Development of Clinical Quality and Performance
Indicators for Emergency Medical Services in the Low
to Middle Income Setting: The South African
perspective

Data Dictionary and Minimum Data Standards (V3 2019)

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Abbreviations

ACS – Acute Coronary Syndrome

AED - Automated External Defibrillator

ALS - Advanced Life Support

APGAR – Activity, Pulse, Grimace, Appearance, Respiration

APO – Acute Pulmonary Oedema

BBA – Born before arrival

BP - Blood pressure

CPD – Continued professional development

CPR – Cardiopulmonary resuscitation

CT – Computed tomography

CVA – Cerebrovascular accident

ECG – Electrocardiogram

EMS – Emergency Medical Service

EtCO2 - End tidal carbon dioxide

ETI – Endotracheal intubation

ETT- Endotracheal tube

FAST – Face Arm Speech Time

GCS - Glasgow Coma Scale

GTN – Glyceryl trinitrate

HEMS – Helicopter Emergency Medical Service

IO – Intra-osseous

IOD – Injury on duty

IV - Intra-venous

MAP – Mean arterial pressure

mmHg - Millimetres mercury

ODD – Oesophageal detection device

OHCA – Out of hospital cardiac arrest

PCI – Percutaneous coronary intervention

PEA – Pulseless electrical activity

PEFR – Peak expiratory flow rate

POC – Point of care

ROSC – Return of spontaneous circulation

RSI – Rapid sequence intubation

SPC – Statistical process control

SpO2 – Capillary oxygen saturation

STEMI – ST elevation myocardial infarction

TIA - Transient ischaemic attack

TXA - Tranexamic acid

VF - Ventricular fibrillation

VT – Ventricular tachycardia

Background

Information plays a pivotal role in promoting improvements in the safety and quality of patient care. Quality and performance measurement promote accountability to all stakeholders including the public, service users, clinicians and the Government by facilitating informed decision-making and safe, high quality and reliable care through monitoring, analysing and communicating the degree to which healthcare organisations meet key goals. Accurate performance measurement is dependent on information that is of good quality, comparable, and can be shared within the health sector. Quality Indicators (QIs) play an important role in the performance measurement process by helping to identify and appropriately measure levels of service quality and performance.

In and of themselves, QIs cannot improve quality, however, they effectively act as flags or alerts to identify good practice, provide comparability within and between similar services, where there are opportunities for improvement and where a more detailed investigation of standards is warranted. The ultimate goal of QIIs is to contribute to the provision of a high quality, safe and effective service that meets the needs of service users. Data used to support QIs should be standardised, with uniform definitions, to ensure that it is collected consistently and that it supports the measurement process, facilitating meaningful comparison. This can be achieved through the development of a minimum data set (MDS) containing a list of standardised data to support performance measurement with QIs. The purpose of this document is to provide guidance for the development of QIs and associated MDSs to monitor healthcare quality.

The methodology used in the development of the QIs described in this document is outlined in Figure 1, reprinted with permission by the National Quality Forum (Copyright ©2013 National Quality Forum).

Scope

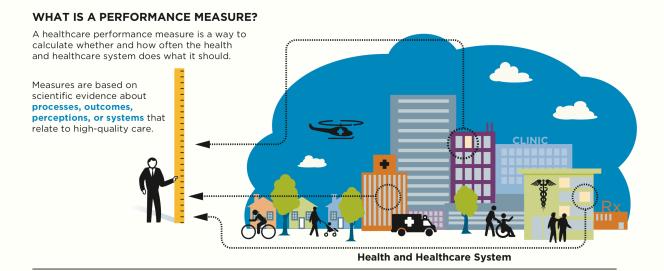
The purpose of this study is to identify a series of QIs applicable to the South African EMS context. The outcome will provide services across the country with a pool of QIs that can be referenced for the purposes of monitoring quality and performance and identifying areas for improvement.

The indicators defined in this document have been developed following a review of the scientific literature, supplemented by input from experts in prehospital quality from the USA, UK and South Africa. Each QI is presented in the same format so as to standardize data capture and monitoring (See Table 1)

Figure 1: QI development methodology

NATIONAL QUALITY FORUM

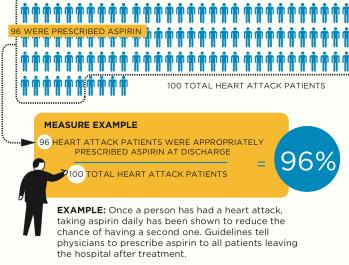
Understanding Performance Measures: Anatomy and Types



CONSTRUCTING A MEASURE

The result of a measure is usually shown as a <u>ratio</u> or a percentage, and allows for comparison to other providers and benchmarking against national and local performance.





TYPES OF PERFORMANCE MEASURES

STRUCTURAL MEASURES

ASSESS HEALTHCARE INFRASTRUCTURE

EXAMPLE: The percentage of physicians in a practice who have systems to track and follow patients with diabetes.

PROCESS MEASURES

ASSESS <u>STEPS</u> THAT SHOULD BE FOLLOWED TO PROVIDE GOOD CARE

EXAMPLE: The percentage of patients with diabetes who have had an annual eye exam in the last year.

OUTCOME MEASURES

ASSESS THE <u>RESULTS</u> OF HEALTHCARE THAT ARE EXPERIENCED BY PATIENTS

EXAMPLE: The percentage of diabetes patients who are blind or have compromised vision.

08-2013 Illustration: Funnel, Inc

WWW.QUALITYFORUM.ORG

Table 1: Data definitions

Definition	Basic description/purpose of the QI
Category	Primary area of focus of the QI
Subcategory	Secondary area, within the Category that the QI is focused
Measure Type	Structure, process or outcome
Target Population	Category level population on whom the quality indicator is measured/applied
Unit of Analysis	EMS component under study/assessment for quality and performance
Numerator Statement	Description of the subset of the Subcategory population on whom the quality indicator is measured/applied
Denominator Statement	Description of the Subcategory level of population on whom the quality indicator is measured/applied
Case Mix/Risk Adjustment	Suggested differentiation amongst the denominator population for greater accuracy (i.e.: stratification)
Exclusion Criteria	Denominator cases to be excluded when applying the QI
Measure Calculation	The equation for calculating the QI
Numerical Reporting Format	Suggested format in which the numerical results should be reported
Graphical Reporting Format	Suggested format in which the results should be displayed/visualised
Reported Indicator	Suggested output in which results should be described
Data Source	Suggested data source to obtain the data required for calculating the QI
Suggested Reporting Period	Time frame, number of successive cases or other grouping strategies cases should be aggregated for reporting purposes
Recommended Review Period	Suggested time period at which the QI should be reviewed for validity and feasibility

Section 1: Clinical Category

Part 1: Acute Coronary Syndromes/ST Elevation Myocardial Infarction

Part 2: Acute Pulmonary Oedema

Part 3: Airway Management

Part 4: Anaphylaxis

Part 5: Asthma/Bronchoconstriction

Part 6: Burns

Part 7: General

Part 8: Hypoglycaemia

Part 9: Neonates/Paediatrics

Part 10: Obstetrics

Part 11: Out of Hospital Cardiac Arrest

Part 12: Pain Management

Part 13: Seizures

Part 14: Stroke/CVA/TIA

Part 15: Trauma

Section 1: Clinical Category

Part 1: Acute Coronary Syndromes/ST Elevation Myocardial Infarction

C-AS-P-1	Patients with a provisional diagnosis of ACS/STEMI who had an
	ALS practitioner in attendance
C-AS-P-2	Patients with a provisional diagnosis of ACS/STEMI who had a set
	of defined cardiac risk factors assessed and recorded
C-AS-P-3	Patients with a provisional diagnosis of ACS/STEMI who had a 12
	lead ECG obtained
C-AS-P-4	Patients with a provisional diagnosis of ACS/STEMI who were administered Aspirin
C-AS-P-5	Patients with a provisional diagnosis of ACS/STEMI who were
	administered GTN
C-AS-P-6	Patients with a provisional diagnosis of ACS/STEMI who were
	assessed for suitability for thrombolysis by defined checklist
C-AS-P-7	Patients with a provisional diagnosis of ACS/STEMI who were
	administered prehospital thrombolysis
C-AS-P-8	Patients with a provisional diagnosis of ACS/STEMI who were
	transported directly to a Facility with PCI capabilities
C-AS-P-9	Patients with a provisional diagnosis of ACS/STEMI who had EMS
	activation of the receiving Cath lab
C-AS-P-10	Patients who received/met all components of a defined
	ACS/STEMI composite bundle score
	(A bundle indicator is a grouped indicator composed of several
	individual indicators - to be defined at the user's discretion)

C-AS-P-1 Patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance

Definition
Category Clinical Subcategory ACS/STEMI Measure Type Process Adult patients Medical patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Who had an ALS practitioner in attendance Paediatric patients Paediatric patients Numerator X 100 = %
Subcategory ACS/STEMI Measure Type Process Adult patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation ACS/STEMI Adult patients Medical patients Wedical patients with a provisional diagnosis of ACS/STEMI OF Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Target Population Unit of Analysis Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = %
Target Population Adult patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Adult patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = %
Unit of Analysis Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = %
Unit of Analysis Shift Base Service Total number of patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance Denominator Statement Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI Case Mix/Risk Adjustment Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Numerator Statement Of ACS/STEMI who had an ALS practitioner in attendance Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = %
Primary (Community) calls Secondary (Transfer) calls Exclusion Criteria Measure Calculation Personnel with a provisional diagnosis of ACS/STEMI Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = %
Case Mix/Risk Adjustment Secondary (Transfer) calls Paediatric patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
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Numerical Reporting Format Percentage (%)
1 3 5 ()
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator % Patients with a provisional diagnosis of ACS/STEMI who had an ALS practitioner in attendance
Data Source Patient Report Form
Suggested Reporting Period Quarterly Annually
Recommended Review Period Three years

C-AS-P-2 Patients with a provisional diagnosis of ACS/STEMI who had a set of defined cardiac risk factors assessed and recorded

Measure Code	C-AS-P-2
Definition	Patients with a provisional diagnosis of ACS/STEMI who had a set of defined cardiac risk factors assessed and recorded
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of ACS/STEMI who had a set of defined cardiac risk factors assessed and recorded
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of ACS/STEMI who had a set of defined cardiac risk factors assessed and recorded
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AS-P-3 Patients with a provisional diagnosis of ACS/STEMI who had a 12 lead ECG obtained

Measure Code	C-AS-P-3
Definition	Patients with a provisional diagnosis of ACS/STEMI who had a 12 lead ECG obtained
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of ACS/STEMI who had a 12 lead ECG obtained
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients 12 lead ECG monitoring not available Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	
	Percentage (%)
Graphical Reporting Format	Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points)
Graphical Reporting Format Reported Indicator	Run chart (min 10 data points)
, , ,	Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of ACS/STEMI
Reported Indicator	Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of ACS/STEMI who had a 12 lead ECG obtained
Reported Indicator	Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of ACS/STEMI who had a 12 lead ECG obtained Patient Report Form
Reported Indicator Data Source	Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of ACS/STEMI who had a 12 lead ECG obtained Patient Report Form Monthly

C-AS-P-4 Patients with a provisional diagnosis of ACS/STEMI who were administered Aspirin

C-AS-P-4
Patients with a provisional diagnosis of ACS/STEMI who were administered Aspirin
Clinical
ACS/STEMI
Process
Adult patients Medical patients
Clinician Shift Base Service
Total number of patients with a provisional diagnosis of ACS/STEMI who were administered Aspirin
Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Primary (Community) calls Secondary (Transfer) calls
Paediatric patients Contraindication to Aspirin Insufficient reporting data
Numerator/Denominator X 100 = %
Percentage (%)
Run chart (min 10 data points) SPC chart (min 20 data points)
% Patients with a provisional diagnosis of ACS/STEMI who were administered Aspirin
Patient Report Form
Monthly Quarterly Annually
Three years

