



GAMUT Quality Improvement Consensus Metrics

v.04/23/2023



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ADVANCED AIRWAY MANAGEMENT		
Metric Title/Definition	N/D definition	Additional Information
<p>Ventilator use in patients 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 aged 29 days to <18 years, and adults defined as age 18 or older).</p> <p>This metric is reported as “Percent of patient contacts with an advanced airway supported by a mechanical ventilator.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month involving a patient with an advanced airway supported by a mechanical ventilator</p> <p>DENOMINATOR: Number of patient contacts during the calendar month involving a patient with an advanced airway excluding patients with tracheostomies not requiring ventilatory support</p>	<p>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).</p> <p>Advanced airway is defined as one of the following: Endotracheal Tube (ETT), Tracheal Tube (TT), Supraglottic Airway (SGA) or cricothyrotomy.</p> <p>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).</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 aged 29 days to <18 years, and adults defined as age 18 or older).</p> <p>This metric is reported as “Percent of patient contacts with advanced airways in whom continuous waveform capnography was used.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month with an advanced airway for whom waveform capnography is initiated and/or maintained throughout transport by the transport team excluding patients with tracheostomies not requiring ventilatory support or patients that require HFOV</p> <p>DENOMINATOR: Number of patient contacts during the calendar month involving a patient with an advanced airway excluding patients</p>	<p>Advanced airway is defined as one of the following: Endotracheal Tube (ETT), Tracheal Tube (TT), Supraglottic Airway (SGA) or cricothyrotomy.</p> <p>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).</p> <p>Waveform capnography is defined as a quantitative, graphical, and real time measurement of the partial pressure of CO₂ in each exhalation.</p> <p>Although transcutaneous carbon dioxide measuring has gained popularity as its safety has improved, currently it is a technology better used for ventilatory management</p>



	with tracheostomies not requiring ventilatory support or patients that require HFOV	than for identification of a misplaced endotracheal tube.
<p>First attempt endotracheal tube (ETT) 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 aged 29 days to <18 years, and adults defined as age 18 or older).</p> <p>This metric is reported as “Percent of patient contacts successfully intubated on the 1st attempt by the transport team.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month with successful ETT placement during the 1st intubation attempt by the transport team</p> <p>DENOMINATOR: Number of patient contacts during the calendar month with an ETT attempted by the transport team</p>	<p>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).</p> <p>An attempt is defined as the insertion of a laryngoscope, a device used to facilitate intubation, or an ETT past the lips.</p> <p>First-attempt success should not be disqualified by necessary adjustments to the depth of the ETT and re-securing it.</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 aged 29 days to <18 years, and adults defined as age 18 or older).</p> <p>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 contacts during the calendar month with successful advanced airway device placement during 1st airway attempt by the transport team WITHOUT associated hypoxia or hypotension within 10 minutes of intubation medication administration</p> <p>DENOMINATOR: Number of patient contacts during the calendar month with an advanced airway device placement attempted by the transport team</p>	<p>Advanced airway is defined as one of the following: Endotracheal Tube (ETT), Tracheal Tube (TT), Supraglottic Airway (SGA) or cricothyrotomy.</p> <p>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).</p> <p>In circumstances when intubation medications may not be indicated or are discretionary (e.g., neonates), use the time of laryngoscopy.</p> <p>An attempt is defined as the insertion of a laryngoscope or the insertion of any bougie or airway device (e.g., ETT/TT/SGA/cricothyrotomy tube) past the lips or the</p>



