




☆ Denotes newly added metric

▶ Denotes change in definition

ADVANCED AIRWAY MANAGEMENT	
<p>▶ Ventilator use in patients¹ with advanced airways</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³. This metric is reported as “Percent of patient transport contacts with an advanced airway² supported by a mechanical ventilator.”</p>	<p>NUMERATOR: Number of transport patient contacts during the calendar month involving a patient with an advanced airway² supported by a mechanical ventilator.</p> <p>DENOMINATOR: Number of transport patient contacts during the calendar month involving a patient with an advanced airway² excluding patients with tracheostomies not requiring ventilatory support.</p>
<p>▶ Waveform capnography ventilated patients</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³. This metric is reported as “Percent of patient transport contacts with advanced airways² in whom continuous waveform capnography was used.”</p>	<p>NUMERATOR: Number of patient transport contacts with an advanced airway² for whom waveform capnography is initiated and/or maintained throughout transport by the transport team. Waveform capnography is defined as a quantitative, graphical, and real time measurement of the partial pressure of CO₂ in each exhalation.</p> <p>DENOMINATOR: Number of transport patient contacts during the calendar month involving a patient with an advanced airway² excluding patients with tracheostomies not requiring ventilatory support or patients that require HFOV.</p>
<p>First attempt tracheal tube (TT) success</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³. This metric is reported as “Percent of patient transport contacts successfully intubated on the 1st attempt by the transport team.”</p>	<p>NUMERATOR: Number of patient transport contacts with successful TT placement during the 1st intubation attempt by the transport team. First-attempt success should not be disqualified by necessary adjustments to the depth of the TT and re-securing it.</p> <p>DENOMINATOR: Number of patient transport contacts undergoing intubation by the transport team during the calendar month.</p> <p>*An attempt is defined as the insertion of a laryngoscope or the insertion of any bougie or airway device (e.g. TT or LMA) past the lips.</p>

<p>DASH 1A- Definitive airway “sans” hypoxia/hypotension on first attempt</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³. This metric is reported as “Percent of patients with definitive airway during the 1st attempt by the transport team without suffering hypoxia or hypotension.”</p>	<p>NUMERATOR: Number of patient transport contacts with successful advanced airway² device placement (TT/cricothyrotomy tube/supraglottic airway) during 1st airway attempt by the transport team WITHOUT associated hypoxia or hypotension. An attempt is defined as the insertion of a laryngoscope, the insertion of any bougie or advanced airway² device (e.g. TT or LMA) past the lips, or the touching of scalpel or other “cric” instrumentation to the neck. Hypoxia is defined as oxygen saturation newly falling below 90%. Hypotension is defined as systolic blood pressure in adults < 90 mm Hg and SBP <5th percentile in children < 17 years of age.</p> <p>DENOMINATOR: Number of patient transport contacts undergoing an airway attempt by the transport team during the calendar month.</p>
<p>Verification of TT placement</p> <p>This metric is reported as the “Percent of intubated patient transport contacts with documentation of confirmed tracheal tube placement.”</p>	<p>NUMERATOR: The number of patient transport contacts with tracheal tubes, regardless of whether or not the transport team placed them themselves, for which there is documentation confirming placement using capnography plus at least 1 of the following methods for TT confirmation: direct visualization, chest radiograph, or symmetric breath sounds.</p> <p>DENOMINATOR: Number of patient transport contacts with tracheal tubes during the calendar month.</p>
<p>Rapid Sequence Intubation protocol compliance</p> <p>This metric is reported as “Percent of patient transport contacts undergoing RSI where all indicated elements of the program’s RSI protocol were completed.”</p>	<p>NUMERATOR: Number of patient transport contacts where ALL indicated elements of a program’s Rapid Sequence Intubation/Induction (RSI) protocol were completed.</p> <p>DENOMINATOR: Number of patient transport contacts that received advanced airway² management by the transport team and met inclusion criteria for use of the RSI protocol during the calendar month.</p>