C-AS-P-5 Patients with a provisional diagnosis of ACS/STEMI who were administered GTN

were auministered GTN	
Measure Code	C-AS-P-5
Definition	Patients with a provisional diagnosis of ACS/STEMI who were administered GTN
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of ACS/STEMI who were administered GTN
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Contraindication to GTN Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of ACS/STEMI who were administered GTN
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AS-P-6 Patients with a provisional diagnosis of ACS/STEMI who were assessed for suitability for thrombolysis by defined checklist

	ty for thrombolysis by defined thetklist
Measure Code	C-AS-P-6
Definition	Patients with a provisional diagnosis of ACS/STEMI who were assessed for suitability for thrombolysis by defined checklist
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of ACS/STEMI who were assessed for suitability for thrombolysis by defined checklist
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AS-P-7 Patients with a provisional diagnosis of ACS/STEMI who were administered prehospital thrombolysis

were administered prenospital thrombolysis	
Measure Code	C-AS-P-7
Definition	Patients with a provisional diagnosis of ACS/STEMI
	who were administered prehospital thrombolysis
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients
	Medical patients
	Clinician
Unit of Analysis	Shift
Offic of Analysis	Base
	Service
	Total number of patients with a provisional diagnosis
Numerator Statement	of ACS/STEMI who were administered prehospital
	thrombolysis
	Total number of patients transported by EMS
Denominator Statement	personnel with a provisional diagnosis of ACS/STEMI
Denominator Statement	found to be suitable for thrombolysis administration
	by defined assessment criteria
Case Mix/Risk Adjustment	Primary (Community) calls
, ,	Secondary (Transfer) calls
	Paediatric patients
Exclusion Criteria	Patient not suitable for thrombolysis
Exclusion circula	Contraindication to thrombolytic
	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points)
Grapinical Reporting Format	SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of ACS/STEMI
Neported indicator	who were administered prehospital thrombolysis
Data Source	Patient Report Form
	Monthly
Suggested Reporting Period	Quarterly
	Annually
Recommended Review Period	Three years
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C-AS-P-8 Patients with a provisional diagnosis of ACS/STEMI who were transported directly to a Facility with PCI capabilities

were transported directly	to a Facility with PCI capabilities
Measure Code	C-AS-P-8
Definition	Patients with a provisional diagnosis of ACS/STEMI who were transported directly to a Facility with PCI capabilities
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of ACS/STEMI who were transported directly to a Facility with PCI capabilities
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of ACS/STEMI who were transported directly to a Facility with PCI capabilities
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AS-P-9 Patients with a provisional diagnosis of ACS/STEMI who had EMS activation of the receiving Cath lab

nad EIVIS activation of the	receiving Cathriab
Measure Code	C-AS-P-9
Definition	Patients with a provisional diagnosis of ACS/STEMI who had EMS activation of the receiving Cath lab
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of ACS/STEMI who had EMS activation of the receiving Cath lab
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data No Cath lab facility available
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of ACS/STEMI who had EMS activation of the receiving Cath lab
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AS-P-10 Patients who received/met all components of a defined ACS/STEMI composite bundle score

ACS/STEIVII composite bun	
Measure Code	C-AS-P-10
Definition	Patients who received/met all components of a defined ACS/STEMI composite bundle score
Category	Clinical
Subcategory	ACS/STEMI
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients who received/met all components of a defined ACS/STEMI composite bundle score
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of ACS/STEMI
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients who received/met all components of a defined ACS/STEMI composite bundle score
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Category Part 2: Acute Pulmonary Oedema

C-Apo-P-1	Patients with a provisional diagnosis of APO who were
	administered GTN
C-Apo-P-2	Total number of patients with a provisional diagnosis of APO who
	received CPAP
C-Apo-P-3	Patients with a provisional diagnosis of APO who had a 12 lead
	ECG obtained

C-Apo-P-1 Patients with a provisional diagnosis of APO who were administered GTN

adililiistered OTN		
Measure Code	C-Apo-P-1	
Definition	Patients with a provisional diagnosis of APO who were administered GTN	
Category	Clinical	
Subcategory	Acute pulmonary oedema	
Measure Type	Process	
Target Population	Adult patients Medical patients	
Unit of Analysis	Clinician Shift Base Service	
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of APO	
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	Paediatric patients Contraindication to GTN Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients with a provisional diagnosis of APO who were administered GTN	
Data Source	Patient Report Form	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

C-Apo-P-2 Patients with a provisional diagnosis of APO who received CPAP

received CPAP	
Measure Code	C-Apo-P-2
Definition	Patients with a provisional diagnosis of APO who received CPAP
Category	Clinical
Subcategory	Acute pulmonary oedema
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of APO
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls Drowning/Near-drowning patients
Exclusion Criteria	Paediatric patients Contraindication to CPAP administered Intubated patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Total number of patients with a provisional diagnosis of APO who received CPAP
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Apo-P-3 Patients with a provisional diagnosis of APO who had a 12 lead ECG obtained

Measure Code	C-Apo-P-3	
Definition	Patients with a provisional diagnosis of APO who had a 12 lead ECG obtained	
Category	Clinical	
Subcategory	Acute pulmonary oedema	
Clinical Pathway/Service Pathway	Clinical > APO > 12 lead ECG obtained	
Measure Type	Process	
Target Population	Adult patients Medical patients	
Unit of Analysis	Clinician Shift Base Service	
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of APO	
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	Paediatric patients Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients with a provisional diagnosis of APO who had a 12 lead ECG obtained	
Data Source	Patient Report Form	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

Section 1: Clinical Category Part 3: Airway Management

C-Am-P-1	Patients who received a pre-ETI paralytic, following which there was a decrease in SpO2 > 10% from baseline /or decrease below 70% overall
C-Am-P-2	Patients successfully intubated by EMS personnel where EtCO2 monitoring was used post ETI
C-Am-P-3	Patients successfully intubated via RSI by EMS personnel where a paralytic agent was administered post-ETI
C-Am-P-4	Patients successfully intubated by EMS personnel where a sedative agent was administered post-ETI
C-Am-P-5	Patients successfully intubated by EMS personnel where a mechanical ventilator was used post-ETI for ventilation
C-Am-P-6	Patients in whom ETI was attempted by EMS personnel who had an alternative airway inserted as a final airway
C-Am-P-7	Patients in whom ETI was attempted by EMS personnel who had a surgical airway inserted
C-Am-P-8	Patients successfully intubated by EMS personnel with an EtCO2 < 30 mmHg or > 50 mmHg post-ETI > 10 mins during EMS care
C-Am-P-9	Patients in whom RSI with ETI was unsuccessful when attempted by EMS personnel
C-Am-P-10	Patients in whom Non-RSI ETI was unsuccessful when attempted by EMS personnel
C-Am-P-11	Patients in whom RSI with ETI was successful when attempted by EMS personnel
C-Am-P-12	Total number of patients successfully intubated via RSI by EMS personnel
C-Am-P-13	Patients who received/met all components of the defined Airway management composite bundle score (A bundle indicator is a grouped indicator composed of several individual indicators - to be defined at the user's discretion)

C-Am-P-1 Patients who received a pre-ETI paralytic, following which there was a decrease in SpO2 > 10% from baseline /or decrease below 70% overall

below 70% overall	
Measure Code	C-Am-P-1
Definition	Patients who received a pre-ETI paralytic, following which there was a decrease in SpO2 > 10% from baseline/or decrease below 70% overall
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients who received a pre-ETI paralytic, following which there was a decrease in SpO2 > 10% from baseline/or decrease below 70% overall
Denominator Statement	Total number of patients who received a pre-ETI paralytic
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Successful ETI Unsuccessful ETI
Exclusion Criteria	OHCA patients Contraindication to the paralytic administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Patients who received a pre-ETI paralytic, following which there was a decrease in SpO2 > 10% from baseline

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-1 Patients successfully intubated by EMS personnel where EtCO2 monitoring was used post ETI

EtCO2 monitoring was use	a post Em
Measure Code	C-Am-P-1
Definition	Patients successfully intubated by EMS personnel where EtCO2 monitoring was used post ETI
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients successfully intubated by EMS personnel where EtCO2 monitoring was used post ETI
Denominator Statement	Total number of patients successfully intubated by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Failed ETI Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients successfully intubated by EMS personnel where EtCO2 monitoring was used post ETI
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Weekly Monthly Quarterly Annually

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Recommended Review Period Three years

C-Am-P-3 Patients successfully intubated via RSI by EMS personnel where a paralytic agent was administered post-ETI

where a paralytic agent w	·
Measure Code	
Definition	Patients successfully intubated via RSI by EMS personnel where a paralytic agent was administered post-ETI
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients successfully intubated via RSI by EMS personnel where a paralytic agent was administered post-ETI
Denominator Statement	Total number of patients successfully intubated by via RSI by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Failed ETI Non-RSI ETI Contraindication to the paralytic administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients successfully intubated via RSI by EMS personnel where a paralytic agent was administered post-ETI
Data Source	Patient Report Form Airway Register

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-4 Patients successfully intubated by EMS personnel where a sedative agent was administered post-ETI

a secutive agent was acom	•
Measure Code	C-Am-P-4
Definition	Patients successfully intubated by EMS personnel where a sedative agent was administered post-ETI
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients successfully intubated by EMS personnel where a sedative agent was administered post-ETI
Denominator Statement	Total number of patients successfully intubated by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Failed ETI Contraindication to the sedative administered
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients successfully intubated by EMS personnel where a sedative agent was administered post-ETI
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Weekly Monthly Quarterly Annually

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Recommended Review Period Three years

C-Am-P-5 Patients successfully intubated by EMS personnel where a mechanical ventilator was used post-ETI for ventilation

a mechanical ventilator was used post-ETI for ventilation		
Measure Code	C-Am-P-5	
Definition	Patients successfully intubated by EMS personnel where a mechanical ventilator was used post-ETI for ventilation	
Category	Clinical	
Subcategory	Airway management	
Measure Type	Process	
Target Population	Adult patients Paediatric patients Medical patients Trauma patients	
Unit of Analysis	Clinician Shift Base Region Service	
Numerator Statement	Total number of patients successfully intubated by EMS personnel where a mechanical ventilator was used post-ETI for ventilation	
Denominator Statement	Total number of patients successfully intubated by EMS personnel	
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	OHCA patients Failed ETI Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients successfully intubated by EMS personnel where a mechanical ventilator was used post-ETI for ventilation	
Data Source	Patient Report Form Airway Register	

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-6 Patients in whom ETI was attempted by EMS personnel who had an alternative airway inserted as a final airway

	way inserted as a final airway
Measure Code	C-Am-P-6
Definition	Patients in whom ETI was attempted by EMS personnel who had an alternative airway inserted as a final airway
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients in whom ETI was attempted by EMS personnel who had an alternative airway inserted as a final airway
Denominator Statement	Total number of patients where ETI was attempted by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Patients where the alternative airway was the primary method of airway insertion Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients in whom ETI was attempted by EMS personnel who had an Alternative airway inserted as a final airway
Data Source	Patient Report Form Airway Register

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-7 Patients in whom ETI was attempted by EMS personnel who had a surgical airway inserted

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Measure Code	C-Am-P-7
Definition	Patients in whom ETI was attempted by EMS
	personnel who had a surgical airway inserted
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients in whom ETI was attempted by EMS personnel who had a surgical airway inserted
Denominator Statement	Total number of patients where ETI was attempted by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Patients where the Surgical Airway was the primary method of airway insertion Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients in whom ETI was attempted by EMS personnel who had a Surgical airway inserted
Data Source	Patient Report Form Airway Register

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-8 Patients successfully intubated by EMS personnel with an EtCO2 < 30 mmHg or > 50 mmHg post-ETI > 10 mins during EMS care

Care	
Measure Code	C-Am-P-8
Definition	Patients successfully intubated by EMS personnel with an EtCO2 < 30 mmHg or > 50 mmHg post-ETI > 10 mins during EMS care
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients successfully intubated by EMS personnel with an EtCO2 < 30 mmHg or > 50 mmHg post-ETI > 10 mins during EMS care
Denominator Statement	Total number of patients successfully intubated by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Failed ETI Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients successfully intubated by EMS personnel with an EtCO2 < 30 mmHg or > 50 mmHg post-ETI > 10 mins during EMS care
Data Source	Patient Report Form Airway Register

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-9 Patients in whom RSI with ETI was unsuccessful when attempted by EMS personnel

attempted by Eivis person	
Measure Code	C-Am-P-9
Definition	Patients in whom RSI with ETI was unsuccessful
	when attempted by EMS personnel
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients in whom RSI with ETI was unsuccessful when attempted by EMS personnel
Denominator Statement	Total number of patients in whom RSI with ETI was attempted by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Where the Alternative airway was the primary method of airway insertion Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients in whom RSI with ETI was unsuccessful when attempted by EMS personnel
Data Source	Patient Report Form Airway Register

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

C-Am-P-10 Patients in whom Non-RSI ETI was unsuccessful when attempted by EMS personnel

attempted by Eivis person	
Measure Code	C-Am-P-10
Definition	Patients in whom Non-RSI ETI was unsuccessful when attempted by EMS personnel
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients in whom Non-RSI ETI was unsuccessful when attempted by EMS personnel
Denominator Statement	Total number of patients in whom Non-RSI ETI was attempted by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Where the Alternative airway was the primary method of airway insertion Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients in whom Non-RSI ETI was unsuccessful when attempted by EMS personnel
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Weekly Monthly Quarterly Annually

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Recommended Review Period Three years

C-Am-P-11 Patients in whom RSI with ETI was successful when attempted by EMS personnel

attempted by Livis person	
Measure Code	C-Am-P-11
Definition	Patients in whom RSI with ETI was successful when attempted by EMS personnel
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients in whom RSI with ETI was successful when attempted by EMS personnel
Denominator Statement	Total number of patients in whom RSI with ETI was attempted by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Failed ETI Where the Alternative airway was the primary method of airway insertion
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients in whom RSI with ETI was successful when attempted by EMS personnel
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Weekly Monthly Quarterly Annually

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Recommended Review Period Three years