		<p>touching of scalpel or other cricothyrotomy instrumentation to the neck.</p> <p>Hypoxia is defined as oxygen saturation newly falling below 90%. Hypotension is defined as systolic blood pressure in adults newly falling <90 mm Hg and SBP <5th percentile in children <17 years of age. Patients with existing hypoxia and/or hypotension prior to intubation medication administration should not be included in this metric as this metric evaluates the safety and effectiveness of the airway procedure itself.</p>
<p>Verification of Endotracheal Tube (ETT) placement</p> <p>This metric is reported as the “Percent of intubated patient contacts with documentation of confirmed endotracheal tube placement.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month with endotracheal tubes, regardless of whether or not the transport team placed them themselves, for which there is documentation confirming placement at the time of assuming care of the patient using capnography plus at least 1 of the following methods for endotracheal tube confirmation: direct visualization, chest radiograph, or symmetric breath sounds</p> <p>DENOMINATOR: Number of patient contacts during the calendar month with endotracheal tubes</p>	
<p>Rapid Sequence Intubation protocol compliance</p> <p>This metric is reported as “Percent of patient contacts undergoing RSI where all indicated</p>	<p>NUMERATOR: Number of patient contacts during the calendar month where ALL indicated elements of the transport team’s Rapid Sequence Intubation/Induction (RSI) protocol were completed</p>	<p>Advanced airway is defined as one of the following: Endotracheal Tube (ETT), Tracheal Tube (TT), Supraglottic Airway (SGA) or cricothyrotomy.</p>



<p>elements of the transport team’s RSI protocol were completed.”</p>	<p>DENOMINATOR: Number of patient contacts during the calendar month that received advanced airway management by the transport team and met inclusion criteria for use of the transport team’s RSI protocol</p>	
<p>Appropriately sized cuffed endotracheal tube for pediatric patients (29 days to 17 years)</p> <p>This metric is reported as "Percent of pediatric patient contacts with an appropriately sized cuffed endotracheal tube."</p>	<p>NUMERATOR: Number of pediatric (29 days to 17 years) patient contacts during the calendar month with appropriately sized cuffed endotracheal tubes placed by the transport team (an uncuffed endotracheal tube is not counted in the numerator)</p> <p>DENOMINATOR: Number of pediatric (29 days to 17 years) patient contacts during the calendar month with endotracheal tubes placed by the transport team</p>	<p>The number of pediatric patients (29 days to 17 years) during the calendar month with cuffed endotracheal 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 endotracheal tubes are considered suboptimal and do not count as appropriately sized.</p>
<p>Use of supraglottic airway devices (SGAs) as primary invasive airway devices in 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 aged 29 days to <18 years, and adults defined as age 18 or older)</p>	<p>NUMERATOR: Number of patient contacts during the calendar month where an SGA was used as a primary invasive airway device by the transport team or continued from referring facility (this numerator does not include SGA used as a rescue from failed intubation attempt)</p> <p>DENOMINATOR: Number of patient contacts during the calendar month with an SGA at any point during contact with the transport</p>	<p>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).</p> <p>SGAs as primary airway devices refers to an initial decision to use an SGA instead of endotracheal intubation - not as a rescue airway after an unsuccessful endotracheal intubation attempt. Patients for whom the team assumes care already with an SGA and the SGA is continued are considered a primary use of the SGA.</p>



<p>This metric is reported as "Percent of patient contacts with an SGA where it was used for primary airway management."</p>	<p>team</p>	
<p>BLOOD/BLOOD PRODUCTS</p>	<p>N/D Definition</p>	<p>Additional Information</p>
<p>Rate of transfusion-related allergic reactions</p> <p>This metric is reported as "Rolling 12-month average of transfusion-related allergic reaction events per 10,000 patient contacts given blood or blood products."</p>	<p>NUMERATOR: Number of patient contacts during the calendar 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: Number of patient contacts during the calendar month that received blood or blood products from the time the transport team assumes care to handoff at the receiving facility</p>	<p>Blood products include any 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.</p>
<p>CLINICAL MANAGEMENT</p>	<p>N/D Definition</p>	<p>Additional Information</p>
<p>Unintended neonatal hypothermia</p> <p>This metric is reported as "Percent of neonatal patient contacts found hypothermic upon admission."</p>	<p>NUMERATOR: Number of neonatal patient contacts (infants less than 29 days) during the calendar month 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 neonatal patient contacts during the calendar month</p>	



