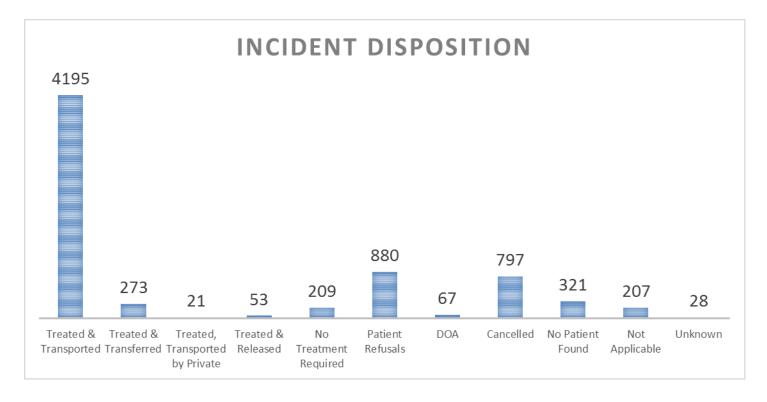


# **REMS Council Quality Improvement Committee** Incident Disposition Summary *FY2016 Quarter 1 (July - September, 2015)*

1. Total number of reports filed (as reported)<sup>i</sup>: 7136

2. Total number of reports reviewed (as reported): 3796



#### 3. Incident Disposition:

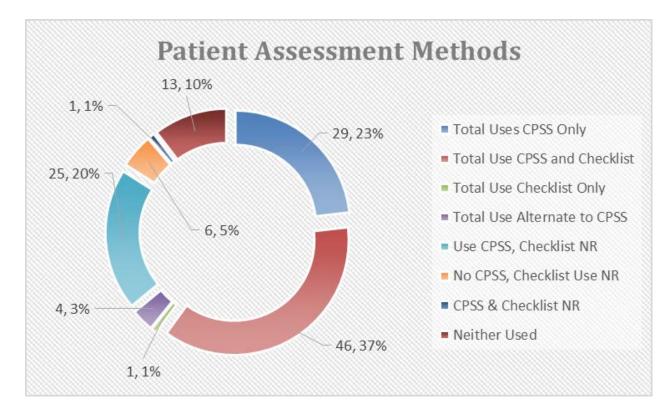
- a. Treated & Transported: 4195
- b. Treated & Transferred: 273
- c. Treated, Transported Private:21
- d. Treated & Released: 53
- e. No Treatment Required: 209
- f. Patient Refusal: 880

g.	Dead on Scene:	67
h.	Cancelled:	797
i.	No Patient Found:	321
j.	Not Applicable:	207
k.	Unknown:	28

<sup>i</sup> This, of course, does not include non-compliant agencies and agencies which failed to complete this section of the data form.



REMS Council Quality Improvement Committee Medical Indicator Summary and Report FY2015 Quarter 4 – FY2016 Quarter 1 (April – Sept., 2015)



## AMS / Stroke Assessment & CPSS Use Survey: Assessment

Stroke Call /	Patient Assessment Breakdown

1.	Total Stroke Calls:	127
2.	Total Stroke Alerts:	66
2.	Total Uses of CPSS:	100
3.	Total Uses of Checklist:	47
4.	Total Uses of Alternate Measurement:	4

The "Alternate Measurements" were the Face Arms Speech Time (FAST) assessment and the Chinese Ischemic Stroke Subclassification (CISS).



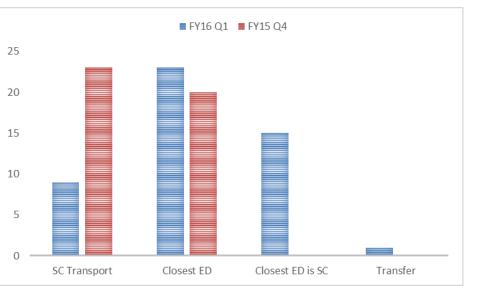
Medical Indicator Summary and Report FY2015 Quarter 4 – FY2016 Quarter 1 (April – Sept., 2015)

## AMS / Stroke Assessment & CPSS Use Survey: Transport

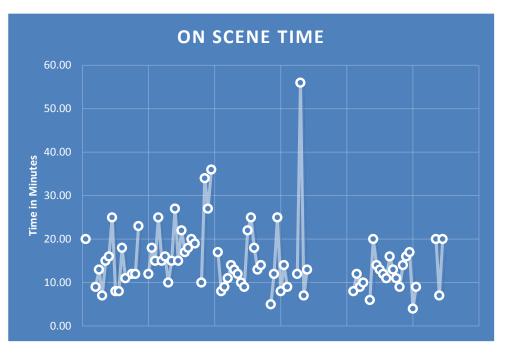
#### 1. Total Reported Stroke Cases 127

 Destination Totals: Designated Stroke Center 32 Closest ED 43 Closest ED is Stroke Center 15 Transfer 1

During the 4<sup>th</sup> Quarter survey, agencies did not specify whether or not the closest ED was a designated Stroke Center. Therefore, there are no numbers for that category included from FY15.



