

Performance Improvement Form

~ EMS ~

Date: _____

Name of Entity: _____

Person
Completing Report: _____

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Performance Improvement Criteria / Indicators		
1	Total number of stroke patients transported this quarter (including transfers)	
2	Total number of stroke patients transferred to hospitals WITHIN RAC-K this quarter	
3	Total number of stroke patients transferred to hospitals OUTSIDE RAC-K this quarter	
4	Total number of patients refusing transport to higher level of stroke center	
5	Total "bypass" occurrences this quarter	
6	Total number of deaths identified as probably due to stroke	
7	Total number of times transport time is > 30 minutes from scene departure to ED arrival	
8	Number of times Air Medical Services requested but unable to respond this quarter.	

Specific Occurrence Report		
Age: _____	Gender: _____	Chart Identification #: _____
Type of Stroke:		
<input type="checkbox"/> Transient Ischemic Attack (TIA) <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Ischemic		
Occurrence: <input type="checkbox"/> Transport time > 30 minutes from scene departure to ED arrival		
<input type="checkbox"/> Transfer outside RAC-K <input type="checkbox"/> Transport to higher level declined by patient / family <input type="checkbox"/> Death due to stroke		
Patient Outcome:		
Provider Discussion:		
Contributing Factors: <input type="checkbox"/> Inadequate system guidelines/ protocols <input type="checkbox"/> Documented DNR <input type="checkbox"/> Hospital diversion <input type="checkbox"/> Other: _____		

Please do not fill in this section – For RAC-K PI Committee Review	
___ No negative outcome ___ Minor negative outcome ___ Significant system performance error ___ Major deviation from desired system performance ___ Unable to determine	Standard of Care Met? Yes / No ___ RAC-K guidelines followed ___ Minor deviation from RAC-K guidelines ___ Significant deviation from RAC-K guidelines ___ Major deviation from RAC-K guidelines ___ Unable to determine
Action Plan	
___ No action needed ___ Review with hospital or EMS provider ___ Track and Trend ___ Education ___ RAC-K guideline review	___ Hospital / EMS action plan requested ___ Refer to Texas DSHS ___ Assign to workgroup ___ Request closed Executive Committee review ___ Other: _____

Please complete and return to: