

Montana Time Sensitive Illness and Injury EMS Agency Recognition Program

Time Sensitive Illnesses and Injuries (TSII) tax an EMS crew to their fullest. Survival from all emergencies (medical or trauma) can be enhanced by measuring performance to ensure it meets the highest standard of care, identifying areas for improvement, developing and implementing an improvement plan, and then measuring outcomes – the quality improvement (QI) process.

The EMSTS section of DPHHS has developed voluntary, condition-specific TSII recognition criteria EMS agencies can use to evaluate, improve, and maintain their performance. Agency recognition for a given TSII area (i.e.- STEMI, stroke, cardiac arrest, TBI, etc.) will be based on certain standards¹ of equipment, training, documentation, and QI activity. Recognition is Yes/No with a “Plus” for certain activities. This provides a mechanism to recognize the hard work agencies are doing to ultimately improve patient outcomes related to time sensitive emergencies.



This manual will help guide you through the quality improvement process and the application for recognition. It will require collaboration with your local hospitals and other nearby EMS agencies. Many of the steps are things you may already be doing. Some will be new and challenging. The foundation of the entire process will be *excellent* documentation (ePCRs, training records, patient outcomes, etc.). This initiative will assist with all aspects of agency operations, not just this project.

If your agency is interested in participating, review this manual and submit the notice of intent (NOI). If you have any questions, please contact Janet Trethewey: jtretthewey@mt.gov, 406-444-0442 or Shari Graham: Sgraham2@mt.gov, 406-444-6098.

NOTE: This is *VOLUNTARY*! Your decision to participate will not impact your agency’s licensure by the MT EMSTS office.



¹ This Program has been reviewed by the MT Emergency Care Council and representatives from other specific condition focused groups (AHA, UofA, etc.). It reflects the most current “best practice” for out-of-hospital emergency care. Updates to the initiative will occur as needed.

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EMS Agency Recognition Criteria 2022-2023

Chest Pain/STEMI

To improve survival and decrease disability from heart attacks, especially STEMIs, EMS agencies must make a concerted effort to improve their response to these emergencies. The mind-set of responders needs to be “Time is Muscle” to reduce disability and the chance of death. CP/STEMI Recognition is Yes/No with a “Plus” for certain activities.

Equipment

Heart Monitor Brand _____

Training

Number of eligible staff (Total): _____

(Attach copy of sign-in documentation with date of training)

- 80% staff participation in semi-annual training on 12-lead placement & monitor use (including data transmission)
- 80% staff participation in quarterly training on ventilatory assistance using “smart BVM” that controls rate and volume (avoiding overventilation), and use of airway adjuncts. At least one training per year should focus on pediatric patients. This training qualifies to meet the ventilation training requirement for CP/STEMI, Stroke, and TBI Recognition.

80% staff participation in an annual joint training with receiving hospital(s) and all relevant First responders – i.e., Mock Code Drill. The objective is to practice transitions of care, transmission of patient information, and appropriate documentation. A single annual joint training qualifies to meet the requirement for all three cardiovascular emergency recognition areas: CP/STEMI, Stroke and OHCA.

Performance Indicators

Refer to the [EMSTS QI Initiative Website](#) for information on how to obtain your agency’s data and detailed definitions of the indicators.

(Documented in ePCR; attach quarterly summary reports with: Target (%), Performance (%), Denominator(N))

Indicator	Target	Performance	Denominator	Measurement
CP/STEMI: Aspirin Administration	____%	____%	____ CP/STEMI 911 responses, Age ≥35 years	QI Report Indicator 2.1 Biospatial
CP/STEMI: 12-Lead ECG Performed	____%	____%	____ CP/STEMI 911 responses, Age ≥35 years	QI Report Indicator 2.2 Biospatial
CP/STEMI: EMS Arrival to 12-Lead < 10 Minutes	____%	____%	____ CP/STEMI 911 responses, Age ≥35 years Where 12-lead done	QI Report Indicator 2.3 Biospatial
STEMI: On-scene time < 15 minutes	____%	____%	____ STEMI 911 transports, Age ≥35 years	QI Report Indicator 2.4 Biospatial
STEMI: STEMI alert to hospital < 10 minutes from ECG	____%	____%	____ STEMI 911 transports, Age ≥35 years Where STEMI positive 12-lead documented	QI Report Indicator 2.5 Biospatial

QI

QI is a learning/teaching opportunity and not for disciplinary purposes.

