



CAMBRIA COMMUNITY HEALTHCARE DISTRICT
BOARD AGENDA STAFF REPORT – 05

TO: Board of Directors
FROM: Tim Nurge, Operations Manager
DATE: January 28, 2025
DESCRIPTION: Key Performance Indicators (KPI) Biannual Report

RECOMMENDATION

Monitor the intubation success rate for first-attempt procedures on an ongoing basis.

FISCAL IMPACT

None at this time.

DISCUSSION

In the second half of 2024, the District experienced both improvements and deficiencies in various areas. The success rate for intravenous (IV) access increased from the first half of 2024 to the second half. This metric is our most reliable due to the large sample size. Other metrics, including 12-Lead EKG assessments, STEMI, trauma, stroke, and cardiac arrest triage remained consistent.

The number of advanced airways placed between the first and second halves of 2024 significantly increased. Although the overall success rate for advanced airways was only 55%, it is important to note that 100% of calls requiring advanced airways resulted in a successfully established airway. The County is currently discussing ways to make data compilation easier and to monitor the first-pass success rate.

The percentage of trauma patients with on-scene times under 20 minutes decreased from 74% in the first half of 2024 to 55% in the second half. This decline was largely attributed to extended extrication times and patient reluctance to be transported. To address this issue, the County is considering adding descriptors for extended on-scene times for trauma patients.

Please refer to *Attachment 1* for a detailed breakdown of KPI metrics and descriptions.

ATTACHMENT(S)

1. Cambria Community Healthcare District Key Performance Indicators 2024

BOARD ACTION

None at this time.

UNANIMOUS: __

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Metric	Objective	Jan-June 2024	July-Dec 2024	Success Rate: January - December 2024	Notes	Status
Placement of IVs	IV Placed successfully on each attempt	66-Unsuccessful/207-Successful/273 Total	55- Unsuccessful/242-Successful/297 Total	76% / 81%	IV Success rate compared to 82.7% County success rate.	
Advanced Airway Placement	Placement of Endotracheal tubes and Supraglottic Airways	0-Unsuccessful/2 Successful/2 Total	6-Successful/5-Unsuccessful/11 Total	100% / 54% (100% Advanced Airway Established)	Use of Advanced airways (ETI and SGA) is currently low due to patient volume and use of BLS airways instead. A bulletin from SLOEMSA was recently received encouraging more use of Advanced Airways. This metric is projected to be higher next year.	
12 Lead EKG Assessment with chest pain	Diagnostic procedure completed in the field to assess for possible heart attack. Shall be done on all suspected cardiac chest pain patients per SLOEMSA Procedure #707.	36- 12 Lead Performed/ 38 Total	25- 12 Lead Performed/ 27 Total	CP-Suspected Cardiac 100% CP-Not Cardiac- 92.1% / 92.5%	Metric Count is based on successful 12 lead performed on Chest Pain patients with a provider impression of "Chest Pain- Suspected Cardiac, or Chest Pain- Not Cardiac). Chest Pain-Not Cardiac may have justification for not performing 12 Lead EKG based on age, social circumstances, or trauma	
Specialty Care: STEMI	Specialty Care System metrics for STEMIs (heart attacks). This metric measures number of patients and 12 Lead EKG accurate recognition/treatment given.	2-STEMI EKG/2- STEMI ALERT and Correct Triage	8- STEMI EKG/8 STEMI ALERT or EKG CONSULTATION	100% / 100%	Accurate treatment includes early and serial 12 Lead ECGs, appropriate medication administration, and appropriate Call In to the hospital (STEMI ALERT)	
Specialty Care: Trauma	Specialty Care System metrics for Trauma Alerts/Consultations. This metric measures number of patients and accurate categorization/treatment given.	30 Trauma Consult or Alert/ 30 Appropriate Destination/Treatment	29 Trauma Consult or Alert/ 29 Appropriate Destination/Treatment	100% / 100%	Accurate treatment includes proper trauma categorization, appropriate treatments. .	
Specialty Care: Stroke	Specialty Care System metrics for Stroke Alerts. This metric measures number of patients and accurate recognition/treatment given.	25/25	11/11	100% / 100%	Accurate treatment includes proper recognition of stroke criteria, obtaining blood glucose and 12 lead, and expedited on transport with last known normal < 6 hours.	
Specialty Care: Cardiac Arrest	Specialty Care System metrics for Cardiac Arrests. This metric measures number of patients who suffered Cardiac Arrest and accurate treatment/decisions were made.	4/4	8/8	100% / 100%	Accurate treatment includes quick recognition/CPR initiation, advanced airway, appropriate medications/procedures rendered, proper recognition of obvious death, and appropriate transport and termination decisions.	
Specialty Care Trauma: On Scene Time	The recommended on scene time for trauma patients is 10-20 minutes to transport.	<20 Minutes- 22/20+ Minutes- 8/ Total-30	<20 Minutes- 16/20+ Minutes- 15/ Total-29	74%/55%	Certain situations may require extrication or patient reluctant to transport which may extend on scene time	
Specialty Care: Cardiac Arrest- Return of Spontaneous Circulation	Specialty Care System metrics for Cardiac Arrests. This metric measures number of patients who received ALS Cardiac Arrest Care and achieved Return of Spontaneous Circulation and were transported to the correct hospital.	1-ROSC, 3-Working Cardiac Arrests	1-ROSC, 4-Working Cardiac Arrests Out of Hospital	33%/25%	Accurate treatment includes quick recognition/CPR initiation, appropriate medications/procedures rendered, proper appropriate transport destinations. National Average: ~30%	