<p>☆ Appropriately sized cuffed tracheal tube for pediatric patients (29 days to 17 years)⁵</p> <p>This metric is reported as "Percent of pediatric transport contacts with an appropriately sized cuffed tracheal tube."</p>	<p>NUMERATOR: The number of pediatric (29 days to 17 years) transport patient contacts in the month with appropriately sized cuffed tracheal tubes placed by the transport team (an uncuffed tracheal tube is not counted in the numerator).</p> <p>DENOMINATOR: The number of pediatric (29 days to 17 years) transport patient contacts in the month with tracheal tubes placed by the transport team.</p>
<p>☆ Use of supraglottic airway devices (SADs) as primary invasive airway devices in transport patients⁷</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³ This metric is reported as "Percent of transport contacts with a SAD where it was used for primary airway management."</p>	<p>NUMERATOR: Number of transport patient contacts in the month where a SAD was used as a primary invasive airway device by the transport team or continued from referring facility (this numerator does not include SAD used as a rescue from failed intubation attempt).</p> <p>DENOMINATOR: Number of transport patient contacts in the month with a SAD at any point during contact with the team.</p>

<p>BLOOD/BLOOD PRODUCTS</p>	
<p>☆  Rate of transfusion-related allergic reactions</p> <p>This metric is reported as "Rate of transfusion-related allergic reactions per 10,000 patients given blood or blood products."¹²</p>	<p>NUMERATOR: The number of transport patient contacts in the month with a documented blood or blood product transfusion-related allergic reaction from the time the transport team assumes care of the patient to handoff at the receiving facility.</p> <p>DENOMINATOR: The number of transport patient contacts in the month that received blood or blood products from the time the transport team assumes care to handoff at the receiving facility.</p>

CLINICAL MANAGEMENT	
<p>Unintended neonatal hypothermia</p> <p>This metric is reported as "Percent of transported neonates found hypothermic upon admission."</p>	<p>NUMERATOR: The number of neonates (infants less than 29 days) with admission temperatures at the destination facility less than 36.5 axillary (excluding those being intentionally cooled, either actively or passively).</p> <p>DENOMINATOR: Number of neonates transported during the calendar month.</p>
<p>Blood glucose check for altered mental status</p> <p>This metric is reported as "Percent of patient transport contacts with altered mental status or focal neurologic deficit with a documented blood glucose check."</p>	<p>NUMERATOR: Number of patient transport contacts with GCS < 15 (or focal neurologic deficit with suspicion of stroke) at the time of initial transport evaluation that have a documented blood glucose check. A blood glucose check includes those checks by the transport team or prior to transport team arrival if reviewed and documented by the transport team.</p> <p>DENOMINATOR: Number of patient transport contacts with GCS <15 or neurologic deficit (at the time of initial transport evaluation) during the calendar month.</p>
<p>Appropriate management of blood pressure for aortic emergencies</p> <p>This metric is reported as "Percent of patient transport contacts with known or suspected aortic dissection receiving indicated blood pressure and heart rate therapies."</p>	<p>NUMERATOR: Number of patient transport contacts with known or suspected aortic dissection with heart rates less than 60 beats per minute and systolic blood pressures less than 120 mm Hg OR documented interventions during transport aimed at achieving these parameters.</p> <p>DENOMINATOR: Number of patients transported with known or suspected aortic dissection in the calendar month.</p>
<p>★ Steroids administered to asthmatics prior to arrival at destination hospital</p> <p>This metric is reported as "Percent of asthmatics receiving timely corticosteroids."</p>	<p>NUMERATOR: The number of transport patient contacts in the month with status asthmaticus or asthma exacerbation that has received corticosteroids prior to arrival at the receiving hospital (includes corticosteroids given by the transport team or at the referring hospital).</p> <p>DENOMINATOR: The number of transport patient contacts in the month with status asthmaticus or asthma exacerbation.</p>