C-Am-P-12 Patients successfully intubated via RSI by EMS personnel

Measure Code	C-Am-P-12
	Patients successfully intubated via RSI by EMS
Definition	personnel
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients successfully intubated via RSI by EMS personnel
Denominator Statement	Total number of patients transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	OHCA patients Failed ETI Where the Alternative airway was the primary method of airway insertion Insufficient reporting data
Measure Calculation	Numerator/Denominator X 1000 = EMS RSI ETIs per 1000 EMS patient transports
Numerical Reporting Format	Per 1000 EMS patient transports
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	EMS RSI ETIs per 1000 EMS patient transports
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

C-Am-P-13 Patients who received/met all components of the defined Airway management composite bundle score

Airway management compo	
Measure Code	
Definition	Patients who received/met all components of the defined Airway management composite bundle score
Category	Clinical
Subcategory	Airway management
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Region Service
Numerator Statement	Total number of patients who received/met all components of the defined Airway management composite bundle score
Denominator Statement	Determined based on Airway Management bundle composite score items
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Successfully ETI Unsuccessful ETI
Exclusion Criteria	OHCA patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients who received/met all components of the defined Airway Management composite bundle score
Data Source	Patient Report Form Airway Register

Development of Clinical Quality and Performance Indicators for Emergency Medical Services in the Low to Middle Income Setting: The South African perspective

Suggested Reporting Period	Weekly Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Domain Part 4: Anaphylaxis

C-An-P-1 Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered a B2 agonist C-An-P-2 Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered an anticholinergic bronchodilator Patients with a provisional diagnosis of Anaphylaxis who were C-An-P-3 administered an antihistamine C-An-P-4 Patients with a provisional diagnosis of Anaphylaxis who were administered a corticosteroid Patients with a provisional diagnosis of Anaphylaxis and signs of a C-An-P-5 severe systemic response recorded who were administered IM Adrenaline

C-An-P-1 Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered a B2 agonist

administered a BZ agonist	
Measure Code	C-An-P-1
Definition	Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered a B2 agonist
Category	Clinical
Subcategory	Anaphylaxis
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented
Case Mix/Risk Adjustment	Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins
Exclusion Criteria	Contraindication to the Antihistamine administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered a B2 agonist
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-An-P-2 Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered an anticholinergic bronchodilator

administered an anticholir	
Measure Code	C-An-P-2
Definition	Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered an anticholinergic bronchodilator
Category	Clinical
Subcategory	Anaphylaxis
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented
Case Mix/Risk Adjustment	Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins
Exclusion Criteria	Contraindication to the Antihistamine administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Anaphylaxis and evidence of bronchoconstriction documented who were administered an anticholinergic bronchodilator
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-An-P-3 Patients with a provisional diagnosis of Anaphylaxis who were administered an antihistamine

were auministered an anti	Instannic
Measure Code	C-An-P-3
Definition	Patients with a provisional diagnosis of Anaphylaxis who were administered an antihistamine
Category	Clinical
Subcategory	Anaphylaxis
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of Anaphylaxis
Case Mix/Risk Adjustment	Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins
Exclusion Criteria	Contraindication to the Antihistamine administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Anaphylaxis who were administered an antihistamine
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-An-P-4 Patients with a provisional diagnosis of Anaphylaxis who were administered a corticosteroid

Measure Code	C-An-P-4
Definition	Patients with a provisional diagnosis of Anaphylaxis who were administered a corticosteroid
Category	Clinical
Subcategory	Anaphylaxis
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients transported by EMS personnel with a provisional diagnosis of Anaphylaxis
Case Mix/Risk Adjustment	Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins
Exclusion Criteria	Contraindication to the Corticosteroid administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Anaphylaxis who were administered a corticosteroid
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
	Ailliually

C-An-P-5 Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline

Definition Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline	auministered ny Aurenam	<u> </u>
Definition and signs of a severe systemic response recorded who were administered IM Adrenaline Category Clinical Anaphylaxis Process Adult patients Paediatric patients Medical patients Clinician Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Reported Indicator Data Source Patient Report Form Monthly Quarterly Annually Clinician Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins Contraindication to Adrenaline Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patient Report Form Monthly Quarterly Annually	Measure Code	C-An-P-5
Subcategory Measure Type Process Adult patients Paediatric patients Medical patients Clinician Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Patient Report Format Data Source Suggested Reporting Period Munually Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins Contraindication to Adrenaline Insufficient reporting data Numerator/Denominator X 100 = % Run chart (min 10 data points) SPC chart (min 20 data points)	Definition	and signs of a severe systemic response recorded
Measure Type Adult patients Paediatric patients Medical patients Clinician Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Paediatric patients Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins Contraindication to Adrenaline Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points)	Category	Clinical
Adult patients Paediatric patients Medical patients Clinician Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Paediatric patients Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Patient Report Form Monthly Quarterly Annually	Subcategory	Anaphylaxis
Target Population Medical patients Clinician Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Reported Indicator Reported Indicator Data Source Patient Report Form Monthly Quarterly Annually	Measure Type	Process
Unit of Analysis Shift Base Service Total number of patients transported by EMS with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins Contraindication to Adrenaline Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Reported Indicator Reported Indicator Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Data Source Patient Report Form Monthly Quarterly Annually	Target Population	Paediatric patients
Denominator Statement provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded Case Mix/Risk Adjustment Adult patients Paediatric patients Systolic BP < 90 mmHg systolic for > 10 mins Exclusion Criteria Contraindication to Adrenaline Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Percentage (%) Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Data Source Patient Report Form Monthly Quarterly Annually Quarterly Annually	Unit of Analysis	Shift Base
Case Mix/Risk Adjustment Systolic BP < 90 mmHg systolic for > 10 mins Exclusion Criteria Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Reported Indicator Reported Indicator Data Source Patient Report Form Monthly Quarterly Annually	Denominator Statement	provisional diagnosis of Anaphylaxis and signs of a
Measure Calculation Numerical Reporting Format Percentage (%) Graphical Reporting Format Reported Indicator Reported Indicator Data Source Suggested Reporting Period Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Monthly Quarterly Annually	Case Mix/Risk Adjustment	Paediatric patients
Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Patient Report Form Monthly Quarterly Annually	Exclusion Criteria	
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Data Source Patient Report Form Monthly Quarterly Annually	Measure Calculation	Numerator/Denominator X 100 = %
SPC chart (min 20 data points) Reported Indicator Reported Indicator Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Data Source Patient Report Form Monthly Quarterly Annually	Numerical Reporting Format	Percentage (%)
Reported Indicator Anaphylaxis and signs of a severe systemic response recorded who were administered IM Adrenaline Data Source Patient Report Form Monthly Quarterly Annually	Graphical Reporting Format	
Suggested Reporting Period Quarterly Annually	Reported Indicator	Anaphylaxis and signs of a severe systemic response
Suggested Reporting Period Quarterly Annually	Data Source	Patient Report Form
Recommended Review Period Three years	Suggested Reporting Period	Quarterly
	Recommended Review Period	Three years

Section 1: Clinical Category Part 5: Asthma/Bronchoconstriction

Patients with a provisional diagnosis of
Asthma/Bronchoconstriction with lung sounds assessed and
documented (pre-and post-treatment)
Patients with a provisional diagnosis of
Asthma/Bronchoconstriction with a SpO2 documented (pre-and
post-treatment)
Patients with a provisional diagnosis of
Asthma/Bronchoconstriction who were administered a B2 agonist bronchodilator
Patients with a provisional diagnosis of
Asthma/Bronchoconstriction who were administered an
anticholinergic bronchodilator
Patients with a provisional diagnosis of
Asthma/Bronchoconstriction who were administered a corticosteroid
Patients with a provisional diagnosis of
Asthma/Bronchoconstriction recorded with documented severe wheezes/silent chest/BP < 90 mmHg systolic BP who was administered IM Adrenalin administration
Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score (A bundle indicator is a grouped indicator composed of several individual indicators - to be defined at the user's discretion)

C-AB-P-1 Patients with a provisional diagnosis of Asthma/Bronchoconstriction with lung sounds assessed and documented (pre-and post-treatment)

documented (pre-and post	
Measure Code	C-AB-P-1
Definition	Patients with a provisional diagnosis of Asthma/Bronchoconstriction with lung sounds assessed and documented (pre-and post-treatment)
Category	Clinical
Subcategory	Asthma/Bronchoconstriction
Measure Type	Process
Target Population	Adult Paediatric Medical
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction with lung sounds assessed and documented (pre-and post-treatment)
Denominator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction
Case Mix/Risk Adjustment	Adult patients Paediatric patients
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Asthma/Bronchoconstriction with lung sounds assessed and documented (pre-and post-treatment)
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AB-P-2 Patients with a provisional diagnosis of Asthma/Bronchoconstriction with a SpO2 documented (pre-and post-treatment)

post-treatment,	
Measure Code	C-AB-P-2
Definition	Patients with a provisional diagnosis of Asthma/Bronchoconstriction with a SpO2 documented (pre-and post-treatment)
Category	Clinical
Subcategory	Asthma/Bronchoconstriction
Measure Type	Process
Target Population	Adult Paediatric Medical
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction with a SpO2 documented (pre-and post-treatment)
Denominator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction
Case Mix/Risk Adjustment	Adult patients Paediatric patients
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Asthma/Bronchoconstriction with a SpO2 documented (pre-and post-treatment)
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AB-P-3 Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a B2 agonist bronchodilator

Didicioaliatoi	
Measure Code	C-AB-P-3
Definition	Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a B2 agonist bronchodilator
Category	Clinical
Subcategory	Asthma/Bronchoconstriction
Measure Type	Process
Target Population	Adult Paediatric Medical
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a B2 agonist bronchodilator
Denominator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction
Case Mix/Risk Adjustment	Adult patients Paediatric patients
Exclusion Criteria	Contraindication to Salbutamol Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a B2 agonist
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AB-P-4 Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered an anticholinergic bronchodilator

anticholinergic bronchodii	alui
Measure Code	C-AB-P-4
Definition	Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered an anticholinergic bronchodilator
Category	Clinical
Subcategory	Asthma/Bronchoconstriction
Measure Type	Process
Target Population	Adult Medical
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered an anticholinergic bronchodilator
Denominator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction
Case Mix/Risk Adjustment	Adult patients Paediatric patients
Exclusion Criteria	Contraindication to Ipratropium bromide Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered an anticholinergic bronchodilator
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AB-P-5 Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a corticosteroid

corticosteroia	
Measure Code	C-AB-P-5
Definition	Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a corticosteroid
Category	Clinical
Subcategory	Asthma/Bronchoconstriction
Measure Type	Process
Target Population	Adult Medical
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a corticosteroid
Denominator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction
Case Mix/Risk Adjustment	Adult patients Paediatric patients
Exclusion Criteria	Contraindication to the Corticosteroid administered Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Asthma/Bronchoconstriction who were administered a corticosteroid
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AB-P-6 Patients with a provisional diagnosis of Asthma/Bronchoconstriction recorded with documented severe wheezes/silent chest/BP < 90 mmHg systolic BP who were administered IM Adrenalin

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Measure Code	C-AB-P-6
Definition	Patients with a provisional diagnosis of Asthma/Bronchoconstriction recorded with documented severe wheezes/silent chest/BP < 90 mmHg systolic BP who were administered IM Adrenalin
Category	Clinical
Subcategory	Asthma/Bronchoconstriction
Measure Type	Process
Target Population	Adult Paediatric Medical
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction recorded with documented severe wheezes/silent chest/BP < 90 mmHg systolic BP who were administered IM Adrenalin
Denominator Statement	Total number of patients with a provisional diagnosis of Asthma/Bronchoconstriction
Case Mix/Risk Adjustment	Adult patients Paediatric patients
Exclusion Criteria	Contraindication to Adrenaline Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Asthma/Bronchoconstriction recorded with documented severe wheezes/silent chest/BP < 90 mmHg systolic BP who were administered IM Adrenalin
Data Source	Patient Report Form

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Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-AB-P-7 Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score

