Recommended ePCR QA/QI evaluation form
EMS Care and Transport of a Stroke Patient

Intent/Purpose:
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of EMS electronic patient care records (ePCR) with a provider impression of “stroke,” or, “TIA.”
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weakness and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

| Tasks: Specific and measurable actions/objectives. | Complete the "EMS Care and Transport of a Stroke Patient" form. |
| Conditions: Variables that contribute to completion of the tasks. | To complete the task, the participant will be given a run report with a provider impression of, “stroke,” or, “TIA.” |

| Standards: Applicable EMS protocols, as well as the LSA policies and guidelines. | Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website. |
| 1-1: General Prehospital care | • 1-1: General Prehospital care |
| 3-2: Stroke or Suspected Stroke | • 3-2: Stroke or Suspected Stroke |
| 7-15: Patient Care Record, Electronic Documentation & EMS Information System | • 7-15: Patient Care Record, Electronic Documentation & EMS Information System |
| 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum | • 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum |
| 8-24: Patient prioritization | • 8-24: Patient prioritization |
| 8-33: Transport Protocol | • 8-33: Transport Protocol |

**General Incident Information**

| Run #: |  |
| Run Date: | Select a Date  |
| Report Author: |  |
| Review Date: | Select a Date  |
| Reviewed By: |  |

| Incident section |
| Personnel section |
| Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed? |
| Yes | No |
| Disposition section |
| Was the patient transported lights and sirens? |
| Yes | No |

| Destination section |
| Was the patient transported to the CLOSEST appropriate hospital? |
| Yes | No |

| Times section |
| What was the total time spent on scene? |

| Scene section |
| Triage Classification - What was the patient triage classification documented in the PCR? (dropdown menu options: 1, 2 or 3) |

| Vital Signs section |
| Were at least two sets of vital signs obtained and documented in the ePCR? |
| Yes | No |

Initial and/or Ongoing Assessment(s) section comments:

Vital signs section comments:
**Assessment section**

Was an initial assessment performed and documented?
- Yes
- No

Was an ongoing assessment performed and documented?
- Yes
- No

Assessment section comments:

**Narrative section**

- The elements, listed below, MUST be contained within the narrative of every ePCR with a provider impression of "stroke," or, "TIA."
- Identify for the presence or absence of the following critical criteria, as listed below for each element.

**Supporting Signs/Symptoms section**

Does this section list the appropriate neuro deficits identified by the EMS crew?
- Yes
- No

**Transport section**

Was the patient transported supine?
- Yes
- No

Narrative section: Inspect for the presence or absence of the following critical criteria within the narrative, as listed below for each element:

- Last Known Well time AND date
  - Present
  - Absent

- Onset (sign/symptom discovery) time AND date
  - Present
  - Absent

- Positive blood thinner medication use
  - If the patient is positive for blood thinner medication use, is the last dose, date and time listed in the narrative?
    - Present
    - Absent

- Does the narrative contain a description of how the patient moved or was moved to the EMS stretcher?
  - Yes
  - No

- List of neuro deficits identified by the EMS crew
  - Do the signs and symptoms listed and/or described in the narrative correlate with the signs and symptoms found in the related sections of the ePCR, such as the Initial and Ongoing Assessments, Cincinnati Stroke Scale form and the Supporting Signs/Symptoms section in the Narrative section?
    - Yes
    - No

- Does the narrative indicate if and how the EMS crew contacted the ED to provide a STROKE ALERT notification?
  - Yes
  - No

- Next of kin name and contact information
  - Present
  - Absent

Narrative section comments:

**Forms section**

**Cincinnati Stroke Scale form**

- Time and date preformed:
  - Present
  - Absent

- Onset (sign/symptom discovery) time AND date
  - Present
  - Absent

- Last Known Well time AND date
  - Present
  - Absent

- Does the Cincinnati Stroke Scale form list the appropriate neuro deficits identified by the EMS crew?
  - Yes
  - No

**FAST-ED (if applicable)**

- Get copy of FAST-ED in ESO

Forms section comments:
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**Signatures section**

**Section I – Patient / Parent of Minor Authorization Signature**
If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
- Yes
- No
- NA

**Section III – EMS Personnel and Facility Signatures**
If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?
- Yes
- No
- NA

Signatures section comments:

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**Protocol Deviations**

<table>
<thead>
<tr>
<th>Protocol</th>
<th>Deviation explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropdown menus</td>
<td></td>
</tr>
</tbody>
</table>

Dropdown options:
- 1-1: General Prehospital care
- 2-2: Stroke or Suspected Stroke
- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15: Patient Care Record & Electronic Documentation & EMS Information System Addendum
- 8-34: Patient prioritization
- 8-33: Transport Protocol

Protocols and protocol deviations section comments:

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**Incident follow-up**

**Patient follow-up:**
Would you like to request the patient outcome from the hospital?
- Yes
- No
If yes, please provide context or reasoning.

**Refer to QA/QI personnel:**
Would you like to request the QA/QI personnel to review the ePCR
- Yes
- No
If yes, please provide context or reasoning.

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**Recommendations:**
Do you have any suggestions or recommendations to modify this form, or the intent/purpose of this form?
- Yes
- No
If yes, please provide context or reasoning.

**Additional comments/info:**
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Please provide any additional comments, if necessary. Nothing is off limits.