Cardiac Arrest Registry to Enhance Survival

(CARES)

Emergency Medical Services Information for New Data Source

**EMS Agency Information:**

**Agency Name**:

Address:

City: State: Illinois Zip:

Illinois EMS License Number:

# of BLS vehicles \_\_\_\_\_\_\_\_\_ # of ALS vehicles\_\_\_\_\_\_\_\_\_

County: EMS Region:

EMS Director Name:

Email:

Phone(s): Work Cell:

Medical Director Name:

Email:

Phone(s): Work

CARES Data Manager (YOU):

Email:

Phone(s): Work: Cell:

**Documentation**:

Method of documenting patient care reports (PCR): (circle one)

Paper (scanned) Laptop/software Other:

PCR Vendor Name:

**Hospitals**: List all hospitals, in order of frequency, that receive cardiac arrest patients from your EMS agency’s 9-1-1 Zone/Territory

1. Hospital Name and Address:

Illinois State Hospital Code:

Contact Person:

Email:

Phone(s) Work:

Cell

1. Hospital Name and Address:

Illinois State Hospital Code:

Contact Person:

Email:

Phone(s) Work:

Cell:

1. Hospital Name and Address:

Illinois State Hospital Code:

Contact Person:

Email:

Phone(s) Work:

Cell:

**First Responder**

List all First Responders, including BLS and volunteer agencies and **ONLY Police with AED**) that respond to cardiac arrest patients in your EMS agency’s 9-1-1 Zone/Territory

1. First Responder Name: Illinois EMS License Number

2. First Responder Name: Illinois EMS License Number

3. First Responder Name: Illinois EMS License Number

**Counties**: Please list all counties that your system covers.

**Dispatch System:**

Do you manage your own CAD system? (Circle one) Yes No

If yes, does your CAD system dispatch the EMS responders? (Circle one) Yes No