# AMS / Stroke Assessment & CPSS Use Survey: Time



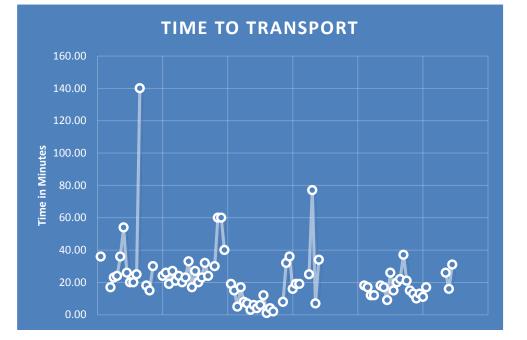
#### **On-Scene Time (in minutes)**

15.47
13
14

The average on-scene time is slightly inflated by three events: one case with 20 minutes on scene due to delayed entry; one with 20 minutes on scene due to an initially negative CPSS result; and one with 56 minutes due to medic unit becoming stuck, requiring another to be sent.



Medical Indicator Summary and Report FY2015 Quarter 4 – FY2016 Quarter 1 (April – Sept., 2015)

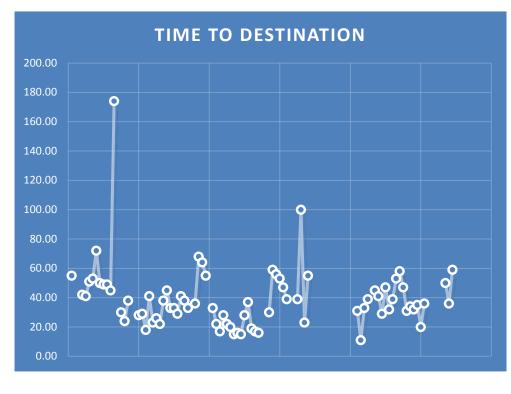


#### Time to Transport (mins)

Average	21.85
Mode	20
Median	20

#### **Time to Destination**

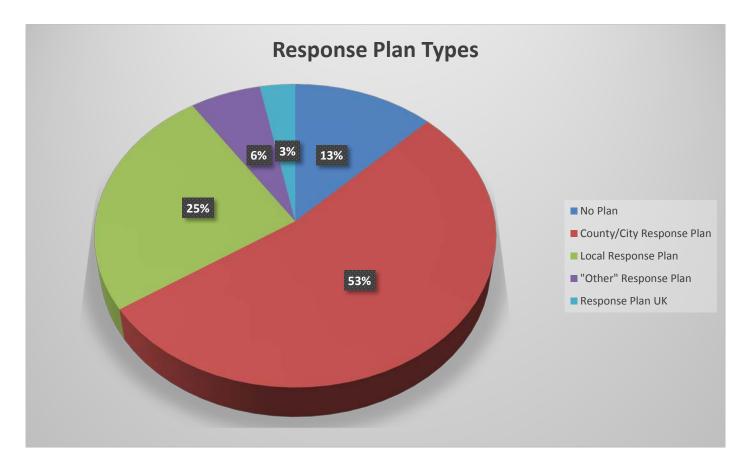
Average38.01Mode33Median36The average time to destinationis inflated by some 40+ minutetimes due to transport from ruralareas as well as the exceptionslisted in the section regarding on-scene time. No agency reported apatient transfer.





