

## CARES EMS Agency Account Setup Form

We are excited to welcome you to the Cardiac Arrest Registry to Enhance Survival (CARES) program. By participating in CARES, your agency has taken a critical step to measure performance and identify opportunities to improve cardiac arrest survival rates in your community.

The information collected in this form will be utilized to set up your unique, agency-specific CARES account. Please complete the fields below and submit electronically to your CARES coordinator.

After your account has been set up, we will schedule a webinar to review the CARES software functionality and data entry/QA process. We look forward to working with you to measure outcomes, improve care, and save lives.

### EMS Agency Information

**EMS Agency Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**State ID Code (if applicable):** \_\_\_\_\_ **EMS Region (if applicable):** SAEMS \_\_\_\_\_

### Contact Information

<b>CARES Data Manager Name:</b>	
<b>Email Address:</b>	
<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>EMS Director Name:</b>	
<b>Email Address:</b>	
<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Medical Director Name:</b>	
<b>Email Address:</b>	
<b>Work Phone:</b>	<b>Cell Phone:</b>

## Geographic Coverage Area

Please list all counties in which your EMS agency responds:
What is your defined geographic catchment area (i.e city limits of A; county B; townships X, Y, and Z)?
What is the total population of the defined, geographic boundary listed above?

## General Information

What is your EMS agency's average monthly cardiac arrest call volume? \_\_\_\_\_

Do you currently collect Utstein-style metrics?  Yes  No

Has any of your cardiac arrest data been made available to the public?  Yes  No

*If yes, please list the website and/or publication(s):* \_\_\_\_\_

Is your agency interested in the supplemental Dispatcher-Assisted CPR module?  Yes  No  
(<https://mycares.net/sitepages/dispatchtraining.jsp>)

## Method of Data Collection

ePCR Vendor Name (*if applicable*): \_\_\_\_\_

Product and Software Version: \_\_\_\_\_

Describe the ability of your software program/scanned PCR to query calls in order to capture all cardiac arrest events of non-traumatic etiology where resuscitative efforts were attempted by a 911 Responder:

Check the following that apply:

We have the ability to query events documented as "cardiac arrest":

We can query events where CPR was performed:

We can query events where defibrillation was performed:

We can filter out cardiac arrests events of traumatic etiology:



## Receiving Hospitals

List all hospitals that receive cardiac arrest patients in your EMS agency's 911 zone/geographic boundary. CARES requires that the participating EMS agency establish a contact at each hospital. Once the contact is identified, they will be trained on the CARES data entry process via webinar.

<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
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CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
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Work Phone:	Cell Phone:	

<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	
<b>Hospital Name:</b>		State ID Code:
CARES Contact Name:	Email Address:	
Work Phone:	Cell Phone:	