied, did the ER or Trauma physician note it was applied correctly then enter yes; otherwise, enter no.

Who applied: Enter who applied the tourniquet, bystander, EMS, law enforcement, etc.

Use Column AT to enter any notes on the patient that the RAC should know.