<p>Management of hypertension in hemorrhagic stroke</p> <p>This metric is reported as “Percent of transport patient contacts with hemorrhagic stroke and appropriate blood pressure management.”</p>	<p>NUMERATOR: Number of known hemorrhagic stroke transport contacts with goal systolic blood pressure (SBP) less than 160 (OR 20% less than initial MAP for initial SBP greater than 200) at transfer of care to the receiving hospital. Hemorrhagic stroke is defined as non-traumatic, intraparenchymal hemorrhagic bleed identified on CT or MRI.</p> <p>DENOMINATOR: Number of known hemorrhagic stroke patient transport contacts during the calendar month.</p>
<p>Reliable pain assessments</p> <p>The metric is reported as “Percent of patient transport contacts with a documented pain assessment.”</p>	<p>NUMERATOR: Number of patient transport contacts with documented pain assessments using age-appropriate pain scales.</p> <p>DENOMINATOR: Number of patient transport contacts during the calendar month.</p>
<p>☆ Antibiotic administration as early goal directed therapy for patients with suspected sepsis</p> <p>This metric is reported as “Percent of transport contacts with suspected sepsis that receive timely antibiotics within one hour.”</p>	<p>NUMERATOR: Number of transport patient contacts in the month with suspected sepsis that received antibiotics no later than 1 hour after direct patient contact with the transport team including antibiotics administered by referring facility.</p> <p>DENOMINATOR: Number of transport patient contacts in the month with suspected sepsis.</p>
<p>Appropriate management of hemorrhagic shock</p> <p>This metric is reported as the “Percent of patient transport contacts with hemorrhagic shock appropriately managed.”</p>	<p>NUMERATOR: Number of patient transport contacts with hemorrhagic shock in which 1) hemorrhage control measures are initiated if applicable, 2) IV administration of blood products if available, and 3) IV fluid resuscitation meeting the following:</p> <ol style="list-style-type: none"> 1. Signs of adequate tissue perfusion, or 2. SBP $\geq 70 + 2 \times \text{age (yrs)}$ or ≥ 90 mmHg or MAP > 65 3. Maximum of 2 liters in adults or 40 mL/kg in children < 16 years of age. <p>DENOMINATOR: Number of patient contacts with hemorrhagic shock during the calendar month. Hemorrhagic shock is defined as hypovolemic shock resulting from confirmed or suspected hemorrhage with clinical signs of hypoperfusion.</p>

<p>☆ Patient temperature</p> <p>The metric is reported as "Percent of patient transport contacts with a temperature documented with the first set of vital signs taken by the transport team."</p>	<p>NUMERATOR: The number of transport patient contacts in the month for which a patient temperature is documented with the first set of vital signs taken by the transport team.</p> <p>DENOMINATOR: The number of transport patient contacts in the month.</p>
<p>☆ Neonatal therapeutic hypothermia¹⁰</p> <p>This metric is reported as "Percent of newborns at risk for moderate or severe HIE who received therapeutic hypothermia meeting the targeted temperature goal."</p>	<p>NUMERATOR: The number of neonatal (<29 days) transport patient contacts in the month meeting criteria for moderate or severe HIE and eligible for therapeutic hypothermia based HIE risk with active targeted temperature management (i.e. active cooling) and admission core temperature 33-34C°.</p> <p>DENOMINATOR: The number of neonatal (<29 days) transport patient contacts in the month meeting criteria for moderate or severe HIE and eligible for therapeutic hypothermia based HIE risk.</p>
<p>☆ Adult therapeutic hypothermia¹¹</p> <p>This metric is reported as "Percent of adults status post out-of-hospital cardiac arrest who received therapeutic hypothermia."</p>	<p>NUMERATOR: The number of adult transport patient contacts in the month status post out-of-hospital cardiac arrest and coma with active target temperature management resulting in an admission core temperature 32-34C°.</p> <p>DENOMINATOR: The number of adult transport patient contacts in the month status post out-of-hospital cardiac arrest.</p>

<p>VENTILATOR MANAGEMENT</p>	
<p>☆ Lung protective ventilation for transport patients</p> <p>This metric will be categorized by age into the following 2 categories (pediatric defined as 29 days to <18 years, adults defined as age 18 or older). This metric is reported as "Percent of mechanically ventilated transported patients with documented lung protection monitoring."</p>	<p>NUMERATOR: The number of invasively mechanically ventilated transport contacts in the month with at least one documented plateau pressure of < 30 cm H2O from the time the transport team assumes care until handoff at the receiving facility.</p> <p>DENOMINATOR: The number of invasively mechanically ventilated transport contacts in the month.</p>

NON-INVASIVE VENTILATION



Non-invasive positive pressure ventilation (NPPV)⁶ failure during transport

This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³ This metric is reported as "Percent of transport patient contacts during which NPPV is discontinued in favor of an advanced airway during transport."

NUMERATOR: Number of transport patient contacts in the month in which NPPV initiated by the transport team or continued from referring facility is discontinued during transport in order to place an advanced airway (NPPV initiated at the bedside as a trial that is converted to invasive ventilation prior to transport is not included in the numerator).

DENOMINATOR: Number of transport patient contacts in the month in which NPPV is initiated by the transport team or continued from referring facility.

CARDIOPULMONARY RESUSCITATION

Rate of CPR performed during transport

This metric is reported as a "Rolling 12 month CPR rate per 10,000 transports."

NUMERATOR: The number of transports during which chest compressions are performed from the time the transport team assumes care ("hands on") until the patient hand-off is completed at the destination facility.

DENOMINATOR: The number of transports during the calendar month. Multiple episodes of chest compressions in a single transport should only be counted as one episode. If CPR is in progress when the team arrives, this should not be included in this count.








