EMS COUNCIL INC.
PLEASE LIST TRAUMA ACTIVATIONS ONLY - CHECK ONLY ONE CRITERIA BOX UNDER TRAUMA ACTIVATION

| Mechanism of Injury (MOI) | Destination Choice | Field Triage Decision Item Used (Trauma Activation) |  |  |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Vital Signs/LOC | Anatomy of Injury | Mechanism/ High Energy Impact | Special Patient/System Consideration |  |
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EMS COUNCIL INC.
PLEASE LIST TRAUMA ACTIVATIONS ONLY - CHECK ONLY ONE CRITERIA BOX UNDER TRAUMA ACTIVATION

| Mechanism of Injury (MOI) | Destination Choice | Field Triage Decision Item Used (Trauma Activation) |  |  |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Vital Signs/LOC | Anatomy of Injury | Mechanism/ <br> High Energy Impact | Special Patient/System Consideration |  |
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Agency Name:
Rappahannock EMS Council, Inc.
Quality Indicators, $1^{\text {st }}$ Quarter FY2016 (July - Aug- Sept)
Medical Indicator: AMS/Stroke Assessment \& Utilization of CPSS - please use additional pages if necessary

| Stroke <br> Alert <br> Identified by Medical Control? | Destination Decision | CPSS documented? | EMS Stroke Alert Checklist utilized? | Total On Scene Time | Total Time To Transport | Total Time To Destination | Comments |
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Agency Name:
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Quality Indicators, $1^{\text {st }}$ Quarter FY2016 (July - Aug- Sept)
Medical Indicator: AMS/Stroke Assessment \& Utilization of CPSS - please use additional pages if necessary

| Stroke Alert Identified by Medical Control? | Destination Decision | CPSS documented? | EMS Stroke <br> Alert Checklist utilized? | Total On Scene Time | Total Time To Transport | Total Time To Destination | Comments |
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System Indicator: RTS Exceptions Anaylsis - please continue on an additional page if needed.


Please include calls where RTS was exceeded only.

| Incident Date | Chief Complaint | Level of Care | Responding Time Measured | Total Minutes Exceeded | Patient Disposition | Comments |
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System Indicator: RTS Exceptions Anaylsis - please continue on an additional page if needed.


Please include calls where RTS was exceeded only.

| Incident Date | Chief Complaint | Level of Care | Responding Time Measured | Total Minutes Exceeded | Patient Disposition | Comments |
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