<p>Blood glucose check for altered mental status</p> <p>This metric is reported as “Percent of patient contacts with altered mental status or focal neurologic deficit with a documented blood glucose check.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month with GCS < 15 or focal neurologic deficit with suspicion of stroke at the time of initial transport team evaluation that have a documented blood glucose check</p> <p>DENOMINATOR: Number of patient contacts during the calendar month with GCS <15 or focal neurologic deficit with suspicion of stroke at the time of initial transport team evaluation</p>	<p>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>Appropriate management of blood pressure for aortic emergencies</p> <p>This metric is reported as “Percent of patient contacts with known or suspected aortic dissection receiving indicated blood pressure and heart rate therapies.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month 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 patient contacts during the calendar month with known or suspected aortic dissection</p>	
<p>Steroids administered to asthmatics prior to arrival at destination hospital</p>	<p>NUMERATOR: Number of patient contacts during the calendar month with status asthmaticus or asthma exacerbation that has received corticosteroids prior to arrival at the</p>	



<p>This metric is reported as "Percent of patient contacts with asthma exacerbation receiving timely corticosteroids."</p>	<p>receiving hospital (includes corticosteroids given by the transport team or at the referring hospital) DENOMINATOR: Number of patient contacts during the calendar month with status asthmaticus or asthma exacerbation</p>	
<p>Management of hypertension in hemorrhagic stroke</p> <p>This metric is reported as "Percent of patient contacts with hemorrhagic stroke and appropriate blood pressure management."</p>	<p>NUMERATOR: Number of known hemorrhagic stroke patient contacts during the calendar month 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 DENOMINATOR: Number of known hemorrhagic stroke patient contacts during the calendar month</p>	<p>Hemorrhagic stroke is defined as non-traumatic, intraparenchymal hemorrhagic bleed identified on CT or MRI.</p>
<p>Reliable pain assessments</p> <p>The metric is reported as "Percent of patient contacts with a documented pain assessment."</p>	<p>NUMERATOR: Number of patient contacts during the calendar month with documented pain assessments using age-appropriate pain scales DENOMINATOR: Number of patient 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 patient contacts with suspected sepsis that receive timely antibiotics within one hour.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar 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 patient contacts during the calendar month with suspected sepsis</p>	<p>Currently, there is no clear consensus definition in the literature for “suspected sepsis.” In the absence of a clear definition, one should be used that is consistent with your organization. Note that this metric is not measuring your teams’ abilities to identify sepsis (that would be a different metric all together). This metric concerns timely, empiric treatment of patients your team acknowledges could possibly have sepsis (i.e., sepsis is on the differential diagnosis).</p>
<p>Appropriate management of hemorrhagic shock</p> <p>This metric is reported as the “Percent of patient contacts with hemorrhagic shock appropriately managed.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month 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 during the calendar month with hemorrhagic shock</p>	<p>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 contacts with a temperature documented with the first set of vital signs taken by the transport team."</p>	<p>NUMERATOR: Number of patient contacts during the calendar month for which a patient's temperature is documented with the first set of vital signs taken by the transport team</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	
<p>Neonatal therapeutic hypothermia</p> <p>This metric is reported as "Percent of neonatal patient contacts at risk for moderate or severe HIE who received therapeutic hypothermia meeting the targeted temperature goal."</p>	<p>NUMERATOR: Number of neonatal (<29 days) patient contacts during the calendar 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: Number of neonatal (<29 days) patient contacts during the calendar month meeting criteria for moderate or severe HIE and eligible for therapeutic hypothermia based HIE risk</p>	<p>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.</p>
<p>Adult therapeutic hypothermia</p> <p>This metric is reported as "Percent of adult patient contacts status post out-of-hospital cardiac arrest who received therapeutic hypothermia."</p>	<p>NUMERATOR: Number of adult patient contacts during the calendar 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>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</p>



