



St. Tammany Fire Protection District 11 EMS

Patient Care Quality Assurance/Quality Improvement Form

The enclosed EMS PCR (Patient Care Report) was reviewed by our QA/QI personnel and was found to need further information. This is NOT a writeup or reprimand, but does require you review and response. The purpose of this is to be in compliance with the standard of patient care, reporting, documentation, and to assure professional, quality EMS care of the sick and injured. You must review your PCR attached, address the comments by the QA personnel, sign, and date this form. Any questions and comments you have can be listed below, and will be answered or explained to you. If deemed necessary this QA form will be forwarded to an additional QA/QI personnel for further review and comments to help answer or explain the issue. Once you and the QA/QI personnel have reviewed and responded this QA form, if indicated, will be forwarded to our Medical Director for final review.

Date	PCR ID #	Employee Name	Certification Level
QA/QI Personnel Name		Certification Level	Brief Explanation of Concern

QA/QI Comments: _____

- In house review only
- Requires additional review

_____ QA/QI Signature _____ Date

Second QA/QI Comments: _____

- Requires Medical Director review
- No further review needed

_____ QA/QI Signature _____ Date

Medical Director Comments: _____

- Follow up required
- No Further actions needed

_____ Medical Director Signature _____ Date

Employee Comments: _____

_____ Employee Signature _____ Date