ALERT SCENE TIME

Desired Outcome	Alerts indicate situations where patient outcome is determined in large part by how quickly they receive definitive care. In these cases, ATCEMS personnel expedite assessment, packaging, and initiating transport to a specialty receiving hospital.
Standard	Begin transport within fifteen minutes of arrival of the first ATCEMS unit on scene, in at least 90 percent of all cases each month.
Acceptable Quality Level	Not defined.
Monitoring Method	Run Chart updated by 10th business day each month

MEASURE DESCRIPTION

Indicator Description	Alert scene time measures how long ATCEMS units remain on scene, assessing and treating a patient. The goal is to minimize this interval for patients with time-sensitive conditions, as indicated by an alert status applied to those patients.
Question Indicator Answers	How quickly do ATCEMS crews begin transport of patients with time-sensitive conditions?
Patient / Customer Need	Alert patients require rapid access to definitive care for their conditions. In these cases, ATCEMS personnel must prioritize initiation of transport over non-lifesaving care.
Type of Measure	Process
Objective	ATCEMS personnel will initiate transport of alert patients within fifteen minutes of arrival at scene, in 90 percent of all cases.
Data Provided By	Clinical Performance Management team.
Reporting Values	Percent of alert patients transported by ATCEMS.
Limitations	None
Notes	Transport delays may be unavoidable in some cases, such as delayed access to patients due to scene safety issues, difficulty identifying or reaching patient, etc.

Ideally, measurement would commence at time of initial patient contact. However, ATCEMS does not have a reliable process for consistently capturing that time stamp at this time.

Performance is reported on a quarterly basis due to generally small monthly patient counts.

Formula Description		<i>Alert Scene Time</i> is a compliance measure. It is calculated by dividing the count of patients within the desired alert type who have a scene time interval of less than fifteen minutes by the count of all patients in that alert type.
Indicator Formula	Scene Time	e Compliance = $\frac{count([patients with scene interval < 0:15:00])}{count([all patients transported])}$
Data Filters		Patients meeting alert criteria who are not transported are excluded from this measure.
Interval Calculation		Scene Interval = [Time – Transport Initiated] – [Time- Unit Arrived on Scene]
Numerator	Population	Patients meeting alert criteria who have a scene interval of less than 0:15:00.
	Inclusion	Patients transported to a receiving facility
	Exclusion	 Patients who refuse transport Patients who do not meet alert criteria. Patients with an acceptable reason for delayed patient transport (e.g. crews had difficulty locating patient after arrival on scene).
Data Source		Audit report from Clinical Performance Team.
Denominator	Population	All patients meeting alert criteria who are transported to a receiving facility.
	Inclusion	Patients transported to a receiving facility
	Exclusion	 Patients who refuse transport Patients who do not meet alert criteria. Patients with an acceptable reason for delayed patient transport

Measure Calculation

Data Source	Audit report from Clinical Performance Team.
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	This measure may be stratified by alert type, including:STEMI Alert
	Stroke Alert
	Trauma Activation
Minimum Sample Size	None
Data Lineage	Data on alert status and patient outcome are recorded by field personnel in the patient care report.
	Unit time stamps for Time – Unit Arrived On Scene and Time – Transport Initiated are recorded in the CAD system.
	Clinical Performance Management personnel download appropriate data from the specified data systems, and review records for all alert patients where scene interval is greater than fifteen minutes. If the scene delay is considered appropriate, the case is excluded from measure calculation.
	Audit results are recorded in an Excel workbook. Results of the audit are reported to Business Analysis and Research team personnel for inclusion in performance reporting programs.
Reporting	
ATCEMS Scorecard	Medium: Web site chart
	Orientation: External
	Format : Run chart containing quarter data values for most recent nine quarter period.
	Update Frequency: Quarterly
Metadata	
Pillar / Strategic Objective Links	S1. To be an organization that strives to improve the lives of people

Data Source Audit report from Clinical Performance Team.

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	Reporting
References	None
Best Practices	None referenced
Definition Version Info	Version A; 2015-09-14