Definition Category Clinical Asthma/Bronchoconstriction Process Adult Paediatric Medical Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Data Source Data Source Patient Report Form Monthly Quarterly Annually	Definition Category Subcategory Measure Type	Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Clinical Asthma/Bronchoconstriction Process Adult Paediatric Medical Clinician
Definition defined Asthma/bronchoconstriction composite bundle score Category Clinical Subcategory Asthma/Bronchoconstriction Measure Type Process Adult Paediatric Medical Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Mumerator/Denominator X 100 = % Numerical Reporting Format Reported Indicator Data Source Patient Report Form Monthly Quarterly Glinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score items Adult patients Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Patient Report Form Monthly Quarterly	Category Subcategory Measure Type	defined Asthma/bronchoconstriction composite bundle score Clinical Asthma/Bronchoconstriction Process Adult Paediatric Medical Clinician
Subcategory Measure Type Process Adult Paediatric Medical Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Data Source Patient Report Form Monthly Quarterly	Subcategory Measure Type	Asthma/Bronchoconstriction Process Adult Paediatric Medical Clinician
Measure Type Adult Paediatric Medical Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reported Indicator Reported Indicator Data Source Patients Adult patients Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Patient Report Form Monthly Quarterly	Measure Type	Process Adult Paediatric Medical Clinician
Target Population Unit of Analysis Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Data Source Adult patients Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) We Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Patient Report Form Monthly Quarterly		Adult Paediatric Medical Clinician
Target Population Medical Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Reported Indicator Data Source Patient Report Form Monthly Suggested Reporting Period Clinician Shift Base Service Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Patient Report Form Monthly Quarterly	Target Population	Paediatric Medical Clinician
Numerator Statement Numerator Statement Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Divide Total number of patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Determined based on Asthma/bronchoconstriction composite bundle score items Adult patients Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Data Source Patient Report Form Monthly Quarterly		
Numerator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Pata Source Components of the defined Asthma/bronchoconstriction composite bundle Score Determined based on Asthma/bronchoconstriction composite bundle score items Adult patients Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Patient Report Form Monthly Suggested Reporting Period Monthly Quarterly	Unit of Analysis	
Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Case Mix/Risk Adjustment Adult patients Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Patient Report Form Monthly Quarterly	Numerator Statement	components of the defined Asthma/bronchoconstriction composite bundle
Exclusion Criteria Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) **Reported Indicator** Reported Indicator* **Data Source** Data Source** Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Run chart (min 10 data points) **Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score **Data Source** Patient Report Form Monthly Quarterly Quarterly	Denominator Statement	·
Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Graphical Reporting Format Reported Indicator Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Data Source Patient Report Form Monthly Quarterly	Case Mix/Risk Adjustment	•
Numerical Reporting Format Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Data Source Patient Report Form Monthly Quarterly	Exclusion Criteria	Insufficient reporting data
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) % Patients who received/met all components of the defined Asthma/bronchoconstriction composite bundle score Data Source Patient Report Form Monthly Quarterly	Measure Calculation	Numerator/Denominator X 100 = %
SPC chart (min 20 data points)	Numerical Reporting Format	Percentage (%)
Reported Indicator defined Asthma/bronchoconstriction composite bundle score Data Source Patient Report Form Monthly Suggested Reporting Period Quarterly	Graphical Reporting Format	·
Monthly Suggested Reporting Period Quarterly	Reported Indicator	defined Asthma/bronchoconstriction composite
Suggested Reporting Period Quarterly	Data Source	Patient Report Form
	Suggested Reporting Period	Quarterly
Recommended Review Period Three years	Recommended Review Period	Three years

Section 1: Clinical Domain

Part 6: Burns

- C-Bu-P-1 Patients with a provisional diagnosis of Burns with burns dressings applied
- C-Bu-P-2 Patients with a provisional diagnosis of Burns with body surface area and burns type assessed and recorded

C-Bu-P-1 Patients with a provisional diagnosis of Burns with burns dressings applied

aressings applied	
Measure Code	C-Bu-P-1
Definition	Patients with a provisional diagnosis of Burns with burns dressings applied
Category	Clinical
Subcategory	Burns
Measure Type	Process
Target Population	Adult Paediatric Trauma
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients with a provisional diagnosis of Burns
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Burns with burns dressings applied
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Bu-P-2 Patients with a provisional diagnosis of Burns with body surface area and burns type assessed and recorded

surface area and burns typ	e assessed and recorded
Measure Code	C-Bu-P-2
Definition	Patients with a provisional diagnosis of Burns with body surface area and burns type assessed and recorded
Category	Clinical
Subcategory	Burns
Measure Type	Process
Target Population	Adult Paediatric Trauma
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients with a provisional diagnosis of Burns
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Burns with body surface area and burns type assessed and recorded
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Category Part 7: General

C-Ge-S-1 Serviceable suction unit devices available per defined area and/or time period C-Ge-S-2 Serviceable 3 lead ECG monitoring devices available per defined area and/or time period C-Ge-S-3 Serviceable 12 lead ECG monitoring devices available per defined area and/or time period C-Ge-S-4 Serviceable portable oxygen cylinders available per defined area and/or time period Serviceable Defibrillator/AED devices available per defined area C-Ge-S-5 and/or time period C-Ge-S-6 Serviceable mechanical ventilators available per defined area and/or time period C-Ge-P-1 Patients with reduced level of consciousness with a blood glucose measured C-Ge-P-2 Patients with a recorded SpO2 < 95% who were administered supplemental Oxygen Patients with a provisional diagnosis recorded C-Ge-P-3

C-Ge-S-1 Serviceable suction unit devices available per defined area and/or time period

Definition Definition Category Clinical General Subcategory Structure Shift Base Service Shift Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Data Source Description Description Description Regerted Indicator Description De	and/or time period	
Category Clinical	Measure Code	C-Ge-S-1
Subcategory Measure Type Structure Shift Base Service Shift Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Shift Base Service Total number of serviceable suction unit devices available per defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period ALS units Non-ALS units Non-ALS units Insufficient reporting data Numerator/Denominator X 100 = Rate per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Data Source Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Definition	•
Measure Type Shift Base Service Shift Base Service Commerator Statement Denominator Statement Case Mix/Risk Adjustment Measure Calculation Numerical Reporting Format Graphical Reported Indicator Data Source Negative Shift Base Service Total number of serviceable suction unit devices available per defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period ALS units Non-ALS units Non-ALS units Insufficient reporting data Numerator/Denominator X 100 = Rate per 100 vehicles Numerical Reporting Format Serviceable suction unit devices available per 100 vehicles Numerical Reporting Format Reported Indicator Serviceable suction unit devices available per 100 vehicles Negative Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Category	Clinical
Target Population Shift Base Service Shift Base Service Total number of serviceable suction unit devices available per defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period ALS units Non-ALS units Non-ALS units Insufficient reporting data Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Suggested Reporting Period Shift Base Service Shift Base Service Shift Base Serviceable suction unit devices available per 100 Total number of in-service vehicles per equivalent defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period ALS units Non-ALS units Numerator/Denominator X 100 = Rate per 100 vehicles Per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Subcategory	General
Target Population Service Shift Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reported Indicator Data Source Numerator Population Shift Base Service Total number of serviceable suction unit devices available per defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period ALS units Non-ALS units Insufficient reporting data Numerator/Denominator X 100 = Rate per 100 vehicles Per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Measure Type	Structure
Numerator Statement Penominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Numerator Statement Suggested Reporting Period Rotal number of serviceable suction unit devices available per defined area and/or time period Total number of in-service vehicles per equivalent defined area and/or time period ALS units Non-ALS units Numerator/Denominator X 100 = Rate per 100 vehicles Run chart (min 10 data points) SPC chart (min 10 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Target Population	Base
Denominator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Numerator Statement ALS units Non-ALS units Non-ALS units Numerator/Denominator X 100 = Rate per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Unit of Analysis	Base
Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source defined area and/or time period ALS units Non-ALS units Insufficient reporting data Numerator/Denominator X 100 = Rate per 100 vehicles Per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Numerator Statement	
Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Case Mix/Risk Adjustment Non-ALS units Insufficient reporting data Numerator/Denominator X 100 = Rate per 100 vehicles Per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Denominator Statement	
Measure Calculation Numerator/Denominator X 100 = Rate per 100 vehicles Per 100 vehicles Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Data Source Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Case Mix/Risk Adjustment	
Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Data Source Numerical Reporting Format Run chart (min 10 data points) Serviceable suction unit devices available per 100 vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Exclusion Criteria	Insufficient reporting data
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) Serviceable suction unit devices available per 100 vehicles Data Source Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Measure Calculation	
SPC chart (min 20 data points) Reported Indicator Serviceable suction unit devices available per 100 vehicles Data Source Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly Quarterly	Numerical Reporting Format	Per 100 vehicles
Data Source Vehicles Vehicle checklist Capital equipment storeroom checklist Monthly Quarterly	Graphical Reporting Format	, , , , , , , , , , , , , , , , , , , ,
Capital equipment storeroom checklist Monthly Suggested Reporting Period Capital equipment storeroom checklist Monthly Quarterly	Reported Indicator	·
Suggested Reporting Period Quarterly	Data Source	
	Suggested Reporting Period	Quarterly
Recommended Review Period Three years	Recommended Review Period	Three years

C-Ge-S-2 Serviceable 3 lead ECG monitoring devices available per defined area and/or time period

defined area and/or time	periou
Measure Code	C-Ge-S-2
Definition	Serviceable 3 lead ECG monitoring devices available per defined area and/or time period
Category	Clinical
Subcategory	General
Measure Type	Structure
Target Population	Shift Base Service
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of serviceable 3 lead ECG monitoring devices available per defined area and/or time period
Denominator Statement	Total number of in-service vehicles per equivalent defined area and/or time period
Case Mix/Risk Adjustment	ALS units Non-ALS units
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = Rate per 100 vehicles
Numerical Reporting Format	Per 100 vehicles
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Serviceable 3 lead ECG monitoring devices per 100 vehicles
Data Source	Vehicle checklist Capital equipment storeroom checklist
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-S-3 Serviceable 12 lead ECG monitoring devices available per defined area and/or time period

defined area and/or time period	
Measure Code	C-Ge-S-3
Definition	Serviceable 12 lead ECG monitoring devices available per defined area and/or time period
Category	Clinical
Subcategory	General
Measure Type	Structure
Target Population	Shift Base Service
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of serviceable 12 lead ECG monitoring devices available per defined area and/or time period
Denominator Statement	Total number of in-service vehicles per equivalent defined area and/or time period
Case Mix/Risk Adjustment	ALS units Non-ALS units
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = Rate per 100 vehicles
Numerical Reporting Format	Per 100 vehicles
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Serviceable 12 lead ECG monitoring devices available per 100 vehicles
Data Source	Vehicle checklist Capital equipment storeroom checklist
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-S-4 Serviceable portable oxygen cylinders available per defined area and/or time period

Measure Code	C-Ge-S-4
Definition	Serviceable portable oxygen cylinders available per defined area and/or time period
Category	Clinical
Subcategory	General
Measure Type	Structure
Target Population	Shift Base Service
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of serviceable portable oxygen cylinders available per defined area and/or time period
Denominator Statement	Total number of in-service vehicles per equivalent defined area and/or time period
Case Mix/Risk Adjustment	ALS units Non-ALS units
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = Rate per 100 vehicles
Numerical Reporting Format	Per 100 vehicles
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Serviceable portable oxygen cylinders available per 100 vehicles
Data Source	Vehicle checklist Capital equipment storeroom checklist
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-S-5 Serviceable Defibrillator/AED devices available per defined area and/or time period

defined area and/or time period	
Measure Code	C-Ge-S-5
Definition	Serviceable Defibrillator/AED devices available per defined area and/or time period
Category	Clinical
Subcategory	General
Measure Type	Structure
Target Population	Shift Base Service
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of serviceable Defibrillator/AED devices available per defined area and/or time period
Denominator Statement	Total number of in-service vehicles per equivalent defined area and/or time period
Case Mix/Risk Adjustment	ALS units Non-ALS units
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = Rate per 100 vehicles
Numerical Reporting Format	Per 100 vehicles
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Serviceable Defibrillator/AED devices per 100 vehicles
Data Source	Vehicle checklist Capital equipment storeroom checklist
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-S-6 Serviceable mechanical ventilators available per defined area and/or time period

area and/or time period	
Measure Code	C-Ge-S-6
Definition	Serviceable mechanical ventilators available per defined area and/or time period
Category	Clinical
Subcategory	General
Measure Type	Structure
Target Population	Shift Base Service
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of serviceable mechanical ventilators available per defined area and/or time period
Denominator Statement	Total number of in-service vehicles per equivalent defined area and/or time period
Case Mix/Risk Adjustment	Nil
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = Rate per 100 vehicles
Numerical Reporting Format	Per 100 vehicles
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Serviceable mechanical ventilators available per 100 vehicles
Data Source	Vehicle checklist Capital equipment storeroom checklist
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-P-1 Patients with reduced level of consciousness with a blood glucose measured

giucose measured	
Measure Code	C-Ge-P-1
Definition	Patients with reduced level of consciousness with a blood glucose measured
Category	Clinical
Subcategory	General
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with reduced level of consciousness with a blood glucose measured
Denominator Statement	Total number of patients with reduced level of consciousness
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Patients with reduced level of consciousness with blood glucose measurement
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-P-2 Patients with a recorded SpO2 < 95% who were administered supplemental Oxygen

aummistereu suppiementai Oxygen	
Measure Code	C-Ge-P-2
Definition	Patients with a recorded SpO2 < 95% who were
2 0 11111011	administered supplemental Oxygen
Category	Clinical
Subcategory	General
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a recorded SpO2 < 95% who were administered supplemental Oxygen
Denominator Statement	Total number of patients with SpO2 < 95%
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls ACS/STEMI patients APO patients
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a recorded SpO2 < 95% who were administered supplemental Oxygen
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ge-P-3 Patients with a provisional diagnosis recorded

Macaura Cada	
Measure Code	C-G-P-3
Definition	Patients with a provisional diagnosis recorded
Category	Clinical
Subcategory	General
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis recorded
Denominator Statement	Total number of patients transported by EMS
Case Mix/Risk Adjustment	Nil
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with reduced level of consciousness with blood glucose measurement
Data Source	
	Patient Report Form
Suggested Reporting Period	Patient Report Form Monthly Quarterly Annually

Section 1: Clinical Domain Part 8: Hypoglycaemia

C-Hy-P-1 Patients with a blood glucose level < 5 mmol who were administered Glucose

C-Hy-P-2 Blood glucose measurement post intervention

C-Hy-P-1 Patients with a blood glucose level < 5 mmol who were administered Glucose

danimistered Glacose	
Measure Code	C-Hy-P-1
Definition	Patients with a blood glucose level < 5 mmol who were administered Glucose
Category	Clinical
Subcategory	Hypoglycaemia
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients with a blood glucose level < 5 mmol recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a blood glucose level < 5 mmol who were administered Glucose
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Hy-P-2 Patients with a blood glucose level measured and recorded following Glucose administration

recorded following didcost	
Measure Code	C-Hy-P-2
Definition	Patients with a blood glucose level measured and recorded following Glucose administration
Category	Clinical
Subcategory	Hypoglycaemia
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of patients with Glucose administered
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a blood glucose level measured and recorded following Glucose administration
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Category Part 9: Neonates/Paediatrics

C-NP-P-1	One min APGAR score assessed and recorded for new-born patients
C-NP-P-2	Five min APGAR score assessed and recorded for new-born patients
C-NP-P-3	Paediatric patients with Croup who were administered oral/inhaled steroids
C-NP-P-4	Paediatric patients with Croup who were administered nebulised Adrenalin
C-NP-P-5	Patient transportation to a facility with specialist Paediatric capabilities/resources

C-NP-P-1 One min APGAR score assessed and recorded for newborn patients

C-NP-P-1
One min APGAR score assessed and recorded for new-born patients
Clinical
Neonate/Paediatric
Process
Paediatric patients Medical patients
Clinician Shift Base Service
Total number of newborn patients with a one min APGAR score assessed and recorded
Total number of new-born patients treated and/or transported
Primary (Community) calls Secondary (Transfer) calls
Non-Neonate patients Insufficient reporting data
Numerator/Denominator X 100 = %
Percentage (%)
Run chart (min 10 data points) SPC chart (min 20 data points)
% Neonatal patients with a one min APGAR score assessed and recorded
Patient Report Form
Monthly Quarterly Annually
Three years

C-NP-P-2 Five min APGAR score assessed and recorded for newborn patients

C-NP-P-2
Five min APGAR score assessed and recorded for new-born patients
Clinical
Neonate/Paediatric
Process
Paediatric patients Medical patients
Clinician Shift Base Service
Total number of newborn patients with a five min APGAR score assessed and recorded
Total number of new-born patients treated and/or transported
Primary (Community) calls Secondary (Transfer) calls
Non-Neonate patients Insufficient reporting data
Numerator/Denominator X 100 = %
Percentage (%)
Run chart (min 10 data points) SPC chart (min 20 data points)
% Neonatal patients with a five min APGAR score assessed and recorded
Patient Report Form
Monthly Quarterly Annually
Three years

C-NP-P-3 Paediatric patients with Croup who were administered oral/inhaled steroids

oral/illialed steroids	
Measure Code	C-NP-P-3
Definition	Paediatric patients with Croup who were administered oral/inhaled steroids
Category	Clinical
Subcategory	Neonate/Paediatric
Measure Type	Process
Target Population	Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of paediatric patients with Croup who were administered oral/inhaled steroids
Denominator Statement	Total number of Paediatric patients with Croup
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Adult patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Paediatric patients with Croup who were administered oral/inhaled steroids
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-NP-P-4 Paediatric patients with Croup who were administered nebulised Adrenalin

Measure Code	C-NP-P-4
Definition	Paediatric patients with Croup who were administered nebulised Adrenalin
Category	Clinical
Subcategory	Neonate/Paediatric
Measure Type	Process
Target Population	Paediatric patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of paediatric patients with Croup who were administered nebulised Adrenalin
Denominator Statement	Total number of Paediatric patients with Croup
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Adult patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Paediatric patients with Croup who were administered nebulised Adrenalin
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-NP-P-5 Patient transportation to a facility with specialist Paediatric capabilities/resources

Definition Definition Category Clinical Subcategory Measure Type Padiatric patients Medical patients Trauma patients Trauma patients Medical patients Trauma patients Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patient Reported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Definition Patient transportation to a facility with specialist Paediatric capabilities/resources Clinical	Paediatric capabilities/res	ources
Category Clinical Subcategory Measure Type Process Paediatric patients Medical patients Trauma patients Shift Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Calculation Data Source Calculation Data Source Calculation Case Mix/Risk Adjustment Case Mix/Risk Adjustment Case Measure Calculation Numerical Reporting Format Reported Indicator Data Source Data Source Calculation Monthly Quarterly Comanuficient Capabilities/resources Paediatric capabilities/resources Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Category Clinical Subcategory Neonate/Paediatric Measure Type Process Target Population Unit of Analysis Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Measure Calculation Numerical Reporting Format Reported Indicator Suggested Reporting Period Calidatiric patients Medical patients Trauma patients Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Measurce Patient Report Form Monthly Quarterly Annually	Measure Code	C-NP-P-5
Subcategory Measure Type Process Paediatric patients Medical patients Trauma patients Shift Base Service Total number of patient transports to a facility with specialist Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerical Reporting Format Reported Indicator Data Source Nenative Measure Paediatric patients transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Subcategory Measure Type Process Paediatric patients Medical patients Trauma patients Shift Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reported Indicator Data Source Neasure Calculation Numerical Reporting Period Suggested Reporting Period Neasure Calculation Neasure Calculation Case Mix/Risk Adjustment Reported Indicator Data Source Neasure Calculation Numerical Reporting Format Reported Indicator Data Source Suggested Reporting Period Neasure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Weather Care resources Patient Report Form Monthly Quarterly Annually	Definition	
Measure Type Process Paediatric patients Medical patients Trauma patients Shift Base Service Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Paediatric patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Measure Type Target Population Target Population Target Population Medical patients Trauma patients Shift Base Service Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Patient Report Form Monthly Quarterly Annually	Category	Clinical
Target Population Medical patients Trauma patients Shift Base Service Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerical Reporting Format Reported Indicator Data Source Patient Report Form Monthly Quarterly Paediatric patients Medical patients Primary (community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Target Population Paediatric patients Medical patients Trauma patients Shift Base Service Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Patient Report Form Monthly Quarterly Annually	Subcategory	Neonate/Paediatric
Target Population Trauma patients Trauma patients Trauma patients Shift Base Service Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Reported Indicator Patient Report Form Monthly Quarterly Monthly Quarterly	Target Population Medical patients Trauma patients Shift Base Service Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Punchart (min 10 data points) SPC chart (min 20 data points) Paediatric patients treated and/or transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Measure Type	Process
Numerator Statement Penominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Reported Indicator Data Source Suggested Reporting Period Numerator Statement Total number of patient transports to a facility with specialist Paediatric capabilities/resources Total number of Paediatric capabilities/resources Total number of Paediatric capabilities/resources Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 10 data points) We Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Target Population	Medical patients
Denominator Statement Denominator Statement Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Denominator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Data Source Suggested Reporting Period Denominator Statement Specialist Paediatric capabilities/resources Total number of Paediatric patients treated and/or transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Unit of Analysis	Base
Transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Graphical Reporting Format Reported Indicator Padiatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Transported by EMS personnel Primary (Community) calls Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patient Report Form Monthly Quarterly Annually	Numerator Statement	·
Case Mix/Risk Adjustment Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Suggested Reporting Period Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Reported Indicator Patient Report Form Data Source Secondary (Transfer) calls defined location criteria (i.e.: Urban vs Rural etc.) Adult patients Insufficient reporting data Numerator/Denominator X 100 = % Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Denominator Statement	·
Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Case Mix/Risk Adjustment	Secondary (Transfer) calls
Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Paediatric patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly Annually	Exclusion Criteria	
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patient Report Form Monthly Quarterly Run chart (min 10 data points) SPC chart (min 20 data points) Patients transported by EMS delivered to facility with Paediatric care resources Patient Report Form Monthly Quarterly	Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) **Reported Indicator* **Paediatric patients transported by EMS delivered to facility with Paediatric care resources **Data Source* Patient Report Form Monthly Quarterly Annually	Measure Calculation	Numerator/Denominator X 100 = %
Reported Indicator Reported SPC chart (min 20 data points) % Paediatric patients transported by EMS delivered to facility with Paediatric care resources Data Source Patient Report Form Monthly Quarterly	Reported Indicator Data Source Patient Report Form Data Source Patient Report Form Monthly Quarterly Annually	Numerical Reporting Format	Percentage (%)
to facility with Paediatric care resources Data Source Patient Report Form Monthly Suggested Reporting Period Quarterly	to facility with Paediatric care resources Data Source Patient Report Form Monthly Quarterly Annually	Graphical Reporting Format	· · ·
Monthly Suggested Reporting Period Quarterly	Suggested Reporting Period Quarterly Annually	Reported Indicator	·
Suggested Reporting Period Quarterly	Suggested Reporting Period Quarterly Annually	Data Source	Patient Report Form
	Recommended Review Period Three years	Suggested Reporting Period	Quarterly
Recommended Review Period Three years		Recommended Review Period	Three years

Section 1: Clinical Domain

Part 10: Obstetrics

Obstetric patients who deliver prior to EMS arrival
Obstetric patients with postpartum haemorrhage who were
administered TXA
Obstetric patients with a provisional diagnosis of Eclampsia or Pre-
eclampsia who were administered Mag sulphate
Obstetric patients who deliver during EMS care

C-Ob-P-1 Obstetric patients who deliver prior to EMS arrival

C OD 1 I ODSCETTIC PATIENT	s who deliver prior to Livio arrivar
Measure Code	C-Ob-P-1
Definition	Obstetric patients who deliver prior to EMS arrival
Category	Clinical
Subcategory	Obstetric
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Shift Base Service
Denominator Statement	Total number of Obstetric patients transported by EMS
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Non-Obstetric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Obstetric patients who deliver prior to EMS arrival (BBA)
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ob-P-2 Obstetric patients with postpartum haemorrhage who were administered TXA

Were auministered TAA	
Measure Code	C-Ob-P-2
Definition	Obstetric patients with postpartum haemorrhage who were administered TXA
Category	Clinical
Subcategory	Obstetric
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of Obstetric patients with postpartum haemorrhage transported by EMS
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Non-Obstetric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Obstetric patients with postpartum haemorrhage who were administered TXA
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ob-P-3 Obstetric patients with a provisional diagnosis of Eclampsia or Pre-eclampsia who were administered Mag sulphate

Eciampsia of The-eciampsis	a who were administered iviag sulphate
Measure Code	C-Ob-P-3
Definition	Obstetric patients with a provisional diagnosis of Eclampsia or Pre-eclampsia who were administered Mag sulphate
Category	Clinical
Subcategory	Obstetric
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Denominator Statement	Total number of Obstetric patients with a provisional diagnosis of Eclampsia or Pre-eclampsia
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Non-Obstetric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Obstetric patients with a provisional diagnosis of Eclampsia or Pre-eclampsia who were administered Mag sulphate
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ob-P-3 Obstetric patients who deliver during EMS care

Measure Code	C-Ob-P-3
Definition	Obstetric patients who deliver during EMS care
Category	Clinical
Subcategory	Obstetric
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Shift Base Service
Denominator Statement	Total number of Obstetric patients transported by EMS
Case Mix/Risk Adjustment	Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Non-Obstetric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Obstetric patients who deliver during EMS care
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually

Section 1: Clinical Category Part 11: Out of Hospital Cardiac Arrest

C-Ca-P-1	Patients with a provisional diagnosis of OHCA with a witnessed collapse documented
C-Ca-P-2	Patients with a provisional diagnosis of OHCA who received documented bystander CPR
C-Ca-P-3	Patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice
C-Ca-P-4	Patients with a provisional diagnosis of OHCA with VF/VT as first presenting rhythm on arrival of EMS
C-Ca-P-5	Patients with a provisional diagnosis of OHCA with Asystole/PEA as first presenting rhythm on arrival of EMS
C-Ca-P-6	Patients with a provisional diagnosis of OHCA intubated with an alternative airway device
C-Ca-P-7	Patients with a provisional diagnosis of OHCA for whom resuscitation was cancelled prior to arrival at hospital
C-Ca-P-8	Patients with a provisional diagnosis of OHCA who were transported to hospital (incl. ROSC and Non-ROSC patients)
C-Ca-P-9	Patients with a provisional diagnosis of OHCA with ROSC at hospital handover
C-Ca-P-10	Patients with a provisional diagnosis of OHCA with VF/VT at hospital handover
C-Ca-P-11	Patients with a provisional diagnosis of OHCA with Asystole/PEA at hospital handover
C-Ca-P-12	Patients with a provisional diagnosis of OHCA with survival to Emergency Centre discharge
C-Ca-O-1	Patients with a provisional diagnosis of OHCA with survival to hospital discharge

C-Ca-P-1 Patients with a provisional diagnosis of OHCA with a witnessed collapse documented

withessed collapse docum	ented
Measure Code	C-Ca-P-1
Definition	Patients with a provisional diagnosis of OHCA with a witnessed collapse documented
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with a witnessed collapse documented
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA with a witnessed collapse documented
Data Source	Patient Report Form OHCA Registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ca-P-2 Patients with a provisional diagnosis of OHCA who received documented bystander CPR

eceived documented bystander CPR	
Measure Code	C-Ca-P-2
Definition	Patients with a provisional diagnosis of OHCA who received documented bystander CPR
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA who received documented bystander CPR
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA who
	received documented bystander CPR
Data Source	·
Data Source Suggested Reporting Period	received documented bystander CPR Patient Report Form

C-Ca-P-3 Patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice

Definition Patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Category Clinical OHCA Measure Type Process Adult patients Paediatric patients Medical patients Trauma patients Call Centre staff Shift Service Total number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Process Adult patients Paediatric patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Total number of patients with a provisional diagnosis of OHCA recorded Adult patients Paediatric patients Medical patients Trauma patients Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 100 = % Numerical Reporting Format Percentage (%)
Category Clinical Subcategory OHCA Measure Type Process Adult patients Paediatric patients Medical patients Trauma patients Call Centre staff Shift Service Total number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Process Adult patients Paediatric patients with a provisional diagnosis of OHCA recorded Adult patients Paediatric patients Medical patients Paediatric patients Medical patients Paediatric patients Medical patients Paediatric patients Medical
Subcategory Measure Type Process Adult patients Paediatric patients Medical patients Trauma patients Call Centre staff Shift Service Total number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation OHCA Adult patients Paediatric patients Medical patients
Measure Type Target Population Adult patients Paediatric patients Medical patients Trauma patients Call Centre staff Shift Service Total number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Process Adult patients Paediatric patients with a provisional diagnosis of OHCA recorded Adult patients Paediatric patients Medical patients Trauma patients Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 100 = %
Adult patients Paediatric patients Medical patients Trauma patients Call Centre staff Shift Service Total number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Total number of patients with a provisional diagnosis of OHCA recorded Adult patients Paediatric patients Adult patients Paediatric patients Medical patients Trauma patients Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 100 = %
Target Population Paediatric patients Medical patients Trauma patients Call Centre staff Shift Service Total number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice Total number of patients with a provisional diagnosis of OHCA recorded Adult patients Paediatric patients Medical patients Medical patients Trauma patients Exclusion Criteria Paediatric patients Medical patients Trauma patients Secondary (Transfer) calls Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Unit of AnalysisShift ServiceNumerator StatementTotal number of patients with a provisional diagnosis of OHCA who received documented telephonic CPR adviceDenominator StatementTotal number of patients with a provisional diagnosis of OHCA recordedCase Mix/Risk AdjustmentAdult patients Paediatric patients Medical patients Trauma patientsExclusion CriteriaSecondary (Transfer) calls Insufficient reporting dataMeasure CalculationNumerator/Denominator X 100 = %
Numerator Statement of OHCA who received documented telephonic CPR advice Denominator Statement Total number of patients with a provisional diagnosis of OHCA recorded Case Mix/Risk Adjustment Adult patients Paediatric patients Medical patients Trauma patients Exclusion Criteria Secondary (Transfer) calls Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Case Mix/Risk Adjustment Case Mix/Risk Adjustment Case Mix/Risk Adjustment Paediatric patients Medical patients Trauma patients Trauma patients Secondary (Transfer) calls Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Case Mix/Risk Adjustment Paediatric patients Medical patients Trauma patients Secondary (Transfer) calls Insufficient reporting data Measure Calculation Paediatric patients Medical patients Trauma patients Secondary (Transfer) calls Insufficient reporting data
Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = %
Numerical Reporting Format Percentage (%)
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator % Patients with a provisional diagnosis of OHCA who received documented telephonic CPR advice
Data Source Patient Report Form OHCA Registry
Monthly Suggested Reporting Period Quarterly
Annually

C-Ca-P-4 Patients with a provisional diagnosis of OHCA with VF/VT as first presenting rhythm on arrival of EMS

as first presenting rnythm	OII altival OI Elvi3
Measure Code	C-Ca-P-4
Definition	Patients with a provisional diagnosis of OHCA with
Definition	VF/VT as first presenting rhythm on arrival of EMS
Category	Clinical
Subcategory	OHCA
Measure Type	Process
	Adult patients
Target Population	Paediatric patients
	Medical patients
	Trauma patients Clinician
	Shift
Unit of Analysis	Base
	Service
	Total number of patients with a provisional diagnosis
Numerator Statement	of OHCA with VF/VT as first presenting rhythm on
	arrival of EMS
Denominator Statement	Total number of patients with a provisional diagnosis
	of OHCA recorded
	Adult patients
Case Mix/Risk Adjustment	Paediatric patients
	Medical patients Trauma patients
	Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
	Run chart (min 10 data points)
Graphical Reporting Format	SPC chart (min 20 data points)
	% Patients with a provisional diagnosis of OHCA with
Reported Indicator	VF/VT as first presenting rhythm on arrival of EMS
	Patient Report Form
Data Source	OHCA Registry
	Monthly
Suggested Reporting Period	Quarterly
	Annually
Recommended Review Period	Three years

C-Ca-P-5 Patients with a provisional diagnosis of OHCA with Asystole/PEA as first presenting rhythm on arrival of EMS

Measure Code	C-Ca-P-5
ivieasure code	Patients with a provisional diagnosis of OHCA with
Definition	Asystole/PEA as first presenting rhythm on arrival of EMS
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with Asystole/PEA as first presenting rhythm on arrival of EMS
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA with Asystole/PEA as first presenting rhythm on arrival of
	EMS
Data Source	
Data Source Suggested Reporting Period	EMS Patient Report Form

C-Ca-P-6 Patients with a provisional diagnosis of OHCA intubated with an alternative airway device

with an afternative an way	acvice
Measure Code	C-Ca-P-6
Definition	Patients with a provisional diagnosis of OHCA intubated with an alternative airway device
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA intubated with an alternative airway device
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA intubated with an alternative airway device
Data Source	Patient Report Form OHCA Registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ca-P-7 Patients with a provisional diagnosis of OHCA for whom resuscitation was cancelled prior to arrival at hospital

Measure Code	C-Ca-P-7
Definition	Patients with a provisional diagnosis of OHCA for whom resuscitation was cancelled prior to arrival at hospital
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA for whom resuscitation was cancelled prior to arrival at hospital
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA for whom resuscitation was cancelled prior to arrival at hospital
Data Source	Patient Report Form OHCA Registry
Suggested Reporting Period	Monthly Quarterly
	Annually

C-Ca-P-8 Patients with a provisional diagnosis of OHCA who were transported to hospital

transported to nospital	
Measure Code	C-Ca-P-8
Definition	Patients with a provisional diagnosis of OHCA who were transported to hospital
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA who were transported to hospital
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA who were transported to hospital (incl. ROSC and Non-ROSC patients)
Data Source	Patient Report Form OHCA Registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ca-P-9 Patients with a provisional diagnosis of OHCA with ROSC at hospital handover

at nospital nandover	
Measure Code	C-Ca-P-9
Definition	Patients with a provisional diagnosis of OHCA with ROSC at hospital handover
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with ROSC at hospital handover
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA with ROSC at hospital handover
Data Source	Patient Report Form OHCA Registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ca-P-10 Patients with a provisional diagnosis of OHCA with VF/VT at hospital handover

at nospital nandover	
Measure Code	C-Ca-P-10
Definition	Patients with a provisional diagnosis of OHCA with VF/VT at hospital handover
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with VF/VT at hospital handover
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA with VF/VT at hospital handover
Data Source	Patient Report Form OHCA Registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ca-P-11 Patients with a provisional diagnosis of OHCA with Asystole/PEA at hospital handover

Asystole/PEA at nospital nandover		
Measure Code	C-Ca-P-11	
Definition	Patients with a provisional diagnosis of OHCA with Asystole/PEA at hospital handover	
Category	Clinical	
Subcategory	OHCA	
Measure Type	Process	
Target Population	Adult patients Paediatric patients Medical patients Trauma patients	
Unit of Analysis	Clinician Shift Base Service	
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with Asystole/PEA at hospital handover	
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded	
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients	
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients with a provisional diagnosis of OHCA with Asystole/PEA at hospital handover	
Data Source	Patient Report Form OHCA Registry	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

C-Ca-P-12 Patients with a provisional diagnosis of OHCA with survival to Emergency Centre discharge

Measure Code	C-Ca-P-12
	Patients with a provisional diagnosis of OHCA with
Definition	survival to Emergency Centre discharge
Category	Clinical
Subcategory	OHCA
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with survival to Emergency Centre discharge
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA with survival to EC discharge
Data Source	Patient Report Form OHCA Registry hospital patient data
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Ca-O-1 Patients with a provisional diagnosis of OHCA with survival to hospital discharge

survival to nospital dischar	<u></u>
Measure Code	C-Ca-O-1
Definition	Patients with a provisional diagnosis of OHCA with survival to hospital discharge
Category	Clinical
Subcategory	OHCA
Measure Type	Outcome
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of OHCA with survival to hospital discharge
Denominator Statement	Total number of patients with a provisional diagnosis of OHCA recorded
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients
Exclusion Criteria	Secondary (Transfer) calls Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of OHCA with survival to hospital discharge
Data Source	Patient Report Form OHCA Registry hospital patient data
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Category Part 12: Pain Management

C-Pm-P-1	Patients with level of Pain measured via defined pain score
C-Pm-P-2	Patients with a defined pain score threshold who were
	administered analgesia
C-Pm-P-3	Patients with level of pain measured via defined pain score
	following analgesia administration

C-Pm-P-1 Patients with level of pain measured via defined pain score

SCOTE	
Measure Code	C-Pm-P-1
Definition	Patients with level of pain measured via defined pain score
Category	Clinical
Subcategory	Pain Mx
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with level of pain measured via defined pain score
Denominator Statement	Total number of patients transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Trauma patients Primary (Community) calls Secondary (Transfer) calls ACS/STEMI patients Burns patients
Exclusion Criteria	Patients unable to convey level of pain Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with level of Pain measured via defined pain score
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Pm-P-2 Patients with a defined pain score threshold who were administered analgesia

aummistered amargesia	
Measure Code	C-Pm-P-2
Definition	Patients with a defined pain score threshold who were administered analgesia
Category	Clinical
Subcategory	Pain Mx
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a defined pain score threshold who were administered analgesia
Denominator Statement	Total number of patients with level of pain =/> defined pain score threshold
Case Mix/Risk Adjustment	Adult patients Paediatric patients Trauma patients Primary (Community) calls Secondary (Transfer) calls ACS/STEMI patients Burns patients
Exclusion Criteria	Patients unable to convey level of pain Patients not administered analgesia Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a defined pain score threshold who were administered analgesia
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Pm-P-3 Patients with level of pain measured via defined pain score following analgesia administration

score rollowing analgesia a	14111111111111111111111111111111111111
Measure Code	C-Pm-P-3
Definition	Patients with level of pain measured via defined pain score following analgesia administration
Category	Clinical
Subcategory	Pain Mx
Measure Type	Process
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with level of pain measured via defined pain score following analgesia administration
Denominator Statement	Total number of patients who received analgesia by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Trauma patients Primary (Community) calls Secondary (Transfer) calls ACS/STEMI patients Burns patients
Exclusion Criteria	Patients unable to convey level of pain Patients not administered analgesia Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with level of pain measured via defined pain score following analgesia administration
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Category

Part 13: Seizures

- C-Se-P-1 Patients with a provisional diagnosis of Seizures with a blood glucose measured and recorded
- C-Se-P-2 Patients with a provisional diagnosis of Seizures who were administered a benzodiazepine for ongoing Seizures

C-Se-P-1 Patients with a provisional diagnosis of Seizures with a blood glucose measured and recorded

blood glucose measured and recorded		
Measure Code	C-Se-P-1	
Definition	Patients with a provisional diagnosis of Seizures with a blood glucose measured and recorded	
Category	Clinical	
Subcategory	Seizures	
Measure Type	Process	
Target Population	Adult patients Paediatric patients Medical patients	
Unit of Analysis	Clinician Shift Base Service	
Numerator Statement	Total number of patients with a provisional diagnosis of Seizures with a blood glucose measured and recorded	
Denominator Statement	Total number of patients with a provisional diagnosis of Seizures	
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients with a provisional diagnosis of Seizures with a blood glucose measured and recorded	
Data Source	Patient Report Form	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

C-Se-P-2 Patients with a provisional diagnosis of Seizures who were administered a benzodiazepine for ongoing Seizures

administered a penzodiazepine for ongoing Seizures		
Measure Code	C-Se-P-2	
Definition	Patients with a provisional diagnosis of Seizures who were administered a benzodiazepine for ongoing Seizures	
Category	Clinical	
Subcategory	Seizures	
Measure Type	Process	
Target Population	Adult patients Paediatric patients Medical patients	
Unit of Analysis	Clinician Shift Base Service	
Numerator Statement	Total number of patients with a provisional diagnosis of Seizures who were administered a benzodiazepine for ongoing Seizures	
Denominator Statement	Total number of patients with a provisional diagnosis of Seizures	
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients with a provisional diagnosis of Seizures who were administered a benzodiazepine for ongoing Seizures	
Data Source	Patient Report Form	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

Section 1: Clinical Category Part 14: Stroke/CVA/TIA

C-SCT-P-1	Patients with a provisional diagnosis of Stroke/CVA/TIA with a blood glucose measured and recorded
C-SCT-P-2	Patients with a provisional diagnosis of Stroke/CVA/TIA with a Stroke screening assessment performed (e.g.: FAST)
C-SCT-P-3	Patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3)
C-SCT-P-4	Patients with a provisional diagnosis of Stroke/CVA/TIA delivered to a specialist Stroke Centre
C-SCT-P-5	Patients with a provisional diagnosis of Stroke/CVA/TIA with direct delivery to CT scan
C-SCT-P-6	Patients who received/met all components of the defined Stroke/CVA/TIA composite bundle score

C-SCT-P-1 Patients with a provisional diagnosis of Stroke/CVA/TIA with a blood glucose measured and recorded

with a blood glucose fileas	
Measure Code	C-SCT-P-1
Definition	Patients with a provisional diagnosis of Stroke/CVA/TIA with a blood glucose measured and recorded
Category	Clinical
Subcategory	Stroke/CVA/TIA
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with a blood glucose measured and recorded
Denominator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA
Case Mix/Risk Adjustment	Adult patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Stroke/CVA/TIA with a blood glucose measured and recorded
Data Source	Patient Report Form Stroke Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-SCT-P-2 Patients with a provisional diagnosis of Stroke/CVA/TIA with a Stroke screening assessment performed (e.g.: FAST)

	sessment performed (e.g.: FAST)
Measure Code	
Definition	Patients with a provisional diagnosis of Stroke/CVA/TIA with a Stroke screening assessment performed (e.g.: FAST)
Category	Clinical
Subcategory	Stroke/CVA/TIA
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with a Stroke screening assessment performed (e.g.: FAST)
Denominator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA
Case Mix/Risk Adjustment	Adult patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Stroke/CVA/TIA with a Stroke screening assessment performed (e.g.: FAST)
Data Source	Patient Report Form Stroke Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-SCT-P-3 Patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3)

Patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Category Clinical Subcategory Stroke/CVA/TIA Measure Type Process Adult patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Denominator Statement of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA adult patients Primary (Community) calls Secondary (Transfer) calls Peadiatric patients Insufficient reporting data Numerical Reporting Format Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually Recommended Review Period Three years	with serial blood pressure	measurements recorded (X3)
Definition Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Category Clinical Stroke/CVA/TIA Measure Type Process Adult patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Denominator Statement Case Mix/Risk Adjustment Primary (Community) calls Secondary (Transfer) calls Exclusion Criteria Paediatric patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Graphical Reporting Format Percentage (%) Reported Indicator Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Measure Code	C-SCT-P-3
Subcategory Measure Type Target Population Unit of Analysis Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Reported Indicator Data Source Sudgested Reporting Period Sudgested Reporting Period Adult patients Prioces Adult patients Medical patients Sclinician Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Sun chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Patient Report Form Stroke Register Monthly Quarterly Annually	Definition	Stroke/CVA/TIA with serial blood pressure
Target Population Unit of Analysis Unit of Analysis Numerator Statement Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Reported Indicator Data Source Target Population Adult patients Prioal number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Category	Clinical
Target Population Medical patients Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Denominator Statement Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Reported Indicator Reported Indicator Data Source Suggested Reporting Period Adult patients Medical patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Subcategory	Stroke/CVA/TIA
Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Denominator Statement Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Suggested Reporting Period Medical patients Clinician Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Measure Type	Process
Numerator Statement Numerator Statement Percentage (%) Reported Indicator Reported Indicator Data Source Shift Base Service Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Target Population	·
Numerator Statement of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3) Denominator Statement Total number of patients with a provisional diagnosis of Stroke/CVA/TIA Adult patients Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Graphical Reporting Format Reported Indicator Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Data Source Suggested Reporting Period Monthly Quarterly Annually	Unit of Analysis	Shift Base
Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Patients (Patients (Patients (Patients (Patient))) Reported Indicator Data Source Suggested Reporting Period Adult patients Primary (Community) calls Secondary (Transfer) calls Paediatric patients Insufficient reporting data Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Numerator Statement	of Stroke/CVA/TIA with serial blood pressure
Case Mix/Risk Adjustment Exclusion Criteria Paediatric patients Insufficient reporting data Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Denominator Statement	·
Measure Calculation Numerator/Denominator X 100 = % Numerical Reporting Format Percentage (%) Graphical Reporting Format SPC chart (min 10 data points) Reported Indicator Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Data Source Patient Report Form Stroke Register Monthly Quarterly Annually	Case Mix/Risk Adjustment	Primary (Community) calls
Numerical Reporting Format Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Data Source Patient Report Form Stroke Register Monthly Quarterly Annually	Exclusion Criteria	•
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) % Patients with a provisional diagnosis of Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Patient Report Form Stroke Register Monthly Quarterly Annually	Measure Calculation	Numerator/Denominator X 100 = %
SPC chart (min 20 data points)	Numerical Reporting Format	Percentage (%)
Reported Indicator Stroke/CVA/TIA with serial Blood pressure measurements recorded (X3) Data Source Patient Report Form Stroke Register Monthly Quarterly Annually	Graphical Reporting Format	
Stroke Register Monthly Quarterly Annually	Reported Indicator	Stroke/CVA/TIA with serial Blood pressure
Suggested Reporting Period Quarterly Annually	Data Source	·
Recommended Review Period Three years	Suggested Reporting Period	Quarterly
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Recommended Review Period	Three years

C-SCT-P-4 Patients with a provisional diagnosis of Stroke/CVA/TIA delivered to a specialist Stroke Centre

delivered to a specialist 3t	TORE CETTIC
Measure Code	C-SCT-P-4
Definition	Patients with a provisional diagnosis of Stroke/CVA/TIA delivered to a specialist Stroke Centre
Category	Clinical
Measure Type	Outcome
Target Population	Adult patients Medical patients
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with serial blood pressure measurements recorded (X3)
Denominator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA
Case Mix/Risk Adjustment	Adult patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a provisional diagnosis of Stroke/CVA/TIA delivered to a specialist Stroke Centre
Data Source	Patient Report Form Stroke Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-SCT-P-5 Patients with a provisional diagnosis of Stroke/CVA/TIA with direct delivery to CT scan

with direct delivery to Cr scan		
Measure Code	C-SCT-P-5	
Definition	Patients with a provisional diagnosis of Stroke/CVA/TIA with direct delivery to CT scan	
Category	Clinical	
Subcategory	Stroke/CVA/TIA	
Measure Type	Process	
Target Population	Adult patients Medical patients	
Unit of Analysis	Shift Base Service	
Numerator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA with direct delivery to CT scan	
Denominator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA	
Case Mix/Risk Adjustment	Adult patients Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	Paediatric patients Patients delivered to receiving facility without CT scan facilities Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients with a provisional diagnosis of Stroke/CVA/TIA with direct delivery to CT scan	
Data Source	Patient Report Form Stroke Register	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

C-SCT-P-6 Patients who received/met all components of the defined Stroke/CVA/TIA composite bundle score

defined Stroke/CVA/TIA co	omposite bundie score
Measure Code	C-SCT-P-6
Definition	Patients who received/met all components of the defined Stroke/CVA/TIA composite bundle score
Category	Clinical
Subcategory	Stroke/CVA/TIA
Measure Type	Process
Target Population	Adult patients Medical patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients who received/met all components of the defined Stroke/CVA/TIA composite bundle score
Denominator Statement	Total number of patients with a provisional diagnosis of Stroke/CVA/TIA
Case Mix/Risk Adjustment	Adult patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Paediatric patients Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients who received/met all components of the defined Stroke composite bundle score
Data Source	Patient Report Form Stroke Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 1: Clinical Category

Part 15: Trauma

C-Tr-P-1	Patients designated as a trauma case with entrapment on scene documented
C-Tr-P-2	Patients designated as a trauma case with a BP < 90 mmHg
C-Tr-P-3	Patients designated as a trauma case with partial/full amputation who had a tourniquet applied
C-Tr-P-4	Patients designated as a trauma case with a femur fracture and traction splint use
C-Tr-P-5	Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA
C-Tr-P-6	Patients designated as a trauma case with direct transportation to a specialist Trauma Centre

C-Tr-P-1 Patients designated as a trauma case with entrapment on scene documented

scelle documented	
Measure Code	C-Tr-P-1
Definition	Patients designated as a trauma case with entrapment on scene documented
Category	Clinical
Subcategory	Trauma
Measure Type	Process
Target Population	Adult patients Paediatric patients Trauma patients
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of patients designated as a trauma case with entrapment on scene documented
Denominator Statement	Total number of patients designated as trauma
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Medical patients (i.e.: Non-trauma patients) Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients designated as a trauma case with entrapment on scene recorded
Data Source	Patient Report Form Trauma registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Tr-P-2 Patients designated as a trauma case with a BP < 90 mmHg

Measure Code	C-Tr-P-2
Definition	Patients designated as a trauma case with a BP < 90 mmHg
Category	Clinical
Subcategory	Trauma
Measure Type	Process
Target Population	Adult patients Paediatric patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients designated as a trauma case with a BP < 90 mmHg
Denominator Statement	Total number of patients designated as trauma
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Medical patients (i.e.: Non-trauma patients) Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients designated as a trauma case with a BP < 90 mmHg
Data Source	Patient Report Form Trauma registry
Suggested Reporting Period	Monthly Quarterly Annually

C-Tr-P-3 Patients designated as a trauma case with partial/full amputation who had a tourniquet applied

amputation who had a tourniquet applied		
Measure Code	C-Tr-P-3	
Definition	Patients designated as a trauma case with partial/full amputation who had a tourniquet applied	
Category	Clinical	
Subcategory	Trauma	
Measure Type	Process	
Target Population	Adult patients Paediatric patients Trauma patients	
Unit of Analysis	Clinician Shift Base Service	
Numerator Statement	Total number of patients designated as a trauma case with partial/full amputation who had a tourniquet applied	
Denominator Statement	Total number of patients designated as trauma with partial/full amputation	
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls	
Exclusion Criteria	Medical patients (i.e.: Non-trauma patients) Insufficient reporting data	
Measure Calculation	Numerator/Denominator X 100 = %	
Numerical Reporting Format	Percentage (%)	
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)	
Reported Indicator	% Patients designated as a trauma case with partial/full amputation who had a tourniquet applied	
Data Source	Patient Report Form Trauma registry	
Suggested Reporting Period	Monthly Quarterly Annually	
Recommended Review Period	Three years	

C-Tr-P-4 Patients designated as a trauma case with a femur fracture and traction splint use

and traction splint use	
Measure Code	C-Tr-P-4
Definition	Patients designated as a trauma case with a femur fracture and traction splint use
Category	Clinical
Subcategory	Trauma
Measure Type	Process
Target Population	Adult patients Paediatric patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients designated as a trauma case with a femur fracture and traction splint use
Denominator Statement	Total number of patients designated as trauma with a femur fracture
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Medical patients (i.e.: Non-trauma patients) Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients designated as a trauma case with a femur fracture and traction splint use
Data Source	Patient Report Form Trauma registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

C-Tr-P-5 Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA

Definition Definition Category Subcategory Measure Type Measure Type Adult patients Paediatric patients Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerical Reporting Format Reported Indicator Data Source Patient Report Form Trauma registry Measure Calculation Patient Report Form Trauma registry Measure Type Patient Report Form Trauma registry Measure Type Patient Report Form Trauma registry	wild were duffillistered TAA	
Category Clinical Subcategory Trauma Process Adult patients Paediatric patients Trauma patients Clinical Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Trauma patients Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Reported Indicator Data Source Clinical Adult patients Paediatric patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patient Report Form Trauma registry	Measure Code	C-Tr-P-5
Subcategory Measure Type Measure Type Process Adult patients Paediatric patients Trauma patients Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Total number of patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Petients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Definition	_
Adult patients Paediatric patients Trauma patients Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Denominator Statement Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Adult patients Paediatric patients Paediatric patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Category	Clinical
Adult patients Paediatric patients Trauma patients Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Denominator Statement Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Adult patients Paediatric patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Subcategory	Trauma
Target Population Paediatric patients Trauma patients Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Denominator Statement Case Mix/Risk Adjustment Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Clinician Shift Base Service Total number of patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Paediatric patients Paediatric patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Measure Type	Process
Numerator Statement Numerator Statement Numerator Statement Penominator Statement Case Mix/Risk Adjustment Case Mix/Risk Adjustment Exclusion Criteria Measure Calculation Numerical Reporting Format Reported Indicator Pata Source Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patient Report Form Trauma registry	Target Population	Paediatric patients
Numerator Statement case with a BP < 90 mmHg who were administered TXA Denominator Statement Total number of patients designated as a trauma case with a BP < 90 mmHg Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Numerical Reporting Format Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Data Source	Unit of Analysis	Shift Base
Case Mix/Risk Adjustment Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Numerator Statement	case with a BP < 90 mmHg who were administered
Paediatric patients Primary (Community) calls Secondary (Transfer) calls Medical patients (i.e.: Non-trauma patients) Insufficient reporting data Contraindication to TXA administration Measure Calculation Numerical Reporting Format Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) SPC chart (min 20 data points) Reported Indicator Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Denominator Statement	
Exclusion Criteria Insufficient reporting data Contraindication to TXA administration Measure Calculation Numerator/Denominator X 100 = % Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Case Mix/Risk Adjustment	Paediatric patients Primary (Community) calls
Numerical Reporting Format Graphical Reporting Format Reported Indicator Data Source Percentage (%) Run chart (min 10 data points) SPC chart (min 20 data points) Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Exclusion Criteria	Insufficient reporting data
Graphical Reporting Format Run chart (min 10 data points) SPC chart (min 20 data points) Reported Indicator Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Measure Calculation	Numerator/Denominator X 100 = %
SPC chart (min 20 data points) Reported Indicator Patients designated as a trauma case with a BP < 90 mmHg who were administered TXA Patient Report Form Trauma registry	Numerical Reporting Format	Percentage (%)
90 mmHg who were administered TXA Patient Report Form Trauma registry	Graphical Reporting Format	
Trauma registry	Reported Indicator	_
Monthly	Data Source	•
Suggested Reporting Period Quarterly Annually	Suggested Reporting Period	•
Recommended Review Period Three years	Recommended Review Period	Three years

C-Tr-P-6 Patients designated as a trauma case with direct transportation to a specialist Trauma Centre

transportation to a specialist Trauma Centre	
Measure Code	C-Tr-P-6
Definition	Patients designated as a trauma case with direct transportation to a specialist Trauma Centre
Category	Clinical
Subcategory	Trauma
Measure Type	Process
Target Population	Adult patients Paediatric patients Trauma patients
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of patients designated as a trauma case with direct transportation to a specialist Trauma Centre
Denominator Statement	Total number of patients designated as trauma
Case Mix/Risk Adjustment	Adult patients Paediatric patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Medical patients (i.e.: Non-trauma patients) Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients designated as a trauma case with direct transportation to a specialist Trauma Centre
Data Source	Patient Report Form Trauma registry
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 2: Non-clinical Category

Part 1: Adverse/Sentinel Events

Part 2: Communications

Section 2: Non-clinical Category Part 1: Adverse/Sentinel Events

N-ASE-SE-1	Number of defined patient deaths while in EMS care per 10000 patient encounters
N-ASE-SE-2	Number of defined Adverse Events reported during EMS care
N-ASE-SE-3	Number of defined equipment/technical failures reported during EMS care
N-ASE-SE-4	Number of accidental or unexpected extubations reported during EMS care
N-ASE-SE-5	Number of patients with a decrease in GCS of 3 or more points during EMS care
N-ASE-SE-6	Number of defined failed intubation attempts
N-ASE-SE-7	Total number of patient injury reports during EMS care
N-ASE-SE-8	Number of EMS staff on-duty injury reports
N-ASE-SE-9	Number of defined medication errors during EMS care

N-ASE-SE-1 Number of defined patient deaths while in EMS care per 10000 patient encounters

per 10000 patient encounters	
Measure Code	N-ASE-SE-1
Definition	Number of defined patient deaths while in EMS care per 10000 patient encounters
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patient deaths while in EMS care
Denominator Statement	Total number patients treated and/or transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Patients declared dead on arrival of EMS Insufficient reporting data
Measure Calculation	Numerator/Denominator X 10000
Numerical Reporting Format	Per 10000 patient encounters
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Deaths per 1000 patient encounters
Data Source	Patient Report Form Death in Care Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-2 Number of defined Adverse Events reported during EMS care

care	
Measure Code	N-ASE-SE-2
Definition	Number of defined Adverse Events reported during EMS care
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of defined Adverse Events reported during EMS care
Denominator Statement	Total number patients treated and/or transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 1000
Numerical Reporting Format	Per 1000 patient encounters
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Adverse Event rate per 1000 patient encounters
Data Source	Patient Report Form Adverse Event Register Trigger Tool
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-3 Number of defined equipment/technical failures reported during EMS care

reported during EMS care	
Measure Code	N-ASE-SE-3
Definition	Number of defined equipment/technical failures reported during EMS care
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Shift Base Service
Numerator Statement	Total number of defined equipment/technical failures reported during EMS care
Denominator Statement	Total number patients treated and/or transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 1000
Numerical Reporting Format	Per 1000 patient encounters
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Equipment/technical failure rate per 1000 patient encounters
Data Source	Patient Report Form Adverse Event Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-4 Number of accidental or unexpected extubations reported during EMS care

reported during Livis care	
Measure Code	N-ASE-SE-4
Definition	Number of accidental or unexpected extubations reported during EMS care
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of accidental or unexpected extubations reported during EMS care
Denominator Statement	Total number of intubated patients where intubation was initiated by and/or maintained by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Accidental or unexpected extubations reported during EMS care
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-5 Number of patients with a decrease in GCS of 3 or more points during EMS care

points during Eivis care	
Measure Code	N-ASE-SE-5
Definition	Number of patients with a decrease in GCS of 3 or more points during EMS care
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patients with a decrease in GCS of 3 or more points during EMS care
Denominator Statement	Total number patients treated and/or transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Patients with a decrease in GCS of 3 or more points during EMS care
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-6 Number of defined failed intubation attempts

	N ACT OF C
Measure Code	
Definition	Number of defined failed intubation attempts
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of defined failed intubation attempts
Denominator Statement	Total number of intubated patients where Intubation was attempted by EMS personnel
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Failed intubation attempts
Data Source	Patient Report Form Airway Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-7 Total number of patient injury reports during EMS care

	or patient injury reports during Eivis care
Measure Code	N-ASE-SE-7
Definition	Total number of patient injury reports during EMS care
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of patient injury reports during EMS care
Denominator Statement	Total number patients treated and/or transported by EMS
	-
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Case Mix/Risk Adjustment Exclusion Criteria	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls
	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Insufficient reporting data
Exclusion Criteria Measure Calculation	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 1000
Exclusion Criteria Measure Calculation Numerical Reporting Format	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 1000 Per 1000 patient encounters Run chart (min 10 data points)
Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 1000 Per 1000 patient encounters Run chart (min 10 data points) SPC chart (min 20 data points)
Exclusion Criteria Measure Calculation Numerical Reporting Format Graphical Reporting Format Reported Indicator	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Insufficient reporting data Numerator/Denominator X 1000 Per 1000 patient encounters Run chart (min 10 data points) SPC chart (min 20 data points) Patient injuries per 1000 patient encounters Patient Report Form

N-ASE-SE-8 Number of EMS staff on-duty injury reports

Measure Code	N-ASE-SE-8
Definition	Number of EMS staff on-duty injury reports
	Non-Clinical
Category Subcategory	Adverse/Sentinel Event
	Sentinel event
Measure Type	
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of EMS staff on-duty injury reports
Denominator Statement	Total number patients treated and/or transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 1000
Numerical Reporting Format	Per 1000 patient encounters
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	EMS staff on-duty injuries per 1000 patient encounters
Data Source	Patient Report Form Adverse Event Register IOD Reports
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-ASE-SE-9 Number of defined medication errors during EMS care

Measure Code	N-ASE-SE-9
Definition	Number of defined medication errors during EMS care
Category	Non-Clinical
Subcategory	Adverse/Sentinel Event
Measure Type	Sentinel event
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Clinician Shift Base Service
Numerator Statement	Total number of defined medication errors during EMS care
Denominator Statement	Total number patients treated and/or transported by EMS
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 1000
Numerical Reporting Format	Per 1000 patient encounters
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Medication errors per 1000 patient encounters
Data Source	Patient Report Form Adverse Event Register
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

Section 2: Non-clinical Category

Part 2: Communications

N-CD-S-1 N-CD-S-2	Number of cases compliant with defined ALS Dispatch criteria Number of cases with call processing time within defined limits
N-CD-S-4	Number of Service Call Centre calls received per defined time
	period
N-CD-S-5	Number of Service Call Centre calls received per 10000 population
N-CD-S-6	Number of unanswered/missed calls to the Service Call Centre
N-CD-P-1	Number of Cases with a delay in dispatch and/or response time waiting for a police/security escort

N-CD-S-1 Number of cases compliant with defined ALS Dispatch criteria

Measure Code	N-CD-S-1
Definition	Number of cases compliant with defined ALS Dispatch criteria
Category	Non-clinical
Subcategory	Communications/Dispatch
Measure Type	Structure
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Call Centre staff Shift Service
Numerator Statement	Total number of cases compliant with defined ALS Dispatch criteria
Denominator Statement	Total number of cases with ALS Dispatch
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Completed cases Stood down cases
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Cases compliant with defined ALS Dispatch criteria
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-CD-S-2 Number of cases with call processing time within defined limits

Measure Code	N-CD-S-2
Definition	Number of cases with call processing time within defined limits
Category	Non-clinical
Subcategory	Communications/Dispatch
Measure Type	Structure
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Call Centre staff Shift Service
Numerator Statement	Total number of cases with call processing time within defined limits
Denominator Statement	Total number of calls to the Service Call Centre
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls Completed cases Stood down cases
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Cases with call processing time within defined limits
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-CD-S-4 Number of Service Call Centre calls received per defined time period

time period	
Measure Code	N-CD-S-4
Definition	Number of Service Call Centre calls received per defined time period
Category	Non-clinical
Subcategory	Communications/Dispatch
Measure Type	Structure
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Call Centre staff Shift Service
Numerator Statement	Total number of Service Call Centre calls received per defined time period
Denominator Statement	N/A
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator
Numerical Reporting Format	Number
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	Number of Service Call Centre calls received per defined time period
Data Source	Service Call Centre data
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-CD-S-5 Number of Service Call Centre calls received per 10000 population

N-CD-S-5
Number of Service Call Centre calls received per 10000 population
Non-clinical
Communications/Dispatch
Structure
Adult patients Paediatric patients Medical patients Trauma patients
Call Centre staff Shift Service
Total number of Service Call Centre calls received per defined area and/or time period
Total population per equivalent defined area
Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Insufficient reporting data
Numerator/Denominator X 10000
Per 10,000 citizens
Run chart (min 10 data points) SPC chart (min 20 data points)
Service Call Centre calls received per 10000 population
Service Call Centre data
Monthly Quarterly Annually
Three years

N-CD-S-6 Number of unanswered/missed calls to the Service Call Centre

Measure Code	N-CD-S-6
Definition	Number of unanswered/missed calls to the Service Call Centre
Category	Non-clinical
Subcategory	Communications/Dispatch
Measure Type	Structure
Target Population	Adult patients Paediatric patients Medical patients Trauma patients
Unit of Analysis	Call Centre staff Shift Service
Numerator Statement	Total number of unanswered/missed calls to the Service Call Centre
Denominator Statement	Total number of calls to the Service Call Centre
Case Mix/Risk Adjustment	Adult patients Paediatric patients Medical patients Trauma patients Primary (Community) calls Secondary (Transfer) calls
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
Graphical Reporting Format	Run chart (min 10 data points) SPC chart (min 20 data points)
Reported Indicator	% Calls to the Service Call Centre unanswered/missed
Data Source	Patient Report Form
Suggested Reporting Period	Monthly Quarterly Annually
Recommended Review Period	Three years

N-CD-P-1 Number of Cases with a delay in dispatch and/or response time waiting for a police/security escort

response time waiting for	a police, security escort
Measure Code	N-CD-P-1
Definition	Number of Cases with a delay in dispatch and/or
	response time waiting for a police/security escort
Category	Non-clinical
Subcategory	Communications/Dispatch
Measure Type	Process
Target Population	Adult patients
	Paediatric patients
	Medical patients
	Trauma patients
	Call Centre staff
Unit of Analysis	Shift
	Service
	Total number of Cases with a delay in dispatch
Numerator Statement	and/or response time waiting for a police/security
	escort
Denominator Statement	Total number patients treated and/or transported by EMS
	Adult patients
	Paediatric patients
	Medical patients
Case Mix/Risk Adjustment	Trauma patients
	Completed cases
	Stood down cases
Exclusion Criteria	Insufficient reporting data
Measure Calculation	Numerator/Denominator X 100 = %
Numerical Reporting Format	Percentage (%)
	Run chart (min 10 data points)
Graphical Reporting Format	SPC chart (min 20 data points)
Reported Indicator	% Cases with a delay in dispatch and/or response
Neported indicator	time waiting for a police/security escort
Data Source	Patient Report Form
Data Source	Service Call Centre data
	Monthly
Suggested Reporting Period	Quarterly
	Annually
Recommended Review Period	Three years