



**Vital Heart Response
Basic Participant Information**

Thank you for your interest in Vital Heart Response. This program began in 2006 after evidence was compiled from the WEST trial, ExTRACT trial and ASSENT 3+. It is an evidenced based protocolized program based on best practice STEMI guidelines as set forth by the American College of Cardiology, the American Heart Association and the Canadian Cardiovascular Society.

Please provide the following information and return by fax to 1-888-521-3829. A VHR representative will contact you within a few working days.

Required Information

Service Information

EMS Service Name _____

Medical Director _____ Contact # _____

Chief _____ Contact # _____

Primary Contact _____ Contact # _____

Are you a direct delivery or a contracted service? _____

Service Statistics

of ALS units _____ # of BLS units _____

of calls/year _____ # of STEMIs/year _____

Demographics/Geography

Population covered by your service (#) _____

Describe the demographics of your population (age, lifestyle etc.):

Describe the geographical area that you service (size, remoteness etc.):

Describe the technology capabilities in your area (cell coverage, Internet etc.)

Staff Information

of paramedics _____ # of EMTs _____ Other _____

Are all of your paramedics ACLS certified? _____

Describe the average call acuity your staff respond to:

Do you feel your staff display strong critical thinking skills? Elaborate:

Are your staff amenable to change? Elaborate:

Education & Quality Improvement

How often do you have educational training days for your staff? _____

Is it mandatory for your staff to attend education days? _____

Describe the quality improvement strategies your service employs:

Technology

What cardiac monitor/defibrillator system do you use? _____

When were your monitors/defibrillators last updated? _____

Do you currently have faxing/transmission capability on every ambulance? _____

If yes, describe: _____

Do all of your crews carry cell phones? _____