Division 05 Emergency Medical

Chapter 17 – EMS Quality Assurance Program

February 2009

POLICY

This General Order establishes policy and procedures for the continuous evaluation and improvement of emergency medical services (EMS) provided by the Prince George's County Fire/EMS Department through a EMS Quality Assurance and Quality Improvement Program. This program will provide both a forum for continuous system improvement and a means to review significant events.

This General Order applies to all Prince George's County Fire/EMS Department personnel, career and volunteer, involved in any aspect of the provision of pre-hospital emergency medical care. This would include first response EMS care by fire suppression personnel, basic life support ambulance personnel, and advanced life support personnel. This program is implemented under the auspices of the EMS Jurisdictional Program Medical Director in accordance with the Code of Maryland Agency Regulations (COMAR) Title 30.03.04 governing quality assurance for an EMS Operational Program.

DEFINITIONS

AED - Automatic External Defibrillator - A device used by EMS providers or first responders to defibrillate an appropriate patient as quickly as possible, prior to the arrival of Advanced Life Support (ALS) treatment.

Advanced Life Support (ALS) Clinical Coordinator - is primarily responsible for quality assurance, clinical oversight and training curriculum input for the Advanced Life Support Program of the EMS Operational Program.

COMAR 30.03.04 - The section of "The Code of Maryland" that pertains to Quality Assurance, and the mandate by the State of Maryland that all Emergency Medical Services Programs must have a defined Quality Assurance Plan.

Data - In quality assurance terms, refers to readily available sets of information about a process, treatment, and includes, but is not limited to such things as run sheets, patient care reports, surveys, and demographics.

Database - Refers to the compiling of all pertinent information in an accessible file that can be used to utilize inputted data to analyze all aspects of the data efficiently and completely.

EMD - Emergency Medical Dispatch - Refers to a certification level of a dispatcher based on national training and operational guidelines for dispatching units on emergency medical incidents.

EMS - Emergency Medical Services

EMS Operational Program - A Jurisdictional EMS Program, or an agency, institution, corporation, or other entity that has been approved by the State of Maryland to operate an emergency medical services program under the rules of COMAR 30.03.02. This includes career, volunteer and commercial EMS operations.

Incident - In quality assurance terms, refers to a significant occurrence or event involving

emergency response or care, or a variance from the standard of care.

Medical Director - The Medical Director is mandated by COMAR to oversee all medical aspects of the EMS Operational System. The Medical Director is ultimately responsible for the implementation and approval of the EMS Program's Quality Assurance Plan.

Medical Review Committee - This committee is mandated by COMAR 30.03.04. It is comprised by personnel appointed by the Jurisdictional Medical Director and the EMS Operational Program Director. The Medical Review Committee is responsible for reviewing and overseeing the Quality Assurance program as defined by the jurisdiction's State mandated Quality Assurance plan.

Incident Review Subcommittee - A subcommittee of the Medical Review Committee that is tasked with the review and investigation of written or oral allegations that an EMS provider failed to act in accordance with applicable laws, protocols, or that pre-hospital care was below the applicable standard of care. This subcommittee shall includes the Medical Directors (or his/her authorized designee), and has the authority to recommend remedial action to the Jurisdictional Medical Director, as defined in the Quality Assurance Plan. All incidents handled by this subcommittee are reviewed by the Medical Review Committee as a whole.

MIEMSS - (Maryland Institute of Emergency Medical Services Systems) Is the State agency that is mandated by COMAR to regulate all emergency medical services in the State of Maryland. All EMS operational programs and providers are credentialed through MIEMSS.

Operational Program Director - The EMS Operational Director represents the EMS Operational Program as defined by COMAR 30.02.02. For the Prince George's County Fire/EMS Department, the designated EMS Operational Director is the Advanced Emergency Medical Services Commander.

