

**TEXAS "J" RAC PI COMMITTEE
EMS SUMMARY REPORT**

Texas § 773.095. Records and Proceedings Confidential: (a) The proceedings records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise.
(b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of EMS: _____ **County:** _____

Paid Volunteer Air Medical

Year: _____ **Quarterly Report for (please check):**
 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
 Sept. thru Nov. Dec. thru Feb. March thru May June thru August

Enter the total number of patients for each following category and/or subcategory:

PATIENTS' GENDER: _____ # Male _____ # Female

PATIENTS' AGES: _____ 0-4 _____ 5-9 _____ 10-14 _____ 15-19 _____ 20-24 _____ 25-34 _____ 35-44
 _____ 45-54 _____ 55-64 _____ 65-74 _____ 75-84 _____ 85+

MECHANISM OF INJURY:

_____ # GSW _____ # Stab wounds _____ # Assaults – Types _____

_____ # Falls – Causes _____

_____ # Burns _____ # Intentional Self-Inflicted Injuries _____ # Crush Injuries

_____ # MCCs _____ # Bicycles _____ # Helmet _____ # No Helmet

_____ # Farm/Ranch – Types _____

_____ # Industrial – Types _____

_____ # Sports-Types _____

_____ # Animal Bites – Species _____

_____ # Auto / Pedestrian on foot _____ # Auto / Pedestrian on bicycle _____ # Off-road vehicle

_____ # Motor Vehicle Crashes (Types):

_____ # Rollovers _____ # Head-on _____ # T-bone _____ # Rear Impact

Patients:

_____ # Restrained _____ # Unrestrained _____ # Ejected _____ # Unknown
 _____ # Child Restraint Device

_____ # of Others: list all others _____

Acute Care:

_____ # Suspected Strokes & Facility Destination (# per facility): _____

_____ # Cincinnati Prehospital Stroke Scale: _____ # Positive _____ # Negative

_____ # Suspected MI: _____ # STEMI Protocol Activations

EMS:

_____ # Calls with dispatch time to in-route time >5 min.

_____ # Air Medical Calls with dispatch time to in route time > 25 min.

_____ # Inter-facility Transports

_____ # Scene Transports

_____ # Trauma Runs with Response to Scene Time > 20 min.: **Document reason on EMS Data Form.**

_____ # Trauma Runs with Scene Time > 20 min.: **Document reason on EMS Data Form.**

_____ # Trauma Deaths at Scene

_____ # Transported to a facility within the region.

_____ # Transported to a facility outside the region, **Scene Call Only.**

_____ # Not transported

Attach EMS Data Form for each run requiring an explanation of variances & Performance Improvement Occurrence / Problem.