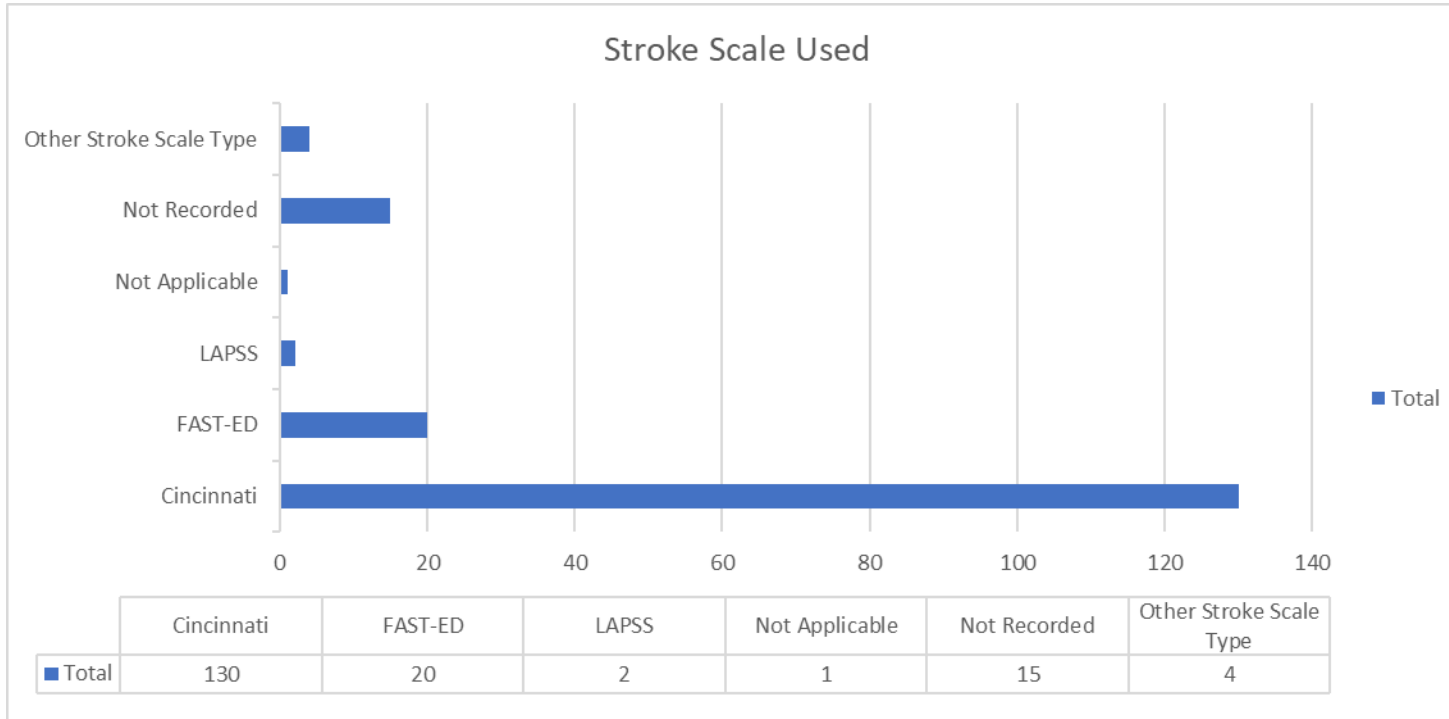


Data pulled 6/01/2020 through 12/31/2020

172 Charts with a primary or secondary impression was documented as intracranial Hemorrhage-non-traumatic, cerebral infarction, Transient Cerebral ischemic attack, stroke/CVA transported to a regional hospital or air medical

- 20 charts did not have a Blood Glucose Document (12%)
- 16 charts did not have a Stroke Scale recorded of any type (9%)
- 26 charts indicated a transfer to Landing zone or an air medical provider (15%)
- 20 charts the provider used FAST ED (12%)