Patient Care Report –A standardized patient care report form that has been adopted by the Prince George's County Fire/EMS Department for the intended use to document patient assessments and treatment modalities. This form provides much of the data used by the Quality Assurance Program.

Quality Assurance (QA) - Is an organized method of auditing and evaluating patient care within an EMS System. This is a broad definition that includes both the tracking of specific patient care incidents as well as system wide performance.

Quality Assurance Officer - Is designated by the EMS Operational Program Director and Jurisdictional Medical Director, who is responsible for implementing and monitoring the Quality Assurance program as defined in the EMS Operational Program's State mandated Quality Assurance Plan. The Quality Assurance Officer works under the direction of both the Jurisdictional Medical Director and the EMS Operational Program Director.

Quality Assurance Plan - This COMAR mandated plan, defines and lays out the EMS Operational Program's Quality Assurance/Improvement program.

Quality Assurance Office - Consists of the EMS Operational Program Director, the EMS Quality Assurance Officer, the ALS Clinical Coordinator, the Volunteer EMS Liaison, the Volunteer ALS Coordinator, and any other individual as assigned by the EMS

Operational Program Director. The Quality Assurance office is tasked to carry out the physical implementation of the Quality Assurance Plan, including data entry, information gathering, auditing coordination, database maintenance, and any other duties as assigned by the EMS Operational Program Director.

Quality Improvement - A systematic, organizational approach for continuously improving all processes to deliver quality services. It includes four basic ideas:

- Involve employees and members
- Focus on the customer/patient
- Uses data and acquired knowledge to improve decision-making
- Continuously improve processes and to strive for service excellence

Root Cause - Is the basic, underlying reason for variance from the standard of care. If a root cause is identified, improvement strategies should target the root cause to reach the desired outcome.

Sentinel Event - A rare incident or occurrence that has significant impact on patient outcome or system function.

PROCEDURES

1. General Provisions

Prince George's County Fire/EMS Department maintains a Quality Assurance Program, implemented by a Quality Assurance Officer, under the direction of the Jurisdictional Medical Director, the EMS Operational Program Director, and a Medical Review Committee.

There shall be a Quality Assurance Officer:

- The Quality Assurance Officer will be appointed by the Fire Chief in conjunction with the EMS Operational Program Director and the Jurisdictional Medical Director. He or she must meet all COMAR mandated requirements and qualifications for Quality Assurance Officer.
- The Quality Assurance Officer will manage implementation of the Quality Assurance Program under the direction of the EMS Operational Program Director, the Jurisdictional Medical Director, and the Medical Review Committee.
- The Quality Assurance Officer is responsible for file records and data entry of all QA data and information.
- The Quality Assurance Officer, using MIEMSS approved notification methods, will notify MIEMSS of all appropriate quality assurance incidents and issues, in accordance with Maryland Medical Protocol for Medical Service Providers.
- The Quality Assurance Officer will implement quality assurance and improvement programs including, but not limited to, emergency incident critiques, patient care report audits, AED and monitor downloads, medical consultation audits, supervisor ride-along evaluations, emergency incident data tools and patient surveys.

There shall be a Medical Review Committee Medical Review Committee appointed by the Jurisdictional Medical Director and the EMS Operational Program Director, and composed of:

- The Jurisdictional Medical Director/Associate Medical Director
- The EMS Operational Program Director
- Emergency Medical Technician Paramedic – Career
- Emergency Medical Technician Paramedic – Volunteer (or, if

designated, the volunteer ALS Coordinator).
- Emergency Medical Technician Basic – Career
- Emergency Medical Technician Basic – Volunteer (or, if designated, the Volunteer EMS Liaison)
- Emergency Medical Dispatcher
- The Jurisdictional EMD Coordinator
- The Jurisdictional EMS Quality Assurance Officer
- The Jurisdictional ALS Clinical Coordinator
- (At Large) Medical Director Designee
- Representative from the Legal Affairs Office
- Representative from the Fire Training Academy

Medical Review Committee Duties:

- Review all cases handled by the Incident Review Subcommittee regarding inappropriate medical care by a jurisdictional provider.
- Review and conduct hearings on all cases referred to it by the Incident Review Subcommittee or individual providers, and make recommendations to the Medical Director as to remedial action.
- Review and provide input on new issues, research and statistics that could influence how patient care is implemented.
- Review and provide input on the Quality Assurance Plan and its implementation.

Medical Review Committee Rules:

- Medical Review Committee members shall be appointed by the Jurisdictional Medical Director and the EMS Operational Program Director.
- Only members of the committee can vote on any issues before the committee.
- The Medical Review Committee shall meet on a quarterly basis.
- A quorum of the Medical Review Committee will consist of at least 50% of the appointed Committee members being present. The attendance of the Jurisdictional Medical Director or Associate Medical Director, and the Jurisdictional Quality Assurance Officer or the Jurisdictional ALS Clinical Coordinator is mandatory for a quorum.

There will be an Incident Review Subcommittee which may be composed of the following personnel (as designated by the Jurisdictional Medical Director, such personnel acting as the Medical Director's authorized designee:

- The Jurisdictional Medical Director/Associate Medical Director
- The Jurisdictional EMS Quality Assurance Officer
- The Jurisdictional ALS Clinical Coordinator
- The Jurisdictional Volunteer EMS Liaison (as needed)
- The Jurisdictional Volunteer ALS Coordinator (as needed)

Incident Review Subcommittee Duties:

- To review written or oral allegations that an EMS provider failed to act in accordance with applicable standards or protocols, or that pre-hospital care was below the applicable standard of care.
- Other occurrences that would be reviewed by the Incident Review Subcommittee would include:

- Protocol errors or variances
- Extraordinary care incidents
- Inappropriate physician orders
- Inability to carry out physicians orders
- Any egregious or inappropriate care resulting in harm
- Any prohibited conduct as listed in COMAR 30.02.04.01
- Other occurrences as deemed appropriate

Sources for these allegations could be, but are not limited to:

- Other EMS providers
- Career or volunteer officers, or supervisors
- Random audits or observations of the Quality Assurance Office
- Health care facility staff
- Citizen or patient complaints
- Other agencies or jurisdictions
- MIEMSS or other State agencies
- Self-reported by provider

To identify the nature of the problem:

- Identify facts
- Identify root cause and influencing factors of the incident.
- Address root cause, lack of knowledge or skills, limitation of resources, poor communication, conduct issues, etc.

To recommend remedial actions to the Medical Director, to resolve pre-hospital care issues, including, but not limited to:

- Retraining/Re-education
- Counseling
- Referral to The Medical Review Committee
- Medical/Psychological evaluation
- Operational limitation
- Revocation of jurisdictional affiliation
- Submission to MIEMSS/State Board of EMS for Decertification.

All activities of the Incident Review Subcommittee will be reported on a quarterly basis to the Medical Review Committee as a whole for review and input.

Incident Review Subcommittee Rules:

- The Incident Review Subcommittee composition makeup will be at the discretion of the Jurisdictional Medical Director and the EMS Operational Program Director.
- The Incident Review Subcommittee will meet on an "as needed" basis.
- A quorum of the Incident Review Subcommittee will be the Jurisdictional Medical Director, (or the assigned authorized designee), and at least one of either the Jurisdictional EMS Quality Assurance Officer, or the Jurisdictional ALS Clinical Coordinator.
- Records of Incident Review Subcommittee meeting will be kept by the Quality Assurance Officer.
- The Quality Assurance Officer, the Medical Directors, the Medical Review Committee and its subcommittees, will work closely with the Career and Volunteer operational command officers to keep them informed of the initiation of an investigation of a provider, including any operational issues and status of anyone involved in the quality assurance investigative process.
- All Career and Volunteer members and officers within the Department shall fully cooperate at all times with all members of the Quality Assurance Office, the Medical Directors, the

Medical Review Committee, and its subcommittees.

- Initial quality assurance investigations will be carried out by the EMS Quality Assurance Officer, the ALS Clinical Coordinator and/or the Volunteer EMS Liaison or Volunteer ALS Coordinator. Information from these investigations will be entered into a secure database. It will be determined if the issues can be resolved at that this initial level, or need to be brought before the Incident Review Subcommittee. All investigations entered into the Quality Assurance Database will be reviewed by the Medical Directors, the Medical Review Committee and the State Compliance Officer.

The QA investigative process will be as follows:

- Initial Investigation by Quality Assurance Office
- Incident Review Subcommittee Conference (if needed)
- Medical Review Committee Hearing (if requested by provider or Incident Review Subcommittee)
- Remedial Action as recommended by the Incident Review Subcommittee or the Medical Review Committee and determined by the County Medical Director

A provider may appeal any decision made by the Incident Review Subcommittee to the Medical Review Committee as a whole.

The Medical Review Committee and its subcommittees are advisory in nature. The final determination of remedial action against any provider will be by the Jurisdictional Medical Director. The Medical Director can, at any time, remove the jurisdictional affiliation of any provider, pending the outcome of a quality assurance investigation.

All providers who are involved in the quality assurance investigative process at any level are permitted representation. Any representative requested by the provider will fall under all the confidentiality provisions of the Medical Review Committee and its subcommittees (see "Confidentiality", below).

2. Policy Regarding Prompt Response to, and Cooperation with the Quality Assurance Investigation

When any employee or member of the Department, including Career and Volunteer providers, officers, and operational command officers are contacted by the Quality Assurance Office pursuant to a quality assurance investigation or matter, it shall be the duty of such providers, officers, and operational command officers to promptly and with all due diligence, respond and cooperate in the investigation, inquiry or request. The designee from the Quality Assurance Office will make good faith efforts to contact the provider and/or the provider's supervisor, chief officer, or representative by way of no more than three (3) separate attempts. Should the provider and the provider's supervisor, chief officer, or representative fail to promptly respond and cooperate with the designee from the Quality Assurance Office, the provider and supervisor/ chief officer/ representative shall be deemed to have waived the opportunity to respond and provide their input and information regarding the subject matter of the investigation, and shall furthermore waive the opportunity to have the matter resolved at the early investigative level. In this instance, the matter shall automatically be forwarded directly to the Jurisdictional Medical Director (or, at the Medical Director's discretion, to

the Medical Review Committee) for final evaluation and determination.

3. Confidentiality

The Medical Review Committee, quality assurance investigators, as well as the Incident Review Subcommittee, are established review committees of the Maryland EMS system and are subject to the confidentiality and immunity provisions of the Health Occupations Article 14-501 of the Annotated Code of Maryland, as well as other provisions of that statute. Accordingly, all proceedings, records, files of the Quality Assurance/Improvement program, the Medical Review Committee's operations are confidential by law. Additionally, much of the information gathered while performing quality assurance activities will be deemed confidential by law (State Government Article Sections 10-616{j} and 10-617{b} because it contains medical or psychological information about individuals or constitutes a medical record. Any information uncovered during a Quality Assurance investigation, interview, statement or conference is confidential and non-discoverable, and cannot be discussed by any member of the Quality Assurance program, as outlined in State law (COMAR 30).

It is expected that all members of the Medical Review Committee and its subcommittees will maintain the confidentiality of all appropriate information. All such individuals who are exposed to this information shall sign the appropriate confidentiality agreement. Willful and knowing release of information deemed confidential by law could result in criminal penalties or other liabilities to the violator(s). (State Government Article Sections 10-626 and 10-627)

4. Review of Patient Care Reports

Review of patient care reports is a valuable tool for the QA/QI process. All career station officers, paramedic supervisors and select volunteer reviewers and supervisors shall conduct patient care report audits in their respective stations. Station and sector officers shall fill out a QA Audit Summary Form (see attachment) for at least 2 EMS calls per day where a patient was transported. All QA Audit Summary Forms will be reviewed with the providers and then forwarded to the Quality Assurance Office for database entry. The Quality Assurance Office will conduct random patient care report audits for all providers.

5. Quarterly Supervisor Ride-Along Evaluations

All station and sector officers will be required to complete a Ride-Along Evaluation Form (see attachment) for each provider under their direct supervision on a quarterly basis. This form should reflect the provider's level of patient care over the entire evaluation period. This form should be reviewed by the provider and forwarded to the Quality Assurance Office for database entry.

The Quality Assurance Officer and ALS Clinical Coordinator will randomly respond with EMS providers and complete a Ride-Along Evaluation form, which will also be entered into a database.

BLS providers may be observed by their respective station supervisors by means of the Department's dual response format.

6. Review of Monitor and AED Downloads

The Quality Assurance Office shall review the cardiac monitor downloads of all cardiac arrests. In addition, random reviews of cardiac monitor downloads will be completed

on a daily basis. All AED downloads will be reviewed and the corresponding patient care reports form will be audited.

7. Cardiac Arrest/Airway Database

The Quality Assurance Office will collect, and store data, regarding information from the Departmental Advanced Airway Management Quality Improvement Tool.

8. Continuous Quality Improvement

The Quality Assurance Program will analyze information to identify trends and sentinel events, as well as provide information for the MIEMSS Aggregate Data Reporting form.

Sources of this information include, but are not limited to:

- Incident Review Database
- EMAIS Audit Database
- Cardiac Arrest/Airway Database
- Individual EMAIS Forms and Additional Narrative Forms
- Cardiac Monitor and AED downloaded information

The Quality Assurance Program will utilize the information obtained through the above sources to:

- Review specific incidents and providers for needed remedial action.
- Analyze sentinel events to determine if protocol changes, equipment/resource change or remedial action is necessary.
- Analyze trends and develop recommendation for appropriate action.
- Provide the Medical Review Committee with data from which recommendations for improvement or expansion of the Quality Assurance Program can be derived.
- Track specific Jurisdictional indicators for the Jurisdictional Medical Director.
- Review incidents involving specific patient condition.
- Review incidents involving specific procedures.
- Provide MIEMMS with data that can be used to assess the Quality Assurance Program and provide assistance in its improvement or expansion.
- Provide input to training coordinators for continuing education, drills, and skills review.
- Provide input into the operational command of the EMS system including operational standards, directives, and policies.
- Provide input into the purchase of appropriate equipment throughout the EMS program.

9. Changes in COMAR

In the event that the language or substance of the COMAR regulations are changed, the policies outlined in this General Order will adjust to accommodate the updated COMAR regulations.

REFERENCES

Code of Maryland Agency Regulations (COMAR) Title 30.03.04

FORMS/ATTACHMENTS

QA Audit Summary Form

Ride-Along Evaluation Form

PRINCE GEORGE'S COUNTY FIRE / EMS DEPARTMENT

Quality Assurance / Continued Quality Improvement Audit Form

Utilize the following definitions as you review each documentation element.
S = Satisfactory (element included, clear, and understandable)
I = Inadequate (element omitted, vague, or unclear)
N/A = Not Applicable to this situation
UN = Unknown (unable to obtain this information)
Provide written content for all areas where "inadequate" was noted.