# **REMS Council Quality Improvement Committee** System Indicator Summary and Report *FY2016 Quarter 1 (July – September, 2015)*

## EMS Response Plan / Responding Time Standard Survey



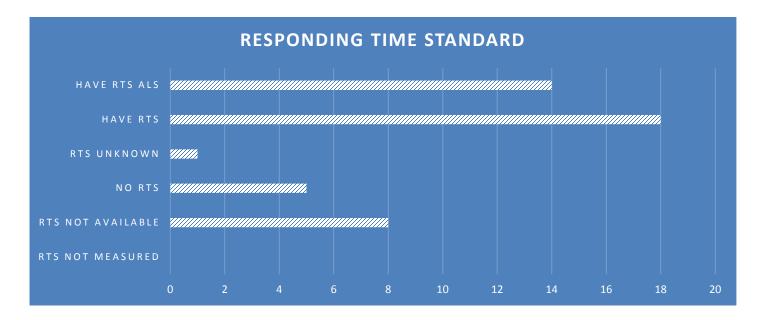
#### EMS Response Plan:

Total Respondants	32
No Response Plan	4
County/City Response Plan	17
Local Response Plan	8
"Other" Response Plan	2
Response Plan "Unknown"	1



# **REMS Council Quality Improvement Committee** System Indicator Summary and Report *FY2016 Quarter 1 (July – September, 2015)*

## **Responding Time Standard**

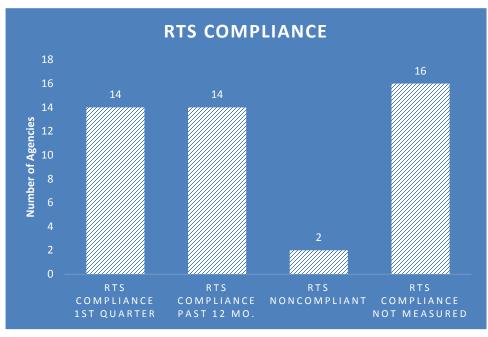


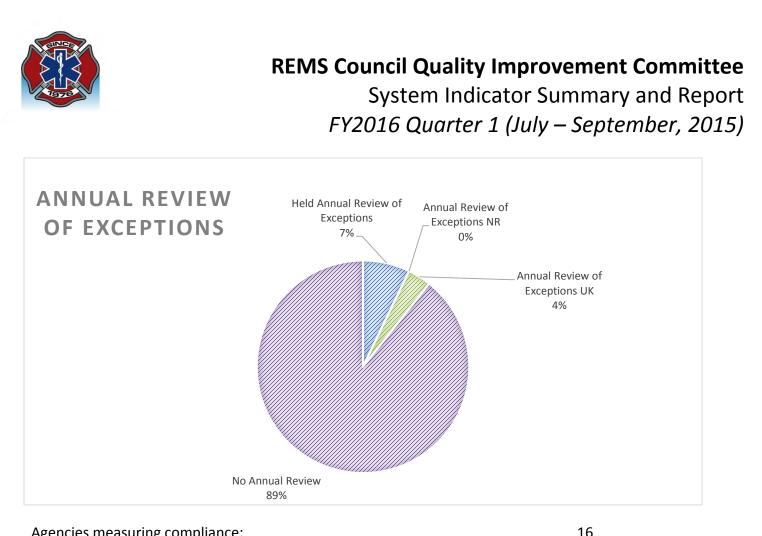
Total Agency Response:	32
Total Agencies with RTS:	18
Total Agencies with Different ALS & BLS RTS:	7
Total Agencies Listing RTS NA:	8
Total Agencies Without RTS:	5
Total Listed "Unknown":	1

A number of agencies listed their Responding Time Standard as "Not Available." This may be due to staff error—there was space to specify an RTS on the Word format form, but not the PDF. Agencies completing the PDF form were contacted regarding their RTS. That data was included. Agencies that did not specify an RTS, but did specify that they do NOT have a written response

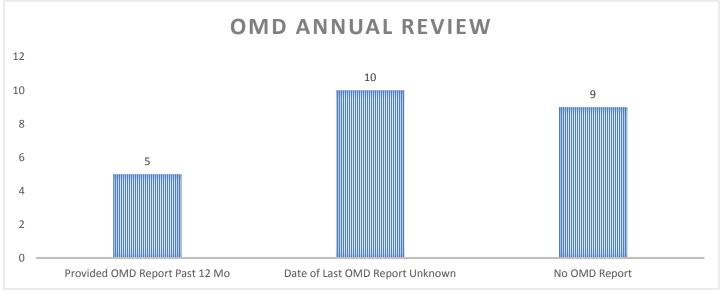
plan were included in the number of agencies without an RTS rather than with the "Not Available" category, even if the agency form said "NA".

While a total of 18 agencies reported a specific responding time standard, only 16 indicated that compliance with the RTS was consistently measured. Overall, a 92% compliance rate was reported, with a total of 5963 calls reviewed.





