**HELICOPTER UTILIZATION FORM FOR STREMS REGION**   
  
Based on the information you have available please fill in the data for the focused study on helicopter utilization. We are looking for data from calls utilizing helicopters (in the field, excluding inter-facility transfers). Please fill out the form completely so the Regional QI committee and STREMAC can accurately complete a study.

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| --- | --- |
| AGENCY NAME |  |
| DATE OF CALL |  |
| PCR # |  |
| PATIENT DIAGNOSIS (REASON HELICOPTER WAS CALLED) |  |
| LOCATION OF PATIENT (ESPECIALLY TOWN & ROAD NAME) |  |
| AMBULANCE DISPATCH TIME |  |
| AMBULANCE ARRIVAL ON SCENE TIME |  |
| HELICOPTER REQUESTED TIME |  |
| FLIGHT CREW ARRIVAL TIME |  |
| EXTRICATION REQUIRED |  |
| IF SO, HOW LONG WAS EXTRICATION TIME |  |
| DESTINATION PATIENT WAS FLOWN TO |  |
| ESTIMATED GROUND TRANSPORT TIME TO APPROPRIATE FACILITY IF PATIENT HAD NOT BEEN FLOWN |  |
| PLEASE PROVIDE ANY ADDITIONAL COMMENTS: |  |

**Return this form to:  
STREMS Council by mail  
PO Box 191/Elmira, NY 14902 or  
email to** [**education@emstar.org**](mailto:education@emstar.org)12/2016