Rural Access to Emergency Devices (RAED) and Public Access to Defibrillation Demonstration Projects (PADDP) Performance Improvement Measurement System (PIMS)

Population and Automatic External Defibrillator Demographics

	Baseline	1st year Data
Number of counties served Denotes the total number of counties served through the program. Please include entire, as well as partial counties served through the grant program. If your program is serving only a fraction of a county, please count that as one (1) county. If the county information changes from the baseline (time of application), it should be recorded in 1st year data.	This field only accepts whole numbers, including 0 and DK. Represents the number of counties anticipated to serve at the start of the grant.	This field only accepts whole numbers, including 0 and DK. Represents the number of counties served the first year of the grant.
Type of organization Denotes the type of organization for the lead grantee administering the grant (health department; hospital; fire department; police department; school; county, state, or city government; etc.). This will be collected in the baseline. If the organization changes, it will be reflected in the 1st year data.		
Number of AEDs purchased Denotes the total number of AEDs purchased using grant funds	This field only accepts whole numbers, including 0. Represents the number of AEDs intended to be purchased the first year of the grant as noted in the application.	This field only accepts whole numbers, including 0. Represents the number of AEDs purchased during the first year of the grant.
Number of new AEDs placed Denotes the total number of new AEDs placed in the target area (as defined in your application) that were purchased with grant funds	This field only accepts whole numbers, including 0. Represents the number of AEDs intended to be placed the first year of the grant as noted in the application.	This field only accepts whole numbers, including 0. Represents the number of AEDs placed the first year of the grant.
Number of new AEDs replaced Denotes the total number of AEDs purchased with grant funds to replace previously existing AEDs in the target area as defined in your application. This number should not exceed the total number of AEDs placed.	This field only accepts whole numbers, including 0. Represents the number of AEDs intended to be replaced the first year of the grant as noted in the application.	This field only accepts whole numbers, including 0. Represents the number of AEDs replaced the first year of the grant.
Number of AED devices in target area (as specified in your application) Denotes the total number of AED devices currently in the target area at the time of the application.	This field only accepts whole numbers, including 0 and DK. Represents the number of AEDs in the target area (does not include those that will be purchased with grant funds).	This field only accepts whole numbers, including 0 and DK. Represents the total number of AEDs during the first year of the grant (number of AEDs in target area, plus the number of AEDs purchased with grant funds).
Total cost of AEDs, including accessories Denotes the cost of AEDs and accessories purchased by the grant funds.	This field only accepts whole numbers, including 0.	This field only accepts whole numbers, including 0.

Placement Location for AEDs Purchased With Grant Funds

	Selection list	Number placed
Fire Department	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Fire Truck	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Ambulance/Rescue Vehicle	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Police Department	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Police Cruiser	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Boat	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Health Facility (hospital, clinic, dentist, etc.)	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Health Department (city, county, or state)	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Other Municipal Building Specify:	☑	If checked, this field only accepts whole numbers, including 0 and DK.
School	☑	If checked, this field only accepts whole numbers, including 0 and DK.
Other Specify:	☑	If checked, this field only accepts whole numbers, including 0 and DK.

	Yes ☑	No ☑
Is location of the AED unit connected to local 9-1-1 dispatch system?		
If yes, please explain.		

TRAININGS

Location of training	Total number of trainings at location	Number of lay persons trained	Number of responders trained	Total cost of training
This field accepts alphanumeric characters. The table must be able to expand (grantees should be able to add as many lines as needed).	This field only accepts whole numbers, including 0.	This field only accepts whole numbers, including 0.	This field only accepts whole numbers, including 0.	This field only accepts whole numbers, including 0.

AED USAGE

AED Usage	1st Year Data
Number of times the AED was used	

Number of times normal rhythm is restored after immediate usage of the AED.	This field only accepts whole numbers, including 0 and DK.	
Number of deceased after immediate usage of the AED.	This field only accepts whole numbers, including 0 and DK.	
Type of shock delivered Denotes the number of times each type of shock was delivered.	**V-Fib**	V-Tach
	This field only accepts whole numbers, including 0 and DK	This field only accepts whole numbers, including 0 and DK
Average cardiac arrest and/or heart attack response time	This field only accepts whole numbers, including 0 and DK.	
Number of patients administered CPR/AED by lay person	This field only accepts whole numbers, including 0 and DK.	
Number of patients administered CPR/AED by responder (i.e. EMS or other emergency personnel, including firemen and police officers).	This field only accepts whole numbers, including 0 and DK.	
Average time of call for help to time device arrives	This field only accepts whole numbers, including 0 and DK.	
Attachments (Include additional information for the grant such as newspaper clippings, articles, or other stories about the impact of the AEDs in the target community. Can also include other statistics or background information.)		