- 80% of all CP/STEMI cases (age ≥35 years) are reviewed with staff using data downloaded from a monitor/AED and ePCR.
- 50% of all STEMI cases (age ≥35 years) are reviewed with the medical director and/or hospital team. Involvement of the agency medical director and/or hospital ED staff for quality improvement is vital. Areas of excellence and improvement are noted.
- Review AHA GWTG or Chest Pain MI Registry outcome data from PCI hospital annually. Hospitals collect data on all chest pain cases through one of two data systems (AHA's Get With the Guidelines (GWTG)-STEMI or the NCDR's Chest Pain – MI Registry), and make outcome data available to EMS.
- Establish/review Targets for each Performance Indicator annually.

Based on case/outcome reviews, areas of excellence and improvement are noted. QI activities/projects are selected based on your performance (data), and targets are set to measure their success. In addition to the indicators listed for recognition, other QI activities *could* include things like decreasing chute time, improving the % of first-time success with IVs, using capnography, meeting AHA guidelines, etc.

Plus Criteria

- Chest pain/STEMI-related Community Awareness Campaigns are offered semi-annually. An excellent way to meet community awareness criteria and training requirements is to provide 12- leads to athletic teams, community groups, etc.
- Improvement in outcomes depends upon appropriate bystander response. The more people in a community who know the signs and symptoms of a heart attack AND who call 911, the greater the survival rate. Contact the ECVC office for further information.
- 911 Emergency Medical Dispatch (EMD) follow up of outcomes is done on 80% cases each quarter. Areas of excellence and improvement are noted. Providing information to 911 dispatchers on call outcomes is vital for an improved system. Dispatchers also benefit from practice with responders to improve rapid recognition and care direction when appropriate. Ultimately, excellent communication between agencies improves outcomes.

Exemptions

- Consideration will be given to those agencies who have a low call volume per quarter. A review/practice on mock calls can be substituted
- Consideration will be given to those agencies who do not have an EMD program. Activities to educate/advocate for EMD with stakeholders can be substituted

Stroke

To improve survival and decrease disability from strokes, EMS agencies must make a concerted effort to improve their response to these emergencies. The mind-set of responders needs to be “Time is Brain” to reduce disability and the chance of death. Recognition is Yes/No with a “Plus” for certain activities.

Training

Number of eligible staff (Total): _____

(Attach copy of sign-in documentation with date of training)

- 80% staff participation in quarterly stroke scale & stroke severity screening review. Competencies in utilizing a stroke scale and stroke severity screening need to be maintained.
- 80% staff participation in quarterly training on ventilatory assistance using “smart BVM” that controls rate and volume (avoiding overventilation), and use of airway adjuncts. At least one training per year should focus on pediatric patients. This training qualifies to meet the ventilation training requirement for CP/STEMI, Stroke, and TBI Recognition.
- 80% staff participation in an annual joint training with receiving hospital(s) and all relevant First responders – i.e., Mock Code Drill. The objective is to practice transitions of care, transmission of patient information, and appropriate documentation. A single annual joint training qualifies to meet the requirement for all three cardiovascular emergency recognition areas: CP/STEMI, Stroke and OHCA.

Performance Indicators

Refer to the [EMSTS QI Initiative Website](#) for information on how to obtain your agency’s data and detailed definitions of the indicators.

(Documented in ePCR; attach quarterly summary reports with: Target (%), Performance (%), Denominator(N))

Indicator	Target	Performance	Denominator	Measurement
Coverdell 1: On-scene Time < 15 minutes	____%	____%	____ Stroke 911 transports	QI Report Indicator 1.1 Biospatial
Coverdell 2: Glucose Check documented	____%	____%	____ Stroke 911 transports	QI Report Indicator 1.2 Biospatial
Coverdell 3: Stroke Alert to Hospital	____%	____%	____ Stroke 911 transports	QI Report Indicator 1.3 Biospatial
Coverdell 4: Stroke Screen	____%	____%	____ Stroke 911 transports	QI Report Indicator 1.4 Biospatial
Frequency distribution of stroke scale type (eVitals.30)	n/a	Frequency Table	n/a	Report Writer
Coverdell 5: Last Known well Time	____%	____%	____ Stroke 911 transports	QI Report Indicator 1.5 Biospatial
Coverdell 6: Symptom Onset (time of discovery)	____%	____%	____ Stroke 911 transports	QI Report Indicator 1.6 Biospatial

QI

QI is a learning/teaching opportunity and not for disciplinary purposes.

