

Performance Improvement Form ~ Air Medical ~

Date: 7/29/2017
 Name of Entity: Air Evac Eastland
 Person Completing Report: Erik Burleson

Reporting Period	Due Date
<input type="checkbox"/> (Dec → Feb)	March 31
<input type="checkbox"/> (Mar → May)	June 30
<input type="checkbox"/> (Jun → Aug)	Sept 30
<input type="checkbox"/> (Sept → Nov)	Dec 31

Performance Improvement Criteria / Indicators		
1	Number of occurrences scene time greater than 20 minutes this quarter.	3
2	Number of occurrences lift off time > 10 minutes from time mission accepted.	2
Explanation of above: Unknown		
3	Number of missed flights this quarter. 2	
Explanation of above: Weather		

Specific Occurrence Report		
Age:	Gender: Female	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No Negative outcome <input type="checkbox"/> Minor Negative Outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	<input type="checkbox"/> Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
Action Plan <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on _____

Signed Committee Chair: _____

Performance Improvement Form ~ Air Medical ~

Date: July 17, 2018
 Name of Entity: Air Evac 63 Abilene
 Person Completing Report: Marta Pagura

<u>Reporting Period</u>	<u>Due Date</u>
<input type="checkbox"/> (Dec → Feb)	March 31
<input type="checkbox"/> (Mar → May)	June 30
<input type="checkbox"/> (Jun → Aug)	Sept 30
<input type="checkbox"/> (Sept → Nov)	Dec 31

Performance Improvement Criteria / Indicators		
1	Number of occurrences scene time greater than 20 minutes this quarter.	2
2	Number of occurrences lift off time > 10 minutes from time mission accepted.	5
Explanation of above: Scene Time- 1- 12 Lead prior to lift, 1 Extended Extrication. Lift Time 2- Stand By, 1-Pilot Shift Change, 1 RA Delay, 1- 2 Helo scene coordination		
3	Number of missed flights this quarter. 15	
Explanation of above: Patient Expired-2, Patient Clinically Unstable-1, Weather-4, Maintenance-2, Other Flight In Progress-2, Other Mode of Transport-1, Patient Weight/Size-1, Extended ETA-2		

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
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Reviewed by Performance Improvement Committee on _____

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