

PRELIMINARY ASSESSMENT CHECKLIST

The following checklist outlines items to cover in a preliminary assessment of the regions current status regarding systems of care for time-sensitive conditions. This preliminary assessment will be useful in preparation for the initial TSCC organizing meeting.

- Identify and catalog any existing regional meetings for high-risk time sensitive conditions
 - o Acute myocardial infarction
 - Meeting name
 - Sponsor/coordinated by
 - Frequency
 - Location
 - o Out-of-Hospital Cardiac Arrest
 - Meeting name
 - Sponsor/coordinated by
 - Frequency
 - Location
 - o Stroke
 - Meeting name
 - Sponsor/coordinated by
 - Frequency
 - Location
 - o Trauma
 - Meeting name
 - Sponsor/coordinated by
 - Frequency
 - Location
 - o Sepsis
 - Meeting name
 - Sponsor/coordinated by
 - Frequency
 - Location
 - Other high-risk time sensitive conditions
 - Meeting name
 - Sponsor/coordinated by



- Frequency
- Location
- Identify and catalog any hospital and EMS participants in registries in the following clinical areas
 - Acute myocardial infarction registries
 - Chest Pain MI Registry (ACC)
 - o Institution Name
 - Name and contact information of coordinator
 - eReports EMS (ACC; Based on Chest Pain MI Registry data)
 - o EMS Agency Name
 - Name and contact information of coordinator
 - GWTG-CAD (AHA)
 - o Institution Name
 - Name and contact information of coordinator
 - Other registries or local databases
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator
 - Out-of-Hospital Cardiac Arrest
 - CARES
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator.
 - Other registries or local databases
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator
 - Stroke
 - GWTG-Stroke
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator
 - Other registries or local databases
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator
 - Trauma
 - Trauma Database (American College of Surgeons)
 - Institution Name
 - Name and contact information of coordinator
 - Other registries or local databases
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator



- Sepsis
 - Sepsis Database (Sepsis Alliance)
 - o Institution Name
 - Name and contact information of coordinator
 - Other registries or local databases
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator
- Pulmonary Embolism
 - PE Database (PERT Coalition)
 - o Institution Name
 - Name and contact information of coordinator
 - Other registries or local databases
 - o Institution / EMS Agency Name
 - Name and contact information of coordinator
- Any other high-risk time-sensitive condition registries
 - Name and clinical area of registry
 - Institution Name
 - Name and contact information of coordinator
- Describe the strengths and weaknesses of the current system of care for each time sensitive conditions
 - Acute myocardial infarction
 - Strengths
 - Weaknesses
 - o Out-of-Hospital Cardiac Arrest
 - Strengths
 - Weaknesses
 - o Stroke
 - Strengths
 - Weaknesses
 - o Trauma
 - Strengths
 - Weaknesses
 - o Sepsis
 - Strengths
 - Weaknesses
 - Other high-risk time sensitive conditions
 - Strengths
 - Weaknesses