- 80% of all suspected stroke cases are reviewed with staff. Areas of excellence and improvement are noted.
- 50% of all stroke cases are reviewed with the medical director and/or hospital team. Involvement of the agency medical director and/or hospital ED staff for quality improvement is vital. Areas of excellence and improvement are noted.
- Review AHA/Get with the Guidelines Stroke data from hospital reviewed annually. Hospitals collect data on all stroke cases through AHA's Get With the Guidelines-Stroke and make outcome data available to EMS
- Target/Benchmark for Performance Indicators are established/reviewed at least annually

Based on case/outcome reviews, areas of excellence and improvement are noted. QI activities/projects are selected based on your performance (data), and targets are set to measure their success. In addition to the indicators listed for recognition, other QI activities *could* include things like decreasing chute time, improving the % of first-time success with IVs, using capnography, meeting AHA guidelines, etc.

Plus Criteria

- Stroke-related Community Awareness Campaigns are offered semi-annually. Improvement in outcomes depends upon appropriate bystander response. The more people in a community who know the signs and symptoms of a stroke AND who call 911, the greater the survival rate.
- 911 Emergency Medical Dispatch (EMD) follow up of outcomes is done on 80% cases each quarter. Areas of excellence and improvement are noted. Providing information to 911 dispatchers on call outcomes is vital for an improved system. Dispatchers also benefit from practice with responders to improve rapid recognition and care direction when appropriate. Ultimately, excellent communication between agencies improves outcomes.

Exemptions

- Consideration will be given to those agencies who have a low call volume per quarter. A review/practice on mock calls can be substituted
- Consideration will be given to those agencies who do not have an EMD program. Activities to educate/advocate for EMD with stakeholders can be substituted

Out-of-Hospital Cardiac Arrest (OHCA)

To improve survival from OHCA, EMS agencies must make a concerted effort to improve their response to these emergencies. The mind-set of responders needs to shift from “wow, we had a save!” to “why didn’t we save this patient?” Agencies should always be looking to improve survival rates. Recognition is Yes/No with a “Plus” for certain activities.

Equipment

Indicate which equipment your service has available on the first-out ambulance

- AED _____
- Heart Monitor Brand _____ Capnography Capable: Yes / No
- Mechanical CPR device Brand _____

Training

Number of eligible staff (Total): _____

(Attach copy of sign-in documentation with date of training)

- 80% staff participation in Quarterly HPCPR/mechanical CPR training utilizing feedback manikins & smart BVMs. HPCPR Training should focus on high quality compressions (Rate, Depth, Recoil), minimal interruptions (<10 seconds for deployment of Lucas, intubation, defibrillation, moving patient) with a total CPR fraction time $\geq 90\%$. Ventilations should be practiced using a “smart BVM” that controls rate and volume (avoiding overventilation), and the use of airway adjuncts. At least one training per year should focus on pediatric patients. This training also meets the ventilation training requirement for CP/STEMI & Stroke Recognition.
- 80% staff participation in Monthly 2-minute refresher drills. These can be performed at the start of shift, before/after monthly meetings, etc. Participants perform any basic resuscitation skill for 2 minutes to maintain proficiency.
- 80% staff participation in an annual joint training with receiving hospital(s) and all relevant First responders – i.e., Mock Code Drill. The objective is to practice transitions of care, transmission of patient information, and appropriate documentation. A single annual joint training qualifies to meet the requirement for all three cardiovascular emergency recognition areas: CP/STEMI, Stroke and OHCA.

Performance Indicators

Refer to the [EMSTS QI Initiative Website](#) for information on how to obtain your agency’s data and detailed definitions of the indicators. [The ECVIC Program](#) offers free annotation services for agencies using LP 15 monitors. (Zoll’s monitors offer this feature without further purchase.)

