

# **CLINICAL PERFORMANCE INDICATOR**

#6.5

### **BLOOD GLUCOSE LEVEL IN SEIZURE PATIENTS**

| OBJECTIVE                          | Identify hypoglycemia as a likely cause of seizure  |  |
|------------------------------------|---|--|
| <b>DEFINITIONS</b><br>% Compliance | Percentage of patients assessed by EMS providers found to meet criteria for a primary clinical impression of seizure that then receive blood glucose level assessment   |  |
| BGL Assessment                     | Determination of the patient's blood glucose level regardless of the resultant<br>BGL value [from RescueNet with D-stick as an intervention or a value entered i<br>vital signs   |  |
| Seizure Patient                    | Any patient who is treated by EMS for seizure or remains post-ictal during EMS assessment. This set of patients is defined by the primary clinical impressions of "Seizure – Other Convulsions", "Seizure Febrile" and "Seizure Postictal State". |  |
| Performance Objective              | Assessment of blood glucose level in seizure patients as defined above  |  |
| REPORTING<br>Indicator Items       | Total number of seizure patients defined as a primary clinical impression of<br>"Seizure – Other Convulsions", "Seizure Febrile" or "Seizure Postictal State".<br>[from RescueNet] (Denominator, D)   |  |
|                                    | Total number of seizure patients in which a blood glucose level was assessed as indicated by the intervention data field(s) or vital signs data field [from RescueNet] (Numerator, N)   |  |
|                                    | % meeting performance objective criteria  |  |
| FORMULA                            | N/D X 100 = %   |  |
| EXCLUDED CASES                     | <ul> <li>Patients that do not meet the Clinical Impression definition for "Seizure –<br/>Other Convulsions", "Seizure Febrile" or "Seizure Postictal State".</li> </ul>   |  |
| DATA SOURCE(S)                     | COGNOS report from RescueNet  |  |

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#### **REPORTING CRITERIA**

- Reporting PeriodQuarterly; Due to OMD PI at least 2 business days prior to the EMS/OMD PI<br/>meeting at which Performance Measures will be discussed
- Visual Format Line Chart (single chart); Y axis = % Compliance; 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 seizure patients 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              | 98.08%                |
| 2014        | 2014-Q1 | 498           | 469              | 94.18%                |

Austin-Travis County EMS

#### TYPE OF MEASURE Process

| PERFORMANCE<br>IMPROVEMENT | Performance measures are reviewed periodically by the Agency and OMD<br>Performance Improvement staff. Clinical performance is overseen by the<br>System Clinical Performance Improvement Committee and its Subcommittees. |
|----------------------------|--|
| REFERENCES                 | None   |
| DOCUMENT<br>APPROVAL       | All clinical performance measures and revisions to these measures are reviewed and approved by the System Clinical Performance Improvement Committee.  |