Provider Name:	
ID#:	
Unit:	
Incident #:	
E-MAIS #:	
Incident Date:	

DOCUMENTATION AUDIT ELEMENTS	S	I	N/A	UN	COMMENTS
Incident Response & Patient Information					
Patient Demographics					
Provider Names & Numbers					
Incident Number & Response Times					
Patient Assessment Elements					
Chief Complaint / Reasons for Patient Encounter					
Past Medical History, Medications, & Allergies					
Neurological Status, Mental Status, Level of Consciousness					
History of Present Illness or Injury					
Airway/Respiratory Assessment					
Physical Assessment *(Appearance / Physical Exam including pertinent negatives in narrative)*					
Vital Signs					
Diagnostics *(3-Lead/12-Lead ECG, SpO2, EtCO2, Capnography, Blood Glucose)*					
Treatment Elements					
Care rendered prior to arrival					
Procedures and Treatments *(Attempted, performed, & continued and responses)*					
Medications Given or Continued *(Name, dose, route, time, & response)*					
Changes in General Patient Condition or Status					
List Protocol(s) Utilized					
Online Medical Direction / Treatment Authorization *(Physician's Name, Hospital, Orders requested or received)*					
Reasons for Revision / Omission of Protocol Treatment					
Triage & Transport Elements					
Priority, Mode of Transport, Disposition					
Triage, Priority Upgrade, Diversion					
Transport Destination, Destination Determination					
Transfer of Care Recorded *(Staff Name & Time)*					

CLINICAL AUDIT MEASURES	Y	N	N/A	COMMENTS
Response, Scene, & Transport Times Acceptable				
Destination Decision Appropriate				
Appropriate Protocol Followed				
Overall Documentation Adequate				
Treatment / Procedures Appropriate				
Overall Performance Adequate				
Additional Follow-Up Necessary				

ADDITIONAL COMMENTS

Supervisor's Signature	*Date*	*Provider's Signature*	*Date*

Please attach any Quality Assurance / Quality Improvement Recommendations to this form.

Information contained within this audit is confidential and non-discoverable. It is solely used in an effort to improve the performance of emergency medical care and documentation

ESL (2/2008)

PRINCE GEORGE'S COUNTY
FIRE/EMS DEPARTMENT

ALS Quarterly Ride Along Evaluation Form

Paramedic's Name _____ Date_____

Reviewer _____ Shift _____

A **"E"- excellent** grade indicates performance of the task or skill beyond the quality expected of the average ALS provider and describes **an unusually high level of competence.** (E.g. always performs ALS technical skills successfully on first attempt.)

An **"S" - satisfactory** grade indicates **average level performanc**e of the task or skill that is competent and consistent with full knowledge of the Maryland State Protocol. (E.g. generally performs ALS technical skills successfully on first/second attempt.)

A **"U" - unsatisfactory** grade indicates **below average performance** and/or inconsistent knowledge of the Maryland State Protocol and the judgement that the intern is inadequately prepared to perform the task or skill. (E.g. unable to perform ALS technical skills without assistance.)

An **N/A** grade indicates that the skill or task was **not observed** during this evaluation period by the preceptor.

A check in the **comment** box requires a brief written note on the rear of the form to justify the grade for task or skill involved. Each comment should be preceded by the skills individual number/letter (E.g. 2a: showed poor technique, etc.)

#	ASSESSMENT SKILLS	E,S,U,N/A	Comments
1A	Recognizes urgency of patient's condition		
2A	Takes accurate patient history		
3A	Performs accurate physical assessment		
4A	Observes for changes in patient condition		

#	TEAMWORK/COOPERATION	E,S,U,N/A	Comments
1B	Assumes role of team leader		
2B	Works professionally with team		
3B	Utilizes and delegates to other team members		
4B	Confers with team in decision making		

#	JUDGEMENT/PRIORITIZATION SKILLS	E,S,U,N/A	Comments
1C	Establishes priorities in treatment		
2C	Seeks base station consultation		
3C	Anticipates potential for deterioration		
4C	Demonstrates ability to modify priorities		
5C	Recognizes when assistance is needed		
6C	Assumes responsibility readily		
7C	Displays sound judgement re: disposition		
8C	Demonstrates knowledge of protocols		

