

**Tomé-Adelino Fire Department
Emergency Medical Service
Quality Assurance Review**

Incident Date: _____ Incident Number: _____ Lead Medical Person: _____

Incident Cause: _____

Paperwork Review

Paperwork complete: *(Indicate Yes, No or N/A)*

Pre-Hospital Patient Care Report: _____ PDCS Report: _____ Liability Release: _____

Reviewer's Paperwork Comments: _____

Times Review *(Express times in number of minutes)*

Rescue Response Time: _____ Minutes Rescue On-Scene Time: _____ Minutes

Transport Response Time: _____ Minutes Transport On-Scene Time: _____ Minutes

Reviewer's Time Comments: _____

Patient Care Review

Protocol Section: _____ Protocols Followed? _____

Reviewer's Patient Care Comments: _____

Liability Release Review *(Complete only if Non-Patient or Non-Transported Patient)*

Was Patient Transported? _____ Was MCEP Contacted? _____

"E" – Exceptions have been documented? *(Includes reading sections, asking for questions, document patient mental status and understanding of condition plus follow-up recommendations. Note exceptions.)*

Liability Release Comments: _____

Reviewer's Overall Comments: _____

Follow-up Required? _____ PHI Notice Received? _____

Reviewer's Signature: _____ Date: _____

Author Reviewed QA Comments – Acknowledgement: _____ Date: _____

CONFIDENTIALITY NOTICE: *This form is issued and functions under the laws of New Mexico for peer review under the Organization Immunity Act, Section 41-9-7 through 41-9-11, NMSA (1978) as amended. All correspondence, proceedings and actions are strictly confidential.*