(Documented in ePCR; attach quarterly summary reports with: Target (%), Performance (%), Denominator(N))

Indicator	Target	Performance	Denominator	Measurement
EMS Arrival to 1 st CPR < 2 Minutes	_____%	_____%	_____ OHCA 911 responses	Currently not on State QI report (will be added)
OHCA Cases with sustained ROSC	_____%	_____%	_____ OHCA 911 responses	QI Report Indicator 3.8 Biospatial

OHCA cases with sustained ROSC in field that receive 12-lead reading	_____%	_____%	_____ OHCA 911 responses With sustained ROSC in field	Case review
OHCA cases have appropriate ventilatory rate via capnography feedback	_____%	_____%	_____ OHCA 911 responses	Annotations from heart monitor
OHCA cases meet HPCPR standards	_____%	_____%	_____ OHCA 911 responses	Annotations from heart monitor

QI

QI is a learning/teaching opportunity and not for disciplinary purposes.

- 80% of all OHCA cases are reviewed with staff. Data from the heart monitor is downloaded and reviewed with the responding crew to discuss performance. This is a learning/teaching opportunity and not for disciplinary purposes. The ECVC Program offers free annotation services for agencies using LP 15 monitors. Zoll’s monitors offer this feature without further purchase. Areas of excellence and improvement are noted.
- 50% of all OHCA cases are reviewed with the medical director and/or hospital team. Involvement of the agency medical director and/or hospital ED staff for quality improvement is vital. Areas of excellence and improvement are noted
- Out-of-Hospital survival rates are reviewed annually with the hospital team
- CARES data is entered each quarter (outcome provided by state coordinator). Data entry into the Cardiac Arrest Registry for Enhanced Survival (CARES) should be maintained quarterly. Agency reports can be run at any time. National reports are available annually.
- Target/Benchmark for Performance Indicators are established/reviewed at least annually

Based on case/outcome reviews, areas of excellence and improvement are noted. QI activities/projects are selected based on your performance (data), and targets are set to measure their success. In addition to the indicators listed for recognition, other QI activities *could* include things like decreasing chute time, improving the % of first-time success with IVs, using capnography, meeting AHA guidelines for adrenalin administration, etc.

Plus Criteria

- CPR/AED courses are offered semi-annually. Improvement in outcomes depends upon appropriate bystander response. The more people in a community who know CPR at any level and how to use an AED, the greater the survival rate
- 911 Emergency Medical Dispatch (EMD) follow up of outcomes is done on 80% cases each quarter. Areas of excellence and improvement are noted. Providing information to 911 dispatchers on call outcomes is vital for an improved system. Dispatchers also benefit from practice with responders to improve rapid recognition and care direction when appropriate. Ultimately, excellent communication between agencies improves outcomes.

Exemptions

- Consideration will be given to those agencies who have a low call volume per quarter. A review/practice on mock calls can be substituted
- Consideration will be given to those agencies who do not have an EMD program. Activities to educate/advocate for EMD with stakeholders can be substituted

Traumatic Brain Injury

To improve survival and decrease disability from traumatic brain injuries, EMS agencies must make a concerted effort to improve their response to these emergencies. The mind-set of responders needs to be “Save the Brain” to reduce disability and the chance of death. Recognition is Yes/No with a “Plus” for certain activities. **NOTE: To apply for TBI recognition, an agency must be participating in MT-EPIC with medical director approval to utilize EPIC guidelines.**

Training

Number of eligible staff (Total): _____

(Attach copy of sign-in documentation with date of training)

- 80% staff participation in quarterly EPIC guidelines review. Competencies in avoiding the four “H-Bombs” during TBI care need to be maintained. Review of the guidelines should be quarterly.
- 80% staff participation in quarterly training on ventilatory assistance using “smart BVM” that controls rate and volume (avoid overventilation), and use of airway adjuncts. At least one training per year should focus on pediatric patients. This training qualifies to meet the ventilation training requirement for CP/STEMI, Stroke, and TBI Recognition.

Performance Indicators

Refer to the [EMSTS QI Initiative Website](#) for information on how to obtain your agency’s data and detailed definitions of the indicators.

