Patient Transport Rate

Desired Outcome	All patients who require medical care and transportation are taken to the hospital.
Standard	At least eighty percent of patients contacted by ATCEMS field personnel are transported to a receiving facility.
Acceptable Quality Level	Performance may not fall more than 3% for more than two consecutive months or any three months in a year.
Monitoring Method	Run Chart updated by 10th business day each month

Measure Description

Indicator Description	Patient transport rate describes how often ATCEMS personnel transfer the patients they encounter to a system-approved receiving facility.
Question Indicator Answers	What portion of its patients does ATCEMS transport to a hospital or other receiving facility?
Patient / Customer Need	Prehospital care providers have a limited ability to assess and treat patients. Most patients benefit from transport to a receiving facility, where they can receive more complete assessments and definitive care.
Type of Measure	Process
Objective	ATCEMS will transport at least eighty percent of all qualifying patients every month.
Data Provided By	Business Analysis and Research Team
Reporting Values	Percent of patients contacted by ATCEMS.
Limitations	None
Notes	Patients who are “Deceased on Scene” are excluded from the denominator because there is no discretion on the part of ATCEMS personnel regarding the transport decision.

Measure Calculation

Formula Description		Patient transport rate is calculated by dividing the count of transported patients by the difference of the total count of patient contacts and the count of patients determined to be deceased on scene.
Indicator Formula		$$Transport\ Rate = \frac{count([Patients\ transported])}{count([Patient\ Contacts]) - count([Deceased\ on\ Scene])}$$
Data Filters		Patients contacted as a Community Health Assist are excluded.
Interval Calculation		Not applicable
Numerator	*Population*	Patients transported to receiving facilities by ATCEMS field personnel
	Inclusion	• All patients transported by ambulance.
	Exclusion	• Patients contacted as a Community Health Assist.
	Data Source	ePCR data via Cognos report
Denominator	*Population*	All patients contacted by ATCEMS field personnel, regardless of outcome.
	Inclusion	• Incident response priority between 1 and 5
	Exclusion	• Patients determined to be "Dead on Scene." • Patient contacted as a Community Health Assist
	Data Source	ePCR data via Cognos report
Aggregation		• Time-based aggregations (month, quarter, etc.) are based on [Time – Phone Pickup]. • Other aggregations may be based on alert type, demographic factors, geography, or receiving facility.
Stratification		• Incident response priority
Minimum Sample Size		None
Data Lineage		Data on patient outcome is recorded by field personnel in the patient care report. Data on incident response priority and time stamps such as [Time-Phone Pickup] are recorded in the CAD system.

Data from the two systems are joined in a Cognos package, based on the Incident Number assigned by the CAD system and the identifier of the responding unit.

Reporting

ATCEMS Scorecard	**Medium**: Web site chart **Orientation:** External **Format**: Run chart containing monthly data values for most recent 13 month period. **Update Frequency**: Monthly **Data Source**: ATCEMS ePCR data warehouse

Metadata

Pillar / Strategic Objective Links	S1: To be an organization that strives to improve the lives of people in our community. S2: To have a service delivery model that best serves the needs of our community. S3: To be an organization that puts service before self. F2: To be an organization that provides value to the community. F3: To provide quality cost efficient service to the community.
Development Status	Actively reporting.
References	None
Best Practices	None
Definition Version Info	version A; 2015-09-14