

Cardiac Arrest Registry to Enhance Survival (CARES)
Emergency Medical Services Information for New Data Source

EMS Agency Information:

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

State ID Code: _____

County: _____ EMS Region: _____

EMS Director Name: _____

Email: _____

Phone(s): Work - _____ Cell - _____

Medical Director Name: _____

Email: _____

Phone(s): Work - _____ Cell - _____

CARES Data Manager: _____

Email: _____

Phone(s): Work - _____ Cell - _____

Current Involvement in Cardiac Arrest Survival Statistics:

Do you collect and measure Utstein-style statistics? Yes No

If yes, who do you use to collect this information? (circle)

 Dedicated staff Quality-Assurance/Training Other

Has any of your data/statistics been made available to the public? Yes No

Hospitals: List all hospitals that receive cardiac arrest patients from your EMS agency's 9-1-1 Zone/Territory

1. Hospital Name: _____ State ID Code: _____
Contact Person: _____
Email: _____
Phone(s) Work - _____ Cell - _____

2. Hospital Name: _____ State ID Code: _____
Contact Person: _____
Email: _____
Phone(s) Work - _____ Cell - _____

3. Hospital Name: _____ State ID Code: _____
Contact Person: _____
Email: _____
Phone(s) Work - _____ Cell - _____

4. Hospital Name: _____ State ID Code: _____
Contact Person: _____
Email: _____
Phone(s) Work - _____ Cell - _____

5. Hospital Name: _____ State ID Code: _____
Contact Person: _____
Email: _____
Phone(s) Work - _____ Cell - _____

6. Hospital Name: _____ State ID Code: _____

Contact Person: _____

Email: _____

Phone(s) Work - _____ Cell - _____

7. Hospital Name: _____ State ID Code: _____

Contact Person: _____

Email: _____

Phone(s) Work - _____ Cell - _____

8. Hospital Name: _____ State ID Code: _____

Contact Person: _____

Email: _____

Phone(s) Work - _____ Cell - _____

9. Hospital Name: _____ State ID Code: _____

Contact Person: _____

Email: _____

Phone(s) Work - _____ Cell - _____

10. Hospital Name: _____ State ID Code: _____

Contact Person: _____

Email: _____

Phone(s) Work - _____ Cell - _____

First Responders:

List all First Responders (this includes BLS ambulance squads) that respond to cardiac arrest patients in your EMS agency's 9-1-1 Zone/Territory (example: Fire Company, Police Department, QRS Units, etc...)

1. Company/Department Name: _____ State ID Code: _____
2. Company/Department Name: _____ State ID Code: _____
3. Company/Department Name: _____ State ID Code: _____
4. Company/Department Name: _____ State ID Code: _____
5. Company/Department Name: _____ State ID Code: _____
6. Company/Department Name: _____ State ID Code: _____
7. Company/Department Name: _____ State ID Code: _____
8. Company/Department Name: _____ State ID Code: _____
9. Company/Department Name: _____ State ID Code: _____
10. Company/Department Name: _____ State ID Code: _____

Dispatch System:

If applicable to CARES data collection, describe the configuration of your CAD system(s) and relay of information from the time a 9-1-1 call is made:

Example: Zone consists of one city zone within one county. 9-1-1 calls in "City A" reach "City A" CAD system. "City A" CAD system screens the event using Emergency Medical Dispatch (EMD) criteria and dispatches City A Fire Department as the First Responder. The call is then forwarded from "City A" CAD to "County A" CAD system via electronic data transfer (CAD-to-CAD interface). "County A" CAD dispatches the EMS responder. If the event occurs outside of "City A" and in the county zone, "County A" CAD receives the call, screens with EMD, dispatches County A Fire Department as the First Responder, and dispatches the EMS responder.

Do you manage your own CAD system? (circle one) Yes No

If yes, does your CAD system dispatch the EMS responders? (circle one) Yes No

If yes, does your CAD system receive the call from the 9-1-1 caller? Yes No

If no, what CAD times does your EMS agency have access to? (circle all that apply)

EMS Times	Some First Responder Times	All First Responder Times
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Comments: Please describe any situation that you feel may be relevant or important to the development and implementation of CARES in your community.

Please return completed application to
Michael Ward, Pennsylvania CARES Database Coordinator: michael.ward@uphs.upenn.edu or
Kimberly Vellano, CARES Sr. Program Associate: khauste@emory.edu.
Thank you.