(Documented in ePCR; attach quarterly summary reports with: Target (%), Performance (%), Denominator(N))

Indicator	Target	Performance	Denominator	Measurement
Total GCS Documented	_____%	_____%	_____ TBI cases	QI Report Indicator 5.1 Biospatial
HR Documented	_____%	_____%	_____ TBI cases	QI Report Indicator 5.2 Biospatial
RR Documented	_____%	_____%	_____ TBI cases	QI Report Indicator 5.3 Biospatial
SBP Documented	_____%	_____%	_____ TBI cases	QI Report Indicator 5.4 Biospatial
SpO2 Documented	_____%	_____%	_____ TBI cases	QI Report Indicator 5.5 Biospatial
Blood Glucose Documented	_____%	_____%	_____ TBI cases	QI Report Indicator 5.6 Biospatial
Dextrose administration for BG<70 mg/dL	_____%	_____%	_____ TBI cases with BG <70 mg/dL	QI Report Indicator 5.7 Biospatial
Oxygen administration within 1 minute	_____%	_____%	_____ TBI Cases	QI Report Indicator 5.8b Biospatial
No Hypotension	_____%	_____%	_____ TBI Cases	QI Report Indicator 5.9a Biospatial
No Hypoxia (90%)	_____%	_____%	_____ TBI Cases	QI Report Indicator 5.10a Biospatial
ETCO2 Documented	_____%	_____%	_____ TBI Cases	Currently not in QI report (will be added)- eVitals.16
Appropriate ETCO2 for patients with PPV	_____%	_____%	_____ TBI cases with Positive pressure ventilation	Currently not in QI report (will be added)

QI

QI is a learning/teaching opportunity and not for disciplinary purposes.

- 80% of all TBI cases are reviewed with staff. Areas of excellence and improvement are noted.
- 50% of all TBI cases are reviewed with the medical director and/or hospital team. Involvement of the agency medical director and/or hospital ED staff for quality improvement is vital. Areas of excellence and improvement are noted
- Target/Benchmark for Performance Indicators are established/reviewed at least annually

Based on case/outcome reviews, areas of excellence and improvement are noted. QI activities/projects are selected based on your performance (data), and targets are set to measure their success. In addition to the indicators listed for recognition, other metrics *could* include things like decreasing chute time, improving the % of first-time success with IVs, using capnography, meeting EPIC guidelines, etc.

Plus Criteria

- Community Awareness Campaigns on TBI Prevention are offered semi-annually. A key part of TBI care is prevention. Sponsoring seatbelt awareness campaigns and doing activities such as bike rodeos with helmet giveaways are excellent opportunities. Having a child car seat installation technician doing safety checks is another opportunity for prevention.
- 911 Emergency Medical Dispatch (EMD) follow up of outcomes is done on 80% cases each quarter. Areas of excellence and improvement are noted. Providing information to 911 dispatchers on call outcomes is vital for an improved system. Dispatchers also benefit from practice with responders to improve rapid recognition and care direction when appropriate. Ultimately, excellent communication between agencies improves outcomes.

Exemptions

- Consideration will be given to those agencies who have a low call volume per quarter. A review/practice on mock calls can be substituted
- Consideration will be given to those agencies who do not have an EMD program. Activities to educate/advocate for EMD with stakeholders can be substituted

Checklists

Chest Pain/STEMI Recognition Checklist

Number of staff (total): _____

Heart Monitor Brand: _____

CP/STEMI RECOGNITION REQUIREMENT	Exemption	DOCUMENTATION	Date	Date	Date	Date
80% staff participation in semi-annual 12-lead placement & monitor use		Sign in Sheet				
80% staff participation in quarterly ventilatory assistance training using "smart BVM", airway adjuncts* <i>One per year must include pediatrics</i>		Sign in Sheet				
80% staff participation in an annual joint training with receiving hospital(s) and 1 st responders [^]		Sign in Sheet				
Performance indicators report & target/benchmarks (quarterly)		Summary report with target (%), performance (%), & denominator (N) for each indicator				
80% of CP/STEMI cases (age ≥35 years) are reviewed with staff using monitor/AED and ePCR data		Attach Log of case reviews				
50% of CP/STEMI cases (age ≥35 years) are reviewed with Medical director and/or hospital ED team		Attach Log of case reviews				
Review of AHA GWTG or Chest Pain MI Registry outcome data		Sign in sheet				
Plus Criteria	Exemption	DOCUMENTATION	Date	Date	Date	Date
CP/STEMI-related community awareness campaigns offered semi-annually		Description of course, with sign-in				
Outcome follow-up done with 911 EMD for 80% of CP/STEMI cases (age ≥35 years)		Attach Log of outcome follow-up				

* This training meets the ventilation training requirement for CP/STEMI, Stroke, & TBI Recognition. (not OHCA)

[^] A single annual joint training meets the requirement for all three cardiovascular emergency recognition areas: CP/STEMI, Stroke and OHCA.

