

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

<u>Reporting Period</u>	<u>Due Date</u>
<input type="checkbox"/> (Jan → Mar)	April 30
<input type="checkbox"/> (Apr → Jun)	July 31
<input type="checkbox"/> (Jul → Sep)	Oct 31
<input type="checkbox"/> (Oct → Dec)	Jan 31

Date: July 31, 2018

Name of Entity: Taylor County EMS

Person Completing Report: David Allman

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	31
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	3
4b	Number of non-preventable trauma deaths this quarter.	3
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

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

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

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Date: 7-31-2018

Name of Entity: Stamford EMS, Inc.

Person Completing Report: Philip Smith

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	3
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
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<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

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Date: July 30, 2018

Name of Entity: Cross Plains Emergency Medical Service

Person Completing Report: SUSAN SCHAEFER

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	3
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
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Date: 7/30/18

Name of Entity: Haskell Co Ambulance Service

Person Completing Report: Kara Pierce

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	0
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
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Date: 7-27-18

Name of Entity: Sacred Cross EMS

Person Completing Report: Dustin Wright

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	4
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	1

<b>Specific Occurrence Report</b>		
Age: 16	Gender: Male	Chart Identification #: SCSC1800541
Mechanism of Injury: Dog Bite		
Identified injuries and pertinent information: Dog bite to hand		
Patient Outcome: Wound cleaned and pt transported to the ER		
Provider Discussion: N/A		
Contributing Factors:		

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Date: 07-27-2018

Name of Entity: POSSUM KINGDOM WESTLAKE VOL. EMS

Person Completing Report: WILLIAM (FOSTER) SIMMONS

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	0
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

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Date: 7/25/18

Name of Entity: Citizens EMS

Person Completing Report: Tonya Puryear

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	32
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	7
4b	Number of non-preventable trauma deaths this quarter.	7
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

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<input type="checkbox"/> (Oct → Dec)	Jan 31

Date: 7/24/18

Name of Entity: Comanche County EMS

Person Completing Report: Bryan C welch

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	41
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	13
4a	Number of trauma-related patients pronounced dead on scene this quarter.	2
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	2
4d	Number of preventable trauma deaths this quarter.	2
8a	Number of times Air Medical Services requested but unable to respond this quarter.	

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

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___ (Oct → Dec)	Jan 31

Date: 07/23/18

Name of Entity: North Runnels Hospital EMS

Person Completing Report: Bobbie Collom

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	2
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	1
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	
4d	Number of preventable trauma deaths this quarter.	
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors: Extrication scene call for helo		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
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Date: 07/23/2018

Name of Entity: Fisher County Hospital District EMS

Person Completing Report: Andy Daughtry

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	1
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	3
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	3
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age: 0	Gender:	Chart Identification #: NA
Mechanism of Injury: NA		
Identified injuries and pertinent information: NA		
Patient Outcome: NA		
Provider Discussion: NA		
Contributing Factors: Extended scene time do to location of patients in terrian that was unexcessible		

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Date: 7-18-2018

Name of Entity: knox county ems

Person Completing Report: Logan Morrow

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	0
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	3

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

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Date: 7-18-18

Name of Entity: City of Ranger Fd-Ems

Person Completing Report: Darrell Fox

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	0
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	3
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	3
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

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<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

<u>Reporting Period</u>	<u>Due Date</u>
<input type="checkbox"/> (Jan → Mar)	April 30
<input type="checkbox"/> (Apr → Jun)	July 31
<input type="checkbox"/> (Jul → Sep)	Oct 31
<input type="checkbox"/> (Oct → Dec)	Jan 31

Date: 7-16-2018

Name of Entity: Mitchell County EMS

Person Completing Report: Jason Gruben

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	0
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	2
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	2

<b>Specific Occurrence Report</b>		
Age: 0	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors: Multiple patients		

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

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

<u>Reporting Period</u>	<u>Due Date</u>
<input type="checkbox"/> (Jan → Mar)	April 30
<input type="checkbox"/> (Apr → Jun)	July 31
<input type="checkbox"/> (Jul → Sep)	Oct 31
<input type="checkbox"/> (Oct → Dec)	Jan 31

Date: 07/13/2018

Name of Entity: Stonewall County Ambulance Service

Person Completing Report: Jaffin Durham

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	8
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	2
4a	Number of trauma-related patients pronounced dead on scene this quarter.	2
4b	Number of non-preventable trauma deaths this quarter.	2
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	1

<b>Specific Occurrence Report</b>		
Age: 52	Gender: Male	Chart Identification #: 180615
Mechanism of Injury: Fall from 200 ft cliff		
Identified injuries and pertinent information: broken clavicle, broken arm, broken ribs with punctured lung, broken hip, degloved knee		
Patient Outcome: multiple surgeries, still in hospital.		
Provider Discussion: We had to extricate patient by carrying him with LSB down an embankment, across the river and up another embankment to pickups and then drive him out to the ambulance		
Contributing Factors: Extrication		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation from RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
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Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

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

Date: 07/13/2018

Name of Entity: Hamlin EMS

Person Completing Report: Samantha Trevillian

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	2
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation from RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
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Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

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

Date: 07-10-2018

Name of Entity: Throckmorton County EMS

Person Completing Report: Tina Hantz

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	0
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation from RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
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Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_



Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

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___ (Jan → Mar)	April 30
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___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/05/2018

Name of Entity: MetroCare Services Abilene-LP

Person Completing Report: Tony Broadus

Performance Improvement Criteria / Indicators		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	134
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	0
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	647
4d	Number of preventable trauma deaths this quarter.	647
8a	Number of times Air Medical Services requested but unable to respond this quarter.	0

Specific Occurrence Report		
Age: 30	Gender:	Chart Identification #: 170328
Mechanism of Injury: Motor Vehicle Collision		
Identified injuries and pertinent information: Traumatic Circulatory Arrest		
Patient Outcome: Pronounced at Hospital		
Provider Discussion: Pt. was restrained driver in two vehicle head on collision resulting in traumatic circulatory arrest. Pt. received emergency extrication from vehicle by Abilene Fire Dept. and CPR performance was initiated and continued until arrival at hospital facility.		
Contributing Factors: Multiple patients		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation from RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
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Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
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<input type="checkbox"/> (Jul → Sep)	Oct 31
<input type="checkbox"/> (Oct → Dec)	Jan 31

Date: 7/2/18

Name of Entity: Eastland EMS

Person Completing Report: Gene Wright

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	30
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	7
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	1

<b>Specific Occurrence Report</b>		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation from RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
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Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ EMS Provider ~

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

Date: 7/2/2018

Name of Entity: Sweetwater Fire Department

Person Completing Report: Billy Villanueva

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of times scene time > 20 minutes for an injury-related call this quarter.	2
2	Number of trauma related pediatric resuscitations.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transported to hospitals outside of RAC-D this quarter.	4
4a	Number of trauma-related patients pronounced dead on scene this quarter.	0
4b	Number of non-preventable trauma deaths this quarter.	0
4c	Number of potentially preventable trauma deaths this quarter.	0
4d	Number of preventable trauma deaths this quarter.	0
8a	Number of times Air Medical Services requested but unable to respond this quarter.	1

<b>Specific Occurrence Report</b>		
Age: 14	Gender: Male	Chart Identification #:
Mechanism of Injury: ATV Accident		
Identified injuries and pertinent information: Possible head and internal Injuries, bilateral Femur Fractures, Open /Humerus Fracture		
Patient Outcome: Unknown		
Provider Discussion:		
Contributing Factors: N/A		

<b>Please do not fill in this section – For RAC-D PI Committee Review</b>	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
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<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_