

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.
Director

Public Health Division
Chris Weston
Program Manager II

931 Spring Street
Placerville, CA 95667
530-621-6100 Phone / 530-295-2501 Fax

1360 Johnson Boulevard, Suite 103
South Lake Tahoe, CA 96150
530-573-3155 Phone / 530-541-8409



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MEMORANDUM

Date: March 12, 2015

To: All El Dorado County ALS Contractors

From: Dr. David Brazzel, Medical Director

Subject: CQI STEMI REPORTING REQUIREMENTS

The attached CQI STEMI Report fax cover sheet will now be required (with a copy of the PCR and EKG) for any STEMI patient that is transported directly to a STEMI center from the field. The purpose of this requirement is to accurately track STEMI patients and to provide quality improvement follow up information to the treating paramedics on the patient's outcome.

Thank you for your cooperation.

Sincerely,

David Brazzel, Medical Director



STEMI REPORTING FORM

Fax

To: Richard Todd From: _____
Fax: 530-621-2758 Pages: _____
Phone: 530-621-6500 Date: _____
Re: PCR #

● Instructions:

Print a copy of this fax cover sheet and insert your agency's name and the PCR number. Please fax the completed form and the PCR directly to the EMS Agency with 24 hours.

Optional (for feedback/outcome):

Medic Contact Info:

Primary Medic: _____ Email: _____

Secondary Medic: _____ Email: _____

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