

AMBULANCE SERVICE AREA QUARTERLY REPORTING FORM

ASA: _____

Quarter Ending:
 March, 20____
 June, 20____
 September, 20____
 December, 20____

Required System Response Time	Total Number of Calls	Number of Calls Within System Response Time	Number of Calls Outside System Response Time	Percentage of Calls Within Required System Response Time*
Zone 1 – Less than 10 Minutes				
Zone 2 – Less than 20 Minutes				
Zone 3 – 45 Minutes or Less				
Zone 4 – Greater than 45 Minutes				

*Required system response time compliance is 85%

For any area with system response time compliance below 85%, please complete the System Response Log (page 2)

I certify that the information contained in all pages of this report are true and correct to the best of my knowledge and that I have authority to report on activities as listed for the above names agency.

Typed/Printed Name & Title

Date

Page___/___

System Response Log

(Please complete for any system response time category with less than 85% compliance. Attach as many pages as necessary)

ASA: _____

System Response Category: _____

Quarter Ending: ____/____/____

Pick-up Location	Actual Response Time	Delay Factors (if applicable)

ASA Complaint Log

ASA: _____

Quarter Ending: ____ / ____ / ____

Page ____ / ____

<u>Type Of Issue</u>	<u>Complainant</u>	<u>Complaint</u>
<u>Clinical Quality</u>		
<u>Operational Standards</u>		

ASA Quarterly Reporting Instructions

Page 1

Total Number of Calls: Enter the total number of calls you received during the quarter for each category.

Number of Calls Within Response Time: Of the total calls received during the quarter, enter the number for which the response time was less than or equal to the required system response time listed in column 1.

Number of Calls Outside System Response Time: Of the total calls received during the quarter, enter the number for which the response time was greater than the required system response time listed in column 1.

Percentage of Calls Within System Response Time: Divide Number of Calls Within System Response Time by Total Number of Calls. For any area (urban, urbanizable, suburban, rural, frontier) that the percentage of calls responded to within the system response time is less than 85%, please complete page two of the report.

Page 2

Complete the chart for any category with less than 85% compliance. **Only enter the pickups that were not within the required system response time.** Please complete a separate log for each system response category. Attach as many pages as necessary for each category.

Pickup Location: List the each pick-up location (street address, hospital name, etc.)

Actual Response Time: Indicate the actual time it took to reach the location.

Delay Factors: Indicate any factors (weather, road conditions, wireless calls with incorrect address, etc.) that contributed to the pickup not occurring within the required system response time.

Page 3

Complete the chart for any non-confidential complaints made by consumers, the State of Oregon EMS Division, providers or the medical community. Categorize complaints into clinical quality or operational standards.

Complainant: Indicate who has made the complaint.

Complaint: Indicate the complaint.

If no complaints were made during the quarter, please indicate by writing "None" on the log sheet. If you would like to report complaints in a different way (such as attaching actual complaints), please call Debbie Heeszal at 682-7405 for approval.