

STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH

EMS PROVIDER ACTIVITY REPORT FORM

(Complete One Report Form for Each Town Served)

Reporting Period: January 1 – March 31, 2002 April 1 – June 30, 2002
 July 1 – September 30, 2002 October 1 – December 31, 2002

NAME OF CITY/TOWN: _____ EMS Region # _____
(See Attachment A) (See Attachment A)

Lic./Cert. # _____ NAME OF EMS PROVIDER: _____

CONTACT PERSON: _____ TELEPHONE # _____

Call Related Information

- 1. Total number of **requests** for EMS received by **your community's 9-1-1 PSAP**, for which your Ambulance Service was requested (**within your PSA**)
- 2. The number of 911 calls to which you **responded (Within your PSA)**
- 3. Average "Response Time" for your service in minutes
- 4. Number of 9-1-1 calls cancelled.....
- 5. Number of 9-1-1 calls your Ambulance Service passed onto another provider.....
- 6. Total Number of emergency mutual aid 9-1-1 calls to which you responded (add up from below):...
Town _____, # calls _____; Town _____, # calls _____
Town _____, # calls _____; Town _____, # calls _____
- 7. Average Response Time for your Mutual Aid calls.....
- 8. Number of 9-1-1 calls on which a First Responder was on-scene prior to your arrival.....
 - 8.1 Average Designated First Responder response time (if available)
- 9. Number of 9-1-1 responses on which a Paramedic was on scene or intercepted in route to.. h
 - 9.1 Number of 9-1-1 responses on which the Paramedic was on the transport to the.....
hospital

Patient Related Information

- 10. TOTAL NUMBER OF TRAUMATIC INJURY PATIENTS:
- 11. MEDICAL EMERGENCY PATIENTS (*Total Number*)
 - 11.1 Cardiac Arrest Patients
 - 11.1.1 Number of patients defibrillated
 - 11.1.2 Successful defibrillations
(resulting in return of spontaneous cardiac activity)
- 12. Number of patients treated and / or transported under the age of 18 years.....
- 13. OTHER

EMS PROVIDER ACTIVITY REPORT FORM
DETAILED INSTRUCTIONS BY QUESTION

PLEASE CHECK APPROPRIATE QUARTER BOX AND FILL OUT EMS PROVIDER CONTACT INFORMATION

1. This question is self explanatory, as all that is needed is to fill in the number of **REQUESTS** for Emergency Medical Services received by your service from your community's **9-1-1** Public Safety Answering Point (PSAP) **within your Primary Service Area (PSA)**.
2. Number of calls that EMS Provider responded to from the total number of EMS requests received.
3. "Response Time" is defined as "the time between the receipt of the call from your EMS dispatcher to the arrival of your ambulance at the scene". Please provide this information in minutes with one decimal point accuracy. E.g. 3 minutes 45 seconds is 3.8
4. Number of **9-1-1** calls your services received and were cancelled before arriving at the scene.
5. Number of 9-1-1 calls your service received but was not able to respond to, and the call was passed onto another EMS provider that you have a mutual aid agreement with.
6. Number of EMS calls your service responded to for another provider who was unable to attend the call for any reason and the call was passed onto your service. Please list the town and the number of mutual aid calls for that town, and then provide the total for all towns in the box provided.
7. Please calculate the mean response time in minutes, with one decimal point of accuracy for your mutual aid calls.
8. Enter number of calls in which a First Responder arrived at the scene prior to your ambulance.
8.1 If available, please indicate the mean response time for the First Responder.
9. Please list the number of EMS responses that had a Paramedic at the scene at some point.
9.1 Number of calls in which the Paramedic was in the vehicle that transported patients to the hospital.
10. Trauma means a wound or injury to the body caused by accident, violence, shock, or pressure excluding poisoning, drug overdose, smoke inhalation, and drowning. Please enter the number of responses to trauma calls.
11. This category includes all non-traumatic emergencies such as cardiac arrest, CVA/stroke, diabetic and psychiatric conditions, etc.
11.1 Total number of EMS 9-1-1 calls for cardiac arrest patients.
11.1.1 Number of attempts at cardiac defibrillation.
11.1.2 Number of successful defibrillation attempts on cardiac arrest patients (successful meaning when you were able to obtain a pulse back).
12. Count the number of patients under the age of 18 who were treated on site and / or transported to the hospital.
13. Please provide a count of EMS 9-1-1 calls that include, but are not limited to the following types: calls that resulted in no patient transport such as lift assist, stand-by, patient refusal, etc.