Cardiopulmonary Resuscitation (CPR) effectiveness for transport patients

This metric will be categorized by age into the following 2 categories (pediatric defined as 29 days to <18 years, adults defined as age 18 or older). This metric is reported as "Percent of patient transport contacts undergoing CPR for which the adequacy of chest compressions may be assessed."


NUMERATOR: Number of transport patient contacts in the month undergoing CPR with real-time assessment of chest compression adequacy (this includes use of technology that measures compression adequacy or automated chest compression devices).

DENOMINATOR: Number of adult or pediatric transport patient contacts in the month undergoing CPR.


EFFICIENCY	
<p> Average mobilization time of the transport team</p> <p>This metric is reported as “Average (mean) mobilization time for all unscheduled transports during the calendar month.”</p>	<p>The average time (includes all transports in the calendar month, excluding transports scheduled in advance and patient transports out of the originating facility) in minutes (rounded up to nearest minute) from the start of the referral phone call to the time the transport team is en route to the referral facility. “Stacked” trips or transports right after the last during which the team never returns to base should be included in this count.⁴</p>
<p>Scene and bedside times for STEMI activation</p> <p>This metric is reported as “Average (mean) bedside time and average scene time (min) for STEMI activation patients.”</p> <p><i>STEMI patients are defined as those patients with ST segment elevation by ECG and those patients with STEMI activations initiated by the referring facilities or the transport team itself.</i></p>	<p>AVERAGE TIME: (Arithmetic mean in minutes rounded up) for the following intervals:</p> <p>A. From initial bedside patient contact by the transport team to departing bedside with the patient en route to transport vehicle</p> <p>B. From initial scene arrival by the transport team to departing the scene with the patient en route to transport vehicle (i.e., “skids down/skids up” or “ground arrival/departure”)</p> <p>NUMERATOR: Sum of bedside times or scene times (in minutes) for all transport patient contacts with STEMI activations.</p> <p>DENOMINATOR: Number of transport patient contacts with STEMI activations.</p>
<p> Bedside time for transport patients⁹</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients age 29 days to <18 years, and adults defined as age 18 or older)³ This metric is reported as “Average bedside time for transports.”</p>	<p>NUMERATOR: The average time in minutes (rounded up) over the month from when the transport team arrives at the patient's bedside until the transport team leaves the bedside with the patient or leaves the patient's bedside without the patient (non-transport).</p> <p>DENOMINATOR: Number of patient transport contacts in the month.</p>



MATERNAL TRANSPORT	
<p> High Risk OB: Seizure</p> <p>This metric is reported as "Rolling rate of pregnant patients with seizure activity during transport per 10,000 pregnant patients transported."</p>	<p>NUMERATOR: The number of pregnant transport patient contacts in the month that experiences seizure activity from the time the transport team assumes care of patient until handoff at the receiving facility.</p> <p>DENOMINATOR: The number of pregnant transport patient contacts in the month.</p>
<p> High Risk OB: Persistent Hypertension¹³</p> <p>This metric is reported as "Rolling rate of pregnant patients with persistent hypertension per 10,000 pregnant patients transported."</p>	<p>NUMERATOR: The number of pregnant transport patient contacts in the month that experiences persistent systolic or diastolic hypertension (a systolic BP >160 mm Hg, diastolic BP >110 mm Hg for greater than 15 minutes) while in the care of the transport team AND are treated with an antihypertensive medication.</p> <p>DENOMINATOR: The number of pregnant transport patient contacts in the month that experiences persistent systolic or diastolic hypertension (a systolic BP >160 mm Hg, diastolic BP >110 mm Hg for greater than 15 minutes) while in the care of the transport team in the month.</p>
<p> High Risk OB: Delivery during transport¹⁴</p> <p>This metric is reported as "Rolling rate of pregnant patients who deliver during transport per 10,000 pregnant patients transported."</p>	<p>NUMERATOR: The number of pregnant transport contacts in the month that delivers from the time the transport team departs the referring facility until arrival at the receiving facility (delivery during transport).</p> <p>DENOMINATOR: The number of pregnant transport patient contacts with gestational age >20 weeks in the month.</p>




MEDICAL DOCUMENTATION

<p> Clinical Documentation</p> <p>This metric is reported as "Percent of transports that undergo chart audit for completion and accuracy."</p>	<p>NUMERATOR: The number of transport charts audited for completion and accuracy by at least 1 additional team member (peer, clinical supervisor, medical director) during the month.</p> <p>DENOMINATOR: The number of transport patient contacts in the month.</p>
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SAFETY EVENTS

