

SCENE TIME INTERVAL FOR STEMI ALERT PATIENTS

OBJECTIVE

Limit the amount of scene time for STEMI patients that meet Regional Mission Lifeline criteria for STEMI notification (STEMI Alert).

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 STEMI Patient	Age \geq 18 years
STEMI Alert	Any adult patient with Acute Coronary Syndrome symptoms who has a 12 lead ECG meeting the Regional Mission Lifeline criteria for STEMI.
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 STEMI Alert patients
Appropriate Delay	Cases in which the provider documents an acceptable scene delay (from RescueNet and manual chart review). Such cases are included in the denominator and in the numerator. 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 emergency 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 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

CLINICAL PERFORMANCE INDICATOR

#3.5

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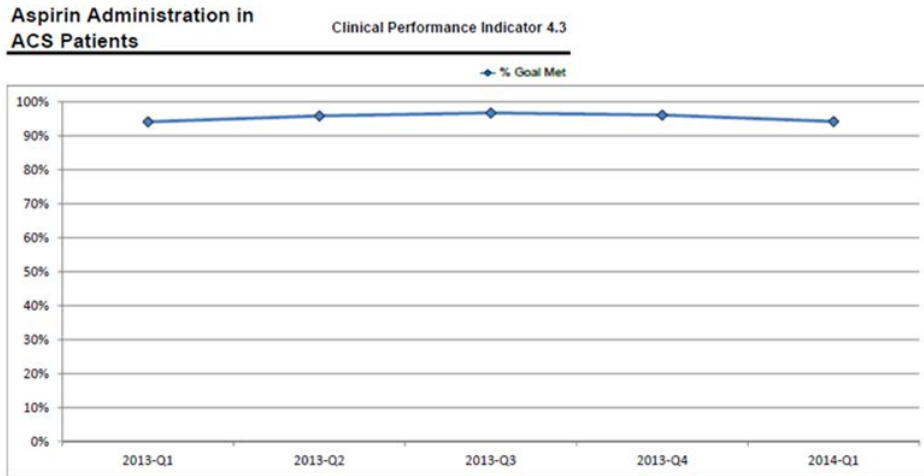
DATA SOURCE(S) COGNOS report from RescueNet and CAD; Manual chart review

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 STEMI Alert cases for each quarter without excluded cases



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

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