

1. Critical Trauma Patient Management:

- 1.1 Percent of Step 1 and Step 2 trauma patients with an EMS scene time less than 10 minutes (arrival-to-departure of ambulance)
- 1.2 Percent of Step 1 and Step 2 trauma patients transported to a designated trauma center.

2. Heart Failure Patient Management:

- 2.1 Percent of suspected heart failure patients who received CPAP or had the CPAP protocol documented.
- 2.2 Percent of suspected heart failure patients who received nitroglycerine (NTG) or had NTG protocol documented.

3. Asthma Patient Management:

- 3.1 Percent of bronchospasm patients with respiratory distress, indicative of wheezing or known history of asthma or reactive airways disease, who received a beta-agonist or had the beta-agonist administration protocol documented by the first EMS crew able to provide such treatment.

4. Seizure Patient Management:

- 4.1 Percent of still seizing (upon EMS arrival) and post-seizure patients who received a blood glucose (BG) check.
- 4.2 Percent of still-seizing (upon EMS arrival) or recurrent seizure patients treated with benzodiazepines by EMS.

5. ACS/Chest Pain Patient Management:

- 5.1 Percent of patients 35 years old or older with suspected cardiac chest pain/discomfort or other ACS symptoms who received aspirin from EMS or had the aspirin protocol documented.
- 5.2 Percent of patients 35 years old or older with suspected cardiac chest pain/discomfort or other ACS symptoms with 12-Lead ECG acquired by EMS.
- 5.3 Percent of patients 35 years old or older with suspected cardiac chest pain/discomfort or other ACS symptoms who received a 12-lead ECG in less than 10 minutes from arrival on scene of 1st 12-lead ECG equipped unit.
- 5.4 Percent of patients 35 years old or older with suspected cardiac chest pain/discomfort or other ACS symptoms with an EMS scene time (arrival-to-departure of ambulance) less than 20 minutes. [Option: Measure for suspected STEMI pts. only]
- 5.5 Percent of suspected STEMI patients in which a Code STEMI alert is activated prior to hospital arrival.
- 5.6 Percent of suspected STEMI patients transported to a designated cardiac receiving center.

6. Stroke/TIA Patient Management:

- 6.1 Percent of suspected CVA/TIA patients with a FAST exam (i.e. neuro screening) performed and all elements documented or documentation of why an exam could not be completed.
- 6.2 Percent of suspected CVA/TIA patients who received a blood glucose (BG) check.
- 6.3 Percent of suspected CVA/TIA patients with an EMS scene time (arrival-to-departure of ambulance) less than 20 minutes.
- 6.4 Percent of suspected CVA/TIA patients with Time Last Normal less than 6 hours to hospital arrival, in which a Code Stroke alert is activated prior to hospital arrival.
- 6.5 Percent of patients transported to a designated stroke receiving center.
- 6.6 Percent of suspected CVA/TIA patients who have a FAST exam score who have a LAMS Stroke Scale Assessment completed and documented or documentation of why an assessment could not be completed

7. Cardiac Arrest Patient Management:

- 7.1 Percent of non-traumatic cardiac arrest patients who received bystander CPR.

[Optional Measure: Percent of cardiac arrest patients receiving dispatcher-assisted CPR instructions.]

- 7.2 Percent of patients (in cardiac arrest before EMS arrival) in an initially “shockable” rhythm who were defibrillated in less than 8 minutes, from time the 911 call was received at fire/EMS dispatch.
- 7.3 Percent of patients (in cardiac arrest before EMS arrival) with a witnessed collapse, in an initially “shockable” rhythm, with survival to discharge from an acute care hospital.
- 7.4 Percent of overall non-traumatic cardiac arrest patients with survival to discharge from an acute care hospital.

8. Advanced Airway Patient Management:

- 8.1 Percent of patients intubated with “first-pass” success.
- 8.2 Overall percent of patients who are successfully intubated with an ET tube.
- 8.3 Overall percent of patients with successful placement of a supraglottic (SGA) airway.
- 8.4 Overall percent of patients who are successfully intubated or who have a SGA successfully placed.
- 8.5 Percent of ET intubated patients and patients with SGAs with documentation of continuous wave-form ETCO₂.

NOTES:

1. Use of the proposed Washington State EMS KPIs is voluntary. MPDs can choose which KPIs to utilize to analyze individual EMS system performance. Use of KPIs will facilitate benchmarking. MPDs may choose to “narrow the focus” of some KPIs.
2. Several KPIs—(i.e. CPR, critical trauma, seizures)—can be utilized to analyze EMS pediatric patient clinical performance.
3. Not all EMS systems, particularly BLS-level, have access to devices such as CPAP, BG checks, or drugs such as NTG.
4. Most of the KPIs will be available in WEMIS3. Remaining KPIs require access to other databases or need local analysis.