	<p>DENOMINATOR: Number of adult patient contacts during the calendar month status post out-of-hospital cardiac arrest</p>	<p>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.</p>
<p>VENTILATOR MANAGEMENT</p>	<p>N/D Definition</p>	<p>Additional Information</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).</p> <p>This metric is reported as "Percent of mechanically ventilated patient contacts with documented lung protection monitoring."</p>	<p>NUMERATOR: Number of invasively mechanically ventilated patient contacts during the calendar month with at least one documented plateau pressure of <30 cm H₂O while in the care of the transport team</p> <p>DENOMINATOR: Number of invasively mechanically ventilated patient contacts during the calendar month</p>	<p>In certain circumstances, it may not be possible to measure plateau pressure. Although plateau pressure is superior, in these situations, <i>other measurements used in the spirit of good lung protection are accepted.</i> Examples include peak pressures less than 35 cm H₂O or estimates of plateau pressure such as (VTE mL/Cstat mL/cm H₂O) + PEEP cm H₂O.</p>
<p>NON-INVASIVE VENTILATION</p>	<p>N/D Definition</p>	<p>Additional Information</p>
<p>Non-invasive positive pressure ventilation (NPPV) failure during transport</p> <p>This metric will be categorized by age into the following 3 categories (neonatal defined as infants <29 days, pediatric defined as patients aged 29 days to <18 years, and adults defined as age 18 or older).</p>	<p>NUMERATOR: Number of patient contacts during the calendar 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</p> <p>DENOMINATOR: Number patient contacts during the calendar month in which NPPV is</p>	<p>Advanced airway is defined as one of the following: Endotracheal Tube (ETT), Tracheal Tube (TT), Supraglottic Airway (SGA) or cricothyrotomy.</p> <p>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).</p> <p>NPPV includes high flow nasal cannula oxygen and CPAP.</p>



<p>This metric is reported as "Percent of patient contacts during which NPPV is discontinued in favor of an advanced airway during transport."</p>	<p>initiated by the transport team or continued from referring facility</p>	<p>NPPV initiated at the bedside as a trial that is converted to invasive ventilation prior to transport is not included in the numerator.</p>
<p>CARDIOPULMONARY RESUSCITATION</p>	<p>N/D Definition</p>	<p>Additional Information</p>
<p>Rate of CPR performed during transport</p> <p>This metric is reported as "Rolling 12-month average of CPR events per 10,000 patient contacts."</p>	<p>NUMERATOR: Number of transports during the calendar month in 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</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>Multiple episodes of chest compressions in a single transport should only be counted as one episode.</p> <p>If CPR is in progress when the team arrives, or if the patient is not transported, this should not be included in this count.</p>
<p>Cardiopulmonary Resuscitation (CPR) effectiveness 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).</p> <p>This metric is reported as "Percent of patient contacts undergoing CPR for which the adequacy of chest compressions may be assessed."</p>	<p>NUMERATOR: Number of patient contacts during the calendar 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)</p> <p>DENOMINATOR: Number of adult or pediatric patient contacts during the calendar month undergoing CPR</p>	



EFFICIENCY	N/D Definition	Additional Information
<p>Average mobilization time of the transport team</p> <p>This metric is reported as “Average mobilization time for all unscheduled transports during the calendar month.”</p>	<p>NUMERATOR: The sum (in minutes) of mobilization times for the calendar month (excluding transports scheduled in advance and transports out of the originating facility) from the start of the referral phone call to the transport team to the time the transport team is en route to the referral facility</p> <p>DENOMINATOR: Number of transports during the calendar month (excluding transports scheduled in advance and transports out of the originating facility)</p>	<p>“Stacked” trips or transports right after the last during which the team never returns to base <i>should be included in this count.</i></p> <p>The start time begins when the transport team first receives the request for transport. The time does not start with subsequent phone calls (e.g., dispatch calls) within a transport program.</p>
<p>Average scene time for STEMI activation</p> <p>This metric is reported as “Average scene time for STEMI activation patient contacts.”</p>	<p>NUMERATOR: The sum (in minutes) of scene times for the calendar month for all patient contacts with STEMI activations</p> <p>DENOMINATOR: Number of patient contacts during the calendar month with STEMI activations</p>	<p>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>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.</p>
<p>Average bedside time for STEMI activation</p> <p>This metric is reported as “Average bedside time for STEMI activation patient contacts.”</p>	<p>NUMERATOR: The sum (in minutes) of bedside times for the calendar month for all patient contacts with STEMI activations</p>	<p>From initial bedside patient contact by the transport team to departing bedside with the patient en route to transport vehicle.</p>



