



EMS COUNCIL INC.

Rappahannock EMS Council, Inc.
Quality Indicators, 4th Quarter FY2015 (April – May – June)

PLEASE READ INSTRUCTIONS CAREFULLY

Agency Name:
Agency Number:
Total Cases Reviewed:
QA Representative:
Contact E-mail:

If you did not review any reports relevant to the particular question please fill in “O”—do not leave these spaces blank or enter “N/A”. If specific data about a call is requested in one of these sections and was not reported in the report you are reviewing, please fill in “NR.” Thank you!

FY15 Q4 Trauma Indicator

	4 th Quarter 2015
Out of total reports reviewed, how many were trauma calls?	

This quarter’s indicator is an assessment of the use of Trauma Triage Protocols and Trauma Activation Assessments in the REMS region. The purpose of this study is to provide a regional assessment of the utilization and effectiveness of the REMS Trauma Triage Plan.

Chart Instructions / Clarification	
Incident/Patient ID	Number assigned to specific incident relevant to this indicator
Mechanism of Injury	Category for how injury occurred
Destination Choice	Answer options are limited to: <i>Level 1 Trauma Center, Level 2 Trauma Center, Closest Trauma Center, Closest Emergency Department, or Other</i> . If Other is chosen, please explain in the comments.
Trauma Activation	Criteria used to make determination.
Comments	Clarifying information. If possible, please include specific criteria identified in the Field Triage Decision Scheme.

Please continue onto the next page



EMS COUNCIL INC.

Rappahannock EMS Council, Inc.
 Quality Indicators, 4th Quarter FY2015 (April – May – June)

FY15 Q4 Medical Indicator

This quarter's Medical Indicator asks about AMS/Stroke Assessment and the utilization of Cincinnati Stroke Scale. This is a regional assessment of the utilization and effectiveness of the REMS Regional Stroke Triage Plan.

Chart Instructions / Clarification	
Incident/Patient ID	Number assigned to specific incident relevant to this indicator
Stroke Alert Identified?	Was the patient specifically identified for Stroke Alert? <i>Y or N</i>
Destination Decision	Choices include <i>Designated Stroke Center</i> or <i>Closest Emergency Department</i> . If the closest ED also happened to be a Designated Stroke Center, choose Designated Stroke Center.
Cincinnati Pre-Hospital Stroke Scale Utilized?	Were the results of the CPSS documented? <i>Y or N</i> –if possible, include relevant positive CPSS findings in the comments.
EMS Stroke Alert Checklist Utilized?	<i>Y or N</i> –if possible, include in the comments the criteria used for stroke alert.
Total On-Scene Time	Time from arrival until initiation of transport.
Total Time to Transport	Time from dispatch until patient transport initiated. If patient was transferred to another agency, please measure transport time up to that point.
Total Time to Destination	Total time from dispatch until patient reached destination. If patient was transferred, please enter TRANSFER in this field.

Please continue onto the next page



EMS COUNCIL INC.

Rappahannock EMS Council, Inc.
Quality Indicators, 4th Quarter FY2015 (April – May – June)

FY15 Q4 System Indicator

This quarter's System Indicator asks about response time and agency Local EMS Response plans. THIS IS NOT AN ATTEMPT TO ENFORCE OEMS REGULATIONS. The intent behind these questions is to provide a regional assessment of agency EMS response plans with respect to establish responding interval standards and to determine if any improvements can be identified or trends can be established.

Chart Instructions / Clarification	
Incident/Patient ID	Specific incident number.
Type of Call	Standard listing for call type.
Level of Care Provided	<i>BLS, ALS, N/A</i>
Responding Time Measured	Elapsed time from when the call was received to when appropriate EMS unit is on scene.
Total Minutes Exceeded	Difference between measured responding time and designated Responding Time Standard*.
Patient Disposition	Result of incident: <i>no patient, no transport, patient transported, patient transferred, etc.</i>
Comments / Circumstances	Additional information relevant to the assessment of response time in this particular incident. E.g., multiple calls, equipment failures, weather, or any other factors that may impact response time.

***Responding Time Standard" refers to a time, in minutes, established by the agency, the locality, and the OMD in which the agency will respond with 90% or greater reliability.*

Local EMS Response Plan Survey				
Does your agency have a written EMS Response Plan?	No	Yes – Local Plan	Yes – County/City Plan	Yes – Other (please specify)
Is the plan available for review?	No	Yes		
List agency's established Responding Time Standard (minutes)	No Interval established		Not Available	
Has your agency met 90% compliance with this standard for the fourth quarter?	No	Yes	Not Measured	
Has your agency met 90% compliance with this standard for the last 12 months?	No	Yes	Not Measured	
Total number of calls assessed				
Total number of calls responding time interval was met				
Has your agency documented an annual review of exceptions?	No	Yes		
When was the last annual review provided to agency OMD? (date)				

Please continue on to the next page

