

CLINICAL PERFORMANCE INDICATOR #2.5

SCENE TIME INTERVAL FOR STROKE ALERT PATIENTS

OBJECTIVE Limit the amount of scene time for Stroke Alert patients

DEFINITIONS

90th Percentile Scene Time Interval The scene time interval (in HH:MM) at which 90% of the included cases are less

than or equal to.

Adult Stroke Patient Age ≥ 18 years

Stroke Alert Any adult patient with current presentation and history suggestive of stroke

and presentation with at least one positive Cincinnati Prehospital Stroke Scale

finding.

Scene Time Interval The time interval beginning with the Scene Arrival Time for the first on scene

transporting unit and ending with the Scene Departure time (from CAD) for the

transporting unit.

Performance Objective Scene Time less than 15 minutes for 90% or more of transported Stroke Alert

patients

Appropriate Delay Cases in which the provider documents an acceptable scene delay (from

RescueNet and manual chart review). Examples of appropriate scene delay are: patient access or egress difficulty; unsafe condition (hazards to providers); environmental condition (flooding, snow, ice); clinical findings that require

emergent interventions prior to transport (e.g. cardiac arrest).

REPORTING

Indicator Items The time interval (in HH:MM) for which 90% of the incident scene time intervals

are less than or equal.

FORMULA Arrange the scene time interval data points (for the quarter) from lowest to

highest. Count the total number of data points and note the number as n. Multiply 0.90 by the number N (round up if needed) and note as P. Determine the P-th data point in the set counting from the lowest to the highest value. That data point is the 90th percentile scene time interval. This may be

accomplished using MS Excel's percentile function.

EXCLUDED CASES

- Interfacility transfer (Hospital or FSED)
- Patients transported by Air Medical service
- Incidents resulting in no transport
- Appropriate delays

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DATA SOURCE(S) COGNOS report from RescueNet, manual chart review and CAD

REPORTING CRITERIA

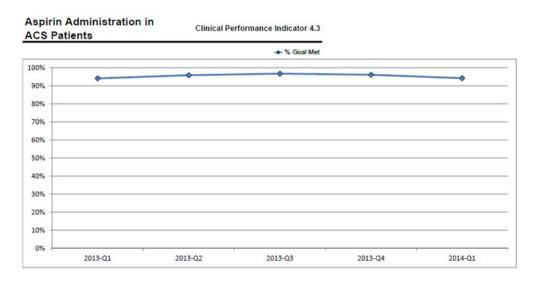
Reporting Period Quarterly; Due to OMD PI at least 2 business days prior to the EMS/OMD PI

meeting at which Performance Measures will be discussed

Visual Format Line Chart (single chart); Y axis = 90th Percentile Scene Time Interval in minutes;

X axis = quarter/year; Include the 5 most recent quarters of data; Include raw data in non-PDF format (e.g. Excel) (See chart layout and design example below)

Chart Legend Include total number of Stroke Alert cases meeting criteria for each quarter



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2013	2013-Q1	439	413	94.08%
2013	2013-Q2	601	576	95.84%
2013	2013-Q3	607	587	96.71%
2013	2013-Q4	613	589	96.08%
2014	2014-Q1	498	469	94.18%

Austin-Travis County EMS

TYPE OF MEASURE Process

PERFORMANCE
IMPROVEMENT
Performance measures are reviewed periodically by the Agency and OMD
Performance Improvement staff. Clinical performance is overseen by the

System Clinical Performance Improvement Committee and its Subcommittees.

REFERENCES None

APPROVALAll clinical performance measures and revisions to these measures are reviewed and approved by the System Clinical Performance Improvement Committee.

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