	<p>DENOMINATOR: Number of patient contacts with STEMI activations during the calendar month</p>	<p>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.</p>
<p>Bedside time for transport 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 aged 29 days to <18 years, and adults defined as age 18 or older).</p> <p>This metric is reported as “Average bedside time for transported patients.”</p>	<p>NUMERATOR: The sum (in minutes) of bedside times for all patient contacts during the calendar month</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>From initial bedside patient contact by the transport team to departing bedside with the patient en route to transport vehicle.</p> <p>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).</p> <p>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.</p> <p>If there are multiple patients on the same transport, use the longer of the bedside times.</p> <p>Patients who are not transported should not be included as this is bedside time for transported patients.</p>
<p>MATERNAL TRANSPORT</p>	<p>N/D Definition</p>	<p>Additional Information</p>
<p>High Risk OB: Seizure</p>	<p>NUMERATOR: Number of pregnant patient contacts during the calendar month that experiences seizure activity from the time the</p>	



<p>This metric is reported as "Rolling 12-month average of pregnant patient contacts with seizure activity during transport events per 10,000 pregnant patient contacts."</p>	<p>transport team assumes care of patient until handoff at the receiving facility</p> <p>DENOMINATOR: Number of pregnant patient contacts during the calendar month</p>	
<p>High Risk OB: Persistent Hypertension</p> <p>This metric is reported as "Rolling 12-month average of pregnant patient contacts with persistent hypertension events per 10,000 pregnant patient contacts."</p>	<p>NUMERATOR: Number of pregnant patient contacts during the calendar 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: Number of pregnant patient contacts during the calendar 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</p>	<p>Based on ACOG definition of persistent hypertension.</p>
<p>High Risk OB: Delivery during transport</p> <p>This metric is reported as "Rolling 12-month average of pregnant patient contacts who deliver during transport events per 10,000 pregnant patient contacts."</p>	<p>NUMERATOR: Number of pregnant patient contacts during the calendar month that delivers from the time the transport team departs the referring facility until arrival at the receiving facility (delivery during transport)</p>	<p>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).</p>



	<p>DENOMINATOR: Number of pregnant patient contacts during the calendar month with gestational age >20 weeks</p>	
MEDICAL DOCUMENTATION	N/D Definition	Additional Information
<p>Clinical Documentation</p> <p>This metric is reported as "Percent of patient contacts that undergo chart audit for completion and accuracy."</p>	<p>NUMERATOR: Number of transport charts audited for completion and accuracy by at least 1 additional team member (peer, clinical supervisor, medical director) during the calendar month</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	
SAFETY EVENTS	N/D Definition	Additional Information
<p>Medication errors on transport</p> <p>This metric is reported as "Rolling 12-month average of medication error events per 10,000 patient contacts."</p>	<p>NUMERATOR: Number of documented medication administration errors (may be more than 1 per transport) during any patient contact during the calendar month</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>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.</p> <p>There may be more than one medication error during a single patient contact, and each should be included separately.</p>
<p>Unplanned dislodgements of therapeutic devices</p>	<p>NUMERATOR: Number of documented unplanned dislodgements during the calendar month (may be more than 1 per transport) while under the care of the</p>	<p>Advanced airway is defined as Endotracheal Tube (ETT), Tracheal Tube (TT), Supraglottic Airway (SGA).</p> <p>This does not include IVs that infiltrate without obvious dislodgement.</p>



