

Quarterly Report Form for Specialty Care Transport Units

Specialty Care Transport Unit Quarterly Report

(Please circle only one) 1st 2nd 3rd 4th Quarter of 200__
 Reports are due by the 30th of April, July, October and January

Service Name:			
Address:		City:	State: Zip:
Person Completing Report:		Phone:	Fax:
Specialty Care Coordinator:		Base charge per call:	
Medical Director:			

Section One – Origin of Call

1	Acute Care Facilities		
2	Long Term Care Facilities		
3	Patient Residence		
4	Satellite Emergency Departments		
5	Physician Office / Clinics		
6	Free standing facility (MRI, radiation)		
7	Other (explain)		
8	Total SCTU Transports →		

Section Two – Patient Age / Sex Breakdown

Age Range (Years)		
9	0 – 1	
10	2 – 8	
11	9 – 20	
12	21 – 45	
13	46 – 65	
14	66 and older	
15	Total for Age Range →	*

Sex		
16	Male	
17	Female	
18	Total for Sexes	*

Section Three – Nature of Transfer Categories

19	Medical	
20	Trauma	
21	Burn	
22	Pediatric	
23	OB	
24	Surgical	
25	Neuro	
26	Oncology	
27	Discharge	
28	Cardiac (General)	
29	Cardiac Cath	
30	Transplant	
31	Study / Test not available at sending facility	
32	Total for transfer categories →	

SCTU Quarterly Report- Continued

Program _____

Quarter ending 1st 2nd 3rd 4th Quarter of 200__

Section Four – Equipment & Procedures Utilization

Fill in the number of times the following equipment / procedures were utilized. List additional equipment & procedures:

Equipment Utilized		Procedures Completed During Transport	
33	Cardiac resuscitators (i.e., Thumpers®)	45	Venipuncture to obtain blood sample
34	Cardiac monitor	46	Initiation of intravenous therapy
35	Incubator	47	Initiation of intraosseous infusion
36	Ventilator	48	Administration of medication
37	Advanced airway (Combitube or LMA)	49	Endotracheal / nasotracheal intubation
38	IV pump	50	Cardiac defibrillation
39	Intra-aortic balloon pump	51	Cardiac pacing
40	Ventricular assist device	52	Synchronized cardioversion
41	Chest tube	53	Suctioning
42	Transvenous pacing	54	
43	Invasive intravenous line monitoring	55	
44	Monitoring > 2 intravenous lines	56	

Section Five – Destinations

	Location Name	Number of Patients
57	Long-term care facilities	
58	Residences	
59	Physician office / Clinic	
60	Acute care hospital- tests / round trip transport	
61	Acute care hospital- admission	
62	Free standing facilities (MRI, radiation treatment, x-rays)	
63	Other (explain)	
64	Total SCTU Transports ->	

**Every transfer (leg of trip) shall be counted as one transport!
This is to capture all completed SCTU calls, one-way or round trip.**

Matching Totals

Boxes 7, 14, 17, 31 and 64 must calculate out to be the same number.

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Header

Field	Description of requested data information
Program Name	Complete name, no abbreviations;
Address	Mailing address for the program; City, State and Zip;
Person completing report	Name of the person completing this report;
Specialty Care Coordinator	Name of the Specialty Care Coordinator;
Base charge per call	Base charge for this quarter for SCTU services. Do not include mileage and other charges;
Medical Director	List the name of the current program medical director. List all of the names if there is more than one medical director.

Section One- Origin of Call

1	Total number of transportations from acute care facilities;
2	Total number of transportations from long-term care facilities;
3	Total number of transportations from residences;
4	Total number of transportations from satellite emergency departments;
5	Total number of transportations from physician offices or clinics;
6	Total number of transportations from a free standing facility (i.e., MRI, radiation therapy office, X-ray)
7	Total number of transportations that do not fit in any of the above categories, please explain in the comment section;
8	Total number of transportations completed by the program. Box 8 must equal boxes 1 through 7.

Section Two- Patient Age / Sex Breakdown

9	0 - 1 years of age that were transported;
10	2 - 8 years of age that were transported;
11	9 - 20 years of age that were transported;
12	21 - 45 years of age that were transported;
13	46 - 65 years of age that were transported;
14	66 and older years of age that were transported;
15	Total for the age breakdown. Box 14 must equal box 7.
16	Total male patients transported;
17	Total female patients transported;
18	Total for the sexes. Box 17 must equal box 7

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Section Three- Nature of Transfer Categories

19	Total number of transportations that classify the patients transport as a medical;
20	Total number of transportations that classify the patients transport as a trauma;
21	Total number of transportations that classify the patients transport as a burn;
22	Total number of transportations that classify the patients transport as a pediatric;
23	Total number of transportations that classify the patients transport as a OB;
24	Total number of transportations that classify the patients transport as a surgical;
25	Total number of transportations that classify the patients transport as a neurological;
26	Total number of transportations that classify the patients transport as an oncology;
27	Total number of transportations that classify the patients transport as a discharge;
28	Total number of transportations that classify the patients transport as a cardiac;
29	Total number of transportations that classify the patients transport as a cardiac catheterization;
30	Total number of transportations that classify the patients transport as a transplant;
31	Total number of transportations that classify the patients transport as a study or test available at the sending facility;
32	Total number of classifications for transportations. Box 31 must equal box 7.

Section Four- Equipment & Procedures Utilization

33	Number of patients a cardiac resuscitator (i.e., thumper) was used during transfer;
34	Number of patients a cardiac monitor was utilized during transfer;
35	Number of patients an incubator was utilized during transfer;
36	Number of patients a ventilator was utilized during transfer;
37	Number of patients with an advanced airway which required monitoring during transfer;
38	Number of patients with an IV pump(s) which required monitoring during transfer;
39	Number of patients on an Intra aortic balloon pump during transfer;
40	Number of patients on a ventricular assist device during transfer;
41	Number of patients with an active chest tube and required monitoring during transfer;
42	Number of patients with a transvenous pacer during transfer;
43	Number of patients with invasive lines that required monitoring during transfer;
44	Number of patients with more than two intravenous lines at once which required monitoring during transfer;
45	Number of patients venipuncture was performed during transfer;
46	Number of patients initiation of an intravenous line during transfer;
47	Number of patients an intraosseous infusion was initiated during transfer;
48	Number of patients that received additional medications beyond the physician orders during transfer (i.e. patient develops chest pain and nitroglycerin was given sublingually);
49	Number of patients nasotracheal / endotracheal intubation was performed during transfer;
50	Number of patients cardiac defibrillation was performed during transfer;
51	Number of patients cardiac pacing with external pacer was performed during transfer;

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52	Number of patients a synchronized cardioversion was utilized during transfer;
53	Number of patients suctioning was utilized during transfer;
54-56	List additional equipment or procedures utilized during transfer.

Section Five- Destinations

57	Number of patients transported to a long term care facility;
58	Number of patients transported to a residence;
59	Number of patients transported to a physician and or clinic;
60	Number of patients transported to an acute care hospital for tests or procedures, services not available from the sending facility;
61	Number of patients transported to an acute care hospital for admission;
62	Number of patients transported to a freestanding facility.
63	Number of patients transported to another location not listed above, please explain in comments
64	Total number of patients for boxes 57, 58, 59, 60, 61, 62 and 63.

Matching Totals

Boxes 7, 14, 17, 31 and 64 must all calculate out to be the same number.