Performance Improvement Form

All Medical .	Reporting Period	<u>Due Date</u>
	(Dec → Feb)	March 31
	$(Mar \rightarrow May)$	June 30
Date: 7/29/2017	(Jun → Aug)	Sept 30
Name of Entity: Air Evac Eastland	(Sept → Nov)	Dec 31
Person Completing Report: Erik Burleson		

1		nce Improvement Criteria /				
	Number of occurrences scene time greater than 20		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				
ge:	Gender:	Chart Identification #				
	Female					
lech	anism of Injury:					
lenti	fied injuries and pertinent information:					
ation	t Outcome:					
aner	it Outcome:					
rovi	der Discussion					
rovi	der Discussion:					
rovi	der Discussion:					
	der Discussion:					
	ibuting Factors:					
	ibuting Factors: Please do not fill in thi					
	Please do not fill in thi No Negative outcome	Standard	of Care Met? Yes / No			
	Please do not fill in thi No Negative outcome Minor Negative Outcome	Standard RAC-D gu	of Care Met? Yes / No idelines followed			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error	Standard RAC-D gu Minor dev	of Care Met? Yes / No idelines followed iation from RAC-D guidelines			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error Major deviation from desired system	Standard RAC-D gu Minor dev Significar	of Care Met? Yes / No idelines followed iation from RAC-D guidelines t deviation form RAC-D			
	Please do not fill in thi No Negative outcome Significant system performance error Major deviation from desired system performance	Standard RAC-D gu Minor dev Significar guideli	of Care Met? Yes / No idelines followed iation from RAC-D guidelines t deviation form RAC-D nes			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error Major deviation from desired system	Standard RAC-D gu Minor dev Significar guideli Major dev	of Care Met? Yes / No idelines followed riation from RAC-D guidelines t deviation form RAC-D nes riation from RAC-D guidelines			
	Please do not fill in thi No Negative outcome Significant system performance error Major deviation from desired system performance	Standard RAC-D gu Minor dev Significar guideli Major dev	of Care Met? Yes / No idelines followed iation from RAC-D guidelines t deviation form RAC-D nes			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error Major deviation from desired system performance Unable to determine	Standard RAC-D gu Minor dev Significali Major dev Unable to	of Care Met? Yes / No idelines followed riation from RAC-D guidelines t deviation form RAC-D nes riation from RAC-D guidelines			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error Major deviation from desired system performance Unable to determine Action Plan	Standard RAC-D gu Minor dev Significali Major dev Unable to	of Care Met? Yes / No idelines followed iation from RAC-D guidelines t deviation form RAC-D nes iation from RAC-D guidelines determine ion plan requested			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error Major deviation from desired system performance Unable to determine Action Plan No action needed	Standard RAC-D gu Minor dev Significar guideli Major dev Unable to	of Care Met? Yes / No idelines followed riation from RAC-D guidelines t deviation form RAC-D nes riation from RAC-D guidelines determine cion plan requested HS			
	Please do not fill in thi No Negative outcome Minor Negative Outcome Significant system performance error Major deviation from desired system performance Unable to determine Action Plan No action needed Review with hospital or EMS provider	Standard RAC-D gu Minor dev Significar guideli Major dev Unable to Hospital / EMS act Refer to Texas DS Assign to workgro	of Care Met? Yes / No idelines followed riation from RAC-D guidelines t deviation form RAC-D nes riation from RAC-D guidelines determine cion plan requested HS			

Signed Committee Chair:

Performance Improvement Form ~ Air Medical ~ Reporting Perio

Date: July 17, 2018

Name of Entity: Air Evac 63 Abilene Person Completing Report: Marta Pagura

Due Date
March 31
June 30
Sept 30
Dec 31

		Performa	nce Improvement Criteria / I	ndicators		
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, Patien Patient Weight/Size-1, Ex		Veather-4, Maintenance-2, Oth	er Flight In Progress-2, Other Mode of Transport-1,		
			Specific Occurrence Report			
Age:		Gender:	Chart Identification #:			
Mecha	anism of Injury:					
Identi	fied injuries and pertinent i	nformation:				
Patien	t Outcome:					
Provid	der Discussion:					
Contri	ibuting Factors:					
	Pleas	e do not fill in this	s section – For RAC-D	PI Committee Review		
	No Negative outcor Minor Negative Out Significant system Major deviation fro performance Unable to determin	ne come performance error m desired system	Standard of RAC-D gui Minor devi Significant guidelin	of Care Met? Yes / No delines followed ation from RAC-D guidelines deviation form RAC-D es ation from RAC-D guidelines		
	Action Plan No action needed Review with hospit Track and Trend Education RAC-D guideline re		Hospital / EMS acti Refer to Texas DSH Assign to workgrou	on plan requested HS		

Reviewed by Performance Improvement Committee on ______

Signed Committee Chair: _____