#	COMMUNICATION SKILLS	E,S,U,N/A	Comments
1D	Communicates well with patient / Family		
2D	Uses proper radio protocols		
3D	Relays information in a logical sequence		
4D	Repeats, clarifies orders		
5D	Gives accurate report to receiving unit		

#	CLINICAL SKILLS	E,S,U,N/A	Comments
1E	Patient Assesment		
2E	Airway Maintenance		
3E	I.V. initiation and immobilization		
4E	Drug administration		
5E	ECG interpretation		
6E	Monitor operations		

#	EQUIPMENT/PROCEDURES	E,S,U,N/A	Comments
1F	Demonstrates standard operational procedures		
2F	"Trouble shoots" equipment		
3F	Maintains equipment and supplies		
4F	Documents unusual events / incidents		

Comments on Performance: On Rear of sheet

_____ _____

Reviewers Signature Paramedics Signature

PRINCE GEORGE'S COUNTY
FIRE/EMS DEPARTMENT

BLS Quarterly Ride Along Evaluation Form

Providers's Name _____ Date_____

Reviewer _____ Shift _____

A **"E"- excellent** grade indicates performance of the task or skill beyond the quality expected of the average ALS provider and describes **an unusually high level of competence.** (E.g. always performs BLS technical skills successfully on first attempt.)

An **"S" - satisfactory** grade indicates **average level performanc**e of the task or skill that is competent and consistent with full knowledge of the Maryland State Protocol. (E.g. generally performs BLS technical skills successfully on first/second attempt.)

A **"U" - unsatisfactory** grade indicates **below average performance** and/or inconsistent knowledge of the Maryland State Protocol and the judgement that the intern is inadequately prepared to perform the task or skill. (E.g. unable to perform BLS technical skills without assistance.)

An **N/A** grade indicates that the skill or task was **not observed** during this evaluation period by the preceptor.

A check in the **comment** box requires a brief written note on the rear of the form to justify the grade for task or skill involved. Each comment should be preceded by the skills individual number/letter (E.g. 2a: showed poor technique, etc.)

#	ASSESSMENT SKILLS	E,S,U,N/A	Comments
1A	Recognizes urgency of patient's condition		
2A	Takes accurate patient history		
3A	Performs accurate physical assessment		
4A	Observes for changes in patient condition		

#	TEAMWORK/COOPERATION	E,S,U,N/A	Comments
1B	Assumes role of team leader		
2B	Works professionally with team		
3B	Utilizes and delegates to other team members		
4B	Confers with team in decision making		

#	JUDGEMENT/PRIORITIZATION SKILLS	E,S,U,N/A	Comments
1C	Establishes priorities in treatment		
2C	Seeks base station consultation		
3C	Anticipates potential for deterioration		
4C	Demonstrates ability to modify priorities		
5C	Recognizes when assistance is needed		
6C	Assumes responsibility readily		
7C	Displays sound judgement re: disposition		
8C	Demonstrates knowledge of protocols		

#	COMMUNICATION SKILLS	E,S,U,N/A	Comments
1D	Communicates well with patient / Family		
2D	Uses proper radio protocols		
3D	Relays information in a logical sequence		
4D	Repeats, clarifies orders		
5D	Gives accurate report to receiving unit		

#	CLINICAL SKILLS	E,S,U,N/A	Comments
1E	Patient Assesment		
2E	Airway Maintenance / O2 Administration		
3E	Immobilization (spinal, fracture, limb, pelvis etc.)		
4E	Bleeding control, bandaging,		
5E	AED Operations		
6E	Other skills (CPR, Epi Pen, medication admin. etc.) Describe_____		

#	EQUIPMENT/PROCEDURES	E,S,U,N/A	Comments
1F	Demonstrates standard operational procedures		
2F	"Trouble shoots" equipment		
3F	Maintains equipment and supplies		
4F	Documents unusual events / incidents		

Comments on Performance: On Rear of sheet

_____ Reviewers Signature

_____ Provider's Signature