Stroke Recognition Checklist

Number of staff (total): _____

STROKE RECOGNITION REQUIREMENT	Exemption	DOCUMENTATION	Date	Date	Date	Date
80% staff participation in quarterly stroke scale/stroke severity screening review		Sign in Sheet				
80% staff participation in quarterly ventilatory assistance training using "smart BVM", airway adjuncts* <i>One per year must include pediatrics</i>		Sign in Sheet				
80% staff participation in an annual joint training with receiving hospital(s) and 1 st responders^		Sign in Sheet				
Performance indicators report & target/benchmarks (quarterly)		Summary report with target (%), performance (%), & denominator (N) for each indicator				
80% of stroke cases are reviewed with staff using ePCR data		Attach Log of case reviews				
50% of stroke cases are reviewed with Medical director and/or hospital ED team		Attach Log of case reviews				
Review of AHA GWTG Stroke data with Hospital (annual)		Sign in sheet				
Plus Criteria	Exemption	DOCUMENTATION	Date	Date	Date	Date
Stroke-related community awareness campaigns offered semi-annually		Description of course, with sign-in				
Outcome follow-up done with 911 EMD for 80% of stroke cases		Attach Log of outcome follow-up				

* This training meets the ventilation training requirement for CP/STEMI, Stroke, & TBI Recognition. (not OHCA)

^ A single annual joint training meets the requirement for all three cardiovascular emergency recognition areas: CP/STEMI, Stroke and OHCA.

OHCA Recognition Checklist

Number of staff (total): _____

Indicate which equipment your service has available on the first-out ambulance (if none write “none”):

- AED _____
- Heart Monitor Brand _____ Capnography Capable: Yes / No
- Mechanical CPR device Brand _____

OHCA RECOGNITION REQUIREMENT	Exemption	DOCUMENTATION	Date	Date	Date	Date
80% staff participation in Quarterly HPCPR/mechanical CPR training utilizing feedback manikins & smart BVMs* <i>One per year must include pediatrics</i>		Sign in Sheet				
80% staff participation in Monthly 2 min refresher drills		Attach Log Sheets				
80% staff participation in an annual joint training with receiving hospital(s) and 1 st responders^		Sign in Sheet				
Performance indicators report & target/benchmarks (quarterly)		Summary report with target (%), performance (%), & denominator (N) for each indicator				
80% of OHCA cases are reviewed with staff using monitor/AED and ePCR data		Attach Log of case reviews				
50% of OHCA cases are reviewed with Medical director and/or hospital ED team		Attach Log of case reviews				
Review survival rates with Hospital (annual)		Sign in sheet				
CARES data entered each quarter		Verify completion with state coordinator				
Plus Criteria	Exemption	DOCUMENTATION	Date	Date	Date	Date
CPR/AED community awareness campaigns offered semi-annually		Description of course, with sign-in				
Outcome follow-up done with 911 EMD for 80% of OHCA cases		Attach Log of outcome follow-up				

* This training also meets the ventilation training requirement for CP/STEMI, Stroke, and TBI Recognition.

^ A single annual training qualifies to meet the requirement for all three cardiovascular emergency recognition areas: CP/STEMI, Stroke and OHCA.

TBI Recognition Checklist

Number of staff (total): _____

Is your agency participating in the MT-EPIC Program? Yes / No

Date of medical director approval for MT-EPIC participation: _____

TBI RECOGNITION REQUIREMENT	Exemption	DOCUMENTATION	Date	Date	Date	Date
80% staff participation in a quarterly EPIC guidelines review		Sign in Sheet				
80% staff participation in quarterly ventilatory assistance training using "smart BVM", airway adjuncts* <i>One per year must include pediatrics</i>		Sign in Sheet				
Performance indicators report & target/benchmarks (quarterly)		Summary report with target (%), performance (%), & denominator (N) for each indicator				
80% of TBI cases are reviewed with staff using monitor/AED and ePCR data		Attach Log of case reviews				
50% of TBI cases are reviewed with Medical director and/or hospital ED team		Attach Log of case reviews				
Plus Criteria	Exemption	DOCUMENTATION	Date	Date	Date	Date
TBI Prevention community awareness campaigns offered semi-annually		Description of course, with sign-in				
Outcome follow-up done with 911 EMD for 80% of TBI cases		Attach Log of outcome follow-up				

* This training meets the ventilation training requirement for CP/STEMI, Stroke, & TBI Recognition. (not OHCA)