Agencies measuring compliance:	16
Agencies measuring compliance, but not performing annual review of exceptions:	13
Agencies that have provided their OMD with an annual review in the last 12 mo	5
Agencies that report the date of last review is "unknown" or date is unreported	11



Some agencies indicated that their annual inspection served as an annual OMD report, so these numbers do not necessarily indicate a review of exceptions was provided. Agencies that did not specify a date, but did not indicate "unknown" or "no" were included as "unreported."

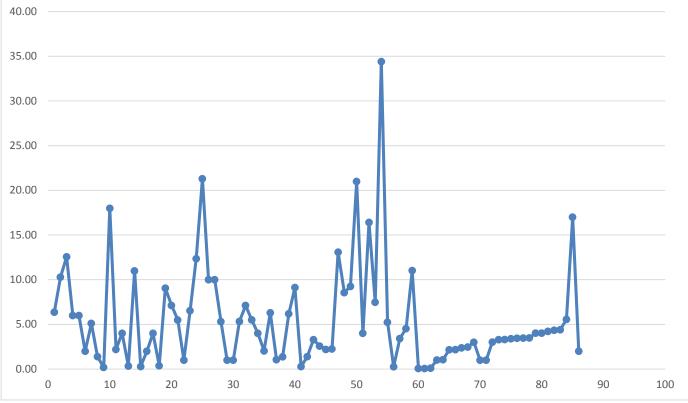


# **REMS Council Quality Improvement Committee** System Indicator Summary and Report *FY2016 Quarter 1 (July – September, 2015)*

3

## **Responding Time Standard: Exceptions**

- 1. Number of agencies reporting exceptions:
- 2. Exceptions by Level of Care:
  - a. ALS: 41
  - b. BLS: 45
- 3. Average Time (in minutes) Responding Time Standard exceeded: 5
- 4. Mode Time (in minutes) Responding Time Standard exceeded: 1



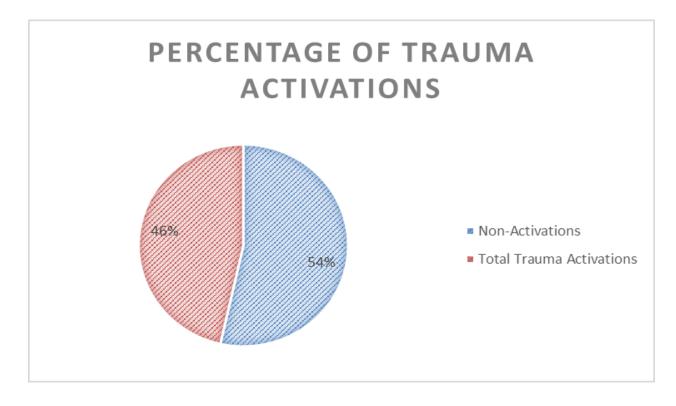
The above chart depicts all reported exceptions to RTS compliance reported to REMS.



Trauma Indicator Data Analysis FY2016 Quarter 1 (July - September, 2015)

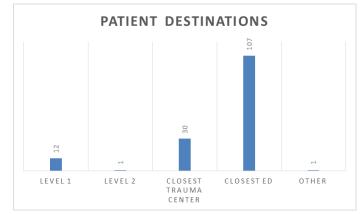
#### **Trauma Triage Protocols and Trauma Activation Assessments**

- 1. Total Trauma Calls Reviewed: 325
- 2. Total Trauma Activations: 151



#### 3. Patient Destinations:

- a. Level 1 Trauma Center: 12
- b. Level 2 Trauma Center: 1
- c. Closest Trauma Center: 30
- d. Closest ED:
- e. Other:



Calls listed as "Other" for destination included agencies who listed in the comments that the hospital was either patient or family choice or the patient was transferred.

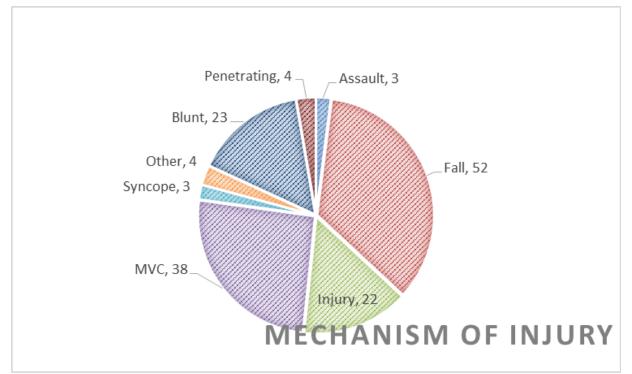
107

1



Trauma Indicator Data Analysis FY2016 Quarter 1 (July - September, 2015)

4. Mechanism of Injury:



5. Trauma Activation Criteria:

