



## **EMS Patient Care Policy and Procedure Assessment**

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### **Note:**

Text in brackets is intended to be replaced with information that is relevant to your use of the assessment instrument. Delete brackets after replacing text.

# EMS Patient Care Policy and Procedure Assessment

Thank you for taking the time to complete this assessment of STEMI, stroke, trauma, and cardiac arrest patient care policies and procedures. The information collected will be used to [e.g., identify EMS agency needs throughout the state and to target support and funding].

If you have questions about this assessment or how the information will be used, please contact [name], [title], at [phone number] or [email].

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## What is your EMS agency role?

*If you are both a Service Provider and a Service Director, please select Service Director.*

Service Provider

Service Director

## What is your EMS agency's name?

*If you work for more than one agency, please choose one and complete the assessment for that agency. Please do not use abbreviations.*

## What is the license level for your agency?

EMT

Advanced EMT (AEMT)

Intermediate

Paramedic

Paramedic with Critical Care Endorsement

## What is the number of licensed personnel on your agency's roster?

*Please enter 0 if there are no EMS personnel in that category.*

Volunteer

Paid on-call

Paid career

## What is your agency's annual call volume?

0-100

101-200

201-300

301-500

501-1,000

1,001+

## What is your agency's average round-trip miles per 911 call?

0-5

6-10

11-20

21+

*A group of Wisconsin EMS providers and other stroke, STEMI, and trauma professionals have identified a number of patient care policies and procedures for these time-critical diagnoses. For the purpose of this assessment, each of those policies and procedures has been described in multiple ways. Please read each description and then select the one that most closely matches your agency's current policy or procedure.*

## ST-Elevation Myocardial Infarction (STEMI)-Related Policies and Procedures

### 12-Lead ECG Transmission

- My service does not have 12-lead ECG capability.
- My service has 12-lead ECG capability but is not capable of transmitting to the receiving hospital.
- My service has 12-lead ECG capability and is capable of transmitting to the receiving hospital, and some crew members are trained in its use.
- My service has 12-lead ECG capability and is capable of transmitting to the receiving hospital, and all crew members are trained in its use.
- My service has a 12-lead ECG, is capable of transmitting to the receiving hospital, all crew members are trained in its use and review and/or a Quality Assurance/Continuous Quality Improvement process is conducted on a regular basis.
- Other - please explain:
- Don't know (Service Providers only)

If "My service does not have 12-lead ECG capability." is selected, please answer the following question.

#### **My service does not have a 12-lead for the following reason(s):**

- Cost
- Medical Director hasn't authorized
- No ability to transmit
- Other - please explain:
- Don't know (Service Providers only)

If "My service has 12-lead ECG capability but is not capable of transmitting to the receiving hospital." is selected, please answer the following question.

#### **My service is not capable of transmitting to the receiving hospital for the following reason(s):**

- Not enough band width in my region
- No cell service coverage in my region
- Hospital is not capable of receiving 12-lead ECG transmissions
- Other - please explain:
- Don't know (Service Providers only)

### STEMI Protocols

- My service does not have STEMI protocols.
- My service has STEMI protocols, not based on current American Heart Association (AHA) guidelines.
- My service has STEMI protocols, based on current AHA guidelines.
- Don't know (Service Providers only)

### STEMI Protocols Review

- My service does not have STEMI protocols.
- My service has STEMI protocols but our operations officer, medical director, or administration does not review them.
- My service has STEMI protocols and our operations officer, medical director, or administration reviews them when an issue arises.
- My service has STEMI protocols and our operations officer, medical director, or administration conducts regular reviews.
- My service has STEMI protocols and our operations officer, medical director, or administration conducts regular reviews and regularly reviews those protocols with our staff.
- Other - please explain:
- Don't know (Service Providers only)

### STEMI Training

- My service does not conduct any STEMI training.
- My service conducts STEMI training when we become aware of an issue.
- My service occasionally conducts STEMI training.
- My service conducts STEMI training on an annual basis which includes case review.
- My service conducts regular (more than once/year) STEMI training with our staff and hospital(s).
- Other - please explain:
- Don't know (Service Providers only)

### STEMI Quality Assurance Policy

- My service does not have a STEMI QA policy.
- My service occasionally reviews STEMI cases, but only when an issue arises.
- My service collects data on STEMI cases and reviews selected cases.
- My service collects data on STEMI cases and reviews all cases.
- My service collects data on STEMI cases, reviews all cases, and reviews STEMI data on a regular basis with the Medical Director.
- Other - please explain:
- Don't know (Service Providers only)

### Working with Receiving Hospitals on STEMI Quality Assurance

- My service does not have a STEMI QA process in place with our receiving hospitals.
- My service receives no feedback on STEMI cases from our receiving hospitals.
- My service receives feedback on some STEMI cases from our receiving hospitals.
- My service receives feedback on all STEMI cases from our receiving hospitals with identified opportunities for improvement.
- My service's Medical Director, or designee, meets with our receiving hospitals on a regular basis to review STEMI case data.
- Other - please explain:
- Don't know (Service Providers only)

## Stroke Policies and Procedures

### Stroke Protocols

- My service does not have stroke protocols.
- My service has stroke protocols, not based on current American Stroke Association (ASA) guidelines.
- My service has stroke protocols based on current ASA guidelines.
- Don't know (Service Providers only)

### Stroke Protocols Review

- My service does not have stroke protocols.
- My service has stroke protocols but our operations officer, medical director, or administration does not review them.
- My service has stroke protocols and our operations officer, medical director, or administration reviews them when an issue arises.
- My service has stroke protocols and our operations officer, medical director, or administration conducts regular reviews.
- My service has stroke protocols and our operations officer, medical director, or administration conducts regular reviews and regularly reviews those protocols with our staff.
- Other - please explain:
- Don't know (Service Providers only)

### Stroke Training

- My service does not conduct any stroke training.
- My service conducts stroke training when we become aware of an issue.
- My service occasionally conducts stroke training.
- My service conducts stroke training on an annual basis which includes protocol review.
- My service conducts regular (more than once/year) stroke training with our staff and hospital(s).
- Other - please explain:
- Don't know (Service Providers only)

### Stroke Quality Assurance Policy

- My service does not have a stroke QA policy.
- My service occasionally reviews stroke cases, but only when an issue arises.
- My service collects data on stroke cases and reviews selected cases.
- My service collects data on stroke cases and reviews all cases.
- My service collects data on stroke cases, reviews all cases, and reviews stroke data on a regular basis with the Medical Director.
- Other - please explain:
- Don't know (Service Providers only)

### Working with Receiving Hospitals on Stroke Quality Assurance

- My service does not have a stroke QA process in place with our receiving hospitals.
- My service receives no feedback and engages in no review of stroke cases with our receiving hospitals.
- My service receives feedback and engages in review of some stroke cases with our receiving hospitals.
- My service receives feedback and engages in review of all stroke cases with our receiving hospitals, with identified opportunities for improvement.
- My service's Medical Director, or designee, meets with our receiving hospitals on a regular basis to review stroke case data.
- Other - please explain:
- Don't know (Service Providers only)

## Trauma Policies and Procedures

### Trauma Protocols

- My service does not have standard trauma protocols.
- My service has standard trauma protocols, not based on current WI State Trauma Triage and Transport (TTT) guidelines.
- My service has standard trauma protocols, based on current TTT guidelines.
- Don't know (Service Providers only)

### Trauma Protocols Review

- My service does not have trauma protocols.
- My service has trauma protocols but our operations officer, medical director, or administration does not review them.
- My service has trauma protocols and our operations officer, medical director, or administration reviews them when an issue arises.
- My service has trauma protocols and our operations officer, medical director, or administration conducts regular reviews.
- My service has trauma protocols and our operations officer, medical director, or administration conducts regular reviews and regularly reviews those protocols with our staff.
- Other - please explain:
- Don't know (Service Providers only)

### Trauma Training

- My service does not conduct any trauma training.
- My service conducts trauma training when we become aware of an issue.
- My service occasionally conducts trauma training.
- My service conducts trauma training on an annual basis which includes protocol review.
- My service conducts regular trauma training with our staff and hospital(s).
- Other - please explain:
- Don't know (Service Providers only)

### Trauma Quality Assurance Policy

- My service does not have a trauma QA policy.
- My service does not collect data on our trauma cases and reviews a trauma case only when we become aware of an issue or concern.
- My service collects data on our trauma cases and uses that data to identify trauma cases to be reviewed.
- My service collects data on trauma cases and reviews all cases.
- My service collects data on trauma cases, reviews all cases, and reviews trauma data on a regular basis with the Medical Director.
- Other - please explain:
- Don't know (Service Providers only)

### Working with Receiving Hospitals on Trauma Quality Assurance

- My service does not have a trauma QA process in place with our receiving hospitals.
- My service receives no feedback and engages in no review of trauma cases with our receiving hospitals.
- My service receives feedback and engages in review of some trauma cases with our receiving hospitals.
- My service receives feedback and engages in review of all trauma cases with our receiving hospitals, with identified opportunities for improvement.
- My service receives feedback and engages in review of on all trauma cases with our receiving hospitals, with identified opportunities for improvement and is an active participant in our Regional Trauma Advisory Council (RTAC).
- Other - please explain:
- Don't know (Service Providers only)

## Cardiac Arrest Policies and Procedures

### Cardiac Arrest Pit Crew

- My service is not familiar with the Cardiac Arrest Pit Crew resuscitation system and does not utilize a Pit crew system.
- My service is familiar with the Cardiac Arrest Pit Crew resuscitation system but is not interested in utilizing it.
- My service is interested in implementing the Cardiac Arrest Pit Crew resuscitation system but has not yet begun.
- My service has begun training staff in the Cardiac Arrest Pit Crew resuscitation system.
- All staff are trained in and have a role in a Cardiac Arrest Pit Crew resuscitation system during a cardiac arrest.
- Other - please explain:
- Don't know (Service Providers only)

### Cardiac Arrest Quality Assurance Policy

- My service does not have a cardiac arrest QA policy.
- My service occasionally reviews cardiac arrest cases, but only when an issue arises.
- My service collects data on cardiac arrest cases and reviews selected cases.
- My service collects data on cardiac arrest cases and reviews all cases.
- My service collects data on cardiac arrest cases, reviews all cases, and reviews cardiac arrest data on a regular basis with the Medical Director.
- Other - please explain:
- Don't know (Service Providers only)

### Working with Receiving Hospitals on Cardiac Arrest Quality Assurance

- My service does not have a cardiac arrest QA process in place with our receiving hospitals.
- My service receives no feedback and engages in no review of cardiac arrest cases with our receiving hospitals.
- My service receives feedback and engages in review of some cardiac arrest cases with our receiving hospitals.
- My service receives feedback and engages in review of all cardiac arrest cases with our receiving hospitals, with identified opportunities for improvement.
- My service's Medical Director, or designee, meets with our receiving hospitals on a regular basis to review cardiac arrest case data.
- Other - please explain:
- Don't know (Service Providers only)

## Additional Policies and Procedures

### Advanced Life Support (ALS)

- My service does not provide ALS and there is not a locally-available EMS agency that does ALS intercepts.
- My service has an available ALS but we have no policy on utilization.
- My service has an available ALS and we use it when appropriate.
- My service has an available ALS and we automatically dispatch the ALS service when a call comes in.
- My service provides ALS.
- Other - please explain:
- Don't know (Service Providers only)

### Patient Transport or Destination Determination Policy

- I don't know if my service has a transport or destination determination policy.
- We are only allowed to transport to the nearest/closest hospital.
- We are allowed to transport to the nearest appropriate hospital (e.g. accredited Chest Pain Center).
- We are allowed to by-pass hospitals and transport the patient to the most appropriate hospital for the patient's emergent need (e.g. STEMI to a cath lab facility) only if no other transport service is available.
- We are allowed to transport the patient to any hospital the patient chooses or needs for both emergent and non-emergent needs, within a reasonable distance.
- Other - please explain:



### Telemedicine Capacity

Telemedicine systems are used to send and receive live video, voice, and/or patient vital-sign data transmissions primarily in support of cardiac, trauma and stroke victims. Given this definition, has your service used telemedicine to treat patients in emergency situations?

- Yes
- No
- Not sure

If “Yes” is selected: **How has your service used telemedicine to treat patients in emergency situations?**

If “No” is selected: **What are the reasons your service has not used telemedicine to treat patients in emergency situations?**

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**Please provide any additional information you would like to share about time-critical diagnoses-related policies and procedures.**