<p>Medication errors on transport</p> <p>This metric will be converted to and reported as a "Rolling 12 month medication error rate per 10,000 patient transport contacts."</p>	<p>NUMERATOR: The number of documented medication administration errors (may be more than 1 per transport) during any transport patient contact. <i>A medication error typically violates one or more of the "7 Rights;" right patient, right drug, right dose, right route, right time, right technique, right documentation.</i> There may be more than one medication error during a single patient transport contact and each of those should be included separately.</p> <p>DENOMINATOR: Number of patient transport contacts during the calendar month.</p>
<p> Unplanned dislodgements of therapeutic devices</p> <p>This metric is reported as "Unplanned dislodgements of therapeutic devices per 10,000 patient transport contacts."</p>	<p>NUMERATOR: The number of documented unplanned dislodgements (may be more than 1 per transport) while under the care of the transport team of the following devices (IOs, IVs, UACs/UVCs, central venous lines, arterial lines, advanced airway², chest tubes, and tracheostomy tubes). This does not include IVs that infiltrate without obvious dislodgement.</p> <p>DENOMINATOR: Number of transport patient contacts during the calendar month.</p>
<p>Rate of Serious Reportable Events (SREs)</p> <p>This metric will be converted to and reported as a "Rolling 12 month SRE rate per 10,000 patient transport contacts."</p>	<p>NUMERATOR: The number of SREs during the calendar month. An SRE is defined as any unanticipated and largely preventable event involving death, life-threatening consequences, or serious physical or psychological harm.</p> <p><small>*Qualifying events include but are not limited to the National Quality Forum's Reportable Events available at http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx</small></p> <p>DENOMINATOR: The number of transports during the calendar month.</p>

<p>Incidence of hypoxia during transport</p> <p>This metric is reported as “Percent of patient transport contacts experiencing transport-related hypoxia.”</p>	<p>NUMERATOR: Number of patient transport contacts during which the documented pulse oximetry reading drops below 90%. Multiple incidents with one patient are considered as one incident. If the pulse oximetry reading is chronically low or is below 90% when contact is made, the patient is not included except for those patients where the saturation has been corrected to greater than 90% and falls again.</p> <p>DENOMINATOR: Number of patient transport contacts during the calendar month (excluding those with chronic oxygen saturations lower than 90% or oxygen saturations lower than 90% that persist throughout the entire transport).</p>
<p> Medical equipment failure</p> <p>The metric is reported as “Medical equipment failures per 10,000 patient transport contacts.”</p>	<p>NUMERATOR: The number of documented medical equipment failures (may be more than 1 per transport) while under the care of the transport team. Examples include IV pumps and ventilators that malfunction during transport, broken monitor leads, empty medical gas tanks, etc.</p> <p>DENOMINATOR: The number of transports during the calendar month.</p>
<p> Adverse drug event during transport</p> <p>The metric is reported as “Adverse drug events per 10,000 patient transport contacts.”</p>	<p>NUMERATOR: Number of patient transport contacts for which there is documentation of an unanticipated drug related event during transport. Adverse drug events (ADEs) are defined as any injuries resulting from medication use, including physical harm, mental harm, or loss of function.</p> <p>DENOMINATOR: Number of patient transport contacts during the calendar month.</p>

<p> Patient near-miss or precursor adverse events</p> <p>This metric is reported as a "Rolling 12 month transport-related patient mishap rate per 10,000 patient transport contacts."</p>	<p>NUMERATOR: The number of documented transport-related patient near-misses or patient precursor adverse events. Near-miss events are defined as deviations from generally accepted performance standards that occurred but did not "reach" the patient, perhaps because the error was caught. Precursor adverse events are deviations from generally accepted performance standards that reach the patient but result in no harm or minimal, temporary patient harm (excluding morbidity and mortality related to the medical/surgical conditions themselves).</p> <p>DENOMINATOR: The number of patient transport contacts during the calendar month.</p>
<p> Rate of transport-related patient injuries</p> <p>This metric is reported as a "Rolling 12 month transport-related patient injury rate per 10,000 transports."</p>	<p>NUMERATOR: The number of documented transport-related patient injuries or deaths (excluding those related to the medical/surgical conditions themselves). Examples include a patient fall, a loose piece of transport equipment that falls and strikes the patient, injury suffered in a transport vehicle accident, etc.</p> <p>DENOMINATOR: The number of transports during the calendar month.</p>
<p>Rate of transport-related crew injury</p> <p>The metric is reported as a "Rolling 12 month transport-related crew injury rate per 10,000 transports."</p>	<p>NUMERATOR: The number of transport-related crew injuries or deaths reported to the institution's employee health department or equivalent during the calendar month.</p> <p>DENOMINATOR: The number of transports during the calendar month.</p>
<p> Vehicle crash/collision⁸</p> <p>This metric is reported as "Number of ambulance collisions per 10,000 transports"</p>	<p>NUMERATOR: Number of ambulances for which there is official documentation concerning damage to the vehicle sustained while in motion in the month.</p> <p>DENOMINATOR: Number of GROUND transport contacts in the month.</p>

