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## BRAZOS VALLEY RAC SYSTEMS QI TRACKING FORM

General Information		
Facility/Agency:	Person Completing Form:	
Chart #:	Adm. Date:            /        /	Discharge Date:            /        /
MOI (trauma only):	Patient Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Hospital Trauma Indicators (report fall-outs only)		
Deaths (excluding DOA & CPR in prog.)	Yes / No / Unk	Comments:
Transfer/Transport out of TSA "N"	Yes / No / Unk	Comments:
Transfers >2hrs for Major Trauma	Yes / No / Unk	Comments:
High potential to cause harm to patients, personnel, or bystanders due to any system issue (time delay for admittance, etc...)	Yes / No / Unk	Comments:
EMS Trauma Indicators (report fall-outs only)		
Air services activated from scene	Yes / No / Unk	Comments:
Changed planned destination due to hospital diversion	Yes / No / Unk	Comments:
Field patient transported outside of TSN "N"	Yes / No / Unk	Comments:
Regional Project Tracking (report all patients)		
<b>STEMI</b>	<b>[EMS]</b> STEMI protocol activated	Yes / No / Unk
	EMS Contact to Needle < 30 min or Balloon < 90 min?	Yes / No / Unk
	EMS Advanced ED Notification >10 min PTA?	Yes / No / Unk
	Correct EMS field activation of STEMI system?	Yes / No / Unk
	ED Door to Balloon < 90 Min?	Yes / No / Unk
	Patient transferred/transported out of TSA "N"?	Yes / No / Unk
<b>CVA</b>	<b>[EMS]</b> CVA protocol activated	Yes / No / Unk
	Patient transported to appropriate facility per RAC guidelines?	Yes / No / Unk
	Eligible patient treated with TPA? If not please explain below	Yes / No / Unk
	Did the patient expire?	Yes / No / Unk
	Patient transferred/transported out of TSA "N"?	Yes / No / Unk
<b>Hypothermia</b>	<b>[EMS]</b> Induced hypothermia initiated	Yes / No / Unk
	Survived to D/C at neurologic baseline	Yes / No / Unk
	Difficulties/Issues? Please explain	Yes / No / Unk
<b>CPAP</b>	<b>[EMS]</b> CPAP utilized	Yes / No / Unk
	Was the patient later intubated?	Yes / No / Unk
	Final hospital diagnosis of CHF or COPD?	Yes / No / Unk
	Did the patient expire?	Yes / No / Unk
<b>Pedi Vents</b>	<b>[EMS]</b> Pedi vent utilized	Yes / No / Unk
	Were there any difficulties/issues?	Yes / No / Unk

## **Instructions for Completion**

The Systems QI tracking document is a tool to collect data on our region for trauma as well as special projects initiated by the RAC.

Complete one sheet per patient.

Trauma quality fall-outs need reporting, but routine trauma patients do not.

For regional project tracking, please include a sheet for each patient that meets the criteria of STEMI, CVA, induced hypothermia post arrest, usage of CPAP by EMS, and use of the pediatric ventilator. With the regional projects, questions marked with **[EMS]** are to be completed by pre-hospital services only.

### **Trauma Indicators**

1. Report all trauma-related deaths with the exception of patients that were dead on arrival (DOA) and those with ongoing CPR upon arrival to the hospital.
2. Report all trauma patients that were transferred out of TSA N.
3. Report all trauma patients who were transferred from a hospital after a length of stay > 2 hours for major trauma.
4. Report all trauma patients with EMS transport time greater than 30 minutes.
5. Report any additional systems issues noted that have a high potential to cause harm to patients, personnel, or bystanders.

### **STEMI Indicators**

Please report all STEMI patients transported via EMS to TSN N hospitals or patients that arrived to a TSN N hospital via walk-in. For each indicator, please answer with **Yes**, **No**, or **Unk** (unknown).

1. If a patient was transported by EMS to a hospital, was the total time from first EMS contact (e.g. 911) to either thrombolytics (at 30 minutes or less) or percutaneous coronary intervention (at 90 minutes or less), answer **Yes**.
2. If a patient was transported by EMS, and the EMS crew noted STEMI in the prehospital setting, answer **Yes** if EMS provided hospitals with advanced notice (at least 10 minutes) of patient diagnosis.
3. If EMS diagnosed STEMI in the field and called the hospital to activate STEMI protocols, answer **Yes** if the EMS correctly diagnosed STEMI on prehospital ECG.
4. If a patient arrived to the hospital via private or non-EMS vehicle, answer **Yes** if the time from arrival to PCI was 90 minutes or less.
5. Answer **Yes** if the STEMI patient required transport outside of TSN N.

### **CVA Indicators**

Please report all stroke patients either transported via EMS or arrivals by private vehicle with diagnosis of CVA.

1. Answer **Yes** if a patient with CVA was transported via EMS to a stroke designated facility.
2. Answer **Yes** if the patient met inclusion criteria for treatment with thrombolytics and tPA was administered.
3. If the patient expired during the CVA hospital admission, answer **Yes**.
4. Answer **Yes** if the patient was transferred out of TSN N for treatment or complications of the initial CVA.

### **Hypothermia Indicators**

Hypothermia indicators apply to patients suffering sudden cardiac death who were resuscitated and had spontaneous return of circulation but remained obtunded, and where treated with induced hypothermia.

1. Answer **Yes** if the patient survived to discharge from the hospital as their neurologic baseline prior to the cardiac arrest.
2. Answer **Yes** if any difficulties or problems were noted or reported in the process of inducing hypothermia.

**CPAP Indicators**

CPAP Indicators are only for patients who were started on CPAP by EMS prior to transport to a hospital.

1. Answer **Yes** if the patient required intubation at any time during the hospitalization.
2. Answer **Yes** if the patient was diagnosed with CHF or COPD.
3. Answer **Yes** if the patient expired during the hospitalization.

**Pediatric Ventilator Indicators**

Please provide any data regarding difficulties or issues for any patient who utilized the pediatric ventilator, either by pre-hospital personnel or for inter-hospital transfers.