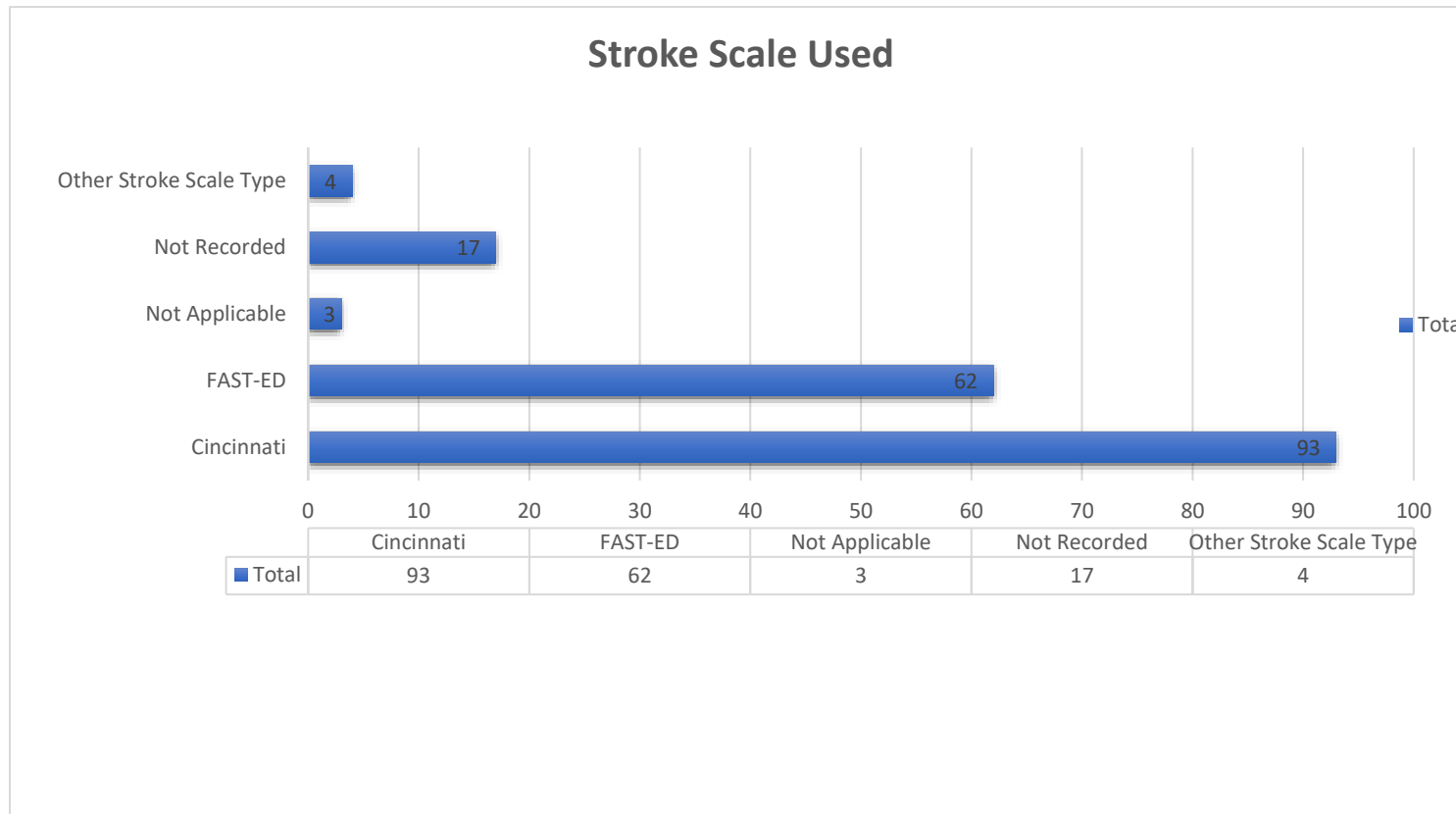


Odd findings- 1 documentation of Massachusetts on IFT, other sets of vitals within the incident were Cincinnati

Data Pulled 1/1/2021 to 7/30/2021

179 Charts

- 30 charts did not have a Blood Glucose Document (17 %) (Increase from 12%)
- 20 charts did not have a Stroke Scale recorded of any type (11%) (Increase from 9%)
- 19 charts indicated a transfer to Landing zone or an air medical provider (11%) (Decrease from 15%)
- 62 charts the provider used FAST ED (35%) (Increase from 12%)



Noted that many charts documented both Cincinnati and Fast ED being used

Response#, Patient Age greater than or equal to 18, Incident complaint, Situation provider primary and secondary, Blood glucose, disposition, vitals stroke scale type

Situation documented by provider as primary or secondary was intracranial Hemorrhage-non-traumatic, cerebral infarction, Transient Cerebral ischemic attack, stroke/CVA

Data pulled each set of vital signs for each chart

Data was cleaned by eliminating duplicate vital signs, only keeping one record with Blood glucose and stroke scale if found, otherwise kept 1 set for each chart if neither was documented.

Includes IFT and Emergency Calls – Unable to sort out all IFT due to Transfer is not documented as incident dispatch, yet destination leads one to believe it is an IFT, so the decision was made to look at only patients transported to air medical or a regional hospital.

Moving forward educate

- Documenting under Incident dispatch Transfer/IFT or equivalent in system versus medical reason for transfer (this would be documented under primary/secondary impression.)
- Conscientious about utilizing intercranial hemorrhage – non traumatic when it is a result of trauma. (Only 2 charts eliminated for this in 2021 data)
- Develop ePCR Administrator committee to identify ways to make data more consistent between vendors.

2020 Data Weakness

- Data does not include charts from 5 transporting agencies and 1 ASLFR.
- Data initially pulled one chart that was less than 18 years old, this chart removed
- Varied impressions available based on vendor

2021 Data Weakness

- Landing zones documenting differently
- Four charts did not have a destination documented
- Data does not include all charts from 5 transporting agencies and 1 ASLFR.

Goal will be to see if there is an increased use of FAST ED following the education that was released in January 2021