1 In instances where a specialty team (i.e. neonatal or pediatric specialty team is being transported by the regional transfer service), it is the responsibility of the team providing patient care to report metrics data. (i.e., neonatal specialty team should report neonatal hypothermia rate for its transport service – not the non-specialty team who is providing transportation and complementing the specialty service).

2 Advanced airway is defined as a tracheal tube, laryngeal mask airway, esophageal-tracheal Combitube, tracheostomy tube, King Airway, cricothyroidotomy tube, or equivalent.

3 Use of absolute age is to be used regardless of patient origination (i.e. if a patient's absolute age is > 29 days and origination is from a NICU, they are to be reported as a pediatric patient).

4 The time does not include subsequent phone calls within a transport system. The start time begins when the first referral call is received.

5 The number of pediatric patients (29 days to 17 years) in the month with cuffed tracheal tubes placed by the transport team that are +/- 0.5 mm within the following guidelines. Inner diameter of the ETT= (16 + age in years) divided by 4. For infants 1 year use 4 mm. For infants less than 1 year, use 3.5 mm. Uncuffed tracheal tubes are considered suboptimal and do not count as appropriately sized.

6 NPPV includes high flow nasal cannula oxygen and CPAP.

7 SADs as primary airway devices refers to an initial decision to use a SAD instead of tracheal intubation - not as a rescue airway after an unsuccessful endotracheal intubation attempt. Patients for whom the team assumes care already with an SAD and the SAD is continued are considered a primary use of the SAD. SAD is placed not necessarily by the transport team and continues as the primary airway device.

8 This can include low speed or high speed collision, at fault and not at fault collisions. This should only include ground transport collisions and may include collisions in the team's primary ground transport vehicles or when the team is being transported by a secondary ambulance service. These only concern collisions while going to or returning with a patient (i.e., not the team going to lunch or a PR event, etc.).

9 This is not the "on-scene" time, but specifically the time at the patient's bedside. As a result, this does not include the time to travel to or from the transport vehicle to the patient's bedside. Mobilization time (existing GAMUT metric) and bedside time are most tightly linked to quality care and outcomes, as well as potentially modifiable.

10 Moderate or Severe HIE risk factors: Newborn infants of 36 weeks' gestation or greater with evidence of moderate or severe peripartum HIE with at least one of the following criteria: i) Apgar score of 5 or less at 10 minutes ii) mechanical ventilation or resuscitation at 10 minutes iii) cord or arterial pH < 7.1 or base deficit of 12 or more within 60 minutes of birth. Exclusions to therapeutic cooling are defined locally by your transport program protocols. Patients with passive cooling are not included in the numerator; this is consistent with evidence for its risk of over-cooling.

11 Evidence of moderate quality suggests that conventional cooling methods provided to induce mild therapeutic hypothermia improve neurological outcome after cardiac arrest, specifically with better outcomes than occur with no temperature management. We obtained available evidence from studies in which the target temperature was 34°C or lower. This is consistent with current best medical practice as recommended by international resuscitation guidelines for hypothermia/targeted temperature management among survivors of cardiac arrest. Exclusions for therapeutic hypothermia are defined locally by your transport program protocols.

12 Blood products include any of Packed Red Blood Cells, Platelets, Plasma, Fresh Frozen Plasma, & Cryoprecipitate. Although life-threatening anaphylaxis occurs rarely, allergic reactions occur most frequently. Hirayama F. Current understanding of allergic transfusion reactions: incidence, pathogenesis, laboratory tests, prevention and treatment. *Br J Haematol.* 2012;160(4):434-44.

13 Based on ACOG definition of persistent hypertension.

14 Based on ACOG definition, delivery <20 weeks gestation is a miscarriage; your organizational standard for determination of gestational age at the time of transport should be used (transport teams reported gestational age at time of transport).