<p>This metric is reported as “Rolling 12-month average of unplanned dislodgements of therapeutic device events per 10,000 patient contacts.”</p>	<p>transport team of the following devices (IOs, IVs, UACs/UVCs, central venous lines, arterial lines, advanced airway, chest tubes, and tracheostomy tubes)</p> <p>DENOMINATOR: Number patient contacts during the calendar month</p>	
<p>Rate of Serious Reportable Events (SREs)</p> <p>This metric is reported as a “Rolling 12-month average of SRE events per 10,000 patient contacts.”</p>	<p>NUMERATOR: Number of SREs during the calendar month</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>An SRE is defined as any unanticipated and largely preventable event involving death, life-threatening consequences, or serious physical or psychological harm. Qualifying events include but are not limited to the National Quality Forum's Serious Reportable Events available at http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx</p>
<p>Incidence of hypoxia during transport</p> <p>This metric is reported as “Percent of patient contacts experiencing transport-related hypoxia.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month during which the documented pulse oximetry reading drops below 90% (excluding those with chronic oxygen saturations lower than 90% or oxygen saturations lower than 90% that persist throughout the entire transport)</p> <p>DENOMINATOR: Number of patient 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>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>Medical equipment failure</p> <p>The metric is reported as “Rolling 12-month average of medical equipment failure events per 10,000 patient contacts.”</p>	<p>NUMERATOR: Number of documented medical equipment failures (may be more than 1 per transport) during the calendar month while under the care of the transport team</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>Examples include IV pumps and ventilators that malfunction during transport, broken monitor leads, empty medical gas tanks, etc.</p>
<p>Adverse drug event during transport</p> <p>The metric is reported as “Rolling 12-month average of adverse drug events per 10,000 patient contacts.”</p>	<p>NUMERATOR: Number of patient contacts during the calendar month for which there is documentation of an unanticipated drug related event during transport</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>Adverse drug events (ADEs) are defined as any injuries resulting from medication use, including physical harm, mental harm, or loss of function.</p>
<p>Patient near-miss or precursor adverse events</p> <p>This metric is reported as a "Rolling 12-month average of transport-related patient near-misses or patient precursor adverse events per 10,000 patient contacts.”</p>	<p>NUMERATOR: Number of documented transport-related patient near-misses or patient precursor adverse events during the calendar month</p> <p>DENOMINATOR: Number of patient contacts during the calendar month</p>	<p>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>Rate of transport-related patient injuries</p> <p>This metric is reported as a “Rolling 12-month average of transport-related patient injury events per 10,000 transports.”</p>	<p>NUMERATOR: Number of documented transport-related patient injuries or deaths during the calendar month (excluding those related to the medical/surgical conditions themselves)</p>	<p>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>



	DENOMINATOR: Number of transports during the calendar month	
<p>Rate of transport-related crew injury</p> <p>The metric is reported as a “Rolling 12-month average of transport-related crew injury events per 10,000 transports.”</p>	<p>NUMERATOR: 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: Number of transports during the calendar month</p>	
<p>Vehicle crash/collision</p> <p>This metric is reported as “Rolling 12-month average of surface collision events per 10,000 transports.”</p>	<p>NUMERATOR: Number incidences involving ground or water-based transport vehicles for which there is official documentation concerning damage sustained while in motion during the calendar month</p> <p>DENOMINATOR: Number of SURFACE transports during the calendar month</p>	<p>This can include low-speed or high-speed collision, at-fault, and not-at-fault collisions. This should only include surface transport vehicle collisions and may include collisions in the team's primary transport vehicles or when the team is being transported by a secondary 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.).</p> <p>Surface